

May 2013

Resiliency Factors Among Transgender People of Color

Maureen Grace White

University of Wisconsin-Milwaukee

Follow this and additional works at: <https://dc.uwm.edu/etd>

 Part of the [Cognitive Psychology Commons](#), and the [Educational Psychology Commons](#)

Recommended Citation

White, Maureen Grace, "Resiliency Factors Among Transgender People of Color" (2013). *Theses and Dissertations*. 182.
<https://dc.uwm.edu/etd/182>

This Dissertation is brought to you for free and open access by UWM Digital Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of UWM Digital Commons. For more information, please contact open-access@uwm.edu.

RESILIENCY FACTORS AMONG TRANSGENDER PEOPLE OF COLOR

by

Maureen G. White

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
in Educational Psychology

at

The University of Wisconsin-Milwaukee

May 2013

ABSTRACT
RESILIENCY FACTORS AMONG TRANSGENDER PEOPLE OF COLOR

by

Maureen G. White

The University of Wisconsin-Milwaukee, 2013
Under the Supervision of Professor Dr. Shannon Chavez-Korell

Much of the research on transgender individuals has been geared towards identifying risk factors including suicide, HIV, and poverty. Little to no research has been conducted on resiliency factors within the transgender community. The few research studies that have focused on transgender individuals have made little or no reference to transgender people of color. This study utilized the Consensual Qualitative Research (CQR) approach to examine resiliency factors among eleven transgender people of color. The data analysis process yielded a total of eleven domains including: (1) Adverse Conditions, (2) Coping Mechanisms, (3) Support, (4) Community Resources, (5) Perceptions of the LGBT Community, (6) Intimate Relationships, (7) Mental Health Counseling, (8) Transitioning Processes, (9) Family Reactions to Gender Identity, (10) Family Systems/Beliefs, and (11) Personal Beliefs.

All participants showed resiliency by overcoming one or more of the following adverse conditions: death of a loved one, unemployment, lack of health insurance, experiences of racism, experiences of transphobia, violence/bullying, employment discrimination, negative public responses, negative interpersonal responses, and within group discrimination. All participants reported using one or more of the following coping mechanisms: assertive/communication/self-advocacy, spiritual coping, honesty/integrity,

avoidance, verbal/physical aggression, and help-seeking. Areas of support for participants came from the following sources: friends, peers, significant others, and LGBT community programs. One major area of support for participants came from family members who accepted their transgender identity. The majority of individuals reported being future oriented with personal goals. Other findings include participants sharing the following personality characteristics: outspoken/strong, independent, friendly/outgoing, private, leader/role model, and determination. Participants also challenged beliefs about the difference between sexual orientation and gender identity often using labels for both interchangeably. This study showed evidence for the complexity within the transgender community. The results in this study argue that the transgender community is more than a group of people who face hardships, but rather they are a community who show tremendous strength and resiliency in living their day to day lives.

Maureen G. White

Student Signature

May 10, 2013

Date

Dedicated to my loving wife, Janet Borucki

ACKNOWLEDGMENTS

This dissertation would not be possible without the unconditional support of family and friends. Thank you to everyone who believed in me. I would like to say thank you to my amazing wife who stood by me through all the ups and downs. I would also like to extend thanks and gratitude to my research team members: Jena Mahne, Jessica Campbell, Lisa Eimers, and Marshaye Lewis. My experiences within this team have been some of the most cherished of my graduate career. I would also like to thank my mentor, Dr. Shannon Chavez-Korell for her guidance, patience, and support. Thank you for pushing me to write a dissertation I can be proud of. Thank you to my committee members: Dr. Fleming, Dr. Morgan, Dr. Newell, and Dr. Sapp. Your feedback and support was invaluable throughout this dissertation process. I would also like to acknowledge all the community programs who aided me in recruiting participants. Thank you for the work you do within the transgender community. Most of all I would like to thank all of my participants. I was extremely honored to listen to your stories. You are all amazing individuals whose strength is a true inspiration.

“Our lives are proof that sex and gender are much more complex than a delivery room doctor’s glance at genitals can determine, more variegated than pink or blue birth caps” –
Leslie Feinberg

“I’m a woman who can develop sperm. I ‘m a woman who have high testosterone levels. I’m a woman with abnormal strength. I’m a woman who have to shave every day. I’m a woman! If you say you’re a woman, well damn it you’re a woman! If I say I’m a fish, you better get a big ass bowl of water and drop me in there, and call me a fucking fish!”-
Participant, 8

TABLE OF CONTENTS

CHAPTER	PAGE
I. Introduction.....	1
II. Literature Review.....	8
Gender Variance throughout History.....	9
Transgender Definitions.....	11
Gender Identity and Sexual Orientation.....	13
LGBT People of Color.....	14
Intersectionality.....	17
Original Transgender Studies.....	19
Gender Identity Disorder.....	21
Violence.....	23
Suicide.....	24
HIV.....	25
Workplace Discrimination and other Socioeconomic Issues.....	26
Transgender Advocacy.....	27
Help-Seeking Process.....	28
Cultural Influences of Help-Seeking.....	29
Social Support and Help-Seeking.....	30
Experiences in Counseling.....	31
Risk versus Resilience.....	35
Resiliency.....	37
LGB Resiliency.....	40
Transgender Resiliency.....	41
Social Support in Transgender Community.....	42
Present Study.....	45

TABLE OF CONTENTS-continued

III. Method.....	47
Participants.....	48
Recruitment Procedures.....	49
Data Collection Procedures.....	45
Data Transcription Process.....	50
Research Team.....	51
Training.....	52
Domain Coding and Auditing Process.....	53
Core Ideas.....	54
Core Analysis.....	54
IV. Results.....	56
Biases.....	56
Demographic Information.....	59
Identified Domains.....	60
Domain 1: Adverse Conditions.....	61
Domain 2: Coping Mechanisms.....	66
Domain 3: Support.....	70
Domain 4: Community Resources.....	71
Domain 5: Perceptions of LGBT Community.....	73
Domain 6: Intimate Relationships.....	76
Domain 7: Mental Health Counseling.....	77
Domain 8: Transitioning Process.....	79
Domain 9: Family Reactions to Gender Identity.....	83
Domain 10: Family Systems/Beliefs.....	79

TABLE OF CONTENTS-continued

Domain 11: Personal Beliefs.....	87
V. Discussion.....	97
Resiliency.....	97
Intersectionality.....	101
Identity Development.....	102
Counseling Implications.....	104
Limitations and Future Areas of Research.....	107
Conclusion.....	108
References.....	110
Appendices.....	125
A. Demographic Questionnaire.....	128
B. Qualitative Interview Questions.....	129
C. Recruitment Flyer.....	131
D. Consent Form.....	132

LIST OF TABLES

1. Demographics.....	60
2. Domains.....	93

Chapter 1

Introduction

Gender-variant people have always existed throughout history, spanning across all nations and ethnic groups (Bullough & Bullough, 1998). Throughout time, there has also been an array of different words used to try to capture the diverse experiences of those who do not fit within the Westernized male/female gender binary system. In this study, the term transgender will be used as an umbrella term to describe individuals who challenge these societal gender norms including but not limited to genderqueer people, gender non-conforming people, transgenderists, transsexuals, and cross dressers (ALGBTIC, 2009). It is important to note that these labels could not possibly capture the complete identities of all gender-variant individuals. This is especially true for transgender people of color who may not adhere to mainstream labels of gender non-conformity (Greene, 1994).

The actual number of transgender people in the world is an unknown. Much of the research within the mental health field often cites that one in 11,900 males and one in 30,400 females are transsexual (Van Kesteren, Gooren, & Meegans, 1996). This statistic is derived from data collected from 1975-1992 on the number of individuals who underwent sex reassignment surgery (SRS) in the Netherlands. Witten (2002) estimated that there are three to nine million post operative transsexuals in the United States based on discussions with surgeons who reported performing two surgeries per day, 48 weeks per year, 4-5 days per week. It is important to note that these numbers are most likely underestimates due to the amount of individuals who may identify as transgender and choose not to go undergo any surgical or hormonal procedures (Chavez-Korell & Lorah,

2007). Much of the research on transgender people has been associated with SRS and hormone therapy; however, the current study incorporates a broad definition of transgender that expands beyond SRS and hormone therapy and includes all individuals who self-identify as transgender.

As transgender identified activist and writer Leslie Feinberg stated, “You can only be considered gender-bent in a society that is gender rigid (Feinberg, 1996 p. 97).” Unfortunately much of the westernized world continues to vehemently adhere to the traditional gender binary system, often mislabeling any form of gender variance as a type of social deviance. Individual’s lack of knowledge and acceptance of those who challenge gender norms, can often elicit strong negative reactions in the form of transphobia, defined as the feeling of unease or even revulsion towards those who are gender variant (Hill & Wiloughby, 2005).

Some of the adverse conditions that are associated with transphobia can include violence, abuse, family rejection, and employment discrimination (Israel & Tarver, 1997; Lev, 2004; Xavier, 2000). For example, according to a 2011 report from the National Gay and Lesbian Task Force (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011) on discrimination within the transgender community, 90% of those surveyed reported workplace discrimination, 19% reported housing discrimination, 53% reported being harassed in a public restroom, and 22% reported police harassment. Grant et al. (2011) found that out of the 6,436 transgender individuals surveyed, 63% reported at least one form of discrimination based on their gender identity.

Research conducted by the Gender Public Advocacy Group (GPAC, 1996) on violence against the transgender community showed that on average, there are a total of

213 hate crimes targeting transgender individuals reported to anti-violence programs per year in the U. S. These findings were supported by Xavier (2000), who reported similar violence statistics within the transgender communities she studied. It is important to note that these statistics are thought to be low estimates of the actual number of hate crimes due to the amount of underreporting within the transgender community. Unfortunately, statistics on hate crimes towards transgender individuals and communities are not included in federal hate crime reports (The Task Force, 2009).

Many of the violence statistics on transgender individuals have been gathered by advocacy groups and through the use of self-report measures (e.g. GPAC, 1996; Forge, 2004). For example, activist Gwen Smith (2007) created the web project called *Remembering Our Dead Project* which tracks transphobia-related deaths among transgender individuals. This website shows that there have been a total of 393 murders of transgender individuals between the years of 1999-2009 (<http://www.gender.org/remember/index.html#>). Despite the violence and transphobia geared towards the transgender community, research has shown that transgender individuals continue to show resiliency in the face of adversity (e.g. Budge, Katz-Wise, Tebbe, Howard, Schneider & Rodriguez, 2013; Feinberg, 1996; Grossman, D'Augelli, & Frank, 2011; Lev, 2007; Sanchez & Vilain, 2009).

Masten, Best, and Garmezy's (1990) defined resiliency as the "class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development (p. 426)." Common findings across the resiliency research have emerged, suggesting that there are three main sets of factors that appear to facilitate positive adaptation under conditions of risk or adverse conditions: individual attributes,

supportive family environments, and a connection with a community of social support (e.g. Garmezy, 1994; Masten, 2007; Werner & Smith, 1988). Research shows that transgender individuals are often rejected from traditional sources of social support such as family (Lev, 2004). Research also shows that help-seeking behaviors among racial and ethnic minorities differ from White individuals (Goldberg & Huxley, 1980; Goldsmith, Jackson, & Hough, 1988). The current study will identify sources of support and help-seeking behaviors among transgender people of color.

Much of the research on transgender people has been geared towards identifying risk factors among transgender individuals including suicide, HIV, and poverty. Little to no research has been conducted on resiliency factors within the transgender community. The few research studies that have focused on transgender individuals have made little or no reference to transgender people of color. In fact, prior LGBT related publications in the 1980s and 1990s have revealed that nearly 85% of LGBT studies did not report the race and/or ethnicity of the participants they studied, nor did they address issues related to race and/or ethnicity (Soto, 1997).

The limited attention given to LGBT people of color within the mental health literature is often attributed to the invisibility of this population. Researchers often cite literature which argues that heterosexism and transphobia in communities of color can influence individuals to conceal their sexual orientation and gender identity (Green, 2004). However, as Moradi, Wiseman, DeBlaere, Goodman, Sarkees, Brewster, and Huang (2010) noted, LGBT people of color have always taken part within the mainstream gay and lesbian rights movement, including developing strong LGBT communities within their own racial/ethnic communities. This limited representation within the mental

health research continues to perpetuate stereotypes about LGBT people of color, thus painting an inaccurate picture of this community. When the “T” is tacked on to the limited studies focused on LGBT people of color, with little to no explanation as to how transgender people were included in the study, the picture becomes even more skewed.

An important direction for advancing literature about minority populations is to capture how one perceives their intersecting identities (Loiacano, 1989; Lowe & Mascher, 2001; Robinson, 1999). An important step in increasing our understanding of minority populations includes looking at the various intersecting identities of transgender people of color. The theory of intersectionality argues that the several layers of oppression within society, such as those based on race/ethnicity, gender, religion, sexual orientation, class, or disability are not independent of one another. These various forms of oppression are interrelated, creating a system of oppression encompassing the intersection of multiple forms of discrimination (Cole, 2009).

Research has yet to address the gaping holes in our knowledge about how one’s intersecting identities not only influence how they perceive the world around them, but also how they cope with the several layers of adversity associated with these intersecting identities. Considering that the lives of transgender people of color are affected by society’s structural inequities around gender, race/ethnicity, and sexual identity/expression, looking at the various intersecting identities of transgender people of color will greatly contribute to the intersectionality of identity literature, as well as the resiliency and coping literature.

Therefore, the purpose of this study is to examine resiliency factors among transgender individuals of color who reside in an urban city within a Midwest state of the

United States. Questions were constructed to examine the various intersecting identities of the participants in order to gather more information about how these identities may or may not influence resiliency and coping. Data were collected through qualitative interviews and analyzed according to the qualitative methodology called Consensual Qualitative Research (CQR) (Hill et al., 1997, 2005, 2012). The purpose of using the CQR method is that this allows the data to come directly from the participants, instead of being derived from pre-existing theoretical constructs which currently do not exist within the resiliency literature for transgender people of color.

Qualitative research is an important method for discovering how individuals make sense of the world around them. Maxwell (1996) outlined five main purposes of qualitative research: (1) to understand the meaning of a particular phenomenon from the participant's unique perspective; (2) to understand the context in which individuals perceive their own behavior; (3) to explore unidentified phenomena in order to use this information to guide further studies; (4) to examine various processes that lead to particular outcomes; and (5) to develop causal explanations, rather than causal relationships. Due to the lack of research on transgender individuals of color, qualitative methodology is needed to begin identifying the various resiliency factors within this community. To accomplish this, the use of a semi-structured interview technique was employed to gather the participants' unique perceptions of resiliency within their lives.

The main assumption of this study is that resilience and coping factors will surface among the transgender individuals interviewed in this study. Another assumption is that there will be common themes of resilience and coping among the participants. The

final assumption is that the participants' intersecting identities will influence their help-seeking behaviors and how they perceive the world around them.

Chapter 2

Literature Review

Transgender individuals and communities have become increasingly political in the fight for freedoms to express their gender without facing the brutality associated with transphobia (Feinberg, 1996). Included in this political fight are transgender people of color. Despite the fact that transgender individuals can be found within every race and ethnicity, many scholars (e.g. Garnets, 2002; Green, 2000; Parks 2005) have argued that transgender people of color are often depicted as outsiders from the mainstream White transgender community. This marginalization of transgender individuals is also mirrored in research in the field of psychology, where limited research has been conducted on transgender issues among race and ethnic minorities. The majority of the transgender focused research in psychology is filled with risk factors without identifying what helps transgender people of color cope in the face of adversity.

This chapter will briefly highlight some important historical information regarding how the transgender community has developed over time. This summary will include terms and definitions, as well as the unique experiences of transgender people of color. There will be a discussion of how society has responded to gender-variance, including the negative consequences of transphobia. This chapter will also review research focused on resiliency factors that help buffer transgender individuals against adversity. Lastly, this chapter will examine how the field of psychology has evolved in regards to affirmative counseling practices with transgender individuals.

Gender Variance throughout History

Gender variance is not a new phenomenon; examples of gender-variant individuals can be seen throughout history. There have been societies all across the world that have made room for more than two sexes, as well as respected individuals' rights to reassign their sex. In fact, transexuality, intersexuality, and bigenderism appear as themes throughout many creation stories, legends, and parables (Feinberg, 1996; Lev, 2007). For example, within Southeastern Asia, there are several religious traditions that believe that maleness and femaleness are simply mirror images of each other, viewing gender as an illusion (Money, 1999). There are also many Ancient Greek mythological stories that contain gods and goddesses who cross dress, such as Hercules and Achilles (Lev, 2004). In addition, references to cross-dressing behavior are found within nearly all religious traditions (Lev, 2004).

Many Native American cultures use the term "two spirit" to describe individuals who have both "male and female spirits" (Tafoya & Wirth, 1996). These two-spirited individuals are often highly revered and given spiritual leadership roles within their tribe. The very notion of gender and sexuality continues to be viewed differently among many Native American people than from the Westernized world. For example, in 1995, Les Feinberg conducted a telephone interview with a two-spirit writer and poet from the Menomonee nation named Chrystos who said the following:

The whole concept of gender is more fluid in traditional life. Those paths are not necessarily aligned with your sex, although they may be. People might choose their gender according to their dreams, for example. So even the idea that your gender is something you dream about is not even a concept in Western culture-which posits you are born a certain biological sex and therefore there's a role you must step into and follow pretty rigidly for the rest of your life (Feinberg, 1996, p.27).

For the Westernized world, intolerance of gender fluidity can be found as early as the 6th century as evident in the Christian guidebook of the time which dictated penance for those who practiced ritual cross-dressing behavior (Russell, 1972). During the Spanish Inquisition, the Roman Catholic Church tried to demonize gender transgressions, linking it with witchcraft, and banning it from all peasant rituals and celebrations (Russell, 1972). Even though the early church leaders denounced all forms of gender non-conformity, throughout history, there have been a total of twenty-five saints who practiced cross-dressing including: Marinus, Anthanasia, Theodora, and Joan of Arc (Bullough & Bullough, 1993). Despite the various gender non-conforming religious and historical figures of our past, transgender individuals in Western culture still fight against the mainstream belief that their gender identity and expression is a form of sexual perversion (Denny, 1992).

The term transgender was originally derived from Virginia Prince's term *transgenderist*, a word Prince used to describe heterosexual men who cross-dressed as a lifestyle but did not necessarily desire sex reassignment surgery (SRS; Bullough & Bullough, 1993). Prince made many significant contributions to the advancement of transgender issues. Through her magazine *Transvestia*, she encouraged individuals who cross-dressed to participate in research in order to increase accurate knowledge of their experiences (Prince & Bentler, 1972). Prince also worked closely with social science researchers in order to promote positive literature on her community. This was truly a revolutionary undertaking considering at that time mental health professionals often viewed cross-dressing as a "psychopathological state that was the final result of a psychosexual maldevelopment" (Beigel, 1969, p. 121).

During the 1990's, the term *transgender* began to take on a broader meaning, serving as an umbrella term for all of those who transcended traditional gender norms (Bornstein, 1994; Green, 2004). Les Feinberg, transgender activist and author, has often been credited for using the term *transgender* in a political manner in order to create an alliance between all gender variant people who suffer from political oppression due to their gender non-conformity (Bornstein, 1994; Feinberg, 1996; Green, 2004, Lev, 2004). Although transgender is now considered an umbrella term for all those who transgress gender norms, it is important to note that not all gender variant people choose to stand under this umbrella.

Transgender definitions

As a community, transgender people have diverse gender identities, often using a multitude of continually emerging terminology to describe their experiences. Capturing the language that best describes the essence of diversity within this community would be an impossible feat. However; as Lev (2004) wrote, "...dialogue is not possible outside of the parameters of language, so choices have been made that will hopefully expand, rather than hinder, this vital conversation and a fertile exchange of ideas" (p.81). Throughout this document, the pronouns *their*, *they*, and *them* were used instead of gendered pronouns (i.e. he, she) to honor gender variance across the gender continuum as opposed to using dichotomous labels. In addition, the following definitions have been used to conceptualize this study:

- *Gender* "is a social construct that divides people into categories of men and women that are thought to derive from their physiological male and female bodies" (Lev, 2004, p.81).

- *Gender Identity* is defined as one's own perceptions about one's gender, regardless of one's biological sex (Lev, 2004).
- *Transgender* is an umbrella term used to describe individuals who challenge societal gender norms including but not limited to genderqueer people, gender non-conforming people, transgenderists, transsexuals, and cross dressers (ALGBTIC, 2009).
- *Transsexual* is a term used to describe "people who believe that their physiological bodies do not represent their true sex" (Lev, 2004, p. 400). Transsexual identified individuals may or may not choose to alter their bodies through the use of hormones or surgery (Chavez-Korell & Lorah, 2007).
- *Sex Reassignment Surgery (SRS)* is any one of a variety of surgeries involved in the process of transition from one gender to another. (ALGBTIC, 2009).
- *Transphobia* is the feeling of unease or even revulsion towards those who are gender variant (Hill & Wiloughby, 2005).

Many gender variant people have rejected traditional language to describe their gender identity experience. For example, some people choose to label themselves as bigendered or androgynous, encompassing several "male" and "female" traits. While other individuals prefer to use language liberated from the gender binary with terms such as "genderqueers," or "gender benders" (Lev, 2007). Some transgender individuals use the terms MTF (male-to-female) and FTM (female-to-male) to acknowledge a transition from one perceived gender to another, while others prefer to label themselves as FTF (female-to-female) and MTM (male-to-male), thus highlighting a permanent sense of identity beyond the sex markers that may have been placed on them at birth (Fassinier &

Arseneau, 2007). In addition, some individuals may not take on the label transgender to describe their gender non-conformity (Kesler & Mckenna, 2000; Lev, 2004).

The array of terms used to describe gender and sexual transgression is an example of the complexity in accurately capturing the experiences of the entire transgender community.

Gender Identity and Sexual Orientation

Another often misunderstood point in the field of psychology is the fact that gender identity and gender expression is not the same as sexual orientation and sexual expression. Many scholars have argued that grouping identities related to sexuality and gender into distinct categories such as Lesbian, Gay, Bisexual, and Transgender is itself problematic (e.g. Bockting, 2007; Mohr & Fassinger, 2000; Lev, 2004). “Contemporary scholars believe human sexuality to be characterized by a continuum in which biological, physiological, and genetic contributions combine to determine an individual’s ascribed or claimed sex, whereas gender expression, sexuality, and sexual behavior constitute a fluid, dynamic process in which that individuals engages” (Fassinger & Arseneau, 2007, p. 21). Despite these contemporary theories of sexuality and gender, many individuals (including many mental health professionals) make the mistake of assuming that any person that is perceived as a gender transgressor automatically has a gay or lesbian sexual orientation.

The argued difference between sexual orientation and gender identity has caused many individuals to question why transgender is included in the LGB community. Kite (2001) showed evidence that people characterize others according to perceived gender before making any other demographic distinctions (e.g., sexual orientation, race, class, age, etc.). A commonality among all individuals who identify as LGB or T is the participation in gender transgression due to societal assumptions about the sex of one’s

intimate partner choice (Fassinger & Arseneau, 2007). These same-sex partner choices also become a form of gender transgression in their defiance of acceptable gender-related practices regarding intimate relationships. Many argue that this is one of the reasons transgender individuals are lumped together with LGB and often labeled as sexual minorities (Fassinger & Arseneau, 2007). Les Feinberg, a transgender identified activist and author commented on the connection among the various members of the LGBT community stating, “All together, our many communities challenge all sex and gender borders and restrictions...The glue that cements these diverse communities together is the defense of the right of each individual to define themselves” (Feinberg, 1996 p. X1).

In addition to confusing gender identity with sexual orientation, many of the terms used within psychological may actually be a misrepresentation of the ways in which one might choose to label themselves (Fassinger & Arseneau, 2007). For example, many LGBT scholars have argued that several of the core concepts in the LGBT community such as “the closet,” “coming out,” “lifestyle,” “gender identity,” and “sexual identity,” are rooted in White, middle-class, and U.S. conceptualizations of the relationships between self, gender, sexuality, and community (Almaguer 1993; Chasin 2000; Gopinath 2003; Sender 2004; Takagi 1996). This misrepresentation highlights the importance of allowing all individuals to self identify instead of forcing people into preconceived identity boxes often created by those with power and privilege.

LGBT People of Color

Research in the field of counseling psychology has underrepresented LGBT people of color. For example, Buhrke, Ben-Ezra, Hurley, and Ruprecht (1992) analyzed LGB research in the field of counseling psychology between the years of 1978-1989

finding that only 2 out of 19 studies focused on LGBT people of color (Loiacano, 1989). Similar results were found by Phillips, Ingram, Smith, and Mindes (2003) who looked at LGB articles published between 1990 and 1999, finding that only 2 out of the 68 articles published had samples with more than 50% people of color. These 2 articles were also focused on psychological and behavioral risk factors thus perpetuating the problem of pathologizing gender variance (i.e. Cochran, de Leeuw, & Mays, 1995; Safren & Heimberg, 1999).

The limited attention given to LGBT people of color within the mental health literature is often attributed to the invisibility of this population. In fact, researchers (e.g. Battle & Lemelle; Chan, 1989) often cite literature which argues that heterosexism and transphobia in communities of color can lead individuals to conceal their sexual orientation. In addition, researchers have argued that people of color's racial/ethnic community loyalties, coupled with the amount of racism found within mainstream LGBT communities, may disconnect them from White LGBT individuals (Green, 2000). This gross underrepresentation within mental health research raises questions about the validity of researchers' arguments about LGBT people of color and their involvement within LGBT communities.

As Moradi et al., (2010) noted LGBT people of color have always participated in the mainstream gay and lesbian rights movement, including developing strong LGB communities within their own racial and ethnic communities. In fact, LGBT individuals of color have made significant contributions to LGBT culture including: African American artists James Baldwin, Audre Lorde, and Ann Allen Shockley; Asian American artists Richard Fung, Willyce Kim, and Norman Wong; Latina/o American artists Gloria

Anzaldua, Cherrie Moraga, and John Rechy; and Native American artists Paula Gunn Allen and Maurice Kenny (Moradi et al., 2010). Despite these contributions, stereotypes about LGBT people of color have often reinforced the message that racial and ethnic minorities do not have a place within White LGBT communities (Moradi et. al, 2010). For example, the term *machismo* and *the down low* has been identified as unique cultural experiences associated with Latino and African American men's sexuality, something of which is thought to go against Western ideas of sexuality (Huang et al. 2010). While other researchers have argued that cultural differences among LGB racial/ethnic populations in the U.S. may be over-exaggerated and used to only further stereotypes about LGBT people of color (e.g. Battle & Lemelle, 2002; Parks, 2005). For example, research on African American LGBT people by Frost and Meyer (2009) found that among their participants, male and female identified, bisexual, gay/lesbian identified, as well as younger and older respondents, rejected the idea of identity conflict. In other words, these respondents did not deny the stress associated with homophobia, but they clearly differentiated between external sources of stress and internal identity cohesiveness. In addition, these participants did report perceived homophobia within their social environments (i.e. friends, family, religious figures), although this perceived rejection did not lead them to doubt or reject their LGBT identities (Frost & Meyer, 2009). These above studies have shed some new insights into how LGBT people of color self-identify, although more studies are needed to understand how one's perceived intersecting identities influence the ways in which they cope with layers of adversity.

Intersectionality

The concept of socially constructed identities have traditionally focused on single dimensions of identity such as racial identity (e.g., Cross, 1995; Helms, 1990, 1995), ethnic identity (e.g., Phinney, 1990, 1992), gender identity (e.g., Martin, Ruble, & Szkrybalo, 2002), and sexual identity (e.g., Cass, 1979; McCarn & Fassinger, 1996). While other identity models have attempted to address intersecting models of the self (e.g. Jones & McEwen, 2000; Sue & sue, 1990), these models often relied on traditional views of the ideal self as being integrated. Identity researchers have now begun to describe the various intersections of different social identities, raising important questions such as how the various aspects of the self interconnect, and how one's multiple identities become more or less salient as people navigate themselves though different social contexts (Ashmore, Deux, & McLaughlin-Volpe, 2004; Stewart & McDermott, 2004).

This concept of intersectionality was originally created within the field of sociology during the late 1960s in conjunction with the rise of the multiracial feminist movement (Hooks, 1981). This movement began to challenge the idea that gender was the primary source of discrimination for all women. Early multiracial feminist theorists argued that the experiences of discrimination for women of color were not the same as for White middle class women, thus encouraging individuals to think about how one's gender, race, and class combined to create layers of oppression (McCall, 2005) The term intersectionality was coined by Kimberley Crenshaw (1989) who used this word to describe the experiences of being both a woman and a person of color. Crenshaw argued that one could not possibly begin to understand the experiences of oppression without looking at an individual's intersecting identities.

In the beginning, intersectionality focused on the experiences of groups holding multiple disadvantaged identities. However, some members of disadvantaged groups can also hold privileged identities as well (e.g. middle-class people of color, White women), thus the concept of intersectionality can also be used as a tool to understand the experiences of non-minority group members (Cole, 2009) Today, the term intersectionality encompasses a multitude of identities including but not limited to race, ethnicity, gender, class, disability, religion, and sexual orientation. Cole (2009) argued that to understand any one of these dimensions, psychologists must address them in combination. Yet as several researchers have argued (e.g. Cole; 2009; McCall, 2005), in an effort to address the various dimensions of one's identity, there is no single reality about the experiences of all people's intersecting identities. There are only multiple constructed realities based on an individual's personal sense of the intersecting identities in their lives.

A person who experiences intersectional minority identities may experience psychological and social demands that are unique to the specific combination of such identities and related power structures. Researchers (Ashmore, Deaux, & Mclaughlin-Volpe, 2004; Stewart & McDermott, 2004) argue that research questions about intersectionality can assist researchers to better understand racism, sexism, and homophobia because an individual who holds such intersectional identities is not faced with each of these "isms" in isolation, but with a "fluid and contextual sexualization of race and a racialization of sexuality" (Narvez,, Meyer, Kertzner, Outellette, & Gordon , 2009, p. 65). Thus, the notion of intersectionality is an important concept when looking at

the complex nature of those holding several minority identities such as those held by transgender people of color.

Unfortunately, research on the transgender community has historically ignored the concept of intersectionality. This lack of representative research has served to further perpetuate misconceptions about transgender people of color. In fact, much of the research on transgender communities as a whole has been used to further pathologize gender variance. In order to fully deconstruct these misconceptions, it is important to know the historical context of transgender research through the ages.

Original Transgender Studies

The first well known studies on gender variance were completed by Dr. Magnus Hirschfeld. In 1910 Dr. Hirschfeld coined the word transvestite in his book “The Transvestites: An Investigation of the Erotic Drive to Disguise.” In this book, Hirschfeld studied individuals who possessed what he labeled as “psychic stress” related to their gender identity (Hirschfeld, 1910). One of Dr. Hirschfeld’s reigning accomplishments was his research that argued that sex and gender expressions were not automatically linked, meaning that not all gay and lesbian individuals were transgender. In 1949, the term “transsexual” was coined from the phrase “transsexualis psychopathia” by medical writer David Cauldwell. A few years earlier, Alfred Kinsey, a researcher on human sexuality asked German endocrinologist Harry Benjamin to study a young male born child who “wanted to become a girl.” Benjamin realized that he could not label this individual with transvestic fetishism (attaining sexual gratification from dressing in traditional female clothing) because the child believed that they were female and wanted to dress in traditional female attire all the time (Benjamin, 1966).

Benjamin then began to study other female-identified transsexuals across the U.S. His studies (e.g. Benjamin, 1964, 1966, 1967) included giving regular shots of the hormone estrogen to these individuals concluding that this helped to relieve their gender dysphoria. He purposed that these individuals were “trapped in the wrong body,” and that mental distress from this could be alleviated by altering their bodies (Benjamin, 1966). Benjamin published his findings in his 1966 book entitled *The Transsexual Phenomenon*. In this book, he suggested that psychotherapeutic interventions aimed at “curing” transsexuals were futile arguing that the medical community should focus instead on assisting transsexuals in successful sex transition (Benjamin, 1964).

In 1979, the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was formed. This association developed official standards of care which defined a set of guidelines that transsexual individuals must follow in order to obtain hormonal or surgical treatment (HBIGDA, 2001). From 1979-2000, the HBIGDA standards required that individuals who wished to undergo SRS or receive hormone treatment must receive both counseling and obtain official letters of recommendation by qualified mental health professionals. In addition, individuals who were interested in SRS were required to live as their desired gender for approximately 1 year (referred to as “the real life test”) prior to receiving surgery (HBIGDA, 1998). The most recent version of the HBIGDA standards were created in 2001 and now require that individuals either have a documented real-life experience of at least three months or a period of psychotherapy (dictated by both the individual and their clinician) before undergoing hormone therapy. The latest HBIGDA standards also require individuals to have a real-life experience of at least 12 months before being eligible for SRS (HBIGDA, 2001). These historical

contexts paint the picture for not only how the medical field has viewed gender variance, but how regulations were administered to control access to care. These regulations have also resulted in the controversial nature of assigning mental disorders to individuals who transform traditional gender roles.

Gender Identity Disorder

One year after the original HBGDA guidelines were constructed, the American Psychological Association's (APA) added the diagnosis of Transsexualism to their Diagnostic and Statistical Manual-III (DSM-III; American Psychiatric Association, 1980). The criteria for this diagnosis included having at least a two year interest in altering one's bodies in order to make it congruent with their gender identity. This same version of the DSM also contained the diagnosis of Gender Identity Disorder (GID) which was characterized by a "persistent discomfort with one's biological sex" and a consistent identification with their "non-natal sex" (DSM-III; American Psychiatric Association, 1980). It is important to note that not all transgender individuals or their allies embrace the diagnosis of GID because many individuals do not report experiencing psychological distress due to their non-traditional gender identity or gender expression (Bockting, 2005; Lev, 2004).

Opponents (e.g. Bockting, 2005; Lev, 2007) of this diagnosis argue that GID pathologizes normal variation in gender expression and leads to further stigmatization of transgender individuals. Interestingly enough, the same year that transsexuality was added to the DSM, the term homosexuality was removed (DSM-III; American Psychiatric Association, 1980). As Lev (2007) noted, the "pathologizing of gender

variance in the DSM was concurrent with the depathologizing of same-sex sexuality” (p. 155).

In the past, people seeking SRS were first evaluated to determine if they were “true-transsexuals” and not erotic cross-dressers (Lev, 2004). The thought behind this, was that transsexuals were perceived as the only gender-variant people who should be allowed the right to surgically alter their bodies (Lev, 2004). The negative repercussion of this view point is that many people seeking medical treatment were consequently forced into fitting into the strict diagnostic criteria in order to receive medical treatment, often needing to create false narratives in order to receive care (Hausman, 1995; Lev, 2004; Prosser, 1998; Walworth, 1997).

Today, many individuals are choosing to “define themselves rather than asking or allowing themselves to be defined by mental health professions,” and therefore “do as little or as much as they wish to their bodies” (Denny, 1997, p.37). This was made evident at the 1993 conference on Transgender Law and Employment Policy, where the International Bill of Gender Rights was created demanding that individuals be free from psychiatric diagnosis, thus denouncing the prescribed regiment dictated by the Harry Benjamin International Gender Dysphoria Association (Finding Our Place: Transgender Law Reform Project, 1993).

Many of the early sexologists (e.g. Ulrichs, Hirschfeld, and Ellis) committed themselves to educating the public about sexual diversity and worked towards removing laws that punished people who transcended traditionally prescribed gender behavior (Hekma, 1994). However, in turn, many believe that their theories about gender expression have been used to justify pathologizing gender variant people (Lev, 2004).

Over the past hundred years, research into sexual and gender identity development has taken an interdisciplinary approach at searching potential biological, genetic, and hormonal factors that are associated with one's gender identity and expression. However, as Bockting and Coleman (1992) stated, "There is no scientific consensus about a single developmental pathway which leads to gender dysphoria...determinants of gender dysphoria remain controversial and hypothetical" (p. 113).

Although gender variance has been around since the beginning of time, and theorists have studied gender expression for over one hundred years, traditional attitudes about biological sex and gender continue to perpetuate transphobic attitudes in much of the Westernized world. These attitudes contribute to increasing both social barriers and adverse conditions in the transgender community.

Violence

Transphobic attitudes place gender variant people at increased risk of violence. It is hard to gather statistical data on the amount of violence perpetuated toward the transgender community. One reason for this is that federal hate crime legislation does not currently document attacks based on one's gender identity or presentation, and only a few cities across the U.S. currently have hate crime legislation protecting people from discrimination and violence resulting from their gender non-conformity. As of January 20, 2012, only sixteen states and the District of Columbia have laws banning discrimination based on sexual orientation and gender identity/expression (the Task Force, 2012).

Transgender advocacy groups have made efforts to capture statistical data on the amount of violence experienced among transgender populations. In 1996, GenderPAC

(The Gender Public Advocacy Coalition) conducted a study of 402 transgender identified individuals from across the U.S. Results from this study showed that over half of this sample reported experiencing either violence and/or harassment with 37% of the sample also experiencing economic discrimination due to their transgender identity. In addition, close to 14% of this sample reported being raped or someone attempting to rape them in their lives (GenderPAC, 2007).

Grossman, D'Augelli, and Frank (2011) studied a sample of 55 transgender youth ages 15-21 residing in New York City. These authors found that more than two-thirds of the youth sampled reported past verbal abuse and one-fifth reported physical abuse by their parents or peers due to their gender non-conformity. In a needs-based assessment in Washington DC, 43% of the 252 transgender participants surveyed reported that they had encountered violence due to their gender identity/expression (Xavier, 2000). According to the U.S. Department of Justice (2005), 21% of the general population in the U.S. experienced some type of violence in 2005. These statistics indicate that the transgender community experiences more than twice the national rate of violence often occurring before the age of 21.

Suicide

One of the most concerning negative consequences stemming from transphobic trauma is the increased risk of suicidal ideation among transgender individuals. In a study of 515 transgender participants, 32% reported past suicide attempts (Clements-Nolle, Marx, & Katz, 2006). The authors argued that in addition to individual risk factors (e.g. depression, substance abuse, and history of trauma); societal factors (e.g. gender-based discrimination) were significantly associated with increased suicidality. Kenagy (2005)

conducted a study consisting of a total of 176 participants, finding that 30.1% of those studied had attempted suicide, with a total of 67.3% indicating that their suicide attempt was due to negative consequences of their transgender identity (Kenagy, 2005).

According to the Center for Disease Control (2005), the suicide rate in the general public is 0.011%; a stark contrast to the suicide attempt rates reported for transgender individuals which range from 16% to 37% (Clements-Nolle, Marx, & Katz, 2006).

HIV

Studies in the US have consistently reported high rates of HIV among Male-to-Female identified (MTF) individuals: 68% in Atlanta (Elfison, Boles, Posey, Sweat, Darrow, & Elsea 1993), 40% in Miami (Bay, 1997), 32% in Washington DC (Xavier, 2000), and 26-48% in San Francisco (Clements, Katz, & Marx, 1999; Nemoto, Luke, Mamo, Ching, & Patria, 1999; Nemoto, Operario, Keatley, Han & Soma, 2004).

Psychosocial factors have been shown to increase the risk of HIV among MTF individuals including: social stigma and economic vulnerability (Krammerer, Mason, Connors, & Durkee, 2001). MTF people of color may be exposed to additional stigma beyond that associated with their gender identity/expression. For example, several studies of gay men of color have documented how multiple levels of stigma associated with race/ethnicity and sexual orientation have contributed to their disproportionate risk for HIV (Diaz, 1998; Diaz, Ayala, Bein, Henne, & Marin, 2001; Stokes & Peterson, 1998).

Due to the access of life-extending medications, there is an increase in the amount of people living with HIV and AIDS in the United States. Because HIV/AIDS is chronic illness, many people are deciding to include their HIV status a part of their self definition (Teague, 2007). For example, individuals living with HIV sometimes refer to themselves

as being “poz” (short for HIV positive). It is possible that individuals participating in this study will chose to disclose their HIV status as one of their intersecting identities; although the interview questions will not inquire about HIV status directly.

Workplace Discrimination and other Socio-economic Issues

Many transgender individuals also face several concerns in the workforce including: deciding whether or not to transition at their present job; losing their current job because of their transition; losing job experience under their previous name; and experiencing prejudice and discrimination at their place of employment (Boylan, 2003; Walworth, 2003). Only 13 states and the District of Columbia have legislative protections for transgender individuals in the workplace (the Task Force, 2009). Consequences of these limited protections result in a high rate of poverty among the transgender community. For example, Sanchez, Sanchez, and Danoff (2009) conducted a study on 101 male-to-female transgender identified individuals living in New York City, showing that approximately 41% of the participants reported not earning enough money to pay for daily living expenses such as rent or food.

Research data suggests that many transgender individuals are uninsured and only a small percentage of transgender people access medical care (Bockting, Huang, Robinson, & Rosser, 2005). This limited access to health care means that many transgender persons may obtain hormones from nontraditional sources, including friends, street vendors, and the internet (Sanchez et. al, 2009). For example, research has shown that the percentage of hormone use without doctor supervision ranges from 29% to 63% within urban groups of male-to-female transgender identified individuals from across the U.S. (Clements-Knolle & Guzman, 2001; Xavier, 2000).

In addition, private health insurance typically does not cover the costs of hormone or surgical treatment because this treatment is considered by most insurance companies as “cosmetic” and therefore unnecessary (Boctking et al., 2005). It is estimated that because the costs of transition are typically not covered by insurance companies, individuals who undergo SRS pay approximately \$50,000 to \$80,000 for hormones, surgery, and other procedures (Walworth, 2003). As stated earlier, many individuals who identify as transgender do not choose to alter their bodies through the use of hormones and/or surgery (Lev, 2004). For those who do choose to undergo SRS, they may face several obstacles in receiving medical treatment due to both cost and access to services (Lev, 2004).

Transgender Advocacy

Transgender advocacy groups from across the country are working hard towards bringing awareness to the public in regards to the amount of violence directed toward this community. For example, activist Gwen Smith (2007) created the *Remembering Our Dead Project* which tracks transphobia-related deaths of transgender individuals (<http://www.gender.org/remember/>). Another grass-roots transgender advocacy group created *The Transgender Day of Remembrance*. This is an annual tribute to trans-woman Rita Hester who was murdered on November 28, 1998 outside of her apartment near Boston. Her murder sparked the creation of a web project (<http://www.transgenderdor.org/>) dedicated to honoring those persons killed because of transphobic attitudes. This web project resulted in the creation of annual anti-violence events all over the U.S., where transgender individuals and their allies gather on November 20th of each year to honor the lives of those lost to transphobia.

Through the use of the internet, transgender advocacy groups are reaching thousands of individuals providing them with valuable resources for medical concerns, legislative protections, and links to support groups found all over the U.S.. Examples of this can be found on the websites such as the Transgender Law Project (<http://www.transgenderlaw.org/>), and the Gender Public Advocacy Coalition (<http://www.gpac.org/>), which contain hundreds of local and national resources for the Transgender community and their allies. These advocacy groups are a testament to the courage, strength, and resilience of the transgender community.

Help-Seeking Process

Although some transgender individuals may be in need of mental health services due to their experiences with transphobia, research has shown that many transgender individuals do not seek services (Bockting, & Coleman, 2007). In order to fully understand how one receives help in times of need, it is important to look at the processes one goes through in order to receive help. Help-seeking pathways were defined by Rogler and Cortes (1993) as the sequence of contacts with other individuals and organizations that have led the distressed person to make the first contact with mental health services. Goldsmith, Jackson, and Hough (1988) outlined a stage model which describes three identifiable stages to help-seeking. The first stage is the problem recognition stage and is characterized by identifying psychological impairment. The second phase is referred to as the decision to seek help stage. The final stage is referred to as the selection of services stage.

Goldberg and Huxley (1980) indicated that once a decision for consultation has been made, additional steps need to occur before the individual actually reaches formal

mental health services. These steps can include informal consultation through social networks, medical consultation, and a referral to mental health professions. Goldberg and Huxley (1980) also highlighted the fact that these steps are neither necessarily sequential, nor guarantee that the distressed individual will actually receive help. This is evident in the fact that only 1 out of 4 individuals who would be classified (from a Westernized perspective) as needing mental health services actually receive the care they need (Goldberg & Huxley, 1980).

Cultural Influences of Help-Seeking

In order for an individual to start the help-seeking process, the individual must first acknowledge that a problem actually exists (Goldsmith, Jackson, & Hough, 1988). Research has shown that the two main factors that affect the identification and definition of mental health needs are individual culture and context (Goldberg & Huxley, 1980; Goldsmith, Jackson, & Hough, 1988). Cultural values and beliefs influence whether psychiatric symptoms and behaviors are considered normal or abnormal. Research has indicated that these cultural norms influence the ways in which racial and ethnic minorities access the mental health system. An example of this has been documented by Akutsu, Snowden, and Oraganista (1996) who discovered that African-Americans were less likely than Asian Americans, Latinos, or Whites to be referred to treatment by family and friends. These researchers found that African Americans were more likely than other clients to have entered into treatment through self-referral, and were more likely than Whites to seek help from family or friends and from religious figures when troubled by a mental health problem before seeking professional mental health.

Similarly research has also documented differences between Latinos and Whites in help-seeking behaviors. Burnam, Hough, Karno, Escobar, and Telles (1987) conducted a study on the use of health care systems by Mexican Americans living in Los Angeles, finding that health care among this population was underutilized, and this was not due to less perceived need for care. Similar results were found by Peifer, Hu, and Vega (2000) when studying a Mexican American population from Fresno County, California. Research by Sanchez and Atkinson (1983) showed that Mexican-American preference for counselor ethnicity is a function of the counselee's cultural commitment. Participants who indicated that they had a strong commitment to only the Mexican-American culture expressed a greater preference for an ethnically similar counselor than did participants who indicated that they had a strong commitment to only the Anglo-American culture, a strong commitment to both cultures, or a weak commitment to both cultures (Sanchez & Atkinson, 1983).

Social Support and Help Seeking

Contextual norms such as socioeconomic status, gender roles, age, family values and belief, and regional location all have been found to influence an individual's help-seeking behavior (Goldberg & Huxley, 1980). Another factor which influences help-seeking behavior is connected to social support. Studies on social support have repeatedly shown that individuals first go to friends, relatives, neighbors, and lay persons such as bartenders and beauticians for information and help (e.g., Cohen & Willis, 1985; Germain & Patterson, 1988; Gottlieb, 1988). These patterns of help seeking behaviors have been found to be especially true within racially and culturally diverse populations (Lazer, Piers, Issacs, Chaulk, & Huang, 2008).

Many LGBT individuals experience suspiciousness and vigilance in their communities instead of the protective buffering or support from adversity that one might normally expect communities to provide (Bockting, 2007; Lev, 2004). Transgender individuals are often not given adequate support from within their traditional social networks, thus making it more difficult to consult with individuals for advice in times of need. Furthering the help-seeking literature on transgender people of color can help shed some light as to what are the unique help-seeking strengths and challenges within this community. The little research that has been conducted on help-seeking among transgender individuals has only provided their readers with the sense that traditional methods of help-seeking (e.g., turning to family) are often not available to them. Perhaps the ways in which these individuals navigate the help-seeking process is just simply different than what the traditional help-seeking literature highlights.

Experiences in Counseling

Transgender individuals do not have a higher rate of mental health disorders compared to the general public (Chavez-Korell & Lorah, 2007). Counseling issues that transgender individuals bring into counseling are often connected to a variety of concerns related to their transgender identity such as rejection by family, feelings of isolation, and workplace conflicts (Rachlin, 2002). During the 1980's, the approach to counseling transgender clients shifted toward greater attention of co-existing mental health concerns that are often magnified by these experiences of stigmatization (Bockting & Coleman, 1992; Levi, 2004). With the increased visibility of the transgender community in the 1990's, the focus of counseling once again shifted towards helping individuals embrace

their unique gender identity, thus creating a more affirmative model of care (Bockting, 1997).

Despite this shift in counseling theory, many transgender individuals continue to report a level of dissatisfaction with the mental health care they receive (e.g. Bockting, Robinson, Benner, & Scheltema, 2004; Lev, 2004). For example, a study by Sanchez, Sanchez, and Danoff, (2009) found that among a sample of 101 male-to-female transgender individuals, access to provider knowledge about transgender health issues was the most reported barrier to care. This is not surprising due to the fact that the majority of counseling training programs across the country do not address the counseling needs of transgender clients (Carroll & Gilroy, 2002). This lack of knowledge can cause frustration for transgender clients due to the need to educate their counselors on transgender issues.

Another mistake that many mental health professionals make is pressuring their clients to take on certain gender and sexual identities. Gagne (1997) conducted a qualitative study on 65 MTF transgender identified individuals who were involved in psychotherapy, finding that the majority of those studied reported that they were pressured by their therapists to come out to others and appear as women. In cases such as this, therapists might fail to take into account the possible repercussions and harassment that may ensue if clients are not psychologically, financially, and emotionally prepared for a rapid transition (Bockting, et al., 2004). Mental health professionals can also make the mistake of labeling their clients as lesbian, gay, or bisexual, confusing gender identity with sexual orientation (Chavez-Korell & Lorah, 2007).

This level of dissatisfaction with counseling can be reduced when clinicians educate themselves on transgender issues. For example, Rachlin (2002) found a correlation between satisfaction and the patient's perception of the counselor's level of expertise in transgender health. Bockting (2004) studied patient satisfaction among transgender individuals, finding that the most positive experiences they had with the counseling process included the following: the opportunity to connect with other transgender individuals in group therapy, the emphasis of self-discovery in therapy, and the attention for coexisting mental health concerns.

Mental health professionals can also create a safe place for transgender individuals and their families in counseling by creating an atmosphere that goes beyond dichotomous-gender norms (Bockting & Coleman, 1992). Due to the high rate of family rejection among transgender individuals, Lev (2004) recommended that counselors help family members to understand that both the family and the transgender individual moves through a developmental process as they come to terms with gender non-conformity within their family system. Therefore, Lev (2004) argues that the counselor assist both the client's struggles and the family's discomfort with the transition. In addition, mental health professionals are encouraged to pay attention when their client is experiencing distress related to their gender identity because this can be a time when the risk for suicide is the greatest (Chavez-Korell & Lorah, 2007; Isreal & Tarver, 1997).

Bockting (1997) encouraged counselors to assume a client-centered approach when working with transgender individuals. Given the documented mistrust of mental health professionals (Sanchez et al., 2009; Bockting et al., 2004), and the amount of societal discrimination that transgender people face, the issue of trust is imperative when

working with transgender individuals. Laird (1999) advocated that mental health professionals utilize a narrative approach in which clients are given a safe space to tell their stories without the therapist's pre-conceived notions of gender and sexuality.

Affirmative transgender counseling also urges mental health professionals to possess the experience and information needed to address gender-identity issues and to provide information regarding medical treatment options, if this is of interest to the client (Isreal & Tarver, 1997). In addition, a counselor needs to be aware of community and on-line resources that may help their transgender clients reach out to a broader transgender community and gain valuable information about how to gain support through their gender identity exploration.

Another core principle of transgender affirmative counseling is giving clients the freedom to use language and labels that they are comfortable with. Considering that the language often used to talk about gender is reflective of the male/female dichotomy, many individuals within the transgender community have created new pronouns to use such as sie, ze, hir (Feinberg, 1996). Affirmative counseling for transgender clients means that if a counselor is unsure as how a client identifies or which pronouns they should use for the client, it is important to ask the client how they prefer to be identified (Chavez-Korell & Lorah, 2007).

A "trans-affirmative or "trans-positive" approach to counseling goes beyond a simple acceptance of gender non-conformity, but challenges clinicians to advocate for political, social, and economic rights for transgender individuals (ALGBTIC, 2009). This approach is similar to the practice of "sex-positive" therapy with gay men, lesbians, and bisexual persons which encourages counselors to help alleviate distress of individuals

who challenge societal norms, and identify ways in which themselves as clinicians may be adding to the binary gender system (Carroll, Gilroy, & Ryan, 2002).

Much of the mental health research has been geared towards highlighting the negative consequences of transphobia. This focus on adverse conditions coupled with labeling gender variance as a mental disorder has tainted our understanding of the health and well being of transgender individuals. There has been a division within the mental health research as to whether or not transgender individuals face increased minority stress or increased levels of resiliency due to their multiple minority identities. This division is often referred to as the risk versus resilience debate (Meyer & Ouellette 2009).

Risk versus Resilience

The concepts of minority stress and resilience have been essential to researchers' understanding of the health and well-being of LGB people of color (Meyer & Ouellette, 2009). Throughout this literature, there have surfaced two main themes which Moradi et al. (2010) has referred to as the risk and resilience hypotheses. The risk hypothesis argues that compared to White LGB individuals, LGB people of color are exposed to greater stressors due to being exposed to both homophobia and racism. This is also referred to as the *double jeopardy hypothesis* (Meyer, 2003; 2009). In contrast, the resilience hypothesis states that due to their experiences with racism, LGB people of color are buffered against the effects of stress related to homophobia and may actually deal with the stress surrounding sexual orientation better than White LGB people (Moradi et al., 2010). Another way of stating this is that LGB people of color are already equipped with coping skills against homophobia through learning these skills in combating racism.

The minority stress argument also suggests that the added pressures of being a minority or multi-minority status can lead to higher rates of mental disorders among minority populations (Meyer, 2003). This would mean that LGB people would have a higher incidence of mental disorders than heterosexual individuals due to the unique stressors associated with homophobia. Several studies, including a meta-analysis of large scale studies, showed support of the minority stress hypothesis by indicating a larger prevalence of mood, anxiety, and substance-use disorders among LGB individuals than heterosexuals (Meyer, 2003). However, this theory is not supported when looking specifically at LGB people of color. Although Black and Latino LGB persons are in fact exposed to greater stressors such as fewer resources and community support compared to LGBT White individuals, research has shown that LGB people of color do not have more mental health concerns because of this increased stress. Research patterns have yet to show whether or not the resilience hypothesis holds true to transgender people of color who in essence would be considered to be in triple jeopardy due to experiences with racism, homophobia, and transphobia.

The questions that research has yet to answer is if LGBT people of color are exposed to greater stress, and if stress increases mental health problems, then why are the rates of mental health disorders among LGBT people of color not higher than LGBT Whites? As Williams and Earl (2007) argued, research has yet to provide a conclusive answer to this question. One possible solution is to look at the resiliency among LGB people of color.

Resiliency

Resiliency was first introduced to the field of psychology in the 1970's when researchers (e.g. Garnezy, 1971; Garnezy & Streitman, 1974) studied adaptive coping techniques among patients with schizophrenia. These studies discovered that many of the patients with the least severe courses of illness were characterized by a pre-morbid history of relative competency at work, interpersonal relationships, and the ability to fulfill various responsibilities to friends and family. These studies showed that individuals were able to demonstrate resiliency, even in the face of adversity. These original studies began to change the ways in which research is conducted among individuals with mental health concerns by promoting a more strength-based approach, as well as identifying the presence of resiliency among individuals who are often overpathologized and stigmatized within the mental health field (Garnezy, 1974)

One of the most cited studies on resiliency factors was completed by Werner and Smith (1988) who conducted a longitudinal study among adolescents from 1950-1980. Results from this study suggested that positive influences can help mitigate high risk behaviors among adolescents. Werner and Smith observed that when children who were considered at risk for engaging in negative behaviors possessed several positive factors in their lives, they were less likely to participate in anti-social behaviors, become pregnant, and abuse substances. These positive factors included self-efficacy, problem solving skills, engagement in school or the community, and the presence of at least one caring adult. These pioneer researchers discovered that many of the children they studied thrived despite their high-risk status, thus sparking interest within the mental health field in studying individual variations in response to adversity.

Research on resilience has now expanded to include a plethora of “adverse conditions” including socioeconomic disadvantage (Garmezy, 1985, 1994; Werner & Smith, 1988, 1990), child abuse (Bernard, 2004; Masten, 2007), urban poverty and community violence (Masten & Garmezy, 1990), chronic illness (Garmezy, 1985), and catastrophic life events (O’Dougherty-Wright, Masten, Nortwood & Hubbard, 1997). Throughout these studies, researchers worked to identify the protective factors that differentiate adaptive from maladaptive individuals within these adverse circumstances (Masten & Garmezy, 1990; Werner & Smith, 1988, 1990).

In identifying these protective factors, common findings across the resiliency research began to emerge, suggesting that there are three main sets of factors that appear to facilitate positive adaptation under conditions of risk (Masten, 2007). The first set of factors are connected to individual attributes or personality characteristics including positive temperamental or dispositional qualities, good intellectual functioning, self-efficacy, positive self-worth, perceived competence, problem-solving skills, internal locus of control, positive future expectations, and an overall sense of optimism (Masten, 2007; Werner and Smith, 1988). The second factors are connected with the existence of a warm nurturing family environment, and a positive attachment with one’s primary caregiver (O’ Dougherty et al., 1997; Werner & Smith, 1988). The final factors encompass the broader contextual variables in an individual’s life which includes the following: extra-familial support, links with extended family support networks, and connections with pro-social organizations (Masten, 2007; Masten & Garmezy, 1990; Werner & Smith, 1990).

Of the three sets of factors that contribute to the development of resilience, interpersonal relationships and environmental supports refer to domains where LGBT persons are most likely to encounter rejection and discrimination. For example, many LGBT individuals experience suspiciousness and vigilance in their communities instead of the protective buffering or support from adversity that one might normally expect communities to provide (Bockting, 2007; Lev, 2004). Similarly what might ordinarily be considered protective interpersonal relationships can often be sources of stress for many LGBT people (Lev, 2004). LGBT individuals who disclose their gender and/or sexual identity, often find themselves more isolated or even ostracized rather than experiencing family relationships or friendships as supportive sources of emotional protection (Lev, 2004). More research is needed to identify the factors that help LGBT individuals cope with adversity.

Factors that help LGBT individuals cope with adversity are difficult to identify in the literature, as research on LGBT populations continues to be primarily focused on social risks and vulnerabilities, with little to no studies highlighting what factors protect/buffer the LGBT community against this adversity. When one looks at the representation of transgender individuals among the limited LGBT resiliency studies, the numbers come up as grossly under-representative. When one pulls apart the transgender individuals of color among the resiliency literature, the number becomes obsolete.

Transgender is often tacked on to the larger LGBT research with little to no explanation as to why transgender individuals were included in the research study. With this said, in the next section, I will summarize the LGBT resiliency factors found within

the mental health literature with the disclaimer that there is limited research that focuses solely on the transgender community

LGB Resiliency

Studies among LGBT youth have demonstrated several resiliency factors within this population. For example, research has shown that positive social relationships have moderated the relationship between stress and distress (e.g. DiFulvio, 2004; Werner & Smith 1988). DiFulvio (2004) found that while a sense of connection to others is an important buffering agent against adversity among LGBT youth, resistance as expressed through activism was found to offer a parallel pathway to both self-discovery and resilience within this population. These findings support the argument that LGBT community programs geared towards helping youth form positive self-identities are greatly needed in order to provide these youth with a safe place for both positive self-discovery and an outlet for fighting against the discrimination they face.

Research has shown that these resiliency trends continue into old age for LGBT individuals. Friend's (1991) analyzed studies of gay and lesbian senior citizens focusing on those factors that led to successful adjustment to old age. He noted that a significant number of older lesbian women and gay men who were considered well adjusted had also managed to challenge the homophobic social messages that they encountered during their lives. These individuals also reported high self-esteem, were connected with family members, reported a wide range of social supports, were actively engaged in community and social issues, and could assess their lives as having been purposeful. Thus, Friend (1991) concluded that there is a link between an LGBT individual's ability to challenge negative stereotypes and that individual's positive adaptation in later life.

Transgender Resiliency

Within the last few years, there has been a handful of research studies focused solely on resiliency among transgender individuals. For example, Grossman, D'Augelli, and Frank (2011) studied resiliency among transgender youth finding that higher self-esteem, positive sense of personal mastery, and greater perceived social support predicted positive mental health outcomes among those sampled. In addition, Lewis (2008) conducted a qualitative study focusing on resiliency among 10 self-identified genderqueer individuals. This author found that among the participants who did not internalize societal pressures had personality characteristics that allowed them to: (1) embrace their difference, (2) use their transition process as an educational tool, (3) identify as activists, (4) embrace their own choice in self-expression, and (5) actively reject heteronormativity. In addition, these individuals helped their families understand their identities and in turn their families supported their authentic selves. Other resiliency factors were identified in the participants' relationships which were characterized as having role flexibility without focusing solely on biological sex. These individuals also surrounded themselves with a community of individuals who had similar views of gender (Lewis, 2008).

Singh, Hays, and Watson (2011) completed a phenomenological study on resiliency among 21 transgender individuals. The authors found 5 common resiliency themes including: (1) evolving a self-generated definition of self, (2) embracing self-worth, (3) awareness of oppression, (4) connection with a supportive community, and (5) cultivating hope for the future. There were two additional themes found among select participants including social activism, and being a positive role model for others. Similar

results were found when researchers focused solely on transgender people of color. For example, Singh and McKleroy (2011) conducted a study of 11 transgender people of color looking at their expression of resilience in response to traumatic life events. These authors found six major themes among all participants: (1) pride in one's gender and ethnic/racial identity, (2) recognizing and negotiating gender and ethnic/racial oppression, (3) navigating relationships with family, (4) accessing health care and financial resources, (5) connecting with an activist transgender community of color, and (6) cultivating spirituality and hope for the future. Commonalities among the various research studies on resiliency show that maintaining hope, accessing a supportive community, and generating their own definitions of gender identity were all important aspects of resiliency among the transgender participants.

Social Support in Transgender Community

One of the key aspects in the theory of resiliency is overcoming risks, stigma, and adversity. As noted earlier in this chapter, there are many risk factors associated with trauma in transgender populations due to their experiences of transphobia. Social support has been proven to help reduce these risk factors; however, in regards to transgender populations, this social support may be hard to enlist due to possible transphobic attitudes among their social network. For example, research has shown that family as a primary support is often unavailable to transgender individuals (Carroll & Gilroy, 2002). Social support has been defined as an interpersonal connection to a specific group which offers emotional support in times of need (Green, 1994), and a network of people whose relationship satisfy the specific social needs in the individual (Lindley, Norberck, & Carrieri, 1981). Research has shown that transgender individuals often receive this

support from non-family members which can include support groups, attending social gatherings with other transgender individuals, and seeking emotional support through on-line support groups (Lev, 2004, 2007).

Individuals who do receive support from family and friends are more likely to show resiliency in facing gender related stigma and discrimination (e.g. Bockting & Haug, 2005; Sanchez & Vilain, 2009). For example, in an online study of transgender adults in the U.S., participants who were found to be more resilient (the researcher defined this as individuals who report good mental health despite experiencing high levels of stigma), reported more support from family and peers and greater pride in their transgender identity than did participants who were found to be not as resilient (Bockting & Haug, 2005). These findings are consistent with the resiliency literature in that social support and a connection with one's community were found to help individuals overcome adversity.

Research has been conducted on how connection to a broader transgender community is proven to reduce distress among transgender persons. For example, Sanchez and Vilain (2009) researched how collective self-esteem was related to fears of transsexual-related discrimination and psychological distress. The results from this study showed that the more the participants felt positively about the transsexual community, the less psychological distress they reported. These findings are also consistent with the qualitative study conducted by Singh, Hays, and Watson, (2006) on the various strengths and coping skills among transgender individuals.

Similar results were found in (2013), when 18 transgender-identified individuals participated in a semi-structured interview process looking at emotional and coping

processes through their pre-transition, transition, and post-transition processes (Budge, Katz-Wise, Tebbe, Howard, Schneider & Rodriguez, 2013). There were a total of five separate themes that emerged during this study including descriptions of coping mechanisms, emotional hardship, lack of support, positive social support, and affirmative emotional experiences. Findings from this study show that social support plays a key role in the emotional experiences of transgender individuals. For example, the participants discussed their emotional hardships as being linked to experiences of rejection and lack of social support which then influenced participants to use avoidant coping mechanisms. Those individuals who did experience social support, reported more affirmative emotional experiences and were thus more likely to use facilitative coping mechanisms. The authors' findings show that the more social support participants experiences during the transition process, the more likely they will report continued social support during post-transition.

The above studies conducted on transgender resiliency factors highlights the point that there are strengths both within the individual and in the larger transgender community that helps buffer these individuals against the negative effects of adversity. Unfortunately, there has only been only one research study to date that highlights the possible coping strategies of transgender people of color (Singh & McKleroy, 2011) Therefore, the purpose of this study is to gather qualitative data on transgender people of color in order to shed more light on the unique factors that encourage this community to lead resilient lives.

Present Study

Within the resiliency literature, what constitutes success has been disputed among theorists. Often people measure resilience through the attainment of personal goals defined by that specific individual (Freund & Baltes, 2000). Others claim that subjective criteria are problematic because they exclude any consensus-based assessment of success (Keckhausen, 1999). One solution for this argument is to avoid searching for one specific criterion of success that may not be sensitive to different cultural viewpoints of what constitutes a successful life. For example, Freund and Baltes (2000) emphasized the limited value of what mainstream would label as psychologically normative, arguing that this notion is primarily rooted in White, middle-class, male standards. These theorists argue instead that individuals be allowed the freedom to define success by different authorities (e.g., individual, peer group, society), and by different criteria (e.g., subjective, objective).

In alignment with Freund and Baltes (2000), I chose to be open-ended in my definitions of what constitutes resiliency among the individuals I interviewed. Through providing the space for the participants to self-define resiliency, this allowed the factors to directly come from the individuals interviewed. For the purpose of this study, I chose to use Matson's (2007) generalized theory of resiliency as defined as the "class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development." Thus, the main goal of this study was to identify resiliency factors among a sample of transgender individuals of color who reside in the city of Milwaukee, Wisconsin. The following research questions were an intricate part of developing this study:

1. What are the unique resiliency factors within this sample of transgender individuals of color?
2. What are the common themes of resilience among the individuals interviewed?
3. Will these themes of resiliency be connected with prior resiliency research which identifies three main sets of factors? These factors include: Individual attributes, supportive family environments, and a connection with a community of social support.
4. How will the various forms of intersectionality within the participant's identity influence their coping skills?
5. What are the help-seeking behaviors among the individuals being interviewed?

The various themes that unfold throughout this study will help suggest future research directions in studying transgender individuals of color. Studying resiliency among this population will also add a refreshing strength-based approach to research within this community, instead of merely highlighting deficits which many believe only further transphobia within our society (Bockting, 2007; Fassinger and Arseneau, 2007; Lev, 2004). Gender variant people have been here since the dawn of the ages, it is time to shed some light into the unique strengths that have allowed these individuals to not only survive by to thrive throughout time.

Chapter 3

Method

This study used a qualitative approach based on the Consensual Qualitative Research method (CQR). The main objective of CQR research is to examine the individual's whole experience, rather than simply looking at specific parts (Hill et al., 1997, 200, 2012). One of the main components of CQR is the use of open-ended questions within a semi-structured interview framework. Using open-ended questions is thought to allow the collection of consistent data across all individuals, as well as provide an opportunity for more in-depth examination of each individual's experience. The CQR method also promotes the use of several judges (i.e., primary coders) throughout the data analysis process in order to foster multiple perspectives and reduce individual bias. These judges then come to a consensus as to the meaning of the data. In addition, the CQR technique employs the use of an external auditor in order to check the judges' work. The final step is creating domains, core ideas, and cross analysis through the data analysis process (Hill et al, 1997, 2005, 2012).

Researchers have argued that one thing that differentiates qualitative research from mere anecdotes is the validity or trustworthiness of the interview process (Hoyt & Bhati, 2007; Morrow, 2005). Williams and Morrow (2009) have suggested three major categories of trustworthiness that all qualitative researches must adhere to: (1) integrity of the data; (2) balance between reflexivity and subjectivity, and (3) clear communications of findings. Integrity of the data refers to the adequacy or dependability of the data. Morrow (2005) recommends that one way of achieving Integrity is to articulate clearly the methods of gathering data which allows for replicating the procedures of the study.

Therefore, this chapter includes the exact methods used to collect data in this study, information about research participants, and a detailed description of researcher roles and procedures.

Participants

One recommendation to ensure integrity is to present evidence that sufficient quality and quantity of data have been gathered. Hill (2012) recommends that one way to increase stability within a CQR study is to have a relatively homogeneous sample so that there is an increased likelihood to obtain consistent findings. In order to participate in the current study individuals had to be 18 years of age or older, self-identify as transgender (or one of the identity labels within the transgender umbrella), and identify as a racial and/or ethnic minority.

Participants initially consisted of 12 individuals who identified as transgender individuals of color, but were reduced to 11 participants during data analysis. One participant's data was excluded from the final results for two reasons: (1) this individual was the only Latino participant, and (2) this individual identified as transgender for 27 years, however at the point of participation in this study, this individual no longer identified as transgender.

The remaining 11 participants in this study all identified as transgender and African American, thus creating a relatively homogeneous sample. Participants' ranged in age from 18 to 57 years ($M = 27$, $SD = 13$). The number of participants is also congruent with Hill et al.'s (1997, 2005, 2012) suggestion of using a small number of participants approximately 8 to 15 in total.

Recruitment Procedures

Initial recruitment efforts were made by contacting facilitators of three different local transgender support groups. These groups are run through LGBT advocacy organizations. The lead investigator established contact with the coordinators to explain the project, answer any procedural questions, and provide them with a copy of the demographic sheet and interview questions (See Appendix A & B).

During the support group meetings, staff members explained to the group members that the investigators are conducting interviews to gain a better understanding of resiliency factors among transgender people of color. The support group staff members also informed the group members that their potential commitment to this project would consist of a one hour interview, as well as a possible follow-up interview after the transcriptions have been completed. The group members were also informed that they would be financially compensated for their time upon completion of the interview. The support group staff members then passed out the recruitment flyer with the lead investigator's contact information (See Appendix C).

Data Collection Procedures

Once the participants made contact with the lead investigator, the participants were given the choice to conduct interviews in person or over the telephone. All but three participants chose to have their interview conducted over the telephone. All in person interviews were conducted in a private office within a local LGBT Community Center. The lead investigator explained to all interested participants that the information provided in the interview would be kept anonymous and confidential as to protect the identity of each participant. The lead investigator read aloud the informed consent form and received

verbal permission to start the interview process (See Appendix D: IRB Approved Consent Form). Once permission was granted, the lead investigator asked brief demographic questions (See Appendix A) and then proceeded to ask the interview questions (See Appendix B). All of the interviews were audio recorded using a digital tape recorder. The interviews that were recorded over the phone were completed by using a microphone attached to the phone, which was connected to the tape recorder. The duration of the interview ranged between 45-90 minutes.

Once the interview was completed, the participant received a \$25 cash compensation for their time. If the participant chose the phone interview versus face-to-face, the lead investigator mailed the compensation to them. Once the initial interview was completed, the participants were given the option of having the transcripts sent to them through the mail, or sent to one of the community centers in order for the participants to pick them up and review for any corrections. All participants declined to see the final transcripts.

Data Transcription Process

All audio interview data were transcribed verbatim by the lead investigator and the research team members. Included in the transcript were notes or comments that described the participants' emotional reactions during the interview. Once each transcript was complete, it was sent to the external auditor to check for accuracy. All necessary changes were made from the auditor's feedback. Once the accuracy checks were completed, the lead investigator cleaned the data by removing all proper names and any identifying information from the transcript to protect the participants' confidentiality.

Research Team

This study's team consisted of four master's level students in the Community Counseling program at the University of Wisconsin-Milwaukee. Each member volunteered to be a part of the research team in order to gain experience in qualitative research. Each member had received multicultural training through their graduate work and expressed interest in studying marginalized populations. All of the team members identified as female. There were four team members who identified as White and one member who identified as African American. The lead investigator identified as a lesbian and the remaining members identified as heterosexual. The research team consisted of three primary coders, one external auditor, and one lead investigator.

The primary coders used de-identified transcripts of the recorded interviews and examined them for common themes or domains, core ideas, and subcategories within the domains. Consensus is a crucial aspect of the CQR method which "relies on mutual respect, equal involvement, and shared power" (Hill et. al, 1997, p. 523). In order to achieve consensus, the CQR method urges researchers to openly discuss disagreements and feelings throughout the entire research process. Therefore, a common understanding of the data is sought while also maintaining each team member's right to hold differing worldviews. A consensus was sought among the primary coders through all steps of the data analysis process.

Williams (2009) argue that having a team of researchers and at least one external auditor is critical in ensuring trustworthiness. The external auditor in this study was involved in checking all the transcripts for accuracy. According to Hill et al. (1997, 2005, 2012), the external auditor should be able to understand the how the coding team derived

the domains, core, ideas, and subcategories by simply examining one or two transcripts, and the original research questions. In congruence with these suggestions, the external auditor reviewed a total of 6 transcripts to check for a clear understanding of the domains and core ideas. Feedback from the auditor was incorporated in analyzing the remaining transcripts.

The primary function of the lead investigator was to oversee the entire process of CQR throughout the current study. Other duties of the lead investigator include: (1) to serve as a mediator between members of the coding team when a consensus cannot be reached on a particular domain, core idea, or subcategory; and (2) to serve as a mediator between the coding team and the external auditor. The lead investigator was also responsible for writing the entire content of this document.

Training

In order to be immersed with the CQR theory and method, each member read Hill et al. (1997) and Hill et al. (2005, 2012) prior to participating in this research project. In addition, the lead investigator provided each team member with a comprehensive literature review found in chapter two of this study. Once each member reviewed the literature, a team meeting was led by the lead investigator who trained all the research team members on the CQR method.

Another important concept to trustworthiness is the balance between what the participants say and the ways in which the researchers interpret these statements (Hill, 2012). This is the balance between subjectivity and reflexivity. Although all research whether qualitative or quantitative has a level of subjectivity, problems arise when researchers' biases influence the ways in which questions are asked in hopes of gathering

specific responses. This is especially true when researchers' theoretical allegiance impacts the results of the study (Deville, 2001). Therefore, at the initial team meeting, each member was given the opportunity to report on both their expectations (based on reading the literature), and report on any potential biases that may provide difficulties in their ability to respond objectively to the data. As a group, team members revisited these biases when they reviewed transcripts and began to look at common themes/domains across participants. All reported expectations and biases can be found in the results section of this study. As Hill et al. (1997, 2005, 2012) suggested, when disagreements about themes emerged, researchers were given the opportunity to listen to the digital audio recordings so that everyone could hear any subtle meanings conveyed by the participants' tone and volume. Team members openly discussed any disagreements about emerging themes until a group consensus was achieved. When differences of opinion arose, enough time was given in order to reach a consensus. Disagreements were handled in a respectful manner resulting in each member reporting that they felt empowered to express their views throughout the research process.

Domain Coding and Auditing Process

After each transcript was reviewed by the external auditor for accuracy, the lead investigator brought the transcript to the primary coders. The transcript was then read aloud and a list of overarching themes or domains was created. Once a consensus was reached on the domains, the primary coders created a definition for each domain. As a group, the primary coders identified each selection of text that fell into each of the determined domains by listing the theme at the end of the text. This process was continued for each transcript. The domains and their definitions were sent to the external

auditor to check the structure of the domains against the transcripts. The auditor sent their feedback to the lead investigator and their feedback was shared with the coding team. The team reviewed this feedback and came to a consensus about what domains and definitions to change.

Core Ideas

The next step in the data analysis process is to construct core ideas or summaries of the data that capture the essence of the participant's statement in fewer words. The main goal of creating core ideas is to place the individual's narrative into clear language that will allow researchers to then compare across cases. In talking about their understanding of the narrative within the context of the entire transcript, team members separate out their beliefs and biases from what the participant is actually saying (Hill, 2012). Hill (2012) suggests that all pronouns be removed and replaced with "P" for participant to put the narrative in third person. All hesitations and redundancies were also removed. All of the domains were divided up between the primary coders to complete the core idea process. The core ideas for each domain were then brought to the team in order to come to a consensus. Once a consensus for each domain was achieved the list of core ideas were given to the external auditor to check for accuracy and feedback was given to the team. A consensus was reached among the primary coders in regards to what changes to make based on the external auditor's feedback,

Cross Analysis

After all the core ideas were completed they were sorted into the various domains and placed into a document called the cross-analysis (Hill et al. 1997, 2005, 2012). The cross-analysis is a document that allows researchers to view the domains across the data

set. The primary coders reviewed all core ideas within each domain and clustered similar core ideas by identifying common themes across cases. Hill et al. (2005, 2012) suggests using the following labels to refer to different themes across participants: (1) the label “general” for those themes that are found in all cases, (2) the label “typical” for those themes found in more than half of the cases, and (3) the term “variant” for 2 cases up to the cutoff for typical. These frequency labels were created by the research team members. A detailed list of frequency labels can be found in the results section.

The final component to trustworthiness is how findings are communicated. Williams and Morrow (2009) argue that each study should address one of the following areas: (1) improve psychotherapy process or outcome for individuals or groups; (2) reveal limitations in current therapeutic approaches while suggesting new alternatives to consider; (3) encourage further dialogue on a topic important to mental health professionals; (4) suggest a new course of action based on the data in terms of psychotherapy and psychological research; (5) contribute to social justice and social change. Morrow (2005) referred to the importance of the above ideas referring to them as “social validity” (p.253). Chapter 5 includes comments on all five suggested areas as well as suggestions for future research on resiliency among transgender people of color.

Chapter 4

Results

This chapter will begin with detailing research team biases disclosed prior to recruiting participants and analyzing data. Next, the results of the current study will be presented beginning with demographic information, followed by the domain and subcategories discovered through the data analysis process. Definitions and quotes from the participants' interviews have been included for each domain and subcategory.

Biases

At the initial team meeting, each member was given the opportunity to report on both their expectations and any potential biases that may provide difficulties in their ability to respond objectively to the data. There were a total of three members (not including the lead investigator) on the research team who were involved in every aspect of the data analysis process from transcribing audiotapes to finalizing domains and subcategories. There was also an external auditor (team member four) who was involved in checking all steps of the data analysis process for inaccuracies and providing valuable feedback to the other team members. The lead investigator was involved in training the other members, providing a comprehensive review of the literature, organizing all team meetings, and responsible for writing the entire content of this dissertation. The other team members were master's level students in the Community Counseling program at the University of Wisconsin-Milwaukee who volunteered their time to gain qualitative research experience.

Although each member had received some information about LGBT issues throughout their coursework, the lead investigator was the only individual who had extensive knowledge and experience with the transgender community. The lead

investigator has worked within the LGBT community for the past nine years and had prior experience educating others about LGBT issues through their previous employment at the Milwaukee LGBT Community Center. These differences among team members had the potential to create power differentials within the team. Therefore, we spoke about this potential at our first research meeting. At that time the lead investigator highlighted the importance of not only having individuals with different backgrounds on the research team, but their own commitment to continuously work towards an increased awareness of LGBT issues.

Prior to training the team on the CQR method and reviewing information found in the literature review, the lead investigator asked each team member to list their biases/expectations about this research study. The first question was how they define the term transgender. There was one team member who defined transgender by giving the following example: “a man who believes that they were born into the wrong gender and who would be more comfortable living as female.” Another team member stated that “there are a lot of different types such as those who choose to do surgery and those who do not. Transgender is an identity connected more to gender versus an orientation such as sexual orientation.” Another team member defined the term transgender as “being biologically one gender but feeling like you are another.” Team members three and four disclosed not knowing enough about the term transgender to give an accurate definition. The lead investigator defined transgender as “an umbrella term used to describe individuals who transcend traditional gender roles.”

All team members reported having expectations that transgender individuals would report discrimination based on their gender identity in regards to employment

discrimination, violence, and difficulties accessing hormones. The lead investigator agreed with the above expectations; however, thought that individuals would also report having relationship stressors associated with their gender identity as well. All of the team members expected to find coping mechanisms and support factors among all participants that helped them overcome adverse conditions. All four team members reported an expectation of some level of familial conflict due to the participants' gender identity. The lead investigator thought that there would be some participants who had accepting families although the majority would report conflict when coming out as transgender. All of the team members expected to have the participants define family in non-traditional terms with identifying their chosen family as their primary sources of support. Three out of the four team members reported that participants would disclose negative responses to mental health treatment due to various factors such as being labeled with a mental illness, pressures to come out, and a lack of counselor education on transgender issues. One team member expected that participants would report initial hesitations with seeking counseling, although individuals would eventually come out of these experiences with a positive sense of their identity. The lead investigator thought that if participants did disclose seeking mental health services, that the majority would have originally sought counseling to receive recommendations for hormones, although would report that attending counseling assisted them in coping with various stressors of identifying as transgender. The above biases were revisited throughout the data analysis process. All team members reported being surprised with several of the findings which challenged our pre-conceived biases and expectations.

Demographic Information

There were a total of eleven individuals who participated in the current study. All participants were recruited from local LGBT community programs. A total of eight interviews were conducted over the phone, with the remaining three completed in person. At the beginning of the interview, each participant was asked a total of three demographic questions: (1) what is your race/ethnicity, (2) what is your age, and (3) what is your gender identity? Each demographic question was phrased in an open-ended manner in order to let the participant chose their own labels versus picking from a list of pre-determined restricted categories. Participants' ranged in age from 18 to 57 years ($M = 27$, $SD = 13$). Nine of the eleven participants identified their race/ethnicity as African American. One individual identified as African American and Polish American. One individual identified as African American, Native American, and Jamaican. Specific labels regarding transgender identity often used in the literature (e.g. female-to-male, male-to-female) were not used to describe participants in this study, as no participants used these terms to identify themselves. When asked about gender identity, six of the eleven participants identified as being transgender. There were a total of four individuals who labeled their gender identity as female. One participant identified as transgender when asked the gender identity demographic question; however, later in the interview this individual stated the following about their gender identity: "I know I'm a transsexual but I don't go out trying to publicize that. I live my life as a woman and consider myself a female." Table 1 lists how each participant responded when asked about their race/ethnicity, age, and gender identity.

Table 1 Demographics.

Participant	Race/Ethnicity	Age	Gender Identity
1	African American	36	Transgender/Female
2	African American	47	Female
3	African American	24	Transgender
4	African American/Native American/Jamaican	36	Transgender
5	African American	20	Transgender
6	African American	20	Transgender
7	African American	31	Female
8	African American	20	Transgender
9	African American/Polish	57	Female
10	African American	29	Transgender
11	African American	18	Female

Identified Domains

The research team created domains by reading the transcripts and capturing the main ideas from each section of the transcript. The domain list was edited throughout the data analysis process resulting in a total of eleven domains including: (1) Adverse Conditions, (2) Coping Mechanisms, (3) Support, (4) Community Resources, (5) Perceptions of the LGBT Community, (6) Intimate Relationships, (7) Mental Health Counseling, (8) Transitioning Processes, (9) Family Reactions to Gender Identity, (10) Family Systems/Beliefs, and (11) Personal Beliefs. Each domain contained several

subcategories which provide further descriptions of each domain. To ease the flow of content in presenting the data analysis results, the remainder of the chapter is organized into domain topic areas. In each domain topic area, domain definitions, all subcategories included in that domain, and several of the participants' quotes associated with that domain are presented. Lastly, a table with every domain/subcategory, domain definitions, and classification codes is provided to further organize the data.

Domain 1: Adverse Conditions.

The research team defined the Adverse Conditions Domain as the perceived internal and external factors that may negatively impact one's well being and have the capacity to be seen as unfavorable. All of the participants listed several different adverse conditions throughout the course of the interview process which created six subcategories under this domain including the following: (1) Death of a Loved One, (2) Unemployment, (3) Lack of Health Insurance, (4) Experiences of Racism, (5) Experiences of Transphobia, and (6) Within group Discrimination. Examples of interview questions that yielded information included in Adverse Conditions Domain are as followed: have you experienced racism in your life, have you experienced discrimination for being a transgender person, and what are some of the biggest obstacles you have faced in your life?

Subcategory 1: Death of a Loved One. All eleven participants experienced a death of a loved one. There were four participants who reported losing their grandparents. Three individuals reported having loved ones killed. One participant's mother passed away from breast cancer, while another participant's mother died when they were 12 years old. One of the participants stated that burying their aunt and grandmother were

some of the “biggest hardships” they faced in their life (Participant 3). One participant became tearful when describing the following in regards to losing her husband of 19 years:

He died in bed with me. I got up a little bit after 4:00pm and I just got up I didn't even look at him. I started fixing dinner and when the food aroma start going through the house he usually gets up. And he didn't get up. And I went into the bedroom and looked at him, and there was a glow I have never seen in my life. There was a glowing light over him. I went over to him and shoved him and put my ear by his mouth and realized that he had passed away. I miss him so much. I was very active with him and now I don't do nothing but go to the [transgender support group] club and church (Participant 9).

Subcategory 2: Unemployment. All of the participants were asked if they were currently employed. There was a total of seven participants who reported being unemployed. These seven individuals disclosed having difficulties finding employment with 3 individuals attributing this to being transgender. One participant shared this about their job search experience:

I only had one interview as a trans person and it was scary, cause my ID still says (birth name) and they're like “what do you want me to call you, and I said (preferred name) and it was real scary. I didn't get the job (Participant 6).

Another Participant shared the following difficulties with being transgender and finding employment:

Sometimes I feel discriminated against for being transgender like when I get calls for interviews and even thought my birth name is male, and it states that I am male, once I walks through the doors they see a female figure in front of them. Employers then have a blank look on their faces like “did you mean to put F instead of M on the application?” I don't know if employers want me to tell them right off the bat that I'm a transgender (Participant 5).

One participant commented on what employers think when they see a transgender applicant:

A lot of times you could be legalized and don't have quite the physical appearance of a woman secretly you don't get the job because the employers think “we we don't want to go through issues.” When you're working at a store

and they know your trans especially if you pretty they think like ... What if someone come in the store and try to hit on you and cause an issue? How can you handle that situation? How would you handle it if someone try to talk to you? Sometimes they think what if you are the person flirting with everyone else because you're trans? (Participant 8).

Subcategory 3: Lack of Health Insurance. All participants were asked if they currently had health insurance. A total of 6 participants reported not having health insurance. Several participants shared frustrations in receiving hormones without health insurance. For example, this participant shared their frustrations with affording hormone treatment after losing their health insurance and the emotional effects of discontinuing:

Prescriptions are like 106 dollars and that's with a discount price for all three spirinolactone, estrogen, and progesterone. Now if I go to Wal-Mart and get my prescriptions, that's 53 dollars. Still no income I can't manage I can't manage nothing. When I had insurance everything was a lot smoother. It's hard when you stop and then you get major withdrawal. That's dangerous to your health you know when you're going through transitioning. I was on hormones for about 7 months and ever since then I've been off them for about like 4 so it's like you go through a lot depression when you see your body start to add features that you didn't have and you start going through panic attacks (Participant 8).

Subcategory 4: Experiences of Racism. There were ten participants who commented on their experiences of racism. Participants reported subtle forms of racism such as being treated differently based on their skin color. One example is when Participant 2 talks about being treated differently at stores stating: "when someone will come in a store of another race they would get treated completely different and would treat me less because they thought that maybe I didn't have money or was not as good enough." Participant 3 commented on how "White ladies clinch onto their purses when I walk past thinking that I wanna steal from them."

Other participants commented on more overt forms of racism such as when Participant 6 shared a story about working at a fast food restaurant and an angry customer

came up to the counter and said “Can’t you N&*^@#s ever get it right?” Another participant shared that a White co-worker did not want to sit next to them because they were multi-racial. One example of overt racism that a participant shared is the following:

This one time in the summer when I was with my cousin in Chicago we was walking past and there was this White guy, older male he looked probably like mid 70’s even older who knows but...me being light complected you know...I’m pretty light for my skin complexion when I’m not wearing make-up and I guess noticing that I had blue eyes and noticing I quite wasn’t fair so you know we were sitting for the bus waiting for the bus and he kept staring at me and I was like “this man keeps staring at me.” I was like “why does he keep staring at me?” So he’s giving me these dirty looks and then he signals me to come over there. Out of respect cause he was an older man I go see. He looks up at me he’s chewing or smacking on something he says “are you a half n*^\$@!r?”(Participant 8)

Subcategory 5: Experiences of Transphobia. All eleven participants reported different examples of transphobia. Since this subcategory was quite large, the different forms of transphobia were broken down into different categories including: (a) Violence/Bullying, (b) Employment Discrimination, (c) Negative Public Responses, and (d) Negative Interpersonal Responses.

Violence/Bullying. There were a total of seven participants who disclosed different types of violence and bullying throughout the interview. Two participants were bullied in high school including Participant 5 who was locked in a locker by peers when they publicly came out as transgender. Participant 6 ran away from a group home due to being harassed for being transgender. Participant 4 had a physical altercation on the street when a man attacked them for being transgender. Three of the most shocking forms of violence reported were from Participant 9 who knows two different transgender individuals who have been stabbed; by Participant 10 who disclosed that they were shot; and also by Participant 10 whose close friend was murdered for being transgender.

Participant 10 had the following to say about their friend’s murder:

It has had a profound effect on me where I go umm just how I carry myself because you never know when someone's...what their motive is. She's not here to tell me anymore, or tell me what really went on so I don't know. But it has totally changed my outlook on life (Participant 10).

Employment Discrimination. Seven participants disclosed different types of employment discrimination. Participants discussed difficulties with having to present with their birth names versus their preferred names. Participants also reported hearing negative comments by coworkers such as “nobody wants to see him (Participant 4),” and “Oh you know that's really a man (Participant 3).” Other individuals disclosed extreme discrimination such as the following two examples:

I was working at a job and I was getting harassment because of me using the female restroom even though I had my papers saying that I was on hormones and I've had breast work done. My I.D. says female and plus I had everything my name and everything legally changed...and they were trying to harass me saying that I still had to because I was born male, that I would have to use a male's bathroom or I would be fired. I ended up getting legal help for this situation (Participant 1).

I worked at the same job for 25 years without anyone complaining about me being transgender. Once I came back from leave due to a work accident, I was told that my co-workers didn't want me to come back to work because of my lifestyle. My co-workers no longer wanted to undress in front of me in the locker room (Participant 9).

Negative Public Responses. There were six participants who stated that they have experienced negative public responses for being transgender. These experiences included people saying negative things when participants walked down the street such as: “that's nasty (Participant 6),” or “that's a man (Participant 7).” These experiences also included being treated differently in public places by wait staff and store workers.

Negative Interpersonal Responses. Two participants reported that some of their friends did not want to be around them after they came out as transgender. One

participant gave an example of negative treatment based on their gender identity from different members at their church:

At my father's family church, there are people that will come up and act like they giving you a hug but they will take they hand and rub around...I call that being discriminated...they take their hand and rub it underneath my chin around my face. They want to see if I still grow a beard.

Subcategory 6: Within Group Discrimination. Two participants discussed within group discrimination surrounding social perceptions based on skin tones. Participant 5 disclosed that "I was teased a lot by other African American people because I had a darker complexion than other Black people." Participant 6 gave the following example of within group discrimination:

I had a friend that was going to a party at a hotel it was supposed to be like a sit-down type party, we drink wine and just sip and chat. She invited my other friend, he's not as dark skinned as me. I mean I guess she's African-American but she doesn't really look African-American or whatever. She invited him to the party and told him not to invite me cuz she said that I was the type of person you take to a house party and he's the type of person you take to a sit down party. I was really angry about that. I'm like so what you saying, what are you saying like that I can't just sit down and have a conversation, like I don't have conversation skills or something? I have the same education that she has (Participant 6).

Two other participants reported within group discrimination based on their gender identity. Participant 8 stated that "some people in the LGBT community did not take me seriously when I transitioned because they knew me as a stud in high school." Participant 6 stated that "a lot of people in the LGBT community didn't think I was serious about transitioning because I often wore make up while still being a gay male."

Domain 2: Coping Mechanisms.

The research team defined Coping Mechanisms as cognitive and behavioral methods used to manage adverse conditions including: internal and external, direct and

indirect techniques such as prayer and positive self talk, as well as help-seeking behaviors. There were a total of 8 subcategories with the Coping Mechanisms Domain including: (1) Assertive Communication/Self-Advocacy, (2) Self-Restraint, (3) Spiritual Coping, (4) Honesty/Integrity, (5) Avoidance, (6) Verbal/Physical Aggression, (7) Help-Seeking, and (8) Emotional Release. Examples of interview questions used to gather information for this domain were as follows: how have you overcome obstacles in your life, when times are tough who do you go to for support, and how do you cope with experiences of racism and transphobia?

Subcategory 1: Assertive Communication/Self-Advocacy. There were a total of 5 participants who gave examples where they used assertive communication and self-advocacy as coping mechanisms. Participants reported a past tendency to lash out verbally or physically as a youth, but have learned as they grew older to be more assertive versus aggressive. One participant gave an example of coping with racism at stores by asking to speak to the store manager (Participant 1). Other participants reported racist customers to their store managers (Participant 6). Other participants reported that they will work towards educating people about transgender issues when they make stereotypical remarks (Participant 5 and 8).

Subcategory 2:Self-Restraint. There were five participants who disclosed situations where they coped with racism and transphobia by walking away from the situation. Participant 6 and Participant 11 reported walking away from people who made threatening remarks based on their gender identity. Participant 8 showed self-restraint by walking away from people who were shouting racial slurs at them.

Subcategory 3: Spiritual Coping. There were a total of four individuals who reported using their religion/spirituality as a means of coping with life stressors. Participant 2 stated that they are “not a violent person and lets God fights their battles.” After Participant 9 became depressed due to their husband dying, they stated that they “had to get back to their faith and start talking to God again.”

Subcategory 4: Honesty/Integrity. Four participants stated staying true to themselves as a way to cope with discrimination. For example, Participant 10 stated that they “keeps their head up and turns the other cheek when people talk nasty to them and does not lose sight of who they are and the self-love that they have.” Participant 11 stated that they “don’t pay attention to the negative that people say and tries to be open-minded that those people don’t understand where they are coming from.”

Subcategory 5: Avoidance. Three participants reported using avoidance to cope with negativity in their lives. Participant 6 reported running away from home when experiencing family conflict. One participant shared the following about avoiding facing their sexuality:

When I was younger I was like hiding my sexuality, who I wanted to be so I stopped going to school and that took a big toll over me. I just don’t see myself working like in a fast food restaurant or something like that, so now I gotta go back and get my GED (Participant 3).

Subcategory 6: Verbal/Physical Aggression. Three participants reported using physical aggression to cope with conflict in their lives. Participant 5 discussed efforts to avoid physical altercations by stating, “I would prefer to verbally abuse others who make fun of me for being transgender.” Participant 5 continues to state that they have “never had a physical altercation at work but has had one on the street because of people making

rude comments.” One participant stated the following in regards to handling conflict on the bus:

I let people know that if I was you I would just be quiet. I hear dudes like on the bus sometimes you hear them like “Ohh hell no!” Shit like that on the bus. Then I’ll be like “Oh don’t get your ass whooped!” Real loud in the bus and then it be like this dead silence. I be like “Oh thank you!” A lot of times when you let them know they tend to shut up (Participant 8).

Subcategory 7: Help-Seeking. There were two participants that reported using help-seeking behaviors to cope with discrimination. Participant 6 “went to [a local LGBT community center] to get away from home when things were bad.” One participant stated the following about coping with discrimination based on their gender identity and sexual orientation:

I used to cope with discrimination by taking anger management classes because it was getting to the point where I couldn’t deal with it anymore. I used to break down in school, be in a defensive mode, or fight. I still use tools from that class like journaling, keeping myself occupied, and staying away from negativity (Participant 5).

Subcategory 8: Help Seeking/Emotional Release. Two individuals reported seeking an emotional release when dealing with stress. Participant 11 “either vents out loud or talks to a friend when stressed.” One participant shared an interesting story of seeking an emotional release due to bullying at school:

So I goes to school I sit there in class and everything. My teacher calls my name I stand up I say (birth name) is no longer here for the rest of the day I am his twin sister (participant name) and I will be taking all of his tests for him and everything. And you know she was fine with it because we already discussed this I told her about the whole situation so my teacher understood me and what not. But the boys in the school they took it to a whole another level to the point that before the end of the school day was out I was locked in a locker and where my class was it was on the first floor so all of the security was all around the building and I’m claustrophobic stuck in there. So I couldn’t get out the locker. I’m trying to break the locker door and all of that and then it finally gets to my principal and she hears word about it and lets me out. I felt so hurt to the point that I had no one at that point in time to rescue me or no such thing so I really wanted to do damage

to them boys. Instead my teacher she talked to me and I cried on her shoulder. We talked and all that and then she got me to you know release all that frustration and anger (Participant 5).

Domain 3: Support.

The domain Support was defined as both receiving and/or providing financial, emotional, and spiritual assistance to and from peers. The question “When times are tough who do you go to for support?” was used to gather information for this domain. Many participants listed community resources and/or family as support. These participant statements were then coded in the Family Systems/Beliefs and Community Resources domains. The information about support that did not fit into other domains was included in the domain Support with two main subcategories; Supporting Others and Supported by Friends.

Subcategory 1: Supporting Others. There were a total of 6 participants who specifically stated that they supported others. One participant assisted a friend who was physically assaulted for being transgender. Two participants noted that they regularly helped their family and friends. Three participants stated that they serve as role models to younger LGBT youth. One specific example of this subcategory, Supporting Others, is from a participant who offers advice and guidance to other people:

Well I have this one special friend and I took her up under my wing cause her mother just passed this past September and I met her after the meeting was over at the [local support group]. She told us that her mother just passed, and we’ve been friends every since. I told her “I’m your adopted momma.” I said baby let me tell you one thing, it’s hard out here and if you need a place to stay to rest your head. And that’s the way I am with young folks. You know I’m older and I’m supposed to help these people (Participant 2).

Subcategory 2: Supported by Friends. Eight participants stated that they felt supported by friends. Participants reported that they turn to friends for emotional support

when facing life obstacles. Three participants reported receiving support from friends in their transitioning process by receiving clothes and gaining information on hormone use. Participant 6 stated that they “would stay at friends’ houses when running away from home.” Participant 3 stated “I felt most supported by my transgender friends when I was first coming out because that was a hard time in my life.”

Domain 4: Community Resources.

The Community Resources domain was defined as any free LGBT community resources that one accesses, and also included places where people gather to gain support. There were a total of two subcategories under this domain including: Transgender Community Programs, and Community Support. Information for this domain was taken from participants’ responses to the question, “Do you ever go to any LGBT community centers or utilize LGBT programs or services?”

Subcategory 1: Transgender Community Programs. All eleven participants reported using various community programs geared towards the local transgender community. Participant 2 stated that, “[local transgender support program] has taught me most of what I know about HIV and HIV prevention.” Three participants stated that they have been to various events run by a local LGBT Community Center. There were a total of four participants who reported attending a transgender support program for over three years. Participant 5 stated that they “have a gay family at [at a local transgender support program].” Participant 8 stated that “even though [local youth serving agency] is not directly an LGBT program, they are very LGBT friendly.” Participant 10 stated that “[local transgender advocacy group] is helping me look for work.” Participant 9 stated that, “[local transgender program] is a Latina LGBT resource on the Southside of

Milwaukee.” Participant 7 stated, “I attended a transgender support group after my therapist recommended that I go.”

Subcategory 2: Community Support. All eleven participants reported feeling supported by the transgender community programs they attended. Many participants gave specific examples of their experiences at these programs. For example, Participant 1 and Participant 10 described a local transgender support group in the following ways:

I feel connected to [local transgender support group]. I mean when you’re there, it allows the transgender community to come together to meet and talk about their situation like different problems as well as different resources and different outlets to things that could better us. It help those who are just starting out into transition and let them know that they’re not the only one you know, out there and that there are people in the community that does respect who we are (Participant 1).

Umm the [local transgender support group] group they’re there for moral support. When we meet every two weeks it’s always a breath of fresh air. It’s always good to get together and talk about the ups and downs and talk about the good and the bad. After every meeting I seem to always feel better. It’s a good feeling (Participant 10).

Many participants had positive things to say about attending a transgender support program. Participant 6 stated that, “[local transgender program] has supported me in some of the biggest things in my life.” Participant 8 stated that “I can talk to my [transgender program] case worker about things that I can’t tell anyone else.” Participant 10 gave an example of the various local programs working together to help the transgender community:

[transgender advocacy group] is a transgender group umm they mainly work with F to M (female to male). But after I lost my really good friend to violence she was transgendered, they have started to mesh with [transgender support program] and they have actually been helping us out looking for work and doing the best they can. They also helped with the candle light vigil for my friend (Participant 10).

Participants also talked about feeling supported in several programs they attend. Participant 7 stated that “I feel connected to all the programs I attend.” Participant 5 echoed these sentiments in stating:

I feel completely comfortable with everyone within those three places [local transgender programs]. I know multiple people or I made friends and introduced myself the first time I’m ever coming and made friends with people that were within the building. So I am very comfortable and laid back with them and open to everyone (Participant 5).

Domain 5: Perceptions of the Lesbian Gay Bisexual Transgender Community

This domain was defined as participants’ perspective on the Lesbian, Gay, Bisexual, Transgender community as a whole, as well as how society views the LGBT community. There was a total of three subcategories within this domain including: (1) Defining LGBT Terms, (2) Stressors of Being Transgender, and (3) Local Transgender Community.

Subcategory 1: Defining LGBT Terms. There were a total of seven participants who defined LGBT terms throughout the course of their interview. Several participants responded to the questions “what does being transgender mean to you,” by stating that they are individuals who transitioned from their birth sex to another. For example, Participant 2 stated that “being transgender is someone who transitions from male to a female and someone who lives their life 24/7 as the opposite of what they were naturally born.” Participant 4 stated “I believe that when you are transgender you’re transforming from one sex to the next because you have the feeling that you are in the wrong sex.” Participants defined being transgender in the context of having transitioned. For example, Participant 11 stated, “I describe being transgender as living life differently, having to live life with more caution, and having to start over again and make a new life.”

When asked the question “What does family mean to you?” Participants said that they have “gay families,” and then proceeded to define what this means. Participant 8 and Participant 11 defined the term “gay family” in the following ways:

I define a gay family as a second family that consists of people who are LGBT or A (ally) for anybody who is heterosexual but supports gay people. An LGBT family basically consists of a mother or a father or whoever they identify to you and it’s the same like a regular family you love. You cry together, you go out together, and sometimes in situations they live together (Participant 8)

A gay family would be somebody outside of the real family where you can go to and talk to them about things that’s going on with you as being an LGBT youth or an LGBT person at all. You can talk to them about things and you know you might find something new. Or you can go them and find things that y’all have in common. What y’ all like to do. Or just individuals as a whole that you just like to hang around (Participant 11).

One participant defined different labels for LGBT people in the African American community.

In the Black community we call lipsticks as lesbians who dress versatile. You can wear sort of manly looking clothes and still wear makeup and look feminine. Versus we call a stud as one who dresses manly, wears no makeup, and acts more butch (Participant 4).

Subcategory 2: Stressors of Being Transgender. The second subcategory is called Stressors of Being Transgender and has two different categories including: (1) Employment/Economic Stressors, and (2) Relationship Stressors. There were a total of two participants who disclosed information relating to Employment/economic stressors. Participant 1 stated the following about job stressors:

I think a lotta transgender people feel that they aren’t good for a job and need to do prostitution or drag for money. But we are people and should be able to do whatever job and be an asset to the community as well like any normal person. Sometimes when some people come out as transgender their family kind of disowns them and leaves them to fend for themselves. It is hard to find work as a trans person (Participant 1).

Participant 2 discussed the stressors of affording hormones stating “a lot of times when transgender people have insurance they will not pay for hormone medication and then people can’t pay for it.”

A total of five participants commented on the unique relationship stressors of being transgender. Participants commented on society’s stereotype that transgender people are desperate and cannot find a person to date. For example, Participant 4 said “some people don’t understand and think just because you’re a transsexual, gay, transgender, or a drag queen, that you’re desperate.” Participants also discussed people discrediting their transgender identity as when Participant 10 made the statement that “some people feel being trans is a phase or it’s something they choose to do because they want male attention but that’s not always the case.” Participants also shared their beliefs about the overall stress that being transgender can bring to a relationship. For example, Participant 3 said “I believe transsexuals, gay, and lesbian relationships are harder because of having folks in society always in their business and people stereotyping their relationships.”

Subcategory 3: Local Transgender Community. Two participants discussed conflict in the local transgender community. Participant 4 said the following about the LGBT community:

I came out in the middle 90’s. The people that I met then actually showed me that there was a lot of unity within the LGBT community. Everybody was friends with everyone. Lesbians was friends with the gays, the gays were friends with transgenders and vice versa. So, it kinda showed me that there could be some love amongst us and still all get together and you know be together. Whereas now, everybody is so much in competition, that they branched off in different groups. You know the groups are not seeing eye to eye with the other groups. They’re not getting along.

There were two participants who said positive things about the local transgender community. Participant 7 said “I feel fortunate to be living in [urban city in the Midwest] during these times because there is still a long way to go as far as progress but it has gotten easier.” Participant 10 believes that “the transgender community in [urban city in the Midwest] embraces each other whole heartedly.”

Domain 6: Intimate Relationships

This domain includes information about participants’ past and current intimate relationship status, and satisfaction in relationships. All the participants were asked if they were in an intimate relationship. Information provided by the participants resulted in two subcategories for the domain Intimate Relationships: Relationship Status and Relationship Satisfaction.

Subcategory 1: Relationship Status. The subcategory Relationship Status was divided into two separate categories including: In a Relationship, and Not in a Relationship. There were a total of five participants who reported being in a current relationship. Three participants (1, 3, and 8) reported being in relationship for a year or less. Participant 4 stated, “I have been in a relationship with a man for the past 16 years.” Participant 11 stated, “I have been married together with my husband for the past 6 years.” There were a total of six participants who reported that they are not in a current relationship. Participant 2 stated, “I am currently single but like a person that I have known for the past ten years.” Participant 9 stated, “I am not currently seeing anyone but was with my husband for 19 years.”

Subcategory 2: Relationship Satisfaction. The five participants who reported being in a current relationship also disclosed that they are satisfied with this relationship.

Participants 1 and 3 defined their relationship as being successful and disclosed that they go to their partners for support. Participant 4 stated, “My relationship is good and we respect each other and give each other space.” Participant 8 stated, “My relationship is still new but is going well because we started off as friends.” Participant 11 stated, “My husband accepts me for who I am.”

Domain 7: Mental Health Counseling

The research team defined the Mental Health Counseling domain as any past or current mental health treatment, and the participant’s reactions to this mental health treatment. This domain also included one’s willingness to participate in mental health counseling. Each participant was asked if they had ever used mental health counseling. There were several different responses to this question resulting in five subcategories including the following: (1) Past Mental Health Treatment, (2) Willingness to Seek Mental Health Services, (3) Counseling Associated with Transitioning Process, and (4) Counseling Experiences.

Subcategory 1: Past Mental Health Services. The Past Mental Health Services subcategory was broken down into two sections. A total of two participants reported never using mental health services. A total of nine participants disclosed that they have attended counseling in the past. Participant 5 stated that they “took anger management classes in high school.” Participant 6 stated that they “went to different therapists all throughout childhood.” Participant 2 stated, “I see a therapist on and off when I need someone to talk to about emotional things.” Participants reported attending counseling due to grief issues such as when Participant 9’s husband, and Participant 10’s mother, passed away.

Subcategory 2: Willingness to Seek Mental Health Services. All eleven participants reported that they would seek mental health services if they needed it in the future. Although Participant 5 and Participant 4 both agreed to attend counseling, they clarified to the interviewer that they do not feel that they need mental health treatment at the moment. It is important to note that all participants reported using transgender community resources such as the programs they attend. Some of these participants referred to these programs as support groups, while others referred to them as programs. For example, when asked if they had ever received mental health services in the past, both Participant 7 and Participant 9 listed the programs they attend as some of the examples of past mental health treatment.

Subcategory 3: Counseling Associated with the Transitioning Process. Three of the participants disclosed that they sought counseling to aid them in the transitioning process. For example, all three participants received letters from their counselors in order to receive hormone treatment. Participant 4 said that “my counselor gave me a recommendation letter but wanted me to talk to them for a while to make sure that no one planted the idea (to transition) into my head.” Only one individual (Participant, 4) disclosed that they received a diagnoses of Gender Identity Disorder. It is important to note that the interviewer did not specifically ask if individuals went to a counselor to receive a letter of recommendation, therefore, it is not clear whether the individuals who did disclose seeing a therapist also received a letter and/or a diagnosis of Gender Identity Disorder.

Subcategory 4: Counseling Experiences. This subcategory was divided into two separate categories: Positive and Negative Counseling Experiences. A total of five

participants reported positive experiences with their past mental health treatment.

Participant 7 said the following about their past mental health treatment:

I thought that counseling was very helpful. My counselor helped me with my emotional issues and helped bring more of me out. I only stopped seeing my therapist because they moved away. My therapist told me about transgender support groups. She also told me about Pride Fest and an LGBT film festival. At these places I meet other people like me (Participant 7).

Other individuals, like Participants 4 and 9, reported that their time in counseling was beneficial. Participant 5 stated, “I still use the tools from my anger management classes to this day.” Participants 9 and 10 also disclosed that their time in counseling was helpful in coping with the loss of loved ones.

Three participants reported negative experiences with counseling. For example, Participant 6 stated, “Therapy was not very helpful cause all we did was sit and talk.” The other two participants’ negative experiences were associated with their gender identity and sexual orientation. Participant 11 only went to one counseling session stating, “I didn’t like counseling because I was in the midst of hiding my gayness and talking about it made me uncomfortable so I never went back.”

Domain 8: Transitioning Process.

The research team defined the domain Transitioning Process as the physical, emotional, legal, and social development of the participants’ gender expression and/or gender identity. This domain had a total of five subcategories: (1) Age of transition, (2) Bodily Changes, (3) Legal Procedures, (4) Identity Transformation, and (5) Change in Dress. No direct questions regarding the transitioning process were asked. All information for this domain was provided by information that the participant chose to share within the interview.

Subcategory 1: Age of Transition. There were a total of ten participants who disclosed the age that they transitioned. The majority of the participants made statements that they always felt female growing up, but came out as transgender in their adolescent years. Participant 2 said, “I have felt like female ever since I was five years old. I have been a woman ever since I was 15 years old and told my family that I’m female.” Participant 1 said, “I have been living as female for the past 14 years. I came out as transsexual at the age of 18 and went from male to female.” Participant 7 connected their time of transition to what was going on in history at the time by stating the following:

I was 28 years old when Barack Obama became president. I figured if an African American man in the United States of American can become president than anything’s possible. So I made the decision to just stop denying my true self and pretending everything is o.k. when it isn’t and to take the steps necessary to live the life that I really want to live and be the person that I was meant to be in the first place, to be a woman.

Subcategory 2: Bodily Changes. There were no planned interview questions that asked if individuals made any physical changes through their transition. Throughout the interview, six participants self-disclosed different bodily changes associated with transitioning. Participants reported taking hormones and having breast implants. Participants’ doctors wanted them to seek mental health counseling before prescribing them hormone treatment. Such was the case with Participant 4 who disclosed the following about their transition:

When I went to the doctor to get female hormones, my doctor told me that I would have to go through mental health therapy before getting a prescription for hormones because they are a chemical changing medicine which will change my body chemistry. I went to therapy and the therapist approved me to receive a prescription for hormones. After years of taking hormones, I started gaining more and more female features such as more depth to my breasts, my ass started poking out, my hips widened, and my legs started getting bigger. I started getting all the characteristics and the appearances of a woman to the point that I started looking like some of the ladies in my family (Participant 4).

Participant 1 was not required to have counseling before being prescribed medications and shared the following about their transition:

After I came out to my mother it felt like a burden was off my chest. I felt relieved. I felt that, I didn't have to hide anymore of who I was, or what I wanted to be. I was also able to go forth with the transformation. I bought hormones off the street and started developing my breasts, so when I went to the doctor in[city], I already had went through the process of having my name and stuff legally changed. It was almost like I had already went through the worst so the doctor really didn't have a problem with me. Because when I went to him to get the hormones I guess first he's trying to recommend for me to go to counseling and make sure that this was something that I really wanted but since I had already been on them, and I already had my name and stuff changed, he would rather for me to get the prescriptions through a doctor then getting them from off the street. Because you can get anything from off the street and all the different risks that you could be taking from buying street drugs (Participant 1).

Subcategory 3: Legal Procedures. There were a total of three participants who disclosed various legal procedures associated with their transitioning process. Participant 1 and Participant 5 both disclosed having their names legally changed and obtaining an identification card that says "female" on it. Participant 8 also shared that they are "working on getting my birth certificate and social security card legally changed to say female." Participant 9 had their name legally changed forty years ago and said the following about the legality behind getting a name changed in 1973:

At that time I had to fight the state of Wisconsin cause see they didn't have gay laws then. You were not just able to get a name change without having your sex changed. So I fought the state of Wisconsin for me to get my name changed cause I didn't have the sex change. In 1973 they had giving me my name change (Participant 9).

Participant 9 also shared their experiences with changing their social security card in the early 1970's:

At the time I was working at a temp agency and there was a gay young man that I used to know and he told me that he would get me in there if I could give him a social security number. So I gave him a social security number. I told social

security that I was not from [city], I was from [another city and state]. At that time when I was born, a lot of people were born in the homes, and I'm quite sure they did not record a lot of that stuff. So when I applied for my social security, I said that I was born in [another city and state] and they gave me a social security number under my female name. This was before I even had the name legally changed (Participant 9).

Subcategory 4: Identity Transformation. A total of seven participants discussed how their gender identity transformed throughout their lifetime. There were six participants who disclosed that they first came out as a gay male before coming out again as transgender. When these six individuals were asked about their sexual orientation later in the interview process, five of the six individuals who first came out as gay, identified as heterosexual once they came out as transgender. The remaining one participant responded that they were transgender when asked about their sexual orientation. This individual also said the following in regards to their transition process: "I feel that it was my destiny to be a gay boy that metamorphosed into a transsexual (Participant 4)." Another participant stated that "before coming out as transgender, I stuck with the role as a stud because I liked guys and still liked girls a little (Participant 8)." This same participant who once identified as "stud," responded to the sexual orientation question as identifying as pansexual. This individual defined the term "pansexual" in the following way:

I say a pansexual is when you date a person by their character and their qualities as a person and not by their gender identity. Nor their preference as to how they identify. The thing is I would date a heterosexual woman, I would date a man, I would date a Trans woman, I would date a transman, I would date a lesbian, I would date a gay male, I would date a bisexual person, I would date a pansexual person. I'm free spirited of who I would chose to love or be with. (Participant 8).

Subcategory 5: Change in Dress. There were six participants who associated a change in the way they dressed with their transitioning process. Participant 10 said, "I

switched from being a gay boy to a female the first time I put girls' clothes on."

Participant 5 came out as transgender at the age of 15 and said, "I began dressing up in heels and wigs at the age of 14." Participants also disclosed changing their dress gradually, as Participant 6 disclosed by saying, "I started wearing skirts, stuffing my bra, and slowly dressing as a female before coming out (as transgender)." Participants also commented on how the emotional experience of presenting themselves in their preferred gender through dress. For example, two participants shared the following stories about the first time they dressed in female clothes:

I went to the [a local transgender support group] Christmas party and it was the first time I was fully dressed as me. I took a long bus ride to that party. It was the best experience for me cause I was there as me and it was exciting because it was the first time that I was fully me and nobody even noticed or bothered me on the bus (Participant 7).

Halloween came around and the [local transgender program] had a Halloween costume and I decided to try it...so, I went shopping and I bought all the clothes that I thought if I was a woman that I would wear. I looked in magazines and pieced me together an outfit, it was supposed to be my costume, but you know, technically it wasn't. I got dressed up and had somebody do my makeup for me. Everyone there, including some of the guys that were doing security, no one knew-they thought that I was a woman...So, when it came time for the costume contest, I entered. When it came time for everyone to introduce themselves, and I told them who I was, the person who was MC'ing looked at me cuz I knew him. He said "ladies and gentlemen, this may be the best costume of the night you'll never guess who this is." When he told them all who I was everybody the whole night was like "oohh you look good, you look like a girl!" you know, giving me a lot of props...so, just so happened, I ended up starting dressing up on a regular basis then (Participant 4).

Domain 9: Family Reactions to Gender Identity

There were no questions that directly asked participants to share their family reactions to their gender identity; however, all eleven participants shared this information throughout the course of the interviews. The domain Family Reactions to Gender Identity was divided into two subcategories: Family Acceptance and Family Rejection.

Subcategory 1: Family Acceptance. A total of nine participants disclosed a level of family acceptance of their gender identity. Participants shared feeling concern that their families would not accept them once they came out as transgender. For example, Participant 1 said “When I came out I thought that it was going to be a big problem with my family; however, my family was very open to who I am and I do not have an issues with coming around the family as who I am.” Participants also shared that their family had an understanding that they were transgender before disclosing this to them. Participant 2 said, “When I told my mother she told me that she loves me and that she knew I was always feminine.” Another participant said, “When my mom saw me for the first time as a woman she said she felt like I was the daughter she never had.”

There were two participants who reported that their family accepted their gender identity over time. One participant shared that their family did not want them to be seen in public at first when they came out as transgender. Participant 7 said, “My younger brother did not want me to be at the mall while he was working there because I look like my brother but dress like a girl, and it took some time to get used to.” Participant 7 further said, “Now my brothers, aunt, and cousins are all okay with me.” Another participant shared the following story about them coming out to their family as transgender:

When I first came out as transgender I was dealing with issues at home at first. My family being a spiritual family, when I came home I was strapped down and had holy water and oil poured all over me. I did have issues with my brothers too being gang bangers so they really didn't take to it at first. Over time they took counseling classes and stuff. I mean just over time I noticed they tried to understand it more and now they be comfortable enough to be like nothing's ever changed.

Subcategory 2: Family Rejection. There were a total of two participants who disclosed family rejection of their gender identity. Participant 6 said, “My mother attacked me mentally and physically for being LGBT. When my mother found out that I was going to transition from male to female, my mom took me off her insurance.” Another participant shared their aunt’s reactions to them coming out as gay first and then coming out as transgender:

My aunt was the one who raised me. Her reaction to me coming out being gay wasn’t such a problem as I thought it would be. She pretty much knew that I was gay already. So I guess she needed conformation. Her reaction to me being trans when I first started hormones was kind of bad, she was all emotional and was crying. It was a big thing for her to see me growing breasts so I discontinued taking hormones so I stopped taking hormones for a while all because I cared about what she thought even though I was totally taking care of myself at that point. So her reactions was not as peaches and cream as I thought it would be (Participant 10).

Domain 10: Family Systems/Beliefs

Participants shared different information about their family system and beliefs when asked the following question: What does family mean to you, and who makes up your family? The domain Family Systems/Beliefs includes: biological and chosen family dynamics, familial viewpoints/perceptions about race, gender roles, socioeconomic standards, spiritual beliefs, and other family values. There were a total of four subcategories within this domain: (1) Family Support, (2) Family Religion/Spirituality, (3) Definitions of Family Members, and (4) Family Values/Norms.

Subcategory 1: Family Support. A total of eight participants disclosed that their family was a form of support for them. Participants also disclosed that their family members were their biggest supports when coping with life obstacles. Participant 1 said, “I come from a very supportive family. When times are tough I go to my mom for

support. I have a very strong bond with my mother, which is more like a sister relationship.” Participants also disclosed that they go to their family when they need advice. Participant 3 said, “When I need advice I go to two of my cousins who I went to when I first came out (as transgender).” Participants mentioned a supportive “real family,” and a supportive “gay family.” Participant 8 said, “When I need a little bit of a free opinionated advice, I go to my gay mother. When I need more strict advice, I go to my birth mother.”

Subcategory 2: Family Religion/Spirituality. A total of six participants discussed their family’s religious and spiritual views. All six participants were raised in the Christian faith and taught to believe in God. Participant 2 said, “I comes from a religious family who raised me to believe that there is no other way but the right way, God’s way.” Participant 6 discussed how their experiences being raised Christian influenced their current religious practices by saying, “Religion is not as important to me because I was forced to read the bible growing up and did not pay attention to it. I don’t read the bible anymore because it was forced on me.” Participant 8 disclosed coming from a family of religious leaders stating, “I comes from a long line of Christians. My grandfather was a pastor, his grandfather was a pastor, and my other grandfather was also a pastor.”

Subcategory 3: Definitions of Family Members. All eleven participants defined their family members in response to the question, “Who makes up your family?” Participants listed their nuclear family members as well as chosen family members. Participant 6 said, “I don’t define family by blood because I don’t have contact with a lot of my blood family. I define family as people that I can trust with my deepest darkest

secrets. These are my chosen family.” Participant 5 said, “My gay family consists of two mothers, three fathers, three granddads, two grannies, and a host of cousins, nieces, and nephews. I also have my own kids through my gay family.” Participants also reported having strong relationships with their grandparents. Participant 3 said, “I come from a large family because my grandmother had six children who each had several children. My grandmother is the main person in my family because she keeps all of my family together.”

Subcategory 4: Family Values/Norms. When describing who makes up their family, four participants described different family values and norms. Participant 2 listed several family values by saying, “My family is educated, we’re independent people, and we were taught to treat people like you want to be treated.” There were two participants who shared family beliefs about race. Participant 9 said, “My mother and father raised us not to see people as colors but see people as human beings. I was taught not to judge people as themselves and not to look at them as who they is based on gender or color.” Two participants described how their families approached traditional gender roles. For example, Participant 6 had this to say about their family:

Any of the girly stuff I did, it was mostly stuff my great-grandmother taught me because I have two younger sisters, everything she taught them she taught me. So I could always jump rope with my sisters, and braiding hair and all the Barbies and stuff like that, she really didn’t have a problem with me doing that. I feel like if she was alive, she would accept me for who I am (Participant 6).

Domain 11: Personal Beliefs.

Several questions were specifically asked in order to gather information regarding participants’ personal beliefs including the following: is religion or spirituality important to you, what does family mean to you, what are some of your biggest strengths, what

does being transgender mean to you, and what does being a person of color mean to you? Participants' statements throughout the interview also yielded responses that were included in the Personal Beliefs Domain. This domain included the following: participants' perspectives about race, spiritual beliefs, values, and goals. This domain also included participants' perceptions of their personality and physical characteristics, as well as beliefs about how others see them. This domain had a total of six subcategories including the following: (1) Life Satisfaction, (2) Beliefs about Race/Ethnicity, (3) Personality Characteristics, (4) Beliefs about Discrimination, (5) Religious/Spiritual Beliefs, and (6) Personal Goals.

Subcategory 1: Life Satisfaction. A total of 5 participants specifically disclosed that they were satisfied with their lives. These participants reported being happy and comfortable with being who they are. Participant 11 said, "I would not want to be anybody else. I am happy with who I am physically, spiritually, and emotionally." Participants also disclosed being satisfied with their transition process. Participant 3 said, "It's a good feeling to live the way you want to. When I was first coming out (as transgender) I was just trying to survive, but now I know that I am going to survive."

Subcategory 2: Beliefs about Race/Ethnicity. All eleven participants shared their beliefs about race/ethnicity in response to the question, "What does being a person of color mean to you?" Participants listed their racial and ethnic identities. Participants also shared beliefs about their identities. Participant 4 said, "I am proud to come from all three heritages (African American, Native American, and Jamaican). Jamaica is one of the most popular visited places; Native Americans were part of history and Thanksgiving, and African Americans have invented a lot of things." Participant 6 stated pride in their

race in stating, “I love being Black, I love my skin color;” while Participant 5 said, “I am very proud of being African American.” Participants discussed their beliefs around treating others based on race and ethnicity. Participant 2 said, “I believe that being a person of color means that we are all supposed to be equal and have equal rights and not belittle each other. I believe what Martin Luther King, Jr. said about all of us being one human race.” Participant 6 believes that “being a person of color is just a skin tone. I don’t look at people through stereotypes or as a color; I look at people for who they are.”

Subcategory 3: Personality Characteristics. This subcategory was broken into several categories capturing the seven different personality characteristics disclosed by the participants. The first category included five individuals who reported having outspoken/strong personalities. The second category consisted of two participants and represented independent personality traits. The third category had a total of seven participants and included traits associated with being friendly and outgoing, such as being kindhearted and a people person. The fourth category had a total of two people who identified themselves as private people. The fifth category consisted of three participants who identified that they were leaders/role models in their communities. The sixth category also had three participants and included determined personality characteristics. Participants also disclosed several other individual personality characteristics that did not fall within the other categories and include the following: open-mindedness, artistic, positive attitude, honesty, intelligence, and trustworthiness.

Subcategory 5: Beliefs about Discrimination. This subcategory consisted of five participants and incorporated information about their beliefs about different forms of discrimination. Two participants believed that discrimination based on color, gender

identity, and sexual orientation is based on society's stereotypes. Participant 8 said, "Being transgender is not something I designed. People have stereotypes about transgender people because they have a lack of education and don't know their history." Participants also discussed their beliefs about what discrimination means. Participant 1 stated, "I think that discrimination whether it is because of color or because of sexual orientation is pretty much the same because it's still someone being treated unfairly because of who they are."

Subcategory 6: Religious/Spiritual Beliefs. All participants commented on their own religious/spiritual belief systems in response to the interview question, "Is religion or spirituality important to you?" All eleven participants disclosed a sense of religion and/or spirituality. Participants reported believing in God but not attending a specific church. Participant 11 stated, "Spirituality is important to me but I don't have a sense of religion because I haven't been to church in a long time." Participant 3 stated, "Religion plays a strong role in my life. I have a strong spirituality but have not once tried to go to church since transitioning because I worry about other people's criticisms of me." Participants shared their personal beliefs about the bible. Participant 5 said the following about how they interpret the bible:

I believe in religion but it's certain amount of religion I believe. Because of like they say in the bible that a man should not sleep with man or what not but I think of it as the Lord Savior Jesus Christ created me. If I was created in his image, and I was born with this state of mind, then it was my destiny to be this way because this is the way that he created me. So all of this if I sleep with a man or sleep with a woman without wedlock I'm straight condemned to hell. I don't believe in those certain things in the bible because I just think it is just something to scare you (Participant 5).

There were two participants who voiced a strong sense of religion and continued to attend church on a weekly basis. Participant 2 said, "I'm a spiritual person. Having

God in my life is what saved me from being evil. I'm not gonna go to hell cause my heart is full of Jesus." Participant 9 said the following about their religious beliefs:

I gotta tell you baby. The devil is out here and he's strong but God is stronger. I'm not one that will go off and speak out ungodly words. You know the bible speaks that our tongue is the worst part of our body. Jesus was crucified, he was put to death and we no better than that dear. I keep praying and live my life that way cause as long as I keep my faith in the Lord, I am gonna be alright (Participant 9).

There were two participants who disclosed being non-biblical people. Participant 6 said, "Religion and spirituality is not important to be because the bible was forced on me while growing up. I believe in God, but am not a biblical person." Participant 7 said the following about their sense of spirituality:

The way I feel about religion is not the way that most feel about religion, especially most people of color. The African American community is very spiritual and very into church. I tried to read the bible, get baptized, and attend church, but realized that it is not for me. After searching for different things to believe in, I found a theory called "The Law of Attraction," from the book "The Secret." After reading this book I believe in this theory and this is my version of spirituality (Participant 7).

Subcategory 7: Personal Goals. Although no specific questions were asked about personal aspirations, there were a total of nine people who shared goals that they would like to accomplish in their lives. There were five participants who expressed a desire to go to college for areas of study including general nursing, geriatric nursing, education, criminal justice, and mathematics. One participant expressed a desire to quit smoking marijuana and cigarettes stating, "I will either quit cold turkey and distance myself from others that use, or I will go to a rehab center (Participant 4)." There were three participants who had goals surrounding seeking employment and becoming financially independent.

Summary

This chapter provided a detailed account of the various themes extracted from the interview transcripts of eleven transgender people of color. The consensual data analysis of these individual interviews yielded a total of eleven domains. These domains included the following: adverse conditions, coping mechanisms, support, community resources, perceptions of the LGBT community, intimate relationships, mental health counseling, transitioning processes, family reactions to gender identity, family systems/beliefs, and personal beliefs. Each domain contained several subcategories. Quotes were taken directly from the transcribed interviews with examples from participants included in each domain description. Table 2 presents all the domains and subcategories along with the associated frequency and classification codes. Table 2 also describes the definitions linked with each domain.

Table 2. Domains

Domains and Subcategories	Domain Definitions	Frequencies	Classification
1: Adverse Conditions	Actual or perceived internal and external factors that may negatively impact one's well being and have the capacity to be seen as unfavorable	11	General
Subcategory 1: Death of a Loved One/s		11	General
Subcategory 2: Unemployment		7	Typical
Subcategory 3: Lack of Health Insurance		6	Typical
Subcategory 4: Experiences of Racism		10	General
Subcategory 5: Experiences of Transphobia		11	General
a. Violence/Bullying		6	Typical
b. Employment Discrimination		7	Typical
c. Negative Public Responses		6	Typical
d. Negative Interpersonal Responses		3	Variant
Subcategory 6: Within Group Discrimination		4	Variant
2. Coping Mechanisms	Cognitive and behavioral methods used to manage adverse conditions including the following: internal and external, direct and indirect techniques such as prayer and positive self talk, as well as help-seeking behaviors	11	General
Subcategory 1: Assertive Communication/Self-Advocacy		5	Variant
Subcategory 2: Self-Restraint		5	Variant
Subcategory 3: Spiritual Coping		4	Variant
Subcategory 4: Honesty/Integrity		4	Variant

Domains and Subcategories	Domain Definitions	Frequencies	Classification
Subcategory 5: Avoidance		3	Variant
Subcategory 6: Verbal/Physical Aggression		3	Variant
Subcategory 7: Help-Seeking		2	Variant
Subcategory 8: Help-Seeking/Emotional Release		2	Variant
3. Support	Receiving and/or providing financial, emotional, and spiritual assistance to and from peers	11	General
Subcategory 1: Supporting Others		6	Typical
Subcategory 2: Supported by Friends		8	Typical
4. Community Resources	This includes any free community resources that one accesses. This also includes places where people gather to gain support	11	General
Subcategory 1: Transgender Community Programs		11	General
Subcategory 2: Community Support		11	General
5. Perceptions of LGBT Community	Participants' perspectives on the Lesbian, Gay, Bisexual, Transgender community as a whole as well as how society views the LGBT community	11	General
Subcategory 1: Defining LGBT Terms		7	Typical
Subcategory 2: Stressors of being Transgender		11	General
a. Employment/Economic Stress		2	Variant
b. Relationship Stress		5	Variant
Subcategory 3: Local LGBT Community Center		4	Variant

6. Intimate Relationships	Information about participants' past and current intimate relationship status, and satisfaction in relationships	11	General
Subcategory 1: Current Relationship Status		11	General
a. In a Relationship		5	Variant
b. Not in a Relationship		6	Typical
Subcategory 2: Relationship Satisfaction		5	Variant
7. Mental Health Counseling	Any past or current health treatment and the individual's reactions to this treatment	11	Variant
Subcategory 1: Past Mental Health Treatment		10	General
Subcategory 2: Willingness to Seek out Mental Health Treatment		11	General
Subcategory 3: Counseling Associated with Transitioning Process		3	Variant
Subcategory 4: Counseling Experiences		8	Typical
8. Transitioning Process	The physical, emotional, legal, and social development of the participants' gender expression and/or gender identity	11	General
Subcategory 1: Age of Transition		10	General
Subcategory 2: Bodily Changes		6	Typical
Subcategory 3: Legal Procedures		3	Variant
Subcategory 4: Identity Transformation		7	Typical
Subcategory 5: Change in Dress		6	Typical
9. Family Reactions to Gender Identity	Family members' positive and negative responses to the participant's gender identity	11	General
Subcategory 1: Family Acceptance		9	Typical
Subcategory 2: Family Rejection		2	Variant

10. Family System/Beliefs	Biological and chosen family dynamics, familial viewpoints/perceptions about race, gender roles, socioeconomic standards, spiritual beliefs, and other family values	11	General
Subcategory 1: Family Support		8	Typical
Subcategory 2: Family Religion/Spirituality		6	Typical
Subcategory 3: Definitions of Family Members		11	General
Subcategory 4: Family Values/Norms		5	Variant
11. Personal Beliefs	This domain included the following: participants' perspectives about race, spiritual beliefs, values, and goals. This also includes participants' perceptions of their personality and physical characteristics as well as beliefs about how others see them	11	General
Subcategory 1: Life Satisfaction		5	Variant
Subcategory 2: Beliefs about Race/Ethnicity		11	General
Subcategory 3: Personality Characteristics		11	General
a. Outspoken/Strong		5	Variant
b. Independent		2	Variant
c. Friendly/Outgoing		7	General
d. Private		2	Variant
e. Leader/Role Model		3	Variant
f. Motivated		3	Variant
Subcategory 5: Beliefs about Discrimination		5	Variant
Subcategory 6: Religious/Spiritual Beliefs		11	General
Subcategory 7: Personal Goals		9	Typical

Chapter Five

Discussion

The purpose of this study was to identify resiliency factors among a sample of transgender individuals of color who reside in an urban city within the Midwest. This chapter provides a discussion of the results reported in Chapter Four and their convergence or divergence with previous literature. This chapter will focus on three overarching themes including: resiliency, intersectionality, and identity development. Limitations of the study are considered, as well as implications for practice and future research.

Resiliency

Resiliency is a word often associated with overcoming adversity. It is clear that the transgender participants in this study experience a number of very serious adverse conditions in their day to day lives, which have the potential to negatively affect many aspects of their functioning and basic needs including their safety, employment, financial stability, and overall health. Accounts of these adverse conditions were documented in every participant interview. The results in this study are congruent with past research in the transgender community which have documented adverse conditions such as violence, abuse, and employment discrimination (e.g. Israel & Tarver, 1997; Lev, 2004; Xavier, 2000). Despite these negative conditions, all participants were able to list several coping skills as well as identify community, peer, and family support systems that aid them in maintaining resiliency in the face of adversity.

Individuals reported using several positive coping skills when experiencing discrimination such as assertive communication and self-restraint. Individuals showed an

ability to navigate a positive sense of self despite experiencing some of the most severe adverse conditions, many of which occurred during their adolescents. Participants reported using this sense of pride and integrity to combat negative experiences of racism and transphobia. These findings are congruent with past research which indicates that there is a link between an LGBT individual's ability to challenge negative stereotypes and that individual's positive adaptation in later life (e.g. Friend, 1991; Lewis, 2008; Singh, Hays, & Watson, 2011). The findings in this study are also similar to Singh and Mckleroy's (2011) study on transgender people of color who identified recognizing and negotiating gender and ethnic/racial oppression as resiliency factors within their study's participants.

All of the participants in this study reported having a sense of religion and/or spirituality with four individuals reporting using prayer as their main means of coping with life stressors. Participants, who were raised with biblical messages against LGBT people, were still able to maintain a sense of spirituality in their lives. Those who reported attending their childhood churches disclosed that their sense of religion and church community helped them cope with life obstacles. This is particularly important considering that health and wellbeing can encompass mind, body, and spirit. This also shows support that individuals can be connected to both an LGBT community and a spiritual community, receiving support from both. This finding is similar to Singh and Mckleroy's (2011) study which showed that cultivating spirituality and a hope for the future were examples of resiliency among the transgender participants they studied.

Past research has shown that transgender individuals who receive support from friends are more likely to show resiliency in facing gender related stigma and

discrimination (e.g. Bockting & Haung, 2005; Lewis, 2008; Sanchez & Vilain, 2009). The majority of participants (8 of 11) reported a supportive group of friends. Participants shared that several of their friends were more like family to them without differentiating between their biological and chosen family. Participants also shared stories of giving support to individuals newly coming out as transgender. These individuals not only shared valuable information about transitioning and community resources, but also served as resiliency role models by encouraging youth to make positive choices with their lives. Participants also provided support to others through working with various transgender programs to help educate their local communities about transgender issues. These results are consistent with prior research which shows that resistance as expressed through activism was found to offer a parallel pathway to both self-advocacy and resiliency within the LGBT community (DiFulvio, 2005; Lewis, 2008).

All eleven participants reported using various local transgender community programs, and all eleven participants also reported that these programs were a strong sense of support in their lives. These programs not only provided participants a safe place to discuss transgender issues, but allowed them to connect to a broader transgender community. Although many participants reported attending a transgender support program geared towards the African American community, these individuals also reported attending other programs that reach out to the broader LGBT community. This finding shows support for Moradi et al's., (2010) argument that LGBT people of color participate in the mainstream LGBT communities as well as LGBT communities within their own racial and ethnic community. Findings in this study also support Sanchez and

Vilain's (2009) research findings that the more participants felt positively about the transsexual community, the less psychological distress they reported.

Past research (e.g. Lev, 2004) has noted that a common stressor among transgender individuals is associated with finding supportive intimate relationships. An important finding in this study is that all of the five participants who reported that they were in current relationships disclosed that they were satisfied within these relationships and felt supported by their significant others. Individuals who reported relationship satisfaction disclosed that their partners respected their gender identities and treated them with gender expectations congruent with these identities. This finding is similar with Lewis (2008) who found resiliency factors identified in participants' relationships that were characterized as having role flexibility without focusing solely on biological sex.

One of the most important findings in this study is that the majority (9 of 11) of participants reported that their family not only accepted them for who they are, but that their family is one of their biggest sources of support. This finding goes against many theorists (e.g. Bockting, 2007; Isreal & Tarver, 1997 Lev, 2004) who have argued that family rejection is one of the biggest areas of stress for transgender individuals. Many of the family values and norms (i.e. independence, strong work ethic, etc.) reported by participants were values that the participants also endorsed within themselves. More than half (6 of 11) reported being raised in the Christian faith and disclosed that these Christian values influenced how their families treat others including not passing judgment on people based on race, gender, or sexual orientation. These findings show that the participants in this study were not only accepted by their families, but that they still hold true to many of the family norms and beliefs systems that they were raised with.

Despite facing several adverse conditions, the majority of participants reported being happy and satisfied with their lives. This sense of satisfaction encompassed their relationships with friends, family, and significant others. The majority of participants also described themselves with positive self-attributes including being friendly/outgoing and having an outspoken/strong personality. These personal attributes are connected to the common findings across the resiliency research which suggests factors that appear to facilitate positive adaptation under conditions of risk are connected to individual attributes or personality characteristics including positive temperamental or dispositional qualities, good intellectual functioning, self-efficacy, positive self-worth, perceived competence, problem-solving skills, internal locus of control, positive future expectations, and an overall sense of optimism (Masten, 2007; Werner and Smith, 1988). All participants reported having personal goals for their future including completing a college degree and becoming financially independent. These findings show that participants were able to overcome multiple layers of adverse conditions, see their lives as meaningful, and look to the future with optimism and hope.

Intersectionality

The participants reported difficulties with distinguishing between their experiences with racism and transphobia, thus providing support that an individual who holds intersectional identities is not faced with each of these “isms” in isolation (Narvez, Meyer, & Kertzner, 2009). Half of the participants made statements suggesting that they did not see a difference in the causes of discrimination based on race and gender identity. Another example that supported intersectionality is when Participant 10 first reported being shot due to their race and then mentioned the same incident when talking about

transphobia. When I asked if they attributed this incident to their gender identity they said the following: “He never screamed out a slur or anything before he did it, he just did it so I was kind of confused as to why he did it. I don’t know if he was under the influence or something or what.”

One example of intersectionality is when individuals had difficulties separating their gender identity and their sexual orientation, with many individuals describing their sexual orientation in relation to who they are currently dating. An additional finding is associated with how individuals chose to label themselves. When asked about gender identity, seven participants identified as being transgender. There were a total of four individuals who labeled their gender identity as female. Many of the participants who labeled themselves as transgender in the beginning, often used the term female interchangeably throughout the interview when discussing their gender identity. Individuals acknowledged that other people label them as transgender or transsexual based on their transitioning process, although how and when they chose to describe themselves with that label is dependent on the context of what they are being asked. Thus the findings in this study support past researchers arguments (e.g. Bowleg, 2003; Cole; 2009; McCall, 2005), that in an effort to address the various dimensions of one’s identity, there is no single reality about the experiences of all people’s intersecting identities. There are only multiple constructed realities based on an individual’s personal sense of the intersecting identities in their lives.

Identity Development

When individuals shared their transitioning processes, they did so in ways which painted a picture of different levels of identity exploration. Although no questions were

directly asked in regards to their transitioning processes, all participants shared information about how their gender identity developed over time. The majority of participants (9 of 11) disclosed that they always felt female growing up and came out as transgender in their adolescent years. This finding is a testimony to the resiliency and bravery of participants in dealing with the stress of coming out as transgender while navigating the other stressors of being an adolescent. Individuals also described coming out as transgender to themselves in relation to their change in dress. Participants shared stories of freedom and contentment when dressing in clothes that matched their gender identity. Individuals reported exploring their gender identity through this change of dress before coming out to others. Participants also reported consulting with other transgender individuals in regards to their transitioning process. Individuals shared stories of meeting other transgender individuals and how this influenced their self-confidence to express their gender in ways that matched their identities.

Individuals also showed evidence of identity exploration through taking on different sexual orientation labels throughout their transition process. For example, several participants (6 of 11) disclosed that they first came out as a gay male before coming out again as transgender. When these six individuals were asked about their sexual orientation later in the interview process, five of the six individuals who first came out as gay, identified as heterosexual once they came out as transgender. The remaining one participant responded that they now identify as pansexual after coming out as transgender. Participants did not discuss their changes in sexual orientation labels as a form of confusion but rather different stages of identity transformation. These findings portray the parallel process between sexual orientation and gender identity in that

although these identities are considered separate, they cannot be fully understood in isolation. These findings also provides support for the argument that gender and sexual orientation identities are more fluid versus stagnant and can take on different meanings throughout one's lifetime.

The different ways in which individuals defined gender and sexual orientation labels are congruent with researchers who have theorized that it is impossible to capture the diversity of gender and sexual fluidity in society by only using the terms LGBT (Bocting, 2007; Fassinger & Arseneau, 2007; Lev, 2007). One individual defined the terms such as "stud," and "lipsticks," as being unique to the African American LGBT community. Participants also used labels to describe their gender and sexual orientation interchangeably. For example, individuals would refer to themselves as gay in one section of the interview, and then heterosexual when describing their current intimate relationships. The results from this study provide support of LGBT scholars who have argued that several of the core concepts in the LGBT community such as "the closet," "coming out," "lifestyle," "gender identity," and "sexual identity," are rooted in White, middle-class, and U.S mainstream conceptualizations of the relationships between self, gender, sexuality, and community, and may not be adequate descriptions for LGBT people of color (Almaguer 1993; Chasin 2000; Gopinath 2003).

Counseling Implications

This study clearly demonstrates that transgender people of color have several resiliency factors in facing adverse conditions. One main recommendation for counselors is to look at the various resiliency factors outlined in this study including being connected with a support system of family, friends, community and significant others. Counselors

should also help foster the various positive coping skills reported by the participants in this study including the following: assertive communication with a sense of self-advocacy, restraint, integrity/honesty, help-seeking, and spiritual coping. Counselors are encouraged to be mindful of the reasons individuals might use negative coping skills (i.e. physical/verbal aggression, avoidance) such as coming out as an adolescent, reactions to transphobia, and using avoidance as means of self-protection.

There were two participants who reported negative counseling experiences associated with their gender identity and sexual orientation. One participant felt pressured to talk about their sexual orientation before they were ready to. A suggestion to future counselors working with transgender people is to not pressure them to talk directly about their gender identity or sexual orientation if the individual is not ready to so. This is especially true to individuals who may be pressured into going to counseling by others. Instead, counselors can help create a safe environment by allowing participants to self-identify and acknowledge the difficulties in coping with transphobia which may cause individuals to be hesitant in disclosing their gender identity.

A counselor can show their clients that they are not making assumptions about their identity by asking their clients what pronouns they prefer. Counselors can also show a level of comfort with LGBT issues by simply referring to intimate relationships as “significant others,” or “partners.” Counselors are also encouraged to have options for people to self-identify on all paperwork procedures including intake forms and clients’ bill of rights. Whenever possible, counselors should also have restroom facilities that are gender neutral.

The other participant who reported a negative counseling experience disclosed that they did not like being labeled with a mental health disorder in order to receive a letter of recommendation to start hormone treatment. Another recommendation for mental health professionals is to understand the stigma behind labeling individuals with a Gender Identity Disorder. If a letter is required for medical/and or legal transitioning procedures, counselors should take the time to process being labeled with a mental health disorder. Many of the participants in this study did not require a letter from a mental health professional in order to receive a prescription for hormones. It is recommended that any person who is working with transgender clients to be aware of community resources that have experience providing medical treatment to transgender individuals. Counselors should also be aware of any local and national resources where individuals can gather support from other transgender individuals.

Another important suggestion is to not assume that individuals are just recently exploring their gender identity. Many of these participants reported feeling like a female from a young age with coming out as transgender in their adolescent years. Counselors are encouraged to move away from some of the Harry Benjamin Standards of Care such as the “real life test (living in preferred gender for one year)” which assumes that individuals have not already begun living as their “preferred gender.”

Another way that counselors can build rapport with clients is to never assume how one identifies. Some counselors will say “I have never worked with a transgender individual before.” Results from this study show that the majority (7 of 11) of participants had a level of identity transformation where they took on different labels to identify their gender and/or sexual orientation. The client who you thought was gay or

lesbian may identify as transgender later in their lives. In addition, how mainstream society is taught about gender and sexual orientation as if they are two separate identities may not be the case for many clients. Counselors are encouraged to use the theory of intersectionality when conceptualizing clients, taking into account how several different identities intersect to create the client's worldview.

Limitations and Future Areas of Research

This study consisted of only 11 participants from a city within the Midwest which may present challenges in generalizing these results to the broader transgender community. A recommendation for future research is to continue to examine resiliency factors among different racial and ethnic minority groups from various parts of the country. Much of the research to date is focused on transgender people from major cities; it is important to also understand the unique experiences of transgender individuals in rural areas, and the common ground in the transgender experience regardless of the rural and urban setting.

This study also did not directly inquire about socioeconomic factors which would have added to our understanding of the life experiences of these participants. Several participants did disclose economic stressors including job discrimination based on their gender identity. Future research should include questions geared towards a deeper understanding of the employment experiences of transgender individuals. Results from these studies may help community programs as well as vocational counselors in assisting transgender individuals with employment concerns.

Another important focus for future transgender identity research should include longitudinal studies examining transgender identity development. In the current study, all

of the participants included information about their own transgender identity development and transition process without being asked any specific questions on this topic. It is possible that transgender individuals experience different stressors depending on where they are in their gender identity formation. A suggested area of research on resiliency is to look at resiliency in context to one's age, environment, intersecting identities, and transgender identity development. Many participants in this study reported exploring their gender variance at a young age with coming out as transgender in their teenage years. It would add to our understanding of resiliency and identity development to see how one's gender identity develops over their lifetime.

Conclusion

The purpose of this study was to look at resiliency factors among transgender people of color. All participants showed resiliency by overcoming one or more of the following adverse conditions: death of a loved one, unemployment, lack of health insurance, experiences of racism, experiences of transphobia, violence/bullying, employment discrimination, negative public responses, negative interpersonal responses, and within group discrimination. All participants reported using one or more of the following coping mechanisms: assertive/communication/self-advocacy, spiritual coping, honesty/integrity, avoidance, verbal/physical aggression, and help-seeking. Areas of support for participants came from the following sources: friends, peers, and LGBT community programs. The major area of support came from families who accepted their transgender identity. The majority of individuals reported being future oriented with personal goals.

Other findings include participants sharing the following personality characteristics: outspoken/strong, independent, friendly/outgoing, private, leader/role model, and determination. Participants also challenged beliefs about the difference between sexual orientation and gender identity often using labels for both interchangeably. This study showed evidence for the complexity within the transgender community. The results in this study argue that the transgender community is more than a group of people who face hardships, but rather they are a community who show tremendous strength and resiliency in living their day to day lives.

References

- Akutsu, P. D., Snowden, L. R., & Organista, K. C. (1996). Referral patterns to ethnic-specific and mainstream mental health programs for Hispanics and non-Hispanic Whites. *Journal of Counseling Psychology, 43*, 56–64.
- Almaguer, T. (1993). Chicano men: A cartography of homosexual identity and behavior. *The Lesbian and Gay Studies Reader*. H. Abelove & M. Barale (Eds.), New York: Routledge.
- American Psychiatric Association (2000). *DSM-IV-TR 2000: Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: Author.
- American Psychiatric Association (1980). *DSM-III 1980: Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: Author.
- Ashmore, R. D., Deaux, K., & McLaughlin-Volpe, T. (2004). An organizing framework for collective identity: Articulation and significance of multidimensionality. *Psychological Bulletin, 130*, 80–114.
- Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2009). *Competencies for counseling with transgender clients*. Alexandria, VA: Author.
- Battle, J., & Lemelle, A. 2002. "Gender Differences in African American Attitudes Toward Gay Males." *Western Journal of Black Studies, 26*(3): 134-139.
- Bay, J. A. (1997). Transsexual and transvestite sex workers: Sexuality, marginality and HIV risk in Miami (Doctoral dissertation, University of Florida, 1997). *Dissertation Abstracts International, 59* (02), 536.
- Beigel, H. (1969). *A weekend in Alice's wonderland*. *Journal of Sex Research, 5*, 108-122.

- Benjamin, H. (1964). Nature and management of transsexualism with report on 31 operated cases. *Western J. Surg. Obstet. Gynecol*, 72, 105-111.
- Benjamin, H. (1966). *The transsexual phenomenon*. New York: Julian Press.
- Benjamin, H. (1967). Transvestism and transsexualism in the male and female. *Journal of Sex Research*, 3, 107-127.
- Bernard, B. (2004). *Resiliency: What we have learned*. San Francisco, CA: West Ed.
- Bockting, W. O., & Coleman, E. (1992). A comprehensive approach to the treatment of gender dysphoria. In W. O. Bockting & E. Coleman (Eds.), *Gender dysphoria: Interdisciplinary approaches in clinical management* (pp. 131-155). Binghamton, NY: Haworth Press.
- Bockting, W. O. (1997). The assessment and treatment of gender dysphoria: Directions in clinical counseling psychology. *Journal of Clinical Psychology*, 7, 1-23.
- Bockting, W. O., Robinson, B. E., Benner, A., & Scheltema, K. (2004). Patient satisfaction with transgender health services. *Journal of sex and marital therapy*, 30, 277-294.
- Bockting, W. O., Chiung-Yu, H., Robinson, B., & Rosser, S. (2005). Are transgender persons at higher risk for HIV than other sexual minorities? A comparison of HIV prevalence and risks. *International Journal of Transgenderism*, 8(2/3), 123-131.
- Bockting, W. O., & Coleman, E. (2007). Developmental stages of the transgender coming out process: Toward an integrated identity. In R. Ettner, S. Monstrey, & E. Evan (Eds), *Handbook of Transgender Medicine and Surgery*. New York: Haworth Press.

- Bornstein, K. (1994). *Gender outlaw: On men, women, and the rest of us*. New York: Routledge.
- Boylan, J. (2003). *She's not there: A life in two genders*. New York: Broadway Books.
- Bowleg, L. (2008). When Black plus lesbian plus woman does not equal Black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex Roles, 59*, 312-325.
- Budge, L. S., Katz-Wise, L. S., Tebbe, N. E., Howard, S. A. K., Schneider, L. C., & Rodriguez, A. (2013). Transgender emotional and coping processes: Facilitative and avoidant coping throughout gender transitioning. *The Counseling Psychologist, 43*, 601-647.
- Buhrke, R. A., Ben-Ezra, L. A., Hurley, M. E., & Ruprecht, L. J. (1992). Content analysis and methodological critique of articles concerning lesbian and gay male issues in counseling journals. *Journal of Counseling Psychology, 39*, 91-99.
- Bullough, B., & Bullough, V. L. (1998). Transsexualism historical perspectives 1952 to present. In D. Dallas (Ed.), *Current concepts in transgender identity* (pp. 15-34). New York: Garland.
- Burnam, M., Hough, R., Marvin, K., Escobar, J., & Telles, C. (1987). Acculturation and lifetime prevalence of psychiatric disorders among Mexican Americans in Los Angeles. *Journal of Health and Social Behavior, 28*, 89-102.
- Carroll, L., & Gilroy, P. (2002). Transgender issues in counselor preparation. *Counselor Education & Supervision, 41*(2), 233-242.
- Chasin, A., (2000). *Selling out: The gay and lesbian movement goes to market*. New York: Palgrave.

- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*, 219–235.
- Chavez-Korell, S., & Lorah, P. (2007). An overview of affirmative psychotherapy and counseling with transgender clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed, pp.271-288). Washington, DC: American Psychological Association.
- Clements, K., Katz, M., & Marx, R. (1999). *The Transgender Community Health Project: Descriptive results*. (Available from the San Francisco Department of Public Health, 25 Van Ness Ave., #500, San Francisco, CA 94102).
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgendered persons in San Francisco: Implications for public health intervention. *American Journal of Public Health, 91*(6), 915-921.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006) Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality, 51*, 53-69.
- Cochran, S. D., de Leeuw, J., & Mays, V. M. (1995). Optimal scaling of HIV-related sexual risk behaviors in ethnically diverse homosexually active men. *Journal of Consulting and Clinical Psychology, 63*, 270-279.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2): 310-357.

- Cole, E. (2009). Intersectionality and research in psychology. *American Psychologist, 64*, 180-180.
- Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum, 139*, 139–167.
- Cross, W. E., Jr. (1995). The psychology of Nigrescence: Revisiting the Cross model. In J. G. Ponterotto, J. M. Casas, L. A., Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 93–122). Thousand Oaks, CA: Sage
- Denny, D. (1997). Transgender: Some historical, cross-cultural, and contemporary methods and methods of coping and treatment. In B. Bullough, V. L. Bullough, & J. Elias (Eds.), *Gender blending* (pp. 87-102). Amherst, NY: Prometheus Books.
- Department of Justice (2005). *Services, training, officers, prosecutors annual report*. Retrieved from Department of Justice website:
http://www.ovw.usdoj.gov/docs/ovw-2005_STOP_Report_final_sec508.pdf .
- Devilly, G. J. (2001). The influence of distraction during exposure and researcher allegiance during outcome trials. *Behaviour Therapist, 24*, 18-21.
- Diaz, R. (1998). *Latino gay men and HIV, culture, sexuality, and risk behavior*. New York: Routledge Books.
- Diaz, R. M., Ayala, G., Bein, E., Henne, J., Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 U.S. cities. *American Journal of Public Health, 91*, 927-932.

- DiFulvio, G. T. (2004). *Stories of risk and resilience: Understanding violence against lesbian, gay, bisexual, and transgender youth* (Doctoral dissertation). Available from Dissertation Express database. (UMI No. 3136720).
- Elifson, K. W., Boles, J., Posey, E., Sweat, M., Darrow, W., & Elsea, W. (1993). Male transvestite prostitutes and HIV risk. *American Journal of Public Health, 83*, 260-262.
- Fassinger, R., & Arseneau, J. (2007). "I'd rather get wet than be under that umbrella": Differentiating the experiences and identities of lesbian, gay, bisexual, and transgender people. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.) *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed, pp.271-288). Washington, DC: American Psychological Association.
- Feinberg, L. (1996). *Transgender warriors: Making history from Joan of Arc to RuPaul*. Boston: Beacon Press.
- Finding Our Place: Transgender Law Reform Project 1993*. (n.d.) Retrieved from: <http://www.hawaii.edu/hivandaids/Tg/FindingOurPlaceTransgenderedLawReformProjectpdf>
- Forge Transgender Sexual Violence Project 2004*. (n.d.). Retrieved from: http://www.forge-forward.org/transviolence/survey_results.php

- Freund, A. M., & Baltes, P. B. (2000). The orchestration of selection, optimization, and compensation: An action-theoretical conceptualization of a theory of developmental regulation. In W. J. Perrig & A. Grob (Eds.), *Control of human behavior, mental processes and consciousness* (pp. 35-58). Mahwah, NJ: Erlbaum.
- Friend, R. A. (1991). Older lesbian and gay people: A theory of successful aging. In J. A. Lee (Ed.), *Gay midlife and maturity* (pp. 99-118). New York: The Haworth Press.
- Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, *59*, 97-109.
- Gagne, P., Tewksbury, R., & McGaughey, D. (1997). Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender & Society*, *11*, 478-508.
- Garnezy, N., (1971). Vulnerability research and the issue of primary prevention. *Journal of Orthopsychiatry*, *41*, 101-116.
- Garnezy, N., (1974). The study of competence in children at risk for severe psychopathology. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: Children at psychiatric risk. International Yearbook* (pp. 315-332). Vol. 3. New York: Wiley.
- Garnezy, N. (1985). Stress resistant children: The search for protective factors. In J. E. Stevenson (Ed.), *Recent Research in Developmental Psychology, Journal of Child Psychology and Psychiatry*. (Book Supplement No. 4).

- Garnezy, N. (1994). Reflections and commentary on risk, resilience, and development. In R. Haggerty (Ed.), *Stress, risk and resilience in children and adolescents: Processes, mechanisms and interventions*. New York: Cambridge University Press.
- The Gender Public Advocacy Coalition (GenderPAC). (1996). Special report: Violence against transgender individuals. Retrieved from The Gender Public Advocacy Coalition Website: <http://www.gpac.org/>
- Germain, C. B., & Patterson, S. L. (1988). Teaching about rural natural helpers environmental resources. *Journal of Teaching in Social Work*, 2, 73-90.
- Goldberg, D., & Huxley, P. (1980). *Mental illness in the community: The pathway to psychiatric care*. London: Tavistock Publications.
- Goldsmith, H., Jackson, D., & Hough, R (1988). Process model of seeking mental health services: Proposed framework for organizing the research literature on help-seeking. In H. Goldsmith, E. Lin, R. Bell, & Jackson (Eds.), *Needs assessment: Its future* (pp. 49-64). Washington, DC: U.S. Government Printing Office.
- Gopinath, G. (2003). Nostalgia, desire, diaspora: South Asian sexualities in motion. In J. Corber, & S. Valocchi (Eds.). *Queer studies: An interdisciplinary reader*. New York: Blackwell.
- Gottlieb, B. H. (1988). *Marshalling social support*. Newberry Park, CA: Sage.
- Green, J. (2004). *Becoming a visible man*. Nashville, TN: Vanderbilt University Press.
- Greene, B. (1994). Ethnic-minority lesbians and gay men: Mental health and treatment issues. *Journal of Consulting and Clinical Psychology*, 62(2), 243-251.

- Greene, B. (2000). African American lesbian and bisexual women. *Journal of Social Issues, 56*, 239-249.
- Grossman, H. R., D'Augelli, R. A., & Frank, A. J. (2011). Aspects of psychological resilience among transgender youth. *Journal of LGBT Youth, 8*, 103-115.
- Harry Benjamin International Gender Dysphoria Association (2001). The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version. *Journal of Psychology and Human Sexuality, 13*(1), 1–30. (Originally published in *International Journal of Transgenderism, 2001, 5*(1)).
- Hausman, B (1995). *Changing sex: Transsexualism, technology, and idea of gender*. Durham, NC: Duke University Press.
- Helms, J. E. (1990). Toward a model of White racial identity development. In J. E. Helms (Ed.), *Black and White racial identity: Theory, research, and practice* (pp. 49–66). New York: Greenwood Press.
- Helms, J. E. (1995). An update of Helm's White and people of color racial identity models. In J.G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling*, (pp. 181–198). Thousand Oaks, CA: Sage.
- Hekma, G. (1994). *Third sex third gender: Beyond sexual dimorphism in culture and history* (pp.213-240). New York: Zone Books.
- Hill, C. E., Knox, S.,Thompson, B. J., Williams, E. N., Williams, E., Hess, S., & Ladany, N. (1997). Consensual Qualitative Research: An update. *Journal of Counseling Psychology, 52*, 196-205.

- Hill, C., Knox, S., Thompson, B., Williams, E., Hess, S., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196-205.
- Hill, C. E. (Ed., 2011). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington DC: American Psychological Association.
- Hill, D. B., & Willoughby, B. L. B. (2005). The development and validation of the genderism and transphobia scale. *Sex Roles*, 53(7/8), 531-544.
- Hirschfeld, M. (1910) In M. A., Lomnardi-Nash. (trans.). *Transvestites: The erotic drive to cross-dress*. New York: Prometheus Books. (Original work published 1910).
- Hooks, B. (1981). *Ain't I a woman: Black women and feminism*. Boston, MA: South End.
- Hoyt, W. T., & Bhati, K. S. (2007). Principles and practices: An empirical examination of qualitative research in the Journal of Counseling Psychology. *Journal of Counseling Psychology*, 54, 201-210.
- Huang, Y., Brewster, M., Moradi, B., Goodman, M., Wiseman, M., & Martin, A. (2010). Content literature about LGB people of color: 1998-2007. *The Counseling Psychologist*. 38(3), 363-396.
- Israel, G., & Tarver, E. (Eds.). (1997). *Transgender care*. Philadelphia: Temple University Press.
- Jones, S. R., & McEwen, M. K. (2000). A conceptual model of multiple dimensions of identity. *Journal of College Student Development*, 41, 405-414.
- Kenagy, P. S. (2005). The health and social service needs of transgender people in Philadelphia. *International Journal of Transgenderism*, 8(2/3), 49-56.

- Kessler, S., & McKenna, W. (2000). *Gender: An ethnomethodological approach*. Chicago: The University of Chicago Press.
- Kite, M. (2001). Gender stereotypes. In J. Worrell (Ed.), *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender* (pp. 561-570). San Diego, CA: Academic Press.
- Krammerer, N., Mason, T., Connors, M., & Durkee, R. (2001). Transgender health and social service needs in the context of HIV risk. In W. Bockting & S. Kirk (Eds.), *Transgender and HIV: Risks, prevention, and care* (pp. 39-58). New York, NY: Haworth Press.
- Laird, J. (1999). Gender and sexuality in lesbian relationships: Feminist and constructionist perspectives. In J. Laird (Ed.), *Lesbians and lesbian families: Reflections on theory and practice* (pp. 47-89). New York: Columbia University Press.
- Lazear, K. J., Pires, S. A., Issacs, M. R., Chaulk, P., & Huang, L. (2008). Depression among low-income women of color: Qualitative findings from cross-cultural focus groups. *Journal of Immigrant Minority Health, 10*(2), 1557-1912.
- Lev, A. I. (2004). *Transgender emergence*. New York: Harworth Clinical Practice Press.
- Lev, A. I. (2007). Transgender communities: Developing identity through connection. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed, pp.147-176). Washington, DC: American Psychological Association.

- Lewis, J. (2008). *Resilience among transgender adults who identify as genderqueer* (Doctoral dissertation). Retrieved from UMI Microform. (3287747).
- Loiacano, D. K. (1989). Gay identity issues among Black Americans: Racism, homophobia, and the need for validation. *Journal of Counseling and Development, 68*, 21-25.
- Lowe, S. M., & Mascher, J. (2001). The role of sexual orientation in multicultural counseling: Integrating bodies of knowledge. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 755-778). Thousand Oaks, CA: Sage.
- Martin, C. L., Ruble, D. N., & Szkrybalo, J. (2002). Cognitive theories of early gender development. *Psychological Bulletin, 128*, 903-933.
- Masten, A., Best, K., & Garnezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425-444.
- Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology, 19*(3), 921-930.
- Maxwell, J. A. (1996). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: Sage.
- Meyer, I. H. (2001). Why lesbian, gay, bisexual, and transgender public health? *American Journal of Public Health, 91*, 856-859.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.

- Meyer, I. H., & Ouellette, S. C. (2009). Unity and purpose at the intersections of racial/ethnic and sexual identities. In P. L. Hammack & B. J. Cohler (Eds.), *The story of sexual identity: Narrative perspectives on the gay and lesbian life course* (pp. 79-106). New York: Oxford University Press.
- McCall, L. (2005). The complexity of intersectionality. *Signs, 30*, 1771–1800.
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications. *The Counseling Psychologist, 24*, 508–534.
- Mohr, J. J., & Fassinger, R.E. (2000). Measuring dimensions of lesbian and gay male experience. *Journal of Measurement and Evaluation in Counseling, 33*, 66-90.
- Money, J. (1999). *Principles of developmental sexology*. New York: Coninium.
- Moradi, B., Wiseman, M., DeBlaere, C., Goodman, M., Sarkees, A., Brewster, M., & Huang, Y. (2010). LGB of color and White individual's perceptions of heterosexist stigma, internalized homophobia, and outness: Comparisons of levels and links. *The Counseling Psychologist, 38*(3), 397-424.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*, 250-260.
- Narvez, R.F., Meyer, I.H., Kertzner, R.M., Ouellette, S.C., & Gordon, A.R. (2009). A qualitative approach to the intersection of sexual, ethnic, and gender identities. *Identity, 9*(1), 63-86.
- Nemoto, T., Luke, D., Mamo, L., Ching, A., & Patria, J. (1999). HIV risk behaviours among male-to-female transgenders in comparison with homosexual or bisexual males and heterosexual females. *AIDS Care, 11*(3), 297-312.

- Nemoto, T., Operario, D., Keatley, J., Han, L., & Soma, T. (2004). HIV risk behaviors among male-to-female transgender persons of color in San Francisco, *American Journal of Public Health, 94*(7), 1193-1199.
- O'Dougherty-Wright, M., Masten, A. S., Northwood, A., & Hubbard, J. J. (1997). Long-term effects of massive trauma: Developmental and psychobiological perspectives. In D. Cicchetti & S. L. Toth (Eds.), *Rochester Symposium on Developmental Psychopathology: Vol. 8 Developmental perspectives on trauma* (pp. 181-225). Rochester, NY: University of Rochester Press.
- Peifer, K., Hu, T., & Vega, W. (2000). Help seeking by persons of Mexican origin with functional impairments. *Psychiatric Services 51*, 1293-1298.
- Phillips, J. C., Ingram, K. M., Smith, N. G., & Mindes, E. J. (2003). Methodological and content review of lesbian-, gay-, and bisexual-related articles in counseling journals: 1990-1999. *The Counseling Psychologist, 31*, 25-62.
- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*, 499–514.
- Phinney, J. S. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with diverse groups. *Journal of Adolescent Research, 7*, 156–176.
- Prince, V. C., & Bentler, P. M., (1972). Survey of 504 cases of transvestism. *Psychological Report, 31*, 903-917.
- Prosser, J. (1998). *Second skins: The body narratives of transexuality*. New York: Columbia University Press.
- Rachlin, K. (2002). Transgender Individuals' Experiences of Psychotherapy. *The International Journal of Transgenderism, 6*(1), 215-226.

- Robinson, T. L. (1999). The intersections of dominant discourses across race, gender, and other identities. *Journal of Counseling and Development, 77*, 73-79.
- Rogler, L. H. & Cortes, D. E. (1993). Help-seeking pathways: A unifying concept in mental health care. *American Journal of Psychiatry, 150*, (554-561).
- Russell, J. (1972). *Witchcraft in the middle ages*. Ithaca, NY: Cornell University.
- Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology, 67*, 859-866.
- Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *American Journal of Public Health, 99*(4), 713-19.
- Sanchez, F. J., & Vilain, E. (2009). Collective self-esteem as a coping resource for male-to female transsexuals. *Journal of Counseling Psychology, 56*(1), 202-209.
- Sender, K. (2004). *Business, not politics: The making of the gay market*. New York: Columbia University Press.
- Singh, A. A., & McKleroy, S. V. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology, 17*(2), 34-44.
- Singh, A. A., Hays, D. G., & Watson, L. (2011). The resilience experiences of transgender individuals. *Journal of Counseling and Development, 89*, 20-27.
- Smith, G. (2007). *Remembering our dead*. Retrieved from the website remembering our dead: <http://www.gender.org/remember/index.html>

- Soto, T. A. (1997). Ethnic minority gay, lesbian, and bisexual publications: A 10-year review. *Division 44 Newsletter*, 13, 13-14.
- Stewart, A. J., & McDermott, C. (2004). Gender in psychology. *Annual Review of Psychology*, 55, 519–544.
- Stokes, J. P., & Peterson, J. L. (1998). Homophobia, self-esteem, and risk for HIV among African American men who have sex with men. *AIDS Education and Prevention*, 10, 278-292.
- Tafoya, T., & Wirth, D. A. (1996). Native American two-spirit men. In J. F. Longres (Ed.) *Men of color: A context for service to homosexuality active men* (pp. 51-67). New York: Harrington Park Press.
- Takagi, D., (1996). Maiden voyage: Excursion into sexuality and identity politics in Asian America. In R. Leong (Ed.). *Asian American sexualities: Dimensions of the gay and lesbian experience* (pp. 21-36). New York: Rutledge.
- Teague, A. (2007, March). HIV: Now a manageable chronic disease. *Pharmacy Times*, pp. 37-38. Retrieved June 10, 2008, from http://www.pharmacytimes.com/issues/articles/2007-03_4436.asp.
- The Task Force (2007). Fact Sheet: Lesbian, gay, bisexual, and transgender youth: an epidemic of homelessness. Retrieved from http://www.thetaskforce.org/reports_and_research/homeless_youth
- The Task Force (2011) Injustice at every turn: A report of the national transgender discrimination survey. Retrieved from http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf

- The Task Force (2012). Reports & Research: Hate crimes laws map. Retrieved from http://www.thetaskforce.org/reports_and_research/hate_crimes_laws
- Van Kesteren, P., Gooren, L., & Meegans, J (1996). An epidemiological and demographic study of transsexuals in the Netherlands. *Archives of Sexual Behavior, 25*, 589-600.
- Walworth, J. (1997). Sex reassignment surgery in male-to-female transsexuals: Client satisfaction in relation to selection criteria. In B. Bullough, V.L. Bullough, & J. Elias (Eds), *Gender blender* (pp. 325-373). Amherst, NY: Prometheus Books.
- Walworth, J., (2003). *Transsexual workers: an employer's guide*. Bellingham, Washington: Center for Gender Sanity.
- Witten, T. M. (2002). Transgender Aging: An emerging population and an emerging need. *Sexologies, 72*(44), 15-19.
- Werner, E. (1990). Protective factors and individual resilience. In S. Meisels & J. Shonkoff (Eds.), *Handbook of Early Childhood Intervention* (pp 10-23). New York: Cambridge University Press.
- Werner, E., & Smith, R. (1988). *Vulnerable but Invincible: A longitudinal study of resilient children and youth*. New York: Adams, Bannister and Cox.
- Werner, E., & Smith, R., (1990). *Overcoming the odds: High risk children from birth to Adulthood*. New York: Cornell University Press.
- Williams, D. R., & Earl, T. R. (2007). Commentary: Race and mental health—More questions than answers. *International Journal of Epidemiology, 36*(4), 758-760.

- Williams, N. E. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research, 19*(4), 576-582.
- Xaiver, J. M. (2000). *The Washington transgender needs assessment survey*. Retrieved from: <http://www.glaa.org/archive/2000/tgneedsassessment1112.shtml>

Appendix A
Demographic Questionnaire

To be completed by interviewer:

ID# _____

Interview Date: _____

Interviewer's Name: _____

Interview Location: _____

To be completed by participant:

Please only answer the questions that you are comfortable with

1. Race/Ethnicity: _____

2. Age: _____

3. Gender Identity: _____

Appendix B

Qualitative Interview Questions

A. Intersections of Identity Questions:

1. Tell me about yourself; who are you?
2. What does being a person of color mean to you?
3. What does being transgender mean to you?
4. Have you experienced racism in your life? If so...How did/do you cope with that?
5. Have you experienced discrimination for being a transgender person? If so...How did/do you cope with that?
6. How have your experiences with racism and transphobia been similar? How are they different?
7. What are some of your personal strengths?

B. Resiliency-Community Questions:

8. When you think of your experiences in Milwaukee, what places or groups of people do you feel connected to?
9. Do you ever go to any LGBT community centers or utilize LGBT programs or services?
 - a. If so, which ones and how often?
 - b. If not, why not?
 - c. Are there any barriers to accessing these services?
10. Are there other places that you and your friends go to talk about transgender issues?

C. Resiliency-Social Support & Help-Seeking Questions:

11. Is religion or spirituality important to you?
 - a. If so, what role does this serve in your life?
12. What does family mean to you?
 - a. Who makes up your family?
13. When times are tough, who do you go to for support?
 - a. Are there any other support people in your life?
14. Do you feel supported in your life right now?
 - a. What areas in your life do you feel supported in?
 - b. What areas in your life would you like more support in?
15. Are you currently in an intimate relationship?
 - a. Is your partner a source of support for you?
 - b. How do you identify your sexual orientation?
16. Have you ever used counseling or other mental health services?
 - a. If yes, what were your experiences like?
 - b. If not, why not?
 - c. If you needed mental health services would you go? If not, why not?

D. Risk Questions:

17. What are some of the biggest obstacles you have faced in your life?
 18. How have you overcome these obstacles?
 19. What are some of the obstacles you are facing now?
 20. Are you currently employed?
-

- a. What have been your experiences in seeking employment?
 - b. What are your experiences like on the job?
21. Do you have any type of health insurance?
- a. If yes, do you know how to use your health insurance?
 - b. Do you go to the doctor?
 - c. What have your experiences been like accessing health care?
-

E. Closing Question:

22. Is there anything else that I did not ask today that you would like to tell me?

Appendix C: Flyer

IRB Approval: 8/23/2011 IRB#: 12.045

Seeking Research Participants

Do you identify as transgender?

Do you identify as a person of color?

Are you 18 years or older?

Please consider participating in a confidential one hour interview to share your story. All participants will receive \$25.00 cash for participation.

For more information contact:

Maureen (Mo) White

mgwhite@uwm.edu

414-241-8282

Study Title: Resiliency Factors Among Transgender People of Color
University of Wisconsin - Milwaukee

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Mo: 414-241-8282
mgwhite@uwm.edu

Appendix D
Consent Form

**University of Wisconsin – Milwaukee
Consent to Participate in Research**

Study Title: Resiliency Factors among Transgender People of Color.

Person Responsible for Research: Shannon Chavez-Korell, Ph.D. and Maureen White, M.S.

Study Description: The purpose of this research study is to investigate the strengths and coping styles of transgender people of color and identify resources and strengths within the community. Approximately 15 subjects will participate in this study. If you agree to participate, you will be asked to participate in a one-on-one interview where you will be asked a series of questions by Maureen White, a Counseling Psychology doctoral student at UW-Milwaukee and the student principal investigator on this study. This interview will be recorded on audio tape. This will take approximately 60-90 minutes of your time.

Risks / Benefits: Risks that you may experience from participating are considered minimal. There are no costs for participating. Benefits of participating include a payment of \$25.00 cash immediately upon completion of the entire interview. In addition, your participation will help us learn valuable information about the strengths and coping styles of transgender people of color.

Confidentiality: Your information collected for this study is completely confidential and no individual participant will ever be identified. Data from this study will be saved on a secure password protected computer and in a locked file cabinet for a total of one year. Only the lead investigators, Dr. Chavez-Korell and Maureen White, will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Voluntary Participation: Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee. There are no known alternatives to participating in this research study other than not taking part.

Who do I contact for questions about the study: For more information about the study or study procedures, contact Maureen White at mgWhite@uwm.edu.

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

Research Subject's Consent to Participate in Research:

To voluntarily agree to take part in this study, you must be 18 years of age or older. By verbally agreeing and participating in the interview, you are giving your consent to voluntarily participate in this research project.

CURRICULUM VITAE

Maureen G. White

EDUCATION

- *Educational Psychology: Counseling Psychology Doctoral Candidate*
University of Wisconsin Milwaukee, Milwaukee, Wisconsin

Dissertation Title: "Resiliency Factors among Transgender People of Color."

- *Master of Science: Educational Psychology: Community Counseling, May 2007*
University of Wisconsin- Milwaukee, Milwaukee, Wisconsin
- *Bachelor of Science: Psychology, May 2002*
Carroll University, Waukesha, Wisconsin

TEACHING EXPERIENCE

UWM Police Department -Milwaukee, Wisconsin 1/3/13-1/15/13
In-service Instructor

- Conducted in-services on mental health and suicide assessment for UWM Police Officers.

University of Wisconsin-Milwaukee-Milwaukee, Wisconsin 9/10-5/11
Practicum Instructor

- Supervised two sections of practicum students in the Community Counseling M.S. Program.
- Trained practicum students on topics including: multicultural counseling, evidence based treatment models, counseling ethics, and advanced active listening skills.
- Facilitated students' exploration of counseling theoretical orientations.
- Assessed students' counseling skills through in-class case conceptualizations, taped counseling sessions, and individual supervision meetings.

UWM School of Continuing Education- Milwaukee, Wisconsin 3/07-5/11
Youth Work Professional Development Certificate Program Instructor

- Facilitated three sections of an eleven week certificate program course for employees of youth serving agencies throughout Milwaukee in the areas of child development, interpersonal skills, boundaries and ethics, and professional development.
- Conducted trainings for residential treatment facilities on a variety of issues including: recognizing danger signs of child abuse, creating trusting

relationships, how to make successful treatment plans, attachment issues, and creating a healthy work environment.

Gateway Technical College -Kenosha, Wisconsin 9/10-4/11
Law Enforcement Academy

In-service Instructor

- Conducted in-services on stress management for Kenosha County Police Officers and Kenosha County Sheriff Deputies.

RESEARCH EXPERIENCE

University of Wisconsin-Milwaukee-Milwaukee, Wisconsin 6/11-present
Dissertation research team leader

- Led research team on a qualitative study researching resiliency factors among transgender people of color.
- Trained research team members on the Consensual Qualitative Research method.

University of Wisconsin-Milwaukee-Milwaukee, Wisconsin 11/08-5/11
Member of research team for Dr. Shannon Chavez-Korell

- Recruited participants for research on health disparities in marginalized and underrepresented groups.
- Researched literature on the following communities: Native American, Latino, and Transgender.
- Presented research at national conferences; assisting with manuscripts.

University of Wisconsin- Milwaukee- Milwaukee, Wisconsin 2/02-5/10
Member of research team for Dr. Stephen Wester

- Recruit participants for studies on Male Gender Roles.
- Assist in analyzing data and assisting with manuscripts.

PRESENTATIONS

Liu, J., Chien, L., Chavez-Korell, S., Calvillo, J., & **White, M.** (2009, August). *Predicting Latino stress: Acculturation, help-seeking attitudes, and locus of control*. Poster presented at the 117th annual conference for the American Psychological Association, Toronto, Ontario, Canada.

Davis-Stribling, A. R., Chavez-Korell, S., Ramstack, D. S., Komodoros, S., Palreddy, S., **White, M.**, Chien, L., & Liu, J. (2008, August). *Using culturally competent research and community partnerships to promote social justice and empower Native communities*. Poster presented at the 20th annual Native Health Research Conference, Portland, OR.

Chavez-Korell, S., & **White, M.** (2008, November). *Affirmative counseling with transgender clients*. One hour workshop presented at The Wisconsin Counseling Association Fall Summit.

Chavez-Korell, S., Davis-Stribling, A., & **White, M.** (2008, November). *Empowering Latino communities and promoting social justice through culturally competent research and community partnerships*. Symposium presented at the third biennial meeting of The National Latino Psychological Association.

Chavez-Korell, S., Calvillo, J., Palreddy, S., **White, M.**, Davis-Stribling, A., Liu, J., Ramstack, D., Komondoros, S., Chien, L.L., & Engelking, R. (2008, November). *Examining the relationships between Latino ethnic identity, cultural health beliefs and practices, and general health outcomes for Latino adults*. Poster presented at Symposium presented at the third biennial meeting of The National Latino Psychological Association, Costa Mesa, CA.

PUBLICATIONS

Wester, S.R., McDonough, T.A., **White, M.**, Vogel, D.L., & Taylor, L., (2010). The use of gender role conflict theory in counseling Male-to-Female transgendered individuals. *Journal of Counseling and Development*.

COUNSELING EXPERIENCE

Guidestone-Berea, Ohio 9/11-9/12

Pre-Doctoral Internship (APA Accredited)

- Conducted In-home therapy to children, adolescents, and adults.
- Conducted outpatient therapy to children, adolescents, and adults.
- Administered a wide variety of psychological assessments to children and adolescents.
- Generated integrative reports to assist in treatment planning.

Kenosha County Detentions Center-Kenosha, Wisconsin 9/08-8/11

Doctoral Practicum Student (9/08-5/09)

Employed Mental Health Clinician (5/09-8/11)

- Developed and facilitated Dialectical Behavioral Therapy group for adult female inmates.
- Conducted individual counseling to adult male and female inmates from diverse cultural backgrounds.
- Developed and facilitated in-service training on stress management for correctional officers.
- Conducted suicide assessments on both male and female inmates.

Southern Oaks Girl School -Union Grove, Wisconsin 9/09-5/11

(Wisconsin Department of Corrections/Juvenile Corrections)

Doctoral Practicum Student

- Conducted individual and family counseling with adjudicated female adolescents from diverse cultural backgrounds.

- Co-facilitated a weekly therapy group focused on trauma, substance abuse, and self-harm prevention.
- Administered a wide variety of psychological assessments.
- Generated integrative reports to assist in treatment planning.
- Attended Juvenile Offender Review Meetings to assist in identifying reintegration needs and services.

Sheboygan County Detentions Center-Sheboygan, Wisconsin 5/09-9/09
Mental Health Clinician

- Temporary employed while regular mental health clinician was on sick leave.
- Conducted individual and group counseling to adult male and female inmates from diverse backgrounds.
- Conducted suicide assessments on both male and female inmates.

Lutheran Social Services- Milwaukee, Wisconsin 11/07 -5/08
Doctoral Practicum Student

- Facilitated AODA counseling groups using psycho- educational and cognitive behavioral techniques.
- Conducted individual counseling to diverse populations such as: individuals in the correctional system, single parents, trauma victims, Vietnam veterans, and survivors of domestic violence.
- Completed intake and assessments.

Pathfinders Youth Shelter- Milwaukee, Wisconsin 9/06-5/07
Master Practicum Student

- Facilitated counseling groups on topics such as anger management, feeling recognition and processing, social skills training, and independent living skills.
- Conducted individual counseling to diverse runaway and homeless youth.
- Led family counseling and assisted in the reunification process.
- Compiled intake and needs assessment to refer individuals to appropriate community referrals.
- Worked as a team member with county social service departments, schools, counselors and courts.

Project Q- Milwaukee, Wisconsin 3/04-8/07
Youth Development Coordinator

- Provided HIV prevention case management including: facilitating educational workshops, promoting safe sex practices, and continuous behavior risk reduction counseling.
- Coordinated Peer Counselor Educator program including organizing monthly trainings on topics such as: active listening skills, making appropriate referrals, how to teach peers about safe sex, crisis management

skills, speaking to peers about the dangers of using drugs and alcohol, and how to facilitate groups.

- Led anger management support groups.
- Developed and coordinated annual Young Women's Empowerment Conferences. Over 75 participated in educational and social activities aimed at empowerment and making positive choices.
- Provided counseling services to LGBT youth and their families.
- Facilitated LGBT sensitivity trainings throughout the state of Wisconsin to groups including: secondary and post-secondary students, foster parents, and numerous non-profit organizations.
- Member of the Alliance for LGBT Youth in Foster Care through The Children's Service Society of Wisconsin.

Mental Health Association- Waukesha, Wisconsin 8/02-3/04
Associate Coordinator for 211/First Call For Help Crisis Line

- Trained and managed telephone counselors in areas of information, referral and active listening skills.
- Provided telephone counseling to Waukesha County residents on a variety of topics such as: domestic violence, suicide screening, substance abuse, and crisis management.
- Coordinated summer music festival "Local Teens Jammin,'" a summer program that provided youth a positive outlet for recreation in a safe environment.
- Developed and implemented youth run website "Waukesha Teens On-Line" which provides adolescents access to resources and information on locating assistance with various concerns such as homelessness, job placement, counseling services, and AODA treatment.

Jeremy House Adult Shelter- Waukesha, Wisconsin 1/02-5/02
Student Intern

- Facilitated evening recreational groups to adults with developmental disabilities and mental health concerns.

COUNSELING RELATED EXPERIENCE

University of Wisconsin Milwaukee- Milwaukee, Wisconsin 9/07-5/10
Student Practicum Coordinator

- Coordinated student practicum placements.
- Maintained liability paperwork for the Department of Educational Psychology.
- Recruited new practicum placements.
- Organized information sessions about the practicum experience for Master and Doctoral level students.
- Organized day long information sessions on licensure procedures.

Easter Seals Summer Respite Camp-Waukesha, Wisconsin 5/08-8/08
Summer Camp Coordinator

- Trained and supervised summer camp counselors.
- Developed recreation programming for youth ages 6-19 with cognitive and physical disabilities.

Waukesha Women's Center- Waukesha, Wisconsin 9/98-5/99
Volunteer

- Assisted with childcare for victims of domestic violence.

HONORS/MEMBERSHIPS

- 2010 Search and Screen Committee Member for the Dean of the University of Wisconsin-Milwaukee's School of Education.
- 2009-2010 UWM Counseling Psychology Student Association-Treasurer.
- 2007 Nominee for the Most Dedicated Youth Care Worker through Wisconsin Association of Child and Youth Care Professionals.
- 2006-2008 Member of the Alliance for LGBT Youth in Foster Care.
- 2005-2007 Member of the Younger Women's Task Force.
- 2005 Best Program of The Year Award for Young Women's Empowerment Conference through Diverse and Resilient.