

August 2019

Trans in Higher Ed: Understanding the Experiences of Transgender and Nonbinary College Students

Katherine Cochran
University of Wisconsin-Milwaukee

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



Part of the [Higher Education and Teaching Commons](#), [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#), and the [Psychiatric and Mental Health Commons](#)

Recommended Citation

Cochran, Katherine, "Trans in Higher Ed: Understanding the Experiences of Transgender and Nonbinary College Students" (2019). *Theses and Dissertations*. 2168.

<https://dc.uwm.edu/etd/2168>

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.

TRANS IN HIGHER ED: UNDERSTANDING THE EXPERIENCES OF TRANSGENDER
AND NONBINARY COLLEGE STUDENTS

by

Katherine M. Cochran

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

August 2019

ABSTRACT

TRANS IN HIGHER ED: UNDERSTANDING THE EXPERIENCES OF TRANSGENDER AND NONBINARY COLLEGE STUDENTS

by

Katherine Cochran

The University of Wisconsin-Milwaukee, 2019
Under the Supervision of Professor Nadya Fouad

This qualitative study sought to further explore the lived experiences of trans and nonbinary college students, in attempts to address the empirical gap contributed to by conflation of sexual and gender minorities' experiences in research. The focus is on the lived experiences of trans and nonbinary college students to explore identity development, their experiences on campus and with mental health services, the nature of help-seeking behaviors, and their recommendations for mental health professionals, allies, and college staff. Data were collected through semi-structured interviews addressing the following research questions: (1) What are the lived experiences of trans and nonbinary college students; (2) How do trans and nonbinary college students experience their process of gender identity development, and (3) What clinical supports do trans and nonbinary college students need? Data were analyzed using Interpretative Phenomenological Analysis (IPA), primarily because of the methodological strength of using the participants' own descriptions rather than imposing an existing theoretical framework (Smith, 1996). Due to the paucity of research on the lived experiences of trans and nonbinary college students, this analysis methodology helped to reveal some alignment with existing nascent literature describing gender identity development, as well as illuminating some new themes. Participants were four students aged 19-24 who self-identified as trans and nonbinary, were at state universities in the United States, and had been enrolled for at least two semesters. Findings revealed an over-arching and

persistent theme of the Impact of the Binary, in which all participants described challenges specifically related to forced (binary) choices impacting how identity is developed, explored, and expressed. This impact was woven through the other themes which emerged in response to research questions. Themes related to gender identity development (RQ1) were Nature of Identity Development, Bodies, and Language. Themes related to the experiences of trans and nonbinary students (RQ2) were Negative Experiences, Coping, Supports, and Recommendations. And finally, in response to RQ3, themes related to clinical supports revealed themes of Facilitative Experiences with Providers, Negative Experiences with Providers, Barriers to Seeking Services, Nature of Services, and Recommendations. Themes are explored and expanded with sub themes, with quotes from participants to illuminate the meanings. This study situates the findings in the broader body of research and demonstrates important aspects of the trans and nonbinary experience for educating clinicians and higher education officials to better support trans and nonbinary students. Recommendations are provided first in two categories, Talk About It and Show Me, followed by recommendations geared specifically for mental health clinicians, and finally for college campus officials.

Dedicated to the all the queer folx living their truth, especially the four who lent their stories for this research.

TABLE OF CONTENTS

LIST OF FIGURES	ix
LIST OF TABLES	x
ACKNOWLEDGEMENTS	xi
CHAPTER 1: INTRODUCTION	1
A Note on Language	3
Glossary of Terms	3
CHAPTER 2: LITERATURE REVIEW	6
History and Climate	6
Trans and Nonbinary Identity Development	9
Lewins (1995)	10
Gagné, Tewksbury, and McGaughey (1997)	12
Devor (2004)	13
Lev (2004)	15
Bockting and Coleman (2007)	16
Pollock and Eyre (2012)	18
Trans and Nonbinary in Higher Education	19
Trans and Nonbinary Experience	20
Risk Factors	21
Intervention and Policy Recommendations	22
Trans and Nonbinary Individuals and Therapy	23
Increased Risk	23
Mental Health Service Guidelines	24

Guidelines for Psychological Practice with TGNC People (2015)	25
Trans and Nonbinary Experiences in Therapy	27
Present Study Aims	28
Theoretical Framework	30
Qualitative Research	30
CHAPTER 3: METHOD	32
Participants	34
Recruitment Procedures	35
Data Collection.....	36
Interviews	36
Data Transcription	37
Data Coding and Analysis	38
Research Team	38
IPA Coding	40
Steps 1 & 2	40
Steps 3, 4, & 5	41
Step 6	42
Validity and Trustworthiness	43
CHAPTER 4: RESULTS	44
Demographic Information	44
Impact of the Binary	45
RQ1: Identity Development	49
Nature of Identity Development	49

When	49
How	50
What	51
Facilitators	52
Bodies	54
Language	54
RQ2: Experiences.....	55
Negative experiences	55
On-campus Limitations	55
Harassment and Microaggressions	57
Coping	59
Accommodating	59
Seeking Safety	59
Resourcing	60
Exhibiting Resilience	60
Supports	61
On-campus Organizational and Policy Supports	61
Behavioral Supports	63
Recommendations	66
RQ3: Experiences with Help Seeking	68
Facilitative Experiences with Providers	69
Negative Experiences with Providers	71
Barriers to Seeking Services	73

Fear as Barrier	75
Nature of Services	78
Recommendations	79
Conclusion	82
CHAPTER 5: DISCUSSION	84
Impact of the Binary	87
RQ 1: Trans and Nonbinary Identity Development	88
RQ2: Trans and Nonbinary College Student Lived Experiences.....	93
RQ3: Trans and Nonbinary Clinical Needs	95
Recommendations	98
Talk About It	99
Show Me	99
Mental Health Clinicians.....	100
Campuses	103
Strengths and Limitations	105
Future Directions	107
REFERENCES	109
APPENDIX A: Demographic Questionnaire	121
APPENDIX B: Semi-Structured Interview Guide	122
APPENDIX C: Recruitment Flyer	124
APPENDIX D: Informed Consent	125
APPENDIX E: Trans and Nonbinary Resource Guide	127
CURRICULUM VITAE	129

LIST OF FIGURES

Figure 1: Thematic Codes	85
--------------------------------	----

LIST OF TABLES

Table 1. APA’s Guidelines for Psychological Practice with TGNC People	25
Table 2: Demographic Data	44

ACKNOWLEDGEMENTS

First and foremost I would like to thank my advisor, Dr Nadya Fouad, for all of her support and guidance. Thank you for being there on interview day, for believing in me, and thank you for all of your incredible, invaluable support throughout this journey to get me here today. Thank you to my committee members: Dr. Autin, Dr. Swaminathan, and Dr. Weinhardt. I would also like to thank all of those who helped with participant recruitment, and who do meaningful work with the trans and nonbinary community. This dissertation would not be possible without the overwhelming support of my family and friends. Thank you to everyone who boosted me up and, mostly, just believed in me. I would like to thank my partner, who keeps me going. I also want to thank my amazing research team, Sam and Nick, and auditor, Dr A, without whom this work could not have been done, nor would it have been half as enjoyable as it was. Digging through data and the ensuing conversations with y'all were some of the most motivating and insightful times of my graduate career. And lastly, and most importantly, I want to thank my four amazing participants. Thank you for trusting me with your stories. It was an honor and inspiration to be a witness to your journey.

CHAPTER 1

INTRODUCTION

Gender, historically thought to be a binary concept tied to one's sex, is becoming a more fluid and less binary concept than ever before. Not only can a person identify as male or female, but gender can come in many forms with various labels, including transgender, trans, genderqueer, nonbinary, gender fluid, and many others. When biological sex aligns with gender identity, this is called cisgender. When biological sex does not align with gender identity, although individuals choose various labels (i.e. transman, transwoman, man, woman, genderqueer), this identity is often called trans or nonbinary. Most transgender individuals who have been questioned, report that they were aware of their gender identity at a young age (Lev, 2004; Nicolazzo, 2017). This does not, however, mean that the process of identifying and internalizing this identity is a quick and easy process. In fact, the process of developing one's identity can be a lifelong process, with various changes throughout (Sue & Sue, 2012).

While the field of psychology has done work in various areas of identity development in order to better understand the development and lives of diverse individuals, little research has been done on transgender identity development. In fact, although there have been six or more models proposed within the past two decades, none of these models have been empirically tested. And while models of identity development can be seen as reductive, they provide important insight into the experiences of diverse individuals (Sue & Sue, 2012).

A recent study estimates there are currently 1.4 million individuals in the United States that identify as transgender, and, whether this is due to more accurate reporting or a growing population, those numbers are growing every day (Flores, Herman, Gates, & Brown, 2016). However, the current sociopolitical climate is one where basic rights such as bathroom access are

in litigation in states across the country (S. B. 6, 2017; Public Facilities Privacy & Security Act, 2016). In a 2015 survey of 27,715 trans and nonbinary individuals, 9% reported being denied bathroom access, 12% reported being harassed when accessing a public restroom, and 59% reported avoiding using a bathroom altogether for fear of confrontation or harassment (James et al., 2016). Additionally, the process of identity development, despite the sociopolitical climate, is one that is often marked with anxiety, confusion, and mental anguish (Bockting & Coleman, 2007; Lev, 2004).

On college campuses, transgender college students are protected by Title IX and various state laws, yet often find themselves fighting to have access to facilities and services that they wish, such as open access to locker rooms consistent with their gender identity, and many report feeling marginalized and discriminated against (Pryor, 2015). The research suggests that supports for trans and nonbinary students on college campuses are lacking, including supportive policies to avoid the harassment listed above, and mental health services and supports for trans and nonbinary students (Renn, 2010). For a college population reporting experiencing sexual assault at a rate of 25%, (Cantor et al., 2015), increased instances of mental illness (Oswalt & Lederer, 2017), and a rate of suicide attempts that is nine times the national average (James, et al., 2016), one can see the importance of providing supports and resources to this population. However, the nature of the supports needed is unclear, since little is understood about the lived experiences of this population during their college years. Additionally, as with all diverse populations, it is important that mental health clinicians be aware of the needs of the population, as well as competent ways to serve and provide support (Sue and Sue, 2012). One way to enhance the support services for these students would be to first gain a more in-depth understanding of their needs by examining their lived experiences more thoroughly, and then to

use those findings to shape clinical and other services for their support. To properly support trans and nonbinary college students, we must first understand their lived experiences, and draw from this research to shape clinical services for support. This study seeks to answer the research questions, (1) What are the lived experiences of trans and nonbinary college students; (2) How do trans and nonbinary college students experience their process of gender identity development; and (3) What clinical supports do trans and nonbinary college students need?

A Note on Language

Although transgender is provided as an all-inclusive term, some individuals who do not identify as cisgender eschew the transgender label, citing it as continuing to perpetuate a gender binary, and question of their genderqueer identities are included within the term “transgender” (Nicolazzo, 2017). Therefore, for the purposes of inclusion, the terms trans and nonbinary will often be used as umbrella terms throughout this dissertation. By using the terms trans and nonbinary, we are being intentionally inclusive of all gender identities that may fall outside the gender binary of male/female and may fall instead within a genderqueer realm. This document will also avoid the use of he/she or specific gendered pronouns to encourage an inclusive view of gender. Gendered pronouns will only be used when identified by the subject being referenced. Additionally, a glossary of terms is provided below.

Glossary of Terms

Cisgender or cis- A gender identity in which a person’s gender aligns with their biological sex.

Folx- A term analogous to “individuals” or “folks.” The term is used within queer communities with an “x” to denote inclusivity.

Gender- The social construct used to classify a person as a man, woman, both, or neither.

Gender encompasses all relational aspects of social identity, psychological identity, and human behavior.

Gender Identity and Expression- Gender identity is an individual's internal, personal sense of their own gender, which is communicated to others by their gender expression, appearance, identity or behavior, regardless of the individual's birth assigned sex.

Genderqueer/Gender-Variant/Gender Fluid/Gender Non-Conforming- Gender identity labels for individuals who identify with gender that does not align with binary gender categories of male or female. Genderqueer individuals often do not identify as male, female, or transgender. These are examples and not an exhaustive list.

Nonbinary- A gender identity, much like genderqueer, for individuals who identify with gender that does not align with binary gender categories of male or female. Nonbinary is often used as an umbrella term for genderqueer/nonbinary gender identities.

Sex- The physical anatomy and underlying chromosomal and hormonal biology, including reproductive organs. Typically categorized as male, female, or intersex.

Sexual Orientation- A person's sexual identity in relation to the gender to which they are attracted. Examples include heterosexual, homosexual, bisexual, queer, pansexual, and asexual.

Transgender- A gender identity in which a person's gender does not align with their birth-assigned sex.

Trans- A shortening of the term "transgender" often used as an umbrella term or when paired with other gender terminology (ie 'trans and nonbinary').

TGNC- An acronym for transgender and gender non-conforming. Used as an inclusive umbrella term to identify transgender, gender non-conforming, and genderqueer individuals.

Transition- Altering one's birth-assigned sex is a complex progression that occurs over a long period of time. Transition includes some or all of the following; making personal, legal and medical adjustments; telling one's family, friends and/or co-workers; changing one's name and/or sex on legal documents; undergoing hormone therapy; and possibly (though not always) undergoing one or more forms of surgery.

Transsexual- A person who establishes a permanent identity with the opposite gender from the birth-assigned sex. Some, but not all, transsexual people undergo medical treatments to change their physical sex so that it is in line with their gender expression. Not all transgender persons identify as transsexual. Additionally, transsexual is seen by some as an outdated term (Nicolazzo, 2017).

CHAPTER 2

LITERATURE REVIEW

This chapter will begin with an introduction into the history and climate for transgender and nonbinary individuals, and then include a review of the major areas of research that have informed the proposed research. The three broad areas of literature that will be reviewed are transgender identity development models, followed by research on the experiences of trans and nonbinary students on college campuses, and finally, an overview of issues of trans and nonbinary individuals receiving mental health services. This will be followed by the theoretical grounding and outline of the proposed research design.

History and Climate

Although the term “transgender” was coined in 1971, references to some form of transgender identity can be found in the literature dating far back before even the coining of the term “transvestite” in 1920, showing evidence that trans and nonbinary people have likely always been a part of our societies (Feinberg, 1996). The American Psychological Association (2015) defines transgender individuals as, “people ...who have a gender identity that is not fully aligned with their sex assigned at birth” (p. 1). Included in this are individuals who identify as trans, gender non-conforming, genderqueer, gender fluid, or any form of gender variant. The umbrella term trans and nonbinary is used to denote inclusion of all identities under a gender non-conforming umbrella, including transgender, gender fluid, male-to-female, female-to-male, genderqueer, etc. However, when appropriate, sub-categorical language (FTM, transsexual, etc.) is used to preserve the original author’s language and not assume inclusion.

Trans identity was viewed as a mental health disorder as early as 1980 with the inclusion of transsexualism in the DSM-III-R (DSM-III-R; American Psychiatric Association, 1980). This

diagnosis included criteria of having at least a two-year interest in altering one's body to make it congruent with gender identity. In addition to transsexualism, the DSM-III-R included a diagnosis of Gender Identity Disorder, which is still used today, but known as Gender Dysphoria (DSM 5; American Psychiatric Association, 2013). While the diagnosis of Gender Dysphoria has shifted in attempts to pathologize not the identity but the discomfort experienced, the very identity of being trans is still diagnosable (APA, 2013). Clinicians must first diagnose an individual with Gender Dysphoria before proceeding with sexual reassignment surgery, and some doctors still require a diagnosis for hormone replacement (Whittle et al, 2015). Although not all trans and nonbinary individuals seek hormonal or surgical options, this requirement can pathologize gender identifications other than cisgender and disallow for a healthy view of trans identity (Winters, 2017). It can also serve to assign a label of "other" to individuals who may have already suffered psychological difficulties and many of whom have experienced trauma in association with their gender identity (Lev, 2007).

Due to a multitude of factors, data on the number of trans and nonbinary individuals are difficult to find. Many surveys use restrictive gender binary categories (only male or female options) on demographic forms, precluding the option of identifying as trans and nonbinary, and conflating actual identity statistics because of limits to identity label choices (Lev, 2007). Some individuals who identify as trans and nonbinary may only disclose this identity in safe spaces; demographic surveys may or may not be or be considered safe. Additionally, because of acts of violence and other discriminatory actions toward trans and nonbinary individuals, reliable demographic information is difficult to ascertain (GPAC, 1996; Xavier, 2000). Research cited by literature in the field of psychology estimates that 0.3-0.5% of adults aged 18-64 identify as trans and nonbinary (Conron, 2011; Van Kesteren, Gooren, & Meegans, 1996). This translates

to approximately 1.4 million individuals in the United States alone who identify as trans and nonbinary, with additional research indicating that those numbers are increasing with more sensitivity to accommodating the aforementioned limitations (Flores, Herman, Gates, & Brown, 2016). Although the population is growing and becoming more visible, trans and nonbinary individuals continue to report finding their identity marginalized or disregarded altogether (Pryor, 2015). The current sociopolitical climate is one where basic rights such as bathroom access are in litigation in states across the country (S. B. 6, 2017; Public Facilities Privacy & Security Act, 2016) and existing protections for those rights may be threatened. Trans and nonbinary college students are protected by Title IX and various state laws, yet often find themselves fighting to have access to facilities and services, such as open access to locker rooms consistent with their gender identity, and many report feeling marginalized and facing discrimination (Pryor, 2015).

Despite sociopolitical difficulties and a growing population, trans and nonbinary individuals continue to be underrepresented in research specifically focused on their experiences and needs (Renn, 2010). Research that has been conducted addressing this population has largely focused on lumping trans and nonbinary individuals in with LGB populations (Marine & Nicolazzo, 2014; Moradi et al., 2016). This conflation fails to accurately capture the discrete constructs of sexual orientation (the gender to which one is attracted) and trans and nonbinary identity. While sexual minority populations and gender identity minority populations (trans and nonbinary) have some similarities, such as marginalization and discrimination, existing studies often add “T” but do not include a statistically significant sampling of trans and nonbinary individuals (Renn, 2010; Spade, 2008). Therefore, conflating these numbers leads to data that does not reliably represent the experiences of trans and nonbinary populations. Mental health

support needs of trans and nonbinary individuals are largely undocumented; although the unique experiences that trans and nonbinary individuals might face suggest that there may be value in better understanding the population to develop guidelines and responsive services.

Trans Identity Development

Identity development models help us to understand groups of people within a particular social context. Racial (e.g. Cross, 2001; Helms, 1990) and sexual identity development models (e.g. Cass, 1979; Downing & Rousch, 1985) emerged against a backdrop of social privilege and an awareness of group differences vis a vis group membership or identity assignment. Most identity models start with awareness or exposure to one's difference—often called “encounter”, then progress through stages of wrestling with, then a resolution of one's identity against the backdrop of current social context. Because of these models, we have been able to better understand the development, needs, and sometimes social advocacy efforts for those groups.

A review of the literature for terms “transgender identity” and “transgender identity development” results in a few models of trans and nonbinary identity development. For this review, models that were empirically derived, cited by multiple resources, or viewed by researchers as foundational in nature were included. After filtering for these components, there were six models that emerged (Bockting & Coleman, 2007; Devor, 2004; Gagné, Tewksbury, & McGaughey, 1997; Lev, 2004; Lewins, 1995; Pollock & Eyre, 2012). Each of these models is slightly different, but all are stage models with three to fourteen stages, and all identify that individuals can move between stages in any order or may stay in one stage for an extended period, or as a final stage for their individual development. Each of these models is summarized and critiqued below. As no model has emerged as a preferred foundation for a substantial portion of research within mental health fields in the literature on trans and nonbinary identity

development, the models are presented in chronological order. In addition to trans and nonbinary identity development models, research has been done across disciplines to explore the experiences of trans and nonbinary individuals regarding their identity development. While models were not empirically tested or proposed, this literature provides information into the experiences of trans and nonbinary individuals, and also reflects the new and growing body of scholarship aimed to better understand trans and nonbinary individuals and variances within the population. This literature review follows the trans and nonbinary identity development model literature development. It is important to review existing literature regarding trans and nonbinary identity development models, although no one model is regarded as singularly descriptive of current understanding of trans and nonbinary populations. Overall, the common critiques of the models are (1) the inherent weakness of stage models, in that they help us understand, but individuals rarely take a linear path “to” a gender identity; (2) dated models may not apply to current populations; (3) many models are based off smaller subsets of the trans and nonbinary population (i.e. FTM, those seeking SRS); and (4) there is little to no empirical validation of models, and most are not developed from research.

Lewins (1995).

The first model of trans and nonbinary identity development is found in the literature with Lewins’ (1995) model. Lewins focused this model on the experience of MTF transsexuals. This language reflects both the contemporary language of the time, as well as the fact that the individuals interviewed were associated with the Gender Dysphoria Clinic. Lewins proposed a six-stage model: (1) abiding anxiety, (2) discovery, (3) purging and delay, (4) acceptance, (5) surgical reassignment, and (6) invisibility. Lewins acknowledged that individuals can stop anywhere along these stages and/or skip stages altogether, and no evidence of empirical testing

exists, although the concepts in this and other models may give some insight to themes in the experiences of trans and nonbinary individuals, when looking at those interested in surgical transition.

Stage one, abiding anxiety, is marked by an initial recognition of being different than one's sex and assumed gender at birth. Lewins identifies that this stage can often include bullying, stress, and high levels of anxiety for the transsexual individual. After the anxiety of recognition of differences in stage one comes the discovery of transsexual identity within the second stage. Once individuals discover the presence of transsexual identity, they can then either transition into the acceptance stage (stage four) or spend some time in stage three: purging and delay. This third stage includes steps taken to get rid of or avoid this identity. Lewins acknowledges that the length of this stage can be impacted by social factors such as social support, exposure to the trans and nonbinary community, religion, and the individual's perception of others' acceptance of their identity. Once the individuals move into the fourth stage of acceptance, they begin taking steps to transition, such as telling others and changing physical appearance to live with a gender presentation congruent with their transsexual identity. This is followed by further changes to one's physical presentation in stage five: surgical reassignment. Individuals in this stage take steps to make their physical biological sex markers match their gender identity through surgery. The sixth and final stage is invisibility. Lewins argues that individuals, taking steps to have their physical appearance match their gender identity, are then able to live with a level of invisibility. The model identifies three ways in which this can be done, including living with a transsexual identity, living as one's new gender but surrounded by a community that knows about their transsexual identity, and living outwardly as one's new gender without disclosure of one's transsexual identity.

Lewins's model has some challenges, not the least of which is the narrow focus. In studying MTF transsexual individuals, Lewins has created a model that does not encompass the multiple trans and nonbinary identities present today. Additionally, the model presented is dated and has a focus on surgical and social transition congruent with a gender-binary presentation. This stage model with a focus on transition and "passing" reinforces the gender binary and does not leave space for individuals who identify with non-binary genders. Consistent with the other models, this model also lacks empirical research to support the stages proposed by the authors.

Gagné, Tewskbury, & McGaughey (1997).

Another stage model focused on MTF identity development was the result of 65 semi-structured interviews conducted and presented within a four-stage model by Gagné, Tewskbury, and McGaughey (1997). Through their research, Gagné et al. identified the stages of (1) early experiences, (2) coming out to self, (3) coming out to others, and (4) resolution of identity.

The first stage, early experiences, encompasses the recognition of "differentness," or that one does not fit in. This stage is marked by confusion, anxiety, and feeling a need to conform to social expectations of gender identity and presentation, and can include isolation, attempts to hide one's thoughts of transgenderism (e.g. adopting a hypermasculine presentation), and private exploration of this new identity through activities such as crossdressing in private. This exploration, along with resolution of this identified conflict, transitions the individual into the second stage of coming out to self. This stage is marked by adoption of a trans and nonbinary identity, exposure to and building of a trans and nonbinary community. After this internal coming out, the individual moves into stage three, coming out to others. This stage can include anxiety and intimidation, as it includes taking visible steps to live as a different gender. Much like Lewins's (1995) purging and delay stage, an individual's loved one's acceptance of this

identity can impact timing and psychological distress within this stage. The final stage in Gagné et al.'s model is resolution of identity. The resolution stage also mirrors Lewins's final stage, and can include departure from the trans and nonbinary community, integration of trans and nonbinary identity, and/or both. An important note is that the authors suggest that most individuals interviewed choose a binary presentation of gender to avoid social discomfort and struggles, such as harassment and feelings of a lack of safety.

Critiques of this model center again around the limitations of the narrow focus. Authors focused solely on MTF participants, limiting the generalizability of this model. Similar to Gagné, the authors also focused on a stage model that does not address the cyclical, often overlapping experiences of identity development. While this model resulted from interviews conducted by researchers, no further research has been conducted to support the application of this model to other individuals.

Devor (2004).

Devor's (2004) drew from personal and professional experiences and interactions with hundreds of individuals to develop a 14-stage model of transgender identity development. While the majority of individuals identified primarily as FTM transsexual or transgender, it also included some individuals who identified as MTF and/or transgender, although the authors do not provide the exact numbers. Along with this anecdotal evidence, Devor pulled from Cass's (1979) model of homosexual identity development and Ebaugh's (1988) work on role exit to develop this model. The 14 stages are as follows: (1) abiding anxiety, (2) identity confusion about originally assigned gender and sex, (3) identity comparisons about originally assigned gender and sex, (4) discovery of transsexualism or transgenderism, (5) identity confusion about transsexualism or transgenderism, (6) identity comparisons about transsexualism or

transgenderism, (7) tolerance of transsexual or transgender identity, (8) delay before acceptance of transsexual or transgender identity, (9) acceptance of transsexual or transgender identity, (10) delay before transition, (11) transition, (12) acceptance of post-transition gender and sexual identities, (13) integration, and (14) pride.

The first stage of Devor's model focuses on the stress that arises from the conflict between society's expectations of gender presentation and identity versus the individual's desires. This initial awareness and anxiety leads to the tasks of stages two and three, which include pressures to conform to expectations to mitigate anxiety, along with desires to explore this new identity further. Stage four, discovery, can be a singular event or a series of events, in which the individual is exposed to the conceptual identity of transgenderism or transsexualism, which leads then to the desire to seek more information. Discovery is followed by stages five and six, in which the individual experience confusion and comparison regarding this new identity. This exploration leads way for stage seven, tolerance, during which individuals move away from their cisgender identity and begins to negotiate schemas that allow for this new identity. This is followed by a delay stage that includes more exploration, and "witnessing" (exploring or "trying on" this identity with others) and "mirroring" (finding representation of trans and nonbinary identity in others), and ultimately gives way to the ninth stage of self-acceptance. After accepting this trans and nonbinary identity, the individual then moves to the work of stages 10-12, which include research of transition options, social transitioning, and hormone replacement therapy. Finally, individuals move to stages 13 and 14, which include negotiation of the integration of one's new trans and nonbinary identity and can include self-pride and advocacy work. The identifiable psychological marker of this stage is a resolution of the anxiety present within the previous stages.

As with previous models, this model tends to have a focus on transition and a narrow population focus. Additionally, the multitude of stages creates for a model that is confusing, with developmental tasks and experiences overlapping various stages. As structured within this review, explanation of the model is best explained with lumping of categories, thus inherently suggesting possible revisions for the model. Similar to most models reviewed, this model cites no empirical research testing the model and its applicability to current trans and nonbinary populations.

Lev (2004).

A clinical social worker Arlene Lev presented a model for transgender identity development in her book *Transgender Emergence* (Lev, 2004). The model, titled the same as the book, describes a six-stage model including the following stages: (1) awareness, (2) seeking information/reaching out, (3) disclosure to significant others, (4) exploration: identity and self-labeling, (5) exploration: transition issues/possible body modification, and (6) integration: acceptance and post-transition issues.

In stage one, awareness, Lev describes a process of a realization, confusion, denial, experimentation, and/or suppression of trans and nonbinary identity. This stage includes the initial encounter, or exposure to desires other than expected by the dominant culture, and the internal struggles that follow. This awareness is followed by stage two, seeking information/reaching out. During this stage, individuals begin to own trans and nonbinary identity as a viable concept and option, and explore social communities, such as support groups, through online and in-person means. Individuals then begin a process of connection of this identity and their lives within the third stage of disclosure to significant others. Lev identifies that this stage may be marked by avoidance and anxiety, and this can be increased when

individuals fear significant others may reject and abandon them. In this model, this disclosure is then followed by two stages of exploration within stages four and five: identity and self-labeling, and transition issues/possible body modification. These stages include an internalization of this identity and can include social transition to community members outside of significant others, as well as hormone and possible surgical procedures to physically embody the desired gender presentation. The final stage of this model is integration: acceptance and post-transition issues. This stage is marked by a sense of wholeness, a merging of identity, and feelings of comfort and pride. This stage may also include interpersonal and emotional struggles of how to integrate one's trans and nonbinary identity into a broader identity.

This model, while concise with its stages, delineates an order that can be developmentally incongruent for individuals. The stage of disclosure comes before an exploration and integration of this identity. While some individuals may choose to engage in self-disclosure, it is developmentally expected that an individual would explore the sense of identity prior to disclosing this identity to others. Further, this is often experienced as an iterative process, with integration of identity, disclosure to others, and further integration, happening simultaneously and/or cyclically. While Lev identifies that individuals may move through and between stages differently than presented, the use of a stage model, as with all of the models explored, suggests a more linear trajectory that may be appropriate for many individuals. This model, too, has not been empirically validated for use with trans and nonbinary populations.

Bockting & Coleman (2007).

Bockting and Coleman (2007) propose a five-stage developmental model for the trans and nonbinary coming out process. The stages of the model are (1) pre-coming out, (2) coming out, (3) exploration, (4) intimacy, and (5) identity integration. Although not all experiences from

each stage of this model were included, this summary provides highlights to describe the stages, as most applicable to psychological research.

Stage one, or the pre-coming out, is characterized by gender confusion and feeling different. Individuals may begin to have cross-gender feelings, and have a natural reaction to hide these feelings, and to experience shame, confusion, anxiety, or depression. Individuals often work to suppress or deny feelings during this stage. This stage can last for a short while, or many years, depending on various factors, including perceived supportiveness and acceptance by one's community, family, and peers, and access to information regarding the trans and nonbinary experience.

Stage two is the coming out stage. During this stage, confusion and denial are replaced with acceptance of a trans and nonbinary identity. This stage marks the beginning of a social transition of gender identity, and others' reactions during this stage are critical. This stage is marked by acceptance of one's gender variant identity.

Bockting and Coleman call the third stage exploration, which is a period of trial and error where people learn about what it means to be trans and nonbinary and socialize with individuals similar to them. During this stage, trans individuals may experiment with different gender roles and expression, including stereotyped ones, and may begin to think about sexual transition. The fourth stage is intimacy. This stage involves the forming and reforming of intimate relationships, incorporating one's new identity. This stage may be traumatizing for those who have struggled with intimacy in the past, as can also be marked by fear that a partner will not accept them for who they are. This stage may also initiate a broader shift in socialization and sexual orientation, contributing to further social and intimate challenges as one struggles to be a part of identity groups not previously held. The final stage of this model is identity integration. This stage is

marked with coalescence of trans and nonbinary identity with other parts of identity. Previous feelings of shame, self-doubt, anger, and anxiety are now replaced with self-esteem and confidence. During this stage, identifying as trans and nonbinary is integrated as simply a portion of one's identity, not the central focus of identity.

A strong critique of Bockting and Coleman's model is the overt use of gender-binary language and conceptualization of gender – including trans and nonbinary - identity. This binary language restricts this process of identity development to socially acceptable binary gender presentations and does not allow for gender fluid and genderqueer identities that are increasingly more present in younger populations (Erickson-Schroth, 2014). Additionally, the developmental tasks for some stages, such as the stage of “intimacy,” are unclear, and suggest, like the model proposed by Devor (2004), that it may be appropriate to combine stages to avoid confusion and overlap of tasks. As with other models, this model has not been empirically validated and may not be appropriate for contemporary trans and nonbinary young adults.

Pollock & Eyre (2012).

Pollock and Eyre (2012) used interview data with FTM transgender individuals to identify a three-stage model of transgender identity development. The stages are (1) a growing sense of gender, (2) recognition of transgender identity, and (3) social adjustment. Like many of the stage models reviewed and proposed, this model begins with an initial encounter experience, awareness, and exploration of gender and gender identity options. Stage one is also marked with social experiences that influence gender perceptions, and a growing sense of difference. This stage is followed by the recognition of trans identity in stage two, which includes further exploration of not only gender, but specifically transgender identity and what this identity means for the individual. After the internal process is complete, the individual moves into the third

stage of social transition. This encompasses telling intimate others, as well as physical and biological marker changes as appropriate for gender expression.

Unlike models that are critiqued for having stages that are too narrow, Pollock and Eyre's main shortcoming is presenting a model that identifies only three very broad categories. For example, the third stage of social transition may come with various developmental tasks that include shifts within intimate relationships, social transition, and physiological changes. This blunt, broad presentation does not fully capture some of the nuance and struggle present within this identity exploration. Further, the stages suggest a full internal shift prior to an external shift, which does not leave room for the cyclical nature of exploration and identity development.

Trans and Nonbinary in Higher Education

Late adolescence and early adulthood, the time most traditional students are attending college, is a time that is rich with identity development and personal growth. There is increased exposure to new viewpoints and ways of life, as well as tasks of early adulthood being explored. Additionally, younger populations are exposed to more and more through social media and internet in ways previous generations were not. This impacts their development and understanding of possible ways of being. When there is an option for trans and nonbinary students to access communities that can model and mirror other options for identity other than the cisgender narrative, the trans and nonbinary identity may be claimed at an earlier developmental stage or age. These students are coming of age in a time when Caitlyn Jenner and Laverne Cox are household names. This may be one of the strongest ways a young person has felt "mirrored" or "known".

Within the field of higher education research, a meta-review calls for policy revision and urges inclusion and progressive thinking to support trans and nonbinary students (Renn, 2010),

although these recommendations are often not based on empirical evidence. As is the case with other aspects of the trans and nonbinary narrative, research exploring the lived experiences of trans and nonbinary students in a college setting is sparse (Beemyn & Rankin, 2011; Nicolazzo, 2017). That research will be reviewed thematically below. In addition, research highlight risk factors of identifying as trans and nonbinary on college campuses, and research resulting in intervention and policy recommendations is summarized.

Trans and nonbinary experience.

Themes present in the research from higher education describe a climate of isolation, harassment, violence, and fear that trans and nonbinary students face (e.g., Beemyn & Rankin, 2011; Dugan, Kusel, & Simounet, 2012; Rankin et al., 2010). trans and nonbinary college students also face more sexual victimization than their cisgender peers, with one in four trans and nonbinary students reporting they have been sexually assaulted (Cantor et al., 2015). In Dugan and colleagues' study including 91 trans and nonbinary college students, as well as comparative LGB and cisgender, heterosexual peers, the Multi-Institutional Study of Leadership (MSL) was administered to gather perceptions of college experiences along 17 dimensions. Results indicated that trans and nonbinary students did not differ significantly from their cisgender peers with regard to collegiate experience, but that trans and nonbinary students had a more negative perception of campus climate and reported higher levels of harassment and bullying. This tells us these students are facing more challenging climates for their academic pursuits. Additionally, these trans and nonbinary students self-reported lower capacity for cognitive skills, suggesting lower confidence in individual ability for educational endeavors (Dugan, Kusel, & Simounet, 2012). While these studies have a small sample size, they point to some of the ways in which trans and nonbinary students may be struggling more than their cisgender peers.

In another study, Pryor (2015) conducted a qualitative study of five trans and nonbinary students from a large Midwest public university and found a consistent theme of feeling marginalized by peers and instructors (Pryor, 2015). Similarly, Nicolazzo (2017) found that trans and nonbinary college students feel invisible and fatigued and reported feeling unable to find support from administration without going through an exhausting process of “outing” themselves and advocating for their needs for inclusion and support. These findings are also supported by another study that found that a significant portion of a group of 75 trans and nonbinary students experienced a marginalizing and hostile climate on campus (McKinney, 2005). Additionally, in studies conducted by McKinney (2005) and Mintz (2011), results showed that students also felt their institutions of higher education lacked resources and education on trans and nonbinary issues. Research describes a climate that is more hostile for trans and nonbinary students and lacking in resources to support these students in feeling accepted and safe.

Risk factors.

Additional research focuses on risk factors specific to the trans and nonbinary population (Effrig, Bieschke, & Locke, 2011; Seelman, 2014). Research shows that trans and nonbinary individuals experience marginalization and interpersonal victimization, as well as elevated levels of distress when compared to their help-seeking cisgender peers. Further, Seelman (2016) found that denial of access to gender-appropriate bathrooms and gender-appropriate housing had a significant correlational relationship to feelings of suicidality in trans and nonbinary individuals. Additionally, a national dataset of 547, 727 college students including data from 1143 college students shows that, although effect sizes are small, trans and nonbinary college students are more likely than their cisgender peers to be diagnosed across all 12 mental health areas surveyed,

including: anorexia, anxiety, ADHD, bipolar disorder, bulimia, depression, insomnia, OCD, panic attacks, phobia, schizophrenia, and substance abuse (Oswalt & Lederer, 2017).

Intervention and policy recommendations.

The majority of research on trans and nonbinary students within the field of Higher Education journals is focused on policy and intervention recommendations for institutions of higher education. While many of the studies showed findings supportive of the research outlined in the previous two categories (Finger, 2010; Marine & Nicolazzo, 2014; Patton, 2012), these studies used this research as foundational support to make recommendations for changes.

Recommendations focus overwhelmingly on the need for the implementation and improvement of safe spaces (Marine & Nicolazzo, 2014; Finger, 2010; Patton, 2012; Seelman, 2014). As identified by Marine & Nicolazzo (2014), many students felt that LGBT resource centers were not trans-affirmative, and did not feel safe in such spaces. Suggestions included strengthening a trans-supportive presence in the LGBT resource centers and creating additional safe spaces. Additionally, researchers strongly advocated for inclusive facilities, including locker rooms, bathrooms, and gender-neutral housing (Finger, 2010; Patton, 2012; Seelman, 2014). The combination of lack of safe spaces and risk-factors leave trans and nonbinary students vulnerable. Similarly, the continued use of gendered spaces on college campuses (locker rooms, dorm rooms) creates a climate that may force trans and nonbinary students “out”, or demand they use facilities that do not align with their identity (Keo-Meier & Hicks, 2014).

The next most common set of recommendations were policy changes. Individuals supported immediate revision of nondiscrimination policies to include trans-supportive language, as well as university policy revision to decrease barriers to changing names and gender markers (Case, 2012; Finger, 2010; Patton, 2012; Seelman, 2014). Additionally, increased education

about trans and nonbinary issues to help decrease discrimination and contribute to safe environments for trans and nonbinary individuals was the final recommendation (Finger, 2010; Patton, 2012; Seelman, 2014; Walters & Rehman, 2012).

Trans and Nonbinary Individuals and Therapy

Increased risk.

Literature suggests that, aside from acts of direct violence and aggression (GPAC, 1996; Xavier, 2000), trans and nonbinary individuals can also face stigma and discrimination, and that trans individuals often struggle with lack of access to trans-affirmative healthcare (APA, 2015; Fredriksen-Goldsen et al., 2014; Grant et al., 2011; Grossman & D'Augelli, 2006, James et al., 2016). Given the descriptions of the challenges faced simply by the process of identifying as trans and nonbinary, and the documented history of trans and nonbinary identities dating back to the nineteenth century (Feinberg, 1996), it should be alarming that it was not until August 2015 that the American Psychological Association set guidelines for practicing with trans and nonbinary individuals (APA, 2015).

According to US Transgender Survey, of 27,715 trans and nonbinary individuals who were surveyed, 46% reported being verbally harassed, 9% were physically attacked within the past year, 47% were sexually assaulted, and nearly 24% reported experiencing severe physical violence by an intimate partner (James et al., 2015). Forty percent of respondents have attempted suicide in their lifetime, which is nine times the national rate. Further, survey samples suggest that trans and nonbinary individuals have unemployment rates that are three times higher than the rate of unemployment than their cisgender contemporaries, a statistic that was only double their cisgender peers in the previous study (Grant et al., 2011). In addition, 40% of individuals surveyed who reported transitioning and updating documents reported experiencing

harassment when presenting documentation with names that did not match their gender identity expression. It is apparent from this sample that better understanding these experiences and addressing supportive factors for trans and nonbinary individuals is important. If trans and nonbinary individuals do not have access to trans-affirmative healthcare, this may serve to increase these risks (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Grossman & D'Augelli, 2006). APA, NASW, and ACA have published guidelines for mental health work with trans and nonbinary populations. However, the basis for many of these guidelines were studies that looked at LGB and T populations. As discussed previously, the conflation of LGB and trans and nonbinary populations may have resulted in recommendations that have not been empirically based in terms of specific needs of trans and nonbinary populations (Moradi et al., 2016).

Mental health service guidelines.

In 2008 the National Association of Social Workers (NASW) came out with a 24-point policy statement for trans and nonbinary-affirmative care. In 2009, the American Counseling Association released their Competencies for Counseling with Transgender Clients, and the American Psychological Association released the findings of Task Force on Gender Identity and Gender Variance (APA TFGIGV, 2009), including a nondiscrimination resolution. Additionally, the APA TFGIGV conducted a survey of 294 psychology professionals and students and found that only 27% reported that they “feel sufficiently familiar with transgender issues,” (p. 16, APA TFGIGV, 2009). In 2015, APA released their Guidelines for Psychological Practice With Transgender and Gender Nonconforming People. This was six years following the findings of the APA task force, but only three years after “Gender Identity Disorder” was removed from the updated version of the American Psychiatric Association’s DSM 5, and replaced with “Gender Dysphoria,” to more accurately reflect the diagnosis of dysphoria and not identity (APA, DSM 5,

2013). Each of these sets of guidelines is also consistent with the World Professional Association for Transgender Health’s Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th edition (Coleman et al., 2012). As this study is situated within a counseling psychology framework, the APA guidelines will be reviewed and summarized, as well as literature on trans and nonbinary experiences in mental health treatment.

Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015).

The American Psychological Association’s guidelines for working with TGNC individuals were put forth by a task force - assembled for this specific purpose – to create recommendations for competent, TGNC-affirming psychological practice (APA, 2015). The guidelines, while extensive, are identified as aspirational in nature, and are not standards of care. They are presented within five clusters: (I) foundational knowledge and awareness; (II) stigma, discrimination, and barriers to care; (III) lifespan development; (IV) assessment, therapy, and intervention; and (V) research, education, and training. The 16 guidelines are presented in the table below (Table 1).

Guidelines for Psychological Practice with Transgender and Gender Nonconforming People

American Psychological Association

I. Foundational Knowledge and Awareness

Guideline 1. Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person’s gender identity may not align with sex assigned at birth.

Guideline 2. Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.

Guideline 3. Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.

Guideline 4. Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.

II. Stigma, Discrimination, and Barriers to Care

Guideline 5. Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people.

Guideline 6. Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.

Guideline 7. Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.

III. Life Span Development

Guideline 8. Psychologists working with gender-questioning and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in a TGNC identity into adulthood.

Guideline 9. Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.

IV. Assessment, Therapy, and Intervention

Guideline 10. Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.

Guideline 11. Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.

Guideline 12. Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.

Guideline 13. Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.

Guideline 14. Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.

V. Research, Education, and Training

Guideline 15. Psychologists respect the welfare and rights of TGNC participants in research and strive to represent results accurately and avoid misuse or misrepresentation of findings.

Guideline 16. Psychologists seek to prepare trainees in psychology to work competently with TGNC people.

Table 1. American Psychological Association's Guidelines for Psychological Practice with Transgender and Gender Nonconforming People, from APA (2015).

Consistent with APA's standards of care and the charge of the Task Force, these guidelines emphasize the importance of trans and nonbinary-focused and trans and nonbinary-affirmative care. Additionally, the guidelines attempt to educate regarding the complex,

sometimes fluid, and often exploratory nature of identity development, and encourage appropriate support, flexibility, and encouragement for exploration within trans and nonbinary populations. Each guideline also describes not only a rationale, but suggestions of application of this guideline to practice. However, this application often falls short of providing specific recommendations for practice. While these guidelines may serve as support for psychologists who are already trans and nonbinary-focused, they may fall short in providing concrete guidelines for clinicians with little or no training in providing trans and nonbinary-competent care, thus serving as confirmation for trans and nonbinary-competent clinicians, but doing little to provide support and recommendations for clinicians unfamiliar with serving this population. Additionally, there are specific guidelines for working with trans and nonbinary youth and trans and nonbinary elders, but these guidelines fail to address specific needs of the college student population, as they are going through a process of individuation, independence, and identity exploration. This study seeks to identify further the nature of those needs.

Trans and nonbinary experiences in therapy.

Despite these guidelines, the sparse research indicates that the mental health service experiences of trans and nonbinary individuals may not be ideal. Mizock & Lundquist (2016) conducted a grounded theory study of 45 trans and nonbinary adults that identified themes of gender inflation, gender narrowing, gender avoidance, gender generalizing, gender repairing, gender pathologizing, and gate-keeping. With a small population, is it not certain how universal these experiences are. Additionally, as the study was specifically exploring struggles in treatment, results must be taken with caution. It is not clear if trans and nonbinary individuals who received competent, supportive care would have volunteered for this study, and if this population may have self-selected those individuals for whom therapy was a difficult and

unsupportive process. While further research is needed to identify the prevalence of these occurrences, the implications for practice present an environment that is, at best, not inviting, and potentially harmful. This is with a population that is experiencing higher levels of violence (James et al., 2016) and report shaming, exclusionary, and discriminatory medical treatment (Poteat et al., 2013). Clients may be seeking services for the same needs as their cisgender peers, such as anxiety, depression, and relationship concerns, they may be looking to explore their gender identity further, or may be seeking letters in support of gender affirmation surgery and procedures (Meier & Labuski, 2013; Rachlin, 2002). Regardless of their reasons for seeking services, we must provide appropriate, competent care for trans and nonbinary individuals.

Present Study Aims

Although APA (2015) has identified guidelines for best practices for clinical work with trans and nonbinary individuals that include recognition of the influence of institutional barriers and work towards gender-affirming spaces, the literature is still limited in its research of the unique process experienced by trans and nonbinary individuals when seeking mental health services and supports. Further, according to Marine (2011), “Expulsion of students believed to be gay was a commonly adopted practice among colleges in the early to mid-twentieth century,” (p. 15), and as recently as 2015, gender-restricted colleges have begun to admit trans and nonbinary students (Women in Academia, 2015). Additionally, most colleges still use gender-separated bathrooms, living arrangements, sports, and other designations (Rankin & Beemyn, 2012). This coupled with data that suggests that nearly 70 percent of trans and nonbinary individuals are aware of their gender identity by age 22 (Beemyn, 2007), suggest a need to focus on the environment of higher education. Late adolescence and early adulthood, the time most traditional students are attending college, is a time that is rich with identity development and

personal growth. It is important to explore the experiences of trans and nonbinary individuals during this time, specifically within institutions of higher education. to see how they are being treated and what we as a field of psychology can do to help better support healthy identity development during this time. To ensure the inclusion of literature that focuses specifically on trans and nonbinary issues within higher education, articles from higher education journals were included, as the bulk of literature is in these journals. This focus is also to compensate for the lack of research targeted specifically to trans and nonbinary individuals within psychology journals.

Based on the gaps in the literature and needs delineated above, it is important for us to better understand the experiences of trans and nonbinary individuals within the college setting. With the current political climate of our nation, it is imperative that the field of psychology better understand the needs of this marginalized population to advocate for practices that support healthy identity development.

Research within the field of higher education is exploring climate and the needs of trans and nonbinary individuals on college campuses (Marine & Nicolazzo, 2014; Finger, 2010; Patton, 2012; Seelman, 2014). However, very little research exists to help us better understand and support the experience of being trans and nonbinary in the college or university setting. It is imperative that we understand the experience to be able to better educate and help individuals and to have inclusive and supportive educational environments, and it is important for the field of psychology to rise up and meet this demand and provide a strong scientific foundation to further promote policy reform and increase supports of trans and nonbinary individuals. Consistent with APA guidelines (APA, 2015) It is also crucial that this foundational identity research be affirming in nature and use inclusive terms and concepts. Additionally, it is

important to explore how clinicians can apply these foundational guidelines set forth by APA (2015) for working with trans and nonbinary individuals to the specific needs experienced during this period of late-adolescence and early adulthood and during the time of college.

Theoretical framework.

This research is framed within a queer theoretical framework, along with a social constructivist framework (Glesne, 2016). These frameworks attempt to highlight the social construction of knowledge while also attempting to acknowledge the impact of social expectations of performance of gender (Butler, 1990). As a social construct with social norms and expectations, it is challenging to explore gender identity development without this lens. The theoretical framework of queer theory (Butler, 1990), which takes a critical look at the performance and social expectations of gender, continuously challenges the impact of socialization on meaning making and identity, while also recognizing that lived experiences of individuals are what creates meaning, and without these experiences, we do not have a basis in empirical evidence.

Qualitative research.

Qualitative research is used to develop and deepen our understanding of a particular population or phenomenon when literature and research in the area does not readily identify what questions to ask or what measures to use (Hill, 2012). Coming from a social constructivist, queer theory lens, we must first recognize the limitations of providing supports for individuals without first identifying what is being experienced. For this reason, it is imperative to go to the field and learn what we can about the lived experience of being trans and nonbinary in today's world. We must first have this socially constructed knowledge before generating categories and constructs to validate and measure (Merriam, 2016).

This research gathers qualitative data on the lived experiences of trans and nonbinary college students, and is driven by the following research questions: (1) What are the lived experiences of trans and nonbinary college students; (2) What clinical supports do transgender college students need; (3) How do transgender college students experience their process of gender identity development?

CHAPTER 3

METHOD

This chapter outlines the research design and data analysis used in this study to answer the following research questions: (1) What are the lived experiences of transgender/gender non-conforming (trans and nonbinary) college students; (2) What clinical supports do trans and nonbinary college students need; (3) How do trans and nonbinary college students experience their process of gender identity development? The research questions were developed against the backdrop of a sociopolitical climate in which young trans and nonbinary persons feel threatened with violence, face discrimination, and whose experiences are not well understood, (Aparicio-Garcia, Diaz-Ramiro, Rubio-Valdehita, Lopez-Nunez, & Garcia-Nieto, 2018; Marine & Nicollazo, 2014; Moradi et al., 2016; Renn, 2010). To understand the experiences within the trans and nonbinary population, it is vital to create a research environment where the participants feel safe and invited to describe their experiences in their own words. Qualitative research is used to develop and deepen our understanding of a particular population or phenomenon when literature and research in the area does not readily identify what questions to ask or what measures to use (Hill, 2012; Smith, Flowers, & Larkin, 2009).

This study used the qualitative research method of Interpretative Phenomenological Analysis (IPA) for data analysis. This methodology was initially developed by Johnathan Smith (1996), as a way to explore lived experience through the lens of the individual's own description rather than by imposing a theoretical framework from existing literature. Smith, Jarman, & Osborn (1999) also recognized the dynamic nature of research and that the researcher's own conceptions are both necessary and a potential complication in understanding the participants' world. They write that the analysis is inevitably a personal process and that the analysis itself is

the interpretive work which the investigator does at each of the stages” (Smith, Jarman & Osborn, 1999, p. 220). To minimize complications, this research utilized a research team and auditor throughout analysis, and to provide cross-check and thematic validation for the primary researcher’s conclusions. This methodology is appropriate for the current study given the breadth of differing experiences in trans and nonbinary development and the paucity of empirical literature on the topic.

Interpretative Phenomenological Analysis (IPA) provides a valuable approach for researchers to learn more about the environment and experiences of trans and nonbinary college students, and to gain a richer understanding of the development of gender identity, and nature of help-seeking behaviors. This is due to the dearth of research on trans and nonbinary populations generally, and on trans and nonbinary college student help-seeking behaviors, specifically. As with many qualitative research methods, IPA focuses on using open-ended questions in a semi-structured interview process. The goal of this method is to get data directly from the individual participant, and to focus on the meaning the individual makes of a particular experience or phenomenon. This is done by beginning with interview questions within categories that both relate to the research questions and are grounded within the literature. Throughout the interview, the questions may vary slightly based on individual responses to questions. This is done to create the research perspective based on the individual. When researching the experiences of individuals developing a sense of identity that runs counter to the dominant narrative, it can be important to explore experiences from the perspective of the individual themselves. Consistent with this value is the use of IPA to code and analyze data. IPA is an approach to research that focuses on how participants make sense of major life experiences (Smith, Flowers, and Larkin, 2009).

As identified by Smith, Flowers, and Larkin, “IPA researchers are especially interested in what happens when the everyday flow of lived experience takes on a particular significance for people,” (p. 1, 2009). While gender identity development and matriculation in higher education may be considered everyday flow of lived experiences, when these experiences include exploration and individuation away from identifying with the gender binary, these experiences then become significant. The use of IPA allows the research to engage in a process of double hermeneutic (Smith & Osborn, 2003), the experience of attempting to make sense of the sense participants are making of their experiences. The remainder of this chapter details the participants, recruitment procedures, data collection, transcription, and data coding and analysis.

Participants

Participants in this study were four college students at universities in the United States who identify as trans and nonbinary and have been at their university for at least two semesters. Their ages ranged from 19-24, and each identified under a broad trans and nonbinary umbrella, which included genderqueer, queer, transgender, gender fluid, and all other non-cisgender identities. Specific details about the participants’ identity label preferences will be discussed in detail in Chapter 4 data analysis as a part of responding to the research questions about their lived experiences. Following Hill’s (2012) recommendations for homogeneity of sample, participants were all college students who identify as trans and nonbinary between 18-24 years of age. This age range was chosen to identify individuals who were raised within a similar sociopolitical timeframe regarding popular culture’s coverage of trans and nonbinary individuals, as well as access to the internet and other resources relevant to exposure to varying gender identities.

Overall, 6 people responded with interest to participate in the study, and 4 participants met the inclusion criteria. One person did not meet inclusion criteria as they were two years past the 18-24 age range, and one participant had been at their university for less than one full semester. All respondents were thanked for their time and interest in the study and encouraged to participate in future research opportunities. Each of the four participants identified as white, between ages 18-24, and were enrolled at a state university in the United States.

Recruitment Procedures

Recruitment began on university campuses, and included a mixture of snowball, convenience, and purposeful sampling (Patton, 2015). Participants were recruited through advertisements, social media posts, and recruitment from others involved in the study, including other potential participants and university community partners. The lead investigator distributed electronic and paper flyers to faculty and staff at universities, and invited a snowball dissemination of those flyers to other universities to appropriate resource centers and trans and nonbinary-inclusive spaces. Flyers were also posted in intentionally trans and nonbinary-inclusive (e.g. LGBT resource centers) spaces, as well as public study rooms and other spaces on the researcher's home campus. Additionally, the lead investigator provided coordinators of these centers with study and recruitment materials and encouraged them to distribute these materials to students. Students were also encouraged to use word-of-mouth to publicize the study. In addition, participants of the study were encouraged to share study materials to others within their social circles and/or at their universities.

Center coordinators and other identified faculty, staff, and administrators were informed of the purpose of the study, which is to gain a better understanding of the experiences of trans and nonbinary college students; provided with the information regarding the length of interviews

(approximately 1 hour) and the potential for a follow up interview; and notified of financial compensation (\$25 gift card) for completion of an interview. Campus partners and other contacts were encouraged to disseminate recruitment materials to participants they believed may be interested in participating. In efforts to avoid “outing” potential participants, individuals were encouraged to distribute recruitment materials only to whole groups of students or to those for whom identification as trans and nonbinary is known (for instance at a support meeting or location where individuals have made their identity known). Interested students were encouraged to contact the lead investigator via email to inquire about the study or to voice interest in participation. Interested individuals were then introduced to the study procedures, had previously mentioned study information explained to them, and were sent a copy of the informed consent documentation.

Data Collection

Interviews.

After being introduced to the study, interested and qualified participants were scheduled for an interview. Participants were offered the option for in-person interviews, when logistically possible, and online interviews utilizing ZOOM, a secure online video conferencing platform. All participants chose online interviews. All interviews occurred with the researcher in a secure, confidential location, and began with verbal review of informed consent. Consistent with IRB, participants verbally agreed to the informed consent statement, including recording, prior to recording of interviews. Participants were also asked to answer a brief set of demographic questions (see Appendix A).

Interviews were all conducted by the lead investigator in a confidential space. The participants were each given the opportunity to choose a pseudonym, which two participants

chose, and pseudonyms were chosen for the other two participants. The lead investigator then proceeded through the semi-structured interview questions (Appendix B). The questions are open-ended, and focus in three areas: (a) experiences associated with the development of gender identity, including the awareness, “transitioning” and “coming out” process, and internal and social aspects of gender identity; (b) experiences of being trans and nonbinary in the college environment; and (c) experiences with seeking mental health services and support, including external barriers to mental health treatment, negative treatment experiences, and individual preferences for/against mental health treatment. As questions were asked in a semi-structured interview format, it occurred at times that participant questions led to data that prompted follow up questions. While interview questions remained on the identified topics, the interview followed the data provided as relevant to research questions. More detail will be evident in Chapter 4. All interviews were recorded using an electronic audio recording device. Interviews lasted approximately 60 minutes. Upon completion of the interview, participants were provided with compensation for their time (\$25 gift card). Participants were given contact information for the lead investigator and were offered the option to have transcripts shared with them when transcribed.

Data Transcription

The principal investigator used Happy Scribe, a secure online transcription service, to provide initial, computer-generated transcripts to serve as an outline for transcription. The lead investigator then transcribed verbal and non-verbal interview responses, including researcher questions. Identifying information was removed to protect privacy. All interviews were transcribed using pseudonyms to ensure confidentiality. Audio recordings were destroyed after they were transcribed and after transcriptions were checked for accuracy. In addition to being

offered follow-up interviews to provide more information, participants were offered to review transcripts for accuracy. Two participants chose to review transcripts and responded with confirmation of accuracy in addition to additional data which was included in transcripts; one provided new information that occurred after the interview and one offered clarifying comments. One participant consented to continuing without transcript review, and one participant declined to respond to request review or withdraw participation within a one-month timeframe after being offered review. It is worth note that the participant who declined to respond when offered the opportunity to review initially declined the offer for transcript review when offered at the time of the initial interview.

Data Coding and Analysis

IPA as a coding and analysis method creates space for the richness of individual experience to be reflected in the data. As a research methodology, it allows for celebration of not only the similarity of experiences, but also the unique, diverse experiences of the participants. This also accommodates space for the research to reflect any experiences that may run counter to not only the dominant cis identity, but also those that run counter to what might be thought of as the dominant trans experience, though the paucity of research in this area doesn't justify a unified singular trans experience. With four research participants, this study also aligns within the recommended sample size of three to six participants (Smith, Flowers, & Larkin, 2009).

Research team.

Though not explicitly a part of data analysis following IPA, a research team was used to code data and come to consensus regarding identified findings. Member checking/teams/auditors etc. are often used to ensure integrity of data. This member checking, formally a part of

other methods of analysis (i.e. CQR), is one of many suggested methods of ensuring trustworthiness of data suggested by the originators of IPA (Smith, 1996; Smith, Flowers & Larkin, 2009). Because individual identities, perspectives, and experiences impact how we view our world, the use of a research team and external auditor to review data implements a system of checks-and-balances within analysis of the data. This was done in the current study by utilizing a team of two graduate students in counseling psychology as well as one post-doctoral fellow actively engaging in additional research with trans populations. In addition, a counselor educator who is a certified diversity professional and consultant served as an auditor for this project. All members have extensive training in equity and diversity and are regularly engaged in conversations regarding biases and social justice. All are aware of issues related to trans and nonbinary students. In addition, the three research team members have previously engaged in similar data analysis on additional research projects with trans identified populations.

As stated, to reduce complications from a single viewpoint to understand data, the primary researcher added a research team and an auditor to ensure an open, group process, with various levels of checks and balances (Hill et al., 2005; Smith, Flowers & Larkin, 2009). This process began with a discussion with the team about the qualitative philosophical basis and procedures, the topics and population being studied, and an examination of potential sources of bias for all group members. This was done by encouraging team members to explore their own identities and biases they may hold vis-à-vis gender. This occurred during the initial review and preparation for data coding and analysis, and throughout the coding process, via group discussions. Team members were encouraged to continuously engage in reflective processes. To reduce the potential for negative bias, all group members were graduate or post-doc counseling psychology majors who have taken experiential courses in Multicultural Counseling,

and who are familiar with trans and nonbinary populations, and who demonstrate interest in and dedication to social justice. Research team members hold the following identities: white, cis femme, queer; white, cis female; and trans masculine and white.

IPA coding.

Interpretative Phenomenological Analysis coding, while not a directly prescriptive process, has six steps following transcription of interviews. This heuristic outlines an iterative and inductive cycle of analyzing data (Smith, 2007; Smith, Flowers, & Larkin, 2009). The steps are as listed below:

Step 1: Reading and re-reading

Step 2: Initial Coding

Step 3: Developing emergent themes

Step 4: Searching for connections across emergent themes

Step 5: Moving to the next case

Step 6: Looking for patterns across cases (Smith, Flowers, & Larkin, 2009; 2012).

What follows in this text is further detail of each of the above steps well as a review of how these were executed in this study.

Steps 1 and 2.

The initial steps of IPA, reading and re-reading, along with initial noting, are often the most involved and time-consuming parts of the coding process. In this process, researchers review and note initial thoughts and reactions to the data. Initially, the methodology encourages the researchers to simply take in the data and note reactions. This is important to allow for the emergence of not only what data exists within the transcripts, but also for the emergence of any initial reactions and biases. This allows for reflexivity and awareness of bias. This is important

particularly when engaging with data around processes such as identity development for which we may hold unconscious biases.

Each team member independently and simultaneously conducted steps 1 and 2. For the process of initial noting, this included making notes of descriptive, linguistic, and conceptual comments. For the descriptive comments, this included noting aimed at describing content of what the participant said; for linguistic, this included comments focused on the language used by the participant; and for the conceptual comments, attempting to make sense of data on a more conceptual level. Steps 1 and 2 were conducted iteratively, meaning once comments were made, transcripts were re-read, initial comments were reviewed, and additional comments made (Smith, Flowers, & Larkin, 2009).

Steps 3, 4, and 5.

The next steps of the data analysis process focus on developing emergent themes and searching for connection across themes. Once this process is completed for one transcript, this process is repeated for each transcript. At this point in the analysis process, this is done for each individual case. This process includes not only searching for similarities within data, searching to reduce volume of data, while focusing on increasing complexity. This includes linking similarities across themes, as well as attempting to organizing these links to create a conceptual map of the data. This includes processes of abstracting themes into ‘super-ordinate’ theme categories, noting polarizing themes, noting repetition and frequency, attempting to contextualize the data, acknowledging function of themes, and looking for overarching connections among connections across the data (Smith, Flowers, & Larkin, 2009).

For these steps of the process, team members were encouraged to make notes of developing thoughts on emergent themes. Additionally, members were encouraged to draw

connections between themes and make notes regarding the nature of connection, including concepts such as context or frequency. This was additionally done independently, but the majority of the identification of themes and searching for connections across themes was done as a group for each transcript. This included open, inquisitive dialogue, as well as creating memos and notes throughout this process to identify additional themes that may emerge subconsciously. As with all parts of data analysis, this was done with a focus on keeping an inquisitive, exploratory mindset, in attempts to follow the data (Hill et al., 1997, 2005).

Step 6.

Until this point in data analysis, each transcript is being coded and analyzed on an individual basis. Once this has been completed, researchers move on to looking for patterns across cases. This includes taking tables of data and/or concept maps, and analyzing the data deeper, identifying connections across cases that may be similar or different to the nature of connections made within each case. Again, researchers are looking for frequency, contextualization, polarization and attempting to categorize over-arching themes. This process also includes digging deeper and identifying different levels of interpretation in attempts to engage in micro-analysis of the data (Smith, Flowers, & Larkin, 2009).

Researchers convened as a team to engage in exploration and come to a consensus on the themes and connections drawn across cases and to explore varying levels of interpretation of data. When varying interpretations were noted, the lead researcher facilitated exploratory conversation and re-emersion in the data to identify themes and connections (Miles, Huberman, & Saldaña, 2014).

Validity and trustworthiness.

To add an additional level of trustworthiness to the data, this process also included review of emergent themes and concepts by an external auditor. This was an individual, described above, who was familiar with the data and the existing literature, but not a part of the exploratory process and group conversation listed above. This allowed for reduced bias within review of the identified themes and connection to ensure validity of findings. This process was conducted independently by the auditor, and then included conversations with the primary researcher. The auditor's suggestions were returned to the group, and the research team decided how to resolve coding conflict as a group. In this step of the process, no conflict was noted, and only two additional themes were noted and integrated into the data (Hill et al., 2005; Hill, 2012).

CHAPTER 4

RESULTS

This chapter reports the findings of the study. First is an overview of demographic information of the participants involved in the study. Then, the thematic analysis of results is presented, organized by research question, including descriptions of themes and participant quotes in support of each theme. Additionally, some findings are broken down into superordinate, or categorical, and subordinate themes, consistent with recommendations from IPA research methodology.

Demographic Information

This study included four participants, age 19-24, each a student at different state schools in the Midwestern United States. The below table provides demographic data that is helpful in putting their individual experiences into perspective.

Table 2

Participant Demographic Information

Pseudonym	Semester at School	Age	Race	Major	Gender Identity	Pronouns
Forest	9	24	White	STEM	Neutrois	they/them
Jake	4	19	White	Sports Medicine	Trans man	he/him/his
Riley	2	20	White	STEM	Male	he/him/his
Nate	8	24	White	STEM	Tomboy	They/them or any (in process)

In attempt to draw a narrative for participants that will lead to recommendations for the education of mental health clinicians and higher education officials, the data is presented broken down by the research questions on which participant interviews were structured, which are: (1) *How do trans and nonbinary college students experience their process of gender identity development*; (2) *What are the lived experiences of trans and nonbinary college students*; and (3) *What clinical supports do trans and nonbinary college students need?* However, one exception was made, to describe an overarching theme of *Impact of the Binary*, which emerged as an embedded theme woven throughout participant experience across research domain. This theme is explored first, followed by results by research question.

Impact of the Binary

An overarching theme that emerged from the data, worth noting before exploring the other findings, is the *Impact of the Binary*. Through all experiences, whether they be regarding exploration and development of gender identity, experiences when interacting with others, or with help seeking (the three areas addressed within this study), the influence, or *Impact of the Binary* appeared on a consistent basis.

A notable theme that ran throughout most aspects of the data, and certainly was an omnipresent characteristic of the participants' experience of identity development was the *Impact of the Binary*. This was noted by both Riley and Nate's experiences of growing up as "tomboys." As a simple yet profound example, the use of "tomboy" and the struggle with exploration of identity as "boy or girl" emphasize the impact of a binary gender system on their experience of identity exploration and development. Nate, Forest, and Jake each described the experience of deep dissatisfaction with binary feminine gender roles to a point of distancing from femininity and traditionally feminine gender roles outright, even from aspects of these gender

roles with which they did not personally disagree. As Nate described about their experience of exploring gender when experiencing discomfort with gender roles as a kid,

I thought at first for a while, all women should just be like me, and that would solve all the issues [of experiencing discomfort]. Just be more, like, masculine. As I grew up, I'm just like, "You know, femininity has its own strengths," and I got more comfortable. I used to never wear a dress, but now I'll wear a dress, and it's kind of fun. I like playing with gender roles and whatever else.

In all participants, the presence of binary choices created dilemmas in terms of selecting language that matched their identities. Nate also acknowledged a belief that they had the option of choosing male or female, and that they had to "want to be a boy" to not be a girl.

Additionally, they named continuing to "explore" pronouns, but doing so internally, due to it being confusing for others.

I feel like I want to try other pronouns, and I kind of want to, but, and it's kind of sad, but to make it easier on the cis/non-queer people I feel like, when I pick one, just pick it, because it's hard to adjust.

This example demonstrates the ongoing *Impact of the Binary* on restricting the ways Nate feels comfortable exploring their identity due to others' difficulty thinking outside of stagnant, binary options for pronouns.

Forest described difficulty identifying with a non-binary gender until they were in a country that had more diversity of identity and regular usage of gender-neutral pronouns. As Forest described,

I studied abroad and just then it was just a lot more diversity of people and understandings and languages and history. That helped a lot with understanding gender

and coming to terms with the fact that it wasn't that I didn't want to be a woman in society because of all of the expectations of being a woman, it was that I wasn't a woman in society.

Until presented with the option of something other than “man” or “woman,” Forest struggled with feeling like they just didn’t “want” their gender assigned at birth. When able to explore other options outside the binary, they determined it was not that they didn’t *want* it, it is that it was not correct, that instead, they fit somewhere outside the binary.

Similar to the emergence of data supporting the *Impact of the Binary* on gender identity development, the *Impact of the Binary* rose strongly when discussing negative experiences noted by participants, both on- and off-campus. Jake, Riley, and Nate reported feeling unsafe and/or limited in spaces dominated by cisgender males, reporting they will avoid such spaces and/or present differently to avoid harassment or microaggressions. Riley reported discomfort using the bathroom that matches his gender identity when others are around. As Jake named, “It's a struggle to determine whether or not I want to be out and visible among cis men.” He also described an experience of being treated differently after being outed by a friend:

I felt like I was being treated as one of the bros before I came out and then I came out and now one student specifically like talks down to me when we're at a group together and cuts me off and he's really condescending. And they've never said anything outright but that's how it felt a lot of people talked when I presented more femininely. So I wonder if there's a correlation, if the person sees me as a girl now or something along those lines.

Nate described similar experiences as follows:

Because sometimes it doesn't feel comfortable talking to a dude because you're just like... “I can’t even with this.” I don't want to be perceived as not knowing things, especially

when I need help. Like, “Oh women just need help all the time, and don't know anything.” I think it could be made more comfortable for someone that's non-binary, or perceived as a woman.

These experiences emphasize the restriction placed on these participants due to not identifying within the binary. This is also highlighted by the language used by Jake, in which he describes a “deep discomfort” around cisgender men at times. Additionally, Forest described being excluded from group projects due to presenting as “physically queer” in a “male-dominated field.” These examples highlight not only experiences of the participants, but also demonstrate the impact of a world steeped in gender binary that not only impacts how identity is developed, explored, and expressed, but also how others are treated within aspects of socialization. As it also impacts the socialization of cisgender individuals and the structuring of systems within our society, this *Impact of the Binary* is also woven throughout the remainder of the data presented below.

A final noteworthy aspect of the *Impact of the Binary* on participants was the ways it contributed to *fear*. Though listed in RQ3 as a *Barrier* to seeking services with mental health providers, *fear* also is seen as a response to the gender binary. At times, this fear takes the form of fear of *harassment and microaggressions*, at times it's *fear* of discrimination, and it is also simply *fear* or complexity navigating systems. All participants noted times that they were out to others and times they chose not to be out, certainly impacted by *fear*. Also, one example described multiple times throughout this chapter is of one Riley restricting and navigating bathroom usage, despite policies allowing him to use the restroom of his choice, and describing this as “holding it” or “sneaking in real quick and coming out,” for *fear* of being harassed while

attempting to use the bathroom. This *fear* of challenging situations and/or harassment seems to be woven throughout participant experience as an *Impact of the Binary*.

RQ1: Identity Development

This section describes the results relating to the research question of *How do trans and nonbinary college students experience their process of gender identity development?* Three superordinate themes emerged from the data within this research question. The data is presented below for these three themes, which are *Nature of Identity Development, Bodies, and Language*.

Nature of identity development.

The superordinate theme, *nature of identity development*, emerged as a superordinate theme because each participant described multiple aspects of their identity development, in a general sense, describing the nature of both identity and process. Results within this superordinate theme clustered into subordinate themes of: *When, How, What, and Facilitators*, as participants described how the process of identity development unfolded for each of them.

When.

The first subordinate theme, *When*, describes the nature of when participants recalled being aware of gender identity and first began the process of coming out. This subordinate theme captured both early experiences and the ongoing exploration of gender identity. Two of the participants, Jake and Riley, identified exploration and a process of coming out through adolescence (for Jake in sixth grade, and for Riley, early adolescence) and prior to attending college. Jake stated, “I’ve had a complicated relationship with gender since I was a very small child,” and described periods of questioning gender, identifying and coming out to others as trans during his senior year of college. For Forest and Nate, the process has occurred through their time in college, in late adolescence and early adulthood. Nate described a process of exploration

prompted by language used in this study, stating, “I've been having a journey, at least especially right after this [study recruitment], [recruitment materials said] ‘trans students.’ I'm like, ‘am I trans?’” In addition, Nate described being “in a process” currently with pronouns, not quite sure how they would like others to refer to them, but feeling pressure to pick consistent pronouns for the ease of others. This signals continued exploration and development of gender identity centered in a social context, and again reinforces the gender binary context of feeling they must choose between binary options.

How.

Another theme that emerged was a description of *How* participants experienced their identity development process. All participants named exploration of sexuality and sexual orientation as a part of their process of exploring gender identity. As described by Jake,

I came out as a lesbian in sixth grade, pretty young. And for a few years, I really felt at home with the community and I felt like I really vibed with it. I liked being more masculine presenting and stuff like that and going out with girls and stuff like that. But once I got to high school and I started having more access to those resources that I mentioned before, I started realizing there was more than just “man and woman” or “male and female.”

Another aspect of how gender identity was developed and explored was noted by both Nate and Forest. They both described recognition of the impact of gender roles and expectations as drawing their attention to questioning whether their assigned gender fit for them. As mentioned earlier to develop the theme of the *Impact of the Binary*, Forest described this *How* as a process of recognition: “It wasn't that I didn't want to be a woman in society because of all of the expectations of being a woman, it was that I wasn't a woman in society.” Similarly, Jake

described a process of recognizing he was seeking to have a more masculine presenting body, which encouraged reflection on his identity, as he said,

I worked out a lot and I found myself looking for workouts for men and targeting my upper body to look more traditionally masculine. And I realized there was, like, a moment. I was like, “Hm, this is interesting, why am I looking specifically for these things?” And it was so subconscious and it just felt like what I was supposed to be doing.

This demonstrates how participants are going about recognizing and exploring their gender identity, from exposure to other ways of living and awareness of subconscious desire, to the exploration of sexual attraction and orientation as a factor.

What.

Another aspect of gender identity development was the descriptive *What* detailing the exploratory and culturally-bound nature of gender. Jake described a period of identifying as non-binary while exploring gender. Though this non-binary identity was persistent for quite some time, Jake conceptualized this as a part of his process: “Throughout high school I would say that my gender exploration was pretty stagnant, I guess, because I was like, ‘I’m nonbinary,’ and then I was like, ‘Okay that fits so I’ll stay there.’” This identity was a part of the journey for him exploring along the process of identity development. Another participant, Nate, on multiple occasions, used the word ‘journey’ to describe their process, noting their “journey with gender,” and stating, “I’ve been having a journey,” with regard to the process of reconciling trans identity with a lack of gender dysphoria. Forest and Nate also recounted experiences abroad that led to their awareness of the cultural context of gender. Forest describes one such experience in the following quote,

I studied abroad in [Europe] and it has a gender-neutral pronoun that actually they're advocating for most early childhood educators, to use that pronoun for all children.

Immediately being able to have language for myself, that just felt very natural.

From this data we see more of the nature of *what* participants experience when exploring their gender. This includes recognition of the social bounds that encompass gender, as well as the fluid, “journey” of the process.

Facilitators.

While facilitative experiences were an overarching theme throughout the data, of particular note are the facilitative aspects of identity development and exploration. This emerged as a subordinate theme because it had particular strength in participants’ descriptions of identity development, and helped to illuminate and better understand the processes being described. All participants noted the importance of exposure to other individuals who identify as trans and nonbinary. As noted by Jake,

I have close ties with [queer community org] and one of their coordinators is non-binary, a masculine presenting individual, and so when I was a freshman in high school, they really stood out to me when I would go to conferences and stuff. And the way that they talked about their gender kind of sent me on this path of questioning my own gender and whether or not I identified with what I was assigned at birth. And them being out and proud and functioning as an adult made me feel more secure in exploring myself and more secure in living and presenting as myself.

Similarly, Forest stated, “I read an article by Jacob Tobia. Yeah and it just... something just clicked.” This exposure, along with the exposure to more commonly used gender-neutral

pronouns mentioned above, stood out for Forest as important facilitators of their process of gender exploration.

Regarding the nature of this exposure, Forest, Riley, and Nate described in-person exposure (noted above) as well as exploration via the internet (social media, blogs, websites) and text/literature. Riley and Forest both described exposure to non-traditional gender presentation in the form of MTF or non-binary femme presenting that was facilitative and spurred a sense of kinship, but also was not representative of them specifically. Riley describes one such experience of exposure as helping him see representation of trans individuals as such:

I was really first getting on social media, so Tumblr was one [place of exposure], Twitter was one, that was about the time Caitlyn Jenner came out, I think. I don't know when she came out, but it was her and then there were a couple of other people that had come out recently, so I was like, "Oh, okay." And it was a little bit confusing because all I ever saw in the media was trans women, and I was like, "That's close, but not it," sort of thing.

One additional facilitative process as described by both Jake and Riley was the process of seeking and beginning hormone replacement therapy (HRT). They each noted their process of HRT as meaningful and helpful in living and being coded as their gender, while also still a complex process. Jake stated, "I'm on hormones; I have been for, like, six months now. And it's [being misgendered] getting better, but it's still hard to constantly have that reminder that I'm not where I want to be." Additionally, both participants noted the helpfulness of the agencies providing HRT, as Riley noted, "They also do a ton of work with transgender healthcare. So I actually started testosterone two weeks ago yesterday, through that center. They're super great; they have a ton of resources. Having them so close to campus means a lot." Facilitative people

and agencies and facilitative experiences of representation/recognition emerged as a theme in identity development for all four participants.

Bodies.

The role that participants' *Bodies* and body satisfaction played into identity development was also noteworthy. As highlighted above, two participants are currently undergoing HRT to achieve body presentation that more closely aligns with their internal view of their body presentation. This was also underscored by the importance of being coded as male, as described by Riley,

And then the first couple times I got gendered correctly by strangers who didn't know me, they were like, "Hey dude, what do you want," or, "Hey sir, how can I help you," sort of thing. And I'm just jumping around on the inside but on the outside I'm like, "Okay, yeah, I need a sandwich." So experiences like that are still really cool. I don't know, I don't pass consistently right now, so even now, if I get gendered correctly by a stranger, it's still pretty cool.

Riley and Jake also commented on the difficulty with body satisfaction, noting some body dysphoria, and commented on the importance of "passing" to safely access gendered spaces like bathrooms. Conversely, and of note, Nate reported body euphoria, stating, "I think I'm pretty happy in my body." However, Nate also described a process of questioning their identity as trans due to not experiencing body dysphoria, also underscoring the important role bodies play in trans identity development.

Language.

The last superordinate theme of identity development was the importance of *Language*. A theme that emerged was the importance of the language used by participants. Forest and Nate

both identified the value of gender-neutral pronouns, and Forest described the important role the exposure to this language had on their identity development. Nate and Forest also self-identify as “tomboy” and “neutrois” as their gender identity, terms that were discovered and chosen due to the deep sense of resonance of the labels, and the intimate meaning those hold for the participants themselves. Additionally, Riley described the value of gender-affirming terms such as “sir” and “dude” and described the importance of educating others on the meaning of terms such as “pansexual.” For all participants, there was a constant tension about language and selecting terms, but also balancing that with others’ knowledge and comfort.

RQ2: Experiences

The next cluster of themes are related to the research question, *What are the lived experiences of trans and nonbinary college students?* This overarching domain includes superordinate themes of *Negative Experiences, Coping, Supports, and Recommendations*. For the themes of *Negative Experiences, Coping, and Supports*, data also clustered into subordinate themes, also presented below.

Negative experiences.

On-campus limitations.

While each of the four participants named the presence of on-campus services and supports for trans and nonbinary students, each of the students noted the difficulty learning about and accessing supports and services due to low visibility. As noted by Jake, while his university allowed students to change their preferred name within the system, it was challenging to learn how to access that service, or that it existed:

I think that there are resources for trans students but I feel like they're not obvious. For example, I was super uncomfortable with having my legal middle name on my email and

then having it called out in class and stuff like that. So I had to research and find out that a name change in the system was just simply filling out an online form. Which is great, but I had no idea. And one of my friends approached me who's also trans and they asked how I changed my name in my email and I told them about the web form and then a lot of my friends also did the web form.

Regarding access to services, participants also noted the lack of access to HRT on campus. Both participants accessing hormones, Jake and Riley, had to identify community providers and access HRT and additional services independently, aside from healthcare services provided by the university. Additionally, Riley, Forest, and Jake reported difficulty locating accessible bathrooms. Jake reported getting “weird looks” and being questioned when accessing men’s restrooms, and Riley identified that, while some gender-neutral restrooms exist on campus, they do not exist in buildings in which he has classes. He described his experience as follows:

We have a few gender-neutral bathrooms around here, but none on the side of campus where my classes are, so it's like I've either got to hold it or sneak in real quick and come out. There's nothing against me using the bathroom that suits my identity, it's just more that I'm not quite comfortable yet using that one.

Additionally, participants described knowledge gaps of faculty and staff, despite their ability to identify support organizations and trans affirming propaganda on campus. Such knowledge gaps (discussed later in the *Harassment and Microaggressions* section) were noted by Forest, in overhearing fellow TAs (teaching assistants) struggling with gender-neutral pronouns and mocking students, as well as the regularity of gendered language within statistics in-class examples; Jake in his being repeatedly misgendered by professors, despite directly

calling their attention to his pronouns; Riley in his experiences of “innocent ignorance,” he believes is due to the fact that professors “just haven’t been exposed to” trans student needs; and in Nate’s frustration with the gendered nature of some student serving organizations and ignorance of the way this excludes non-binary students. These experiences are frequent enough to be minimized and excused away, suggesting they, at times, become a part of the landscape for trans students. Participants also described experiences of having to educate professors, at times repeatedly for the same infraction, to get their appropriate names and pronouns used.

Harassment and microaggressions.

Participants recounted negative experiences ranging from microaggressions, such as being misgendered or having their dead name (name assigned at birth) used by professors after updating name preferences within the university system, to overt violence and harassment, such as verbal and physical threats of violence.

Three of the four participants named no fewer than three experiences of verbal and/or physical aggression they experienced. Nate described an experience of being harassed while shopping at a local store, and another instance of being cornered between houses and having slurs yelled at them. Jake reported being harassed or “bathroom policed”, asked by a fellow college student if he was “sure he was in the right bathroom.” And as Forest described,

I was biking and some guy was just shouting at me like, “Are you a boy or are you a girl? You're a girl aren't you? No, no you're a boy.” And just continuing with that until the light changed and I was able to go off and just bike away. Things like that.

Of particular note, however, is the impact of some of these experiences, and that seemingly small experiences can be largely impactful. As Forest continued,

I can remember one instance of, there's a picture of, do you know Jeffrey Marsh, the non binary activist? There was a picture and someone was laughing at that. And I feel like that actually digs a little deeper to me, because all of Jeffrey's things are self-affirmations and love yourself and then to laugh at their face felt really bad.

Forest also described being hurt when overhearing fellow teaching assistants mock gender-neutral pronouns, describing, "They were TAing a class together and a student emailed them saying, "Use they/them pronouns", and they both talked about like it's ridiculous and I was there for that conversation, listening to it." This struggle was shared by Jake, who not only recalled his own experience of being emotionally impacted when seeing a vandalized queer-affirming poster, but who also acknowledged the burden of having to regularly correct his professor who used the wrong pronouns, stating, "This professor really struggled with referring to me in the correct way and would often group me with the girls and stuff like that." These experiences reinforce the restrictions and added pressure of the gender binary – the act of needing to gender persons to formulate conversation, class discussion, or to group by "boys and girls" both define and increase the microaggressions experienced by these participants as a direct outcome of gender binary expectations.

Another example of microaggressions noted by participants is the tokenization and othering that occurs. Riley described experiences of being asked to advocate for how to accommodate trans and nonbinary students in travel for off-campus school trips, and speak for appropriate treatment of other queer students, describing, "It is [Questions are] a burden when it's more about stuff that you very easily could research, could find here and there, and instead you're just asking the local trans guy." Other participants also noted times they were tasked with educating others on trans concerns and trans needs. For trans and nonbinary students, this

consistently centers their identity and the burden of educating others while they are trying to get an education.

Coping.

Accommodating.

One method of coping that emerged as a theme for participants is the practice of accommodating others' ignorance and or tokenization of the participants. While noting that it was frustrating to educate others in the example provided above, Riley also reported feeling pleased that others asked his opinion or thought to consider his needs. Additionally, Riley described experiences of being repeatedly misgendered that he described as "innocent ignorance," denying any experiences of transphobia when asked. Additionally, Jake and Nate were more than willing to provide education to others who failed to seek appropriate education on their own. In one instance, Riley described continuing to see a professional, despite being regularly misgendered, and even dismissed this experience, stating,

Well, my intake appointment last year, I kept getting misgendered, and I don't think it was that person's fault, I just kept being like, "I'm a dude," "I'm a guy," so that was annoying. A little bit entertaining at the time, but I don't know. I was like, "Yo, I'm a guy, I use he/him," and it took a couple times, but they got it. That was just an interesting moment.

The use of the phrase "interesting moment" suggests that Riley is downplaying the impact of this experience to be able to accommodate this provider to continue to get his needs met.

Seeking safety.

Though easily coded as a characteristic of all coping strategies, and, in particular, the *Accommodating* mentioned above, participants also described overt experiences of *Seeking*

Safety. In descriptions of navigating gendered spaces within their major, Nate described code switching, or shifting into aspects of privilege, such as race-based privilege in being white, and/or femme-presenting privilege to access supports. Additionally, both Nate and Jake reported times of anticipated harassment and stress, and a willingness to adjust their gender expression to remain safe. Jake also reported awareness of times of privilege, noting he would not access the restroom of his choice prior to presenting as more masculine, as he does now.

Resourcing.

As noted in the *Facilitators* section of RQ1, Seeking out and providing resources emerged as a theme within coping. In one example, Jake described seeking out the procedure for changing his name within his university's system, and shared this information with his friends so they could access this option. Additionally, Jake and Nate described the importance of serving as an advocate and living an openly trans life for others to see. In Jake's case, he directly linked this importance for himself to the important role that representation of others had on his own coming out process. Additionally, even within the study, Forest directly named at least three resources that were helpful for them and identified them as potentially helpful for other individuals.

Exhibiting resilience.

A final subordinate theme under the theme of *Coping* is the theme of participants *Exhibiting Resilience*. Though the examples were countless and woven throughout the responses provided, there were certain examples of resilience exhibited from participants that stood out. One overarching example for all participants, and particularly for Riley, was the use of humor to cope. Jake described a quick humorous retort when questioned on his bathroom usage of, "I'm a college student, I think I know where I should go." Nate told the story of being questioned on

their pansexual sexual identity, and pointing to a kitchen pan in response. Additionally, Riley described an experience with a professor who misgendered him, and how he approached this with humor,

I've had issues with professors who keep calling me 'she', like with one professor he has a policy where if our cell phone goes off in class we have to bring cookies for the class the next time. And again, this is a class with like 12 people, so it's not that big a deal, but I called him out one day. And I was like, "Hey, for every time you call me 'she', you have to bring cookies for the class."

As Riley continued,

And we talked after class and I was all like, "That might have been a step too far and I'm sorry if it made you uncomfortable." And he goes, "No, I was just embarrassed, I'm so bad at this." So yeah, the professors, they want to be better, they just struggle with it.

This demonstrates another aspect of resilience, which is perspective-taking and externalization. Forest also acknowledged the lack of knowledge and good intentions of others, despite marginalization. They characterized others as wanting to be affirming but not knowing how, and not having awareness of their own lack of knowledge. All four participants report resilience that has developed in response to this "not knowing" or even blatant ignorance that they have regularly experienced.

Supports.

On-campus organizational and policy supports.

Participants described a variety of supports, and one category was *On-campus Organizational and Policy Supports*. All participants described a variety of queer-student serving organizations, for example LGBTQ+ Resource Centers. All participants were aware of

these student centers, and some had accessed their services. As described by Forest, “There's the [queer student center]. Yeah when I first came out I think I went to a few of their meetings.” Similarly, Jake described the presence of the center on his campus as an obvious but impactful presence, “So obviously there's the resource center. And I feel like they do a lot. And overall have a pretty strong social media following and have a pretty expansive reach on the campus. In addition, Nate named a queer student STEM group that existed, and named this as a place they felt comfortable, despite not accessing the space frequently, “There's [queer STEM org], which is for people out in STEM, and I should go to them more because I actually really like a lot of the people in there.” And, finally, Riley mentioned awareness of multiple organizations on campus for queer students and the impact they have on him, stating,

I know we have several, I guess, queer support groups. There's two or three that I know of right now on campus, I'm unable to make the meetings due to work, but I know they're there, they're very vocal on campus, I see them every now and then, so that's cool.

Two participants noted their housing as supportive, when asked about supports they receive. Forest described living in queer-identified housing, though named this as an off-campus, student-oriented housing option. “Living in a queer house is really great. That's a lot of support.” Additionally, Riley described working and living in on-campus housing as a progressive and supportive environment, describing how he was able to identify his preferred gender of housing,

I emailed the housing director and was like, “Hey, I know it says on my profile online that I'm female, but I'm not,” sort of thing, and explained how I identified and they were like, “Yeah, sure, we'll get you up in a guy's room, no problem.” So that was pretty great.

He also went on to identify the dedication of the residence staff to being open and accepting of trans and nonbinary and intersex students as helping create a safe and supportive environment.

Furthermore, all four participants named on-campus mental health services as a source of support, despite whether they had personally accessed services or not. One participant, Jake, named that on-campus mental health services also had connections to other organizations to provide more queer-focused support, if they were unable to provide those services themselves. Additionally, at least two participants described the ability to easily change their name online to allow for university emails and class rosters to reflect their preferred name as helpful to avoid misgendering and use of dead names.

Behavioral supports.

When asked about supports participants receive, an overwhelming majority of the responses participants gave fell into a category of *Behavioral Supports*. From naming their comfort in spaces dominated by other openly identified queer individuals (all participants), to naming ways others have advocated for them (Jake), to the importance of others asking questions and allies taking on the burden of educating others (Riley), to overt pro-queer signage (all), these supports resonated with the participants deeply. As Forest described about living in queer housing, "It's great. All of my roommates already knew someone ahead of time who used they/them pronouns and there's no assumption of who you're partners with, or how your partners would identify." As described in this example, both the lack of assumption regarding partnering and identity, as well as the familiarity with gender-neutral pronouns creates a space of safety and comfort where Forest can focus on other things than their gender identity and pronouns.

Riley described experiences of feeling supported by both his on-campus workplace, due to their dedication to educating themselves and others on the needs of trans and intersex students,

and also his academic program. Although the burden of education was placed on Riley to identify his needs, he described this experience as supportive, as he was grateful that they were open to creating space for him and his needs within a traditionally gendered program. As he describes:

Before I got admitted formally to the program, they were like, “Okay, what can we do for you because we've never had a trans person in the program. If you're traveling with the teams, do you want to ride with boys or girls,” sort of thing. So I very much have had input, specifically within my program, on how I'd like to be treated, and that's been very nice.

Riley also mentioned the supportive importance of others taking on this burden, and advocating for him:

With friends, every now and then, a professor will misgender me, then somebody in the class will be like, “Actually, Riley is a he,” in an assertive, supportive way to call out the professor so I don't have to do it. And I cannot overstate how much that means, because it's like, “Thank you, I don't have to do it this time.” Yeah, so yeah, I have a couple classmates who will do that. One of my best friends, when we go out to eat or whatever, if I get called “ma'am,” he'll make a witty comment letting them know that I'm not a ma'am, and stuff like that.

In addition to this, Riley acknowledged professors' willingness to adjust pronouns, even when they have difficulty with it, as supportive. This was a sentiment shared by Nate, who described the following situation where a student organization was willing to adjust their language to be more inclusive:

[STEM student org] used to call everybody “sweetie;” it’s a play on their email address. Someone that was queer actually was like, “Hey, I don't feel super comfortable,” and I didn't feel super comfortable in [the student org], either. ... There was a meeting about diversity. They were just like, “Hey, you know, I don't feel super comfortable here.” The person was like, “Oh my gosh, what can we do to make people feel more comfortable?” Now they call people “Sweepie,” which is kind of a little funny term.”

This willingness to reflect and adjust, creates environments that feel safe and make Nate feel like there is the “option for different perspectives and different ways of thinking or just being,” which feels inclusive and welcoming.

Another behavioral support mentioned by all of the participants was the presence of signage and posters representing queer allyship or inclusivity and sharing a trans narrative. Nate described pursuing additional academic supports from a professor after recognizing allyship signage on their door:

I mean, if I see an “all are welcome,” or an ally sticker, or rainbow sticker somewhere, I'm like ... I instantly feel more welcome. Yeah, like one of my professors had an ally sticker, and it's like a rainbow thing. I was just like, “Hey, can you nominate me for this LGBT scholarship thing?” He's like, “Oh, of course.” Yeah, that makes a world of difference.

Riley and Forest also described the recognition of visual cues and affirmations of support mentioned above as indicative of the safety of campus contrasted to the lack of safety that exists outside campus. As Riley stated, “On the university campus it's great, it's fine, the university has stuff in place, I feel safe enough. But, at times, I'm also aware that, outside of the university, I'm in a very conservative area of the country.”

Recommendations.

The final theme within the research question regarding experiences is direct *Recommendations* provided by participants. While not directly mentioned as a recommendation, all four of the participants named the need for more training and education, or, as Forest described it, a “culture shift” on campus. Participants recognized the importance of educating and training for more inclusivity. As Riley said, “I’d love to see professors and faculty getting more information on it, so I don’t have to explain everything to everyone,” identifying how this burden for education falls on the individual if responsibility is not assumed by those in power. Additionally, he points out the value of being attuned to language, which was also a point highlighted by all of the other participants. As Nate named, openness to dialogue and shifting language, and simply the act of asking, is affirming,

They’re [Student Org was] like, “Oh no, we’re working on our language, and let us know if there’s anything we can do to make you feel comfortable.” I was just like, “You know, just saying that like, makes me feel more comfortable.” But they’re going to be working on their constitution, and changing some of the language to be more inclusive. I’m like, “That’s super exciting.”

Similarly, Jake described how professors remembering to say their pronouns can go a long way towards making the conversation easier for students to also feeling welcome and able to say their pronouns to avoid being misgendered.

Other recommendations from Jake and Nate highlighted the importance of visibility and marketing of services. Jake described the process of changing his name in the university system to be reflected on class rosters and his email as helpful, but also identified how challenging it was to access this service. Similarly, he named that he is aware that the queer student resource

center is helpful, but stressed how few of his friends are aware of them or what they do. He highlights the importance of this marketing so others can have access to the resources available:

For example, I know we have the [LGBTQ student center] on campus and I know that they do a lot. But a lot of people ... like they seem like a kind of smaller scale organization and I know that a lot of people in my friend group don't entirely know what they do and don't entirely know how to approach that. So I don't know like advertisements or emails or something and having that involvement with the broader, with the grander school community. Because once the center's available or accessible then more people would have access to the resources that I was talking about.

Jake continued with a recommendation to gather and disseminate resources for trans students, naming how helpful it may be for incoming students to have a “guide” to navigate supports and barriers that come with being trans, “They could maybe compile a list of them or something like that. Or, I don't know, like a guide to being a trans student. I don't know, that would be awesome, that would be so helpful for a freshman.”

And finally, recommendations mentioned by Forest, Jake, and Riley were direct recommendations for increased bathroom access. While Riley and Forest named the presence of gender-neutral bathrooms and “working on” policies for bathroom usage, Riley described difficulty accessing a safe bathroom, “Bathrooms. We have a few gender-neutral bathrooms around here, but none on the side of campus where my classes are, so it's like I've either got to hold it or sneak in real quick and come out.” This underscores the burden placed on trans and nonbinary students to navigate how to be able to go to the bathroom while attending classes and other responsibilities on campus. Similarly, Forest and Riley recommended more inclusive and open housing for trans and nonbinary students. Forest described the support they receive in

queer housing off campus, and Riley identified that, while he was able to request gendered housing to his preference – an option he named as very helpful – it could be valuable to have gender-neutral housing for a variety of trans and nonbinary students:

I'd love to have at least one dorm, kind of like the apartment style, where you can room with whoever, regardless of gender identity. I think that would help a lot with non-binary students, gender non-conforming students, as well as just being easier for trans people.

This point clearly highlights the *Impact of the Binary* on so many aspects of the college experience, including where a student lives, and what trans students have to navigate above and beyond cisgender students to feel comfortable at college.

RQ3: Experiences with Help Seeking

The third and final research question centers on experiences of trans and nonbinary students in help seeking and aims to answer the question, “*What clinical supports do trans and nonbinary college students need?*” Findings within this research question are broken into superordinate themes of *Facilitative Experiences with Providers*, *Negative Experiences with Providers*, *Barriers to Seeking Services*, *Nature of Services*, and *Recommendations*. Three of the four participants had accessed and routinely met with mental health therapists prior to the time of interviews, and one participant, Riley, had accessed a psychiatrist for multiple years and, while not currently accessing mental health services of any nature, had initiated the process of scheduling services at his university’s mental health clinic and had an intake scheduled for the week following this interview. Unfortunately, he did not respond to communication to provide additional information following that appointment.

Facilitative experiences with providers.

Many of the facilitative aspects of mental health providers mentioned by participants fell within the foundational facilitative therapeutic skills category for mental health professionals.

Forest, Riley, and Nate all mentioned experiences with providers who seemed “understanding,” “honest,” non-judgmental, “authentic,” “supportive,” and “accepting.” As Nate described,

Yeah, with [my psychiatrist], it feels like she actually cares. She's authentic with me.

There have been times where she's frustrated with me, but she doesn't hide it. She's just like, “Hey.” ... You could see that she was frustrated, but it's also like a frustration like she cares about me. Like, she honestly gives a damn, like ... “How does this work for you?” Really, she's a psychiatrist, and that stuff, but like she's really asking me, “What do you need?” She's willing to experiment and ask, “Will this work for you? Will that work for you?”

Another point highlighted here is the importance of open communication and providers seeking feedback from participants. Forest echoed this importance, stating, “Like talking to someone is definitely helpful, but then them asking good questions or suggesting good things is part of it too.”

This direct communication was also mentioned by both Forest and Riley with regard to identity and gender, as well. They each named the importance of providers directly asking about and addressing gender, name, and pronouns. Forest stated about a previous therapy provider, “She didn't feel awkward about bringing up identity or treat it as a weird thing or things like that, when talking about being queer or non-binary.” Additionally, Riley stated, “She was great with pronouns, great with names,” when talking about the process of coming out to a provider who he had seen for a while. He described changing names and pronouns while working with this

provider, and how helpful using his correct name and pronouns was in affirming his identity and helping him feel supported.

Another theme that emerged regarding positive experiences with providers is the comfort and validation experiences by Forest and Riley when they perceived or knew their provider to be in-community or of another marginalized identity. This led the participant to feel as if their experience was validated and understood in ways that felt more authentic than with other providers. As Forest stated:

And then, let's see, the current provider that I'm seeing is genderqueer. They totally get it and I haven't had any concerns there. I actually really appreciated the way that...

Because to some extent gender is an issue I like to bring up in therapy with understanding family dynamics or friendship dynamics and being out, and those kinds of anxieties of not being out, and when you are out there's expectations that other people have that they're not very well educated. So I really appreciate all of that just being immediately understood.

Riley also described the importance of this with regard to family struggles, stating, "My family has not been supportive in the slightest and the community was kind of rough, so just having her, even for an hour every other week, meant the world." The importance of this support in contrast to the lack of support experienced by family was very important to Riley. As he described at another time about his provider during adolescence and coming out, "I feel like she helped me work through a lot of stuff, but also she was just someone who was there, and supportive, and that meant a lot just on its own." In addition to the provider identifying as in-community, Forest, Riley, and Nate noted the importance of specialty knowledge of provider, regardless of identity,

as important. They named the support and recognition that occurs when a provider has a stronger foundational knowledge of the unique experiences of queer students.

Another aspect of positive experiences named by all four participants was knowledge. Jake described that, although he had not yet accessed services, the counseling center on campus had a reputation for being a place trans students could go to get more specialized information for trans students, whether that's in-house support or referral to community providers with specialty. As he stated, "I know that a lot of people really value the mental health services. I've heard it's really good and they have a lot of connections to other mental health services in the city that they can refer you to." Additionally, Riley and Forest named working with providers who specialize in queer and trans issues as helpful, as there is more comfort in discussing aspects of their experience.

Negative experiences with providers.

Unfortunately, all three participants who had accessed talk therapy identified *negative experiences with providers*. As identified in the inverse above, both Riley and Forest identified challenges discussing experiences unique to the trans experience with providers who were not in-community. Additionally, Forest noted microaggressive experiences with one provider, stating,

I wouldn't say the one [my provider] was overwhelmingly negative. I think his perspective was really nice to get, especially someone with a lot more life experience than me. But just maybe, once we started diving in deeper it wasn't helpful any longer, because there was just so much explaining that I had to do. And then misunderstanding or questions, like how I have sex, I feel like that wasn't a question that is worth his knowledge.

Another experience evidenced in the above quote from Forest and also reported by Nate is the experience of feeling judged for lifestyle choices. As Nate shared,

I could tell on their face. I'll mention a partner, and you can tell pretty instantly if this is a discussion that's good or not. Like my [provider] was great, but it was clear on her face that she didn't agree with a lot of things I was doing. I was dealing with money troubles, and I was a sugar baby, or sex worker, in the past. That I just didn't even bring up, because she was just like not happy with a partner. And that's something I do want to talk about a little bit more. But I've mentioned my partner or gender identity, and like, you could tell on their face where I'm just like, "Okay, this is not a good fit."

Again, this example shows how Nate is restricting what they will discuss with their therapist, despite wishing to use the space to get support and process concerns, because they feel judged and suspect that their provider will be unable to support their needs. Another example of this is Forest naming provider challenges even discussing the topic of gender, "We never really got into identity things. I don't think that she would've understood."

The final negative experience not encompassed in the above examples was Riley's experience with one provider of being consistently misgendered, and being tasked with correcting the provider repeatedly. Despite identifying name and pronouns on both intake forms and within session, the provider continued to misgender him. As Riley reported,

Well, my intake appointment last year, I kept getting misgendered, and I don't think it was that person's fault, I just kept being like, "I'm a dude," "I'm a guy," so that was annoying. A little bit entertaining at the time, but I don't know. I was like, "Yo, I'm a guy, I use he/him," and it took a couple times but they got it. That was just an interesting moment."

While it seems this example demonstrates the *Accommodating* and *Exhibiting Resilience* mentioned before, likely in attempts for *Seeking Safety*, it also describes the burden of education and advocacy necessary to be treated with respect. Each of these experiences highlight the restrictions placed on services for trans students when the provider is not able to meet their needs, as well as the additional microaggressions and harassment they can endure when attempting to see help.

Barriers to seeking services.

Aside from the nature of experiences participants have had when seeking mental health support, whether they be *Positive* or *Negative*, another theme that emerged from the data was structural *Barriers to Seeking Services* that participants identified. All participants named concerns around access to competent providers. As both Forest and Riley named, there can be limited access to providers competent to work with trans individuals and, even in communities with many providers, those wait times can serve as a barrier. As Forest noted:

All of the actively, very queer friendly or trans friendly therapists in [city] have really long wait lists. I was on a wait list for my current provider for I think two months. And also the number that are available through my insurance is small.

Similarly, Riley described concerns accessing providers off campus, stating,

I'm not planning to move or live in any super rural community where it would be hard to access a therapist, but another one I know is just getting in to see a therapist, because the wait times, and again, that's something I've been lucky with, but in the future that could be an issue.

In addition, following the interview, Nate requested researcher's assistance in identifying a queer-competent mental health therapist, stating they were not sure how to go about finding a

queer-friendly therapist upon moving to a new location. These can often be compounded when individuals are seeking mental health support in accessing gender affirmation treatment, such as surgery or hormones. As the current practice is to require letters of support for surgery and, at times, hormones, this can serve as an additional gatekeeping and barrier. As Forest explained:

Okay, yeah because medical. . .trans friendly medical professionals have the same problems with incredibly long wait lists. Yeah so just, I feel like the whole issue is kind of getting lost in the public rhetoric of the wait lists are really long, but people don't realize that if you need a letter then there's all this work to finding someone that is in your insurance. And then you have all the waiting time and then after the waiting time, then you actually meet with the person and chances are they're not going to write a letter on the first meeting. Then you have a second or third, whatever it is and then once you finally have the letter, then you have the whole insurance finding process of the next doctor and then the whole waiting time for the endocrinologist or whoever you're meeting with. And I feel like that whole picture is kind of lost. It sounds like it's just a two month waiting time, when in reality it's like a year and a half.

While these point out the barriers that can exist when accessing services in the community, Nate pointed out a concern of on-campus session limits (a common practice for college campuses) serving as a barrier, "I have worked with a therapist before. Unfortunately, there was a limit." Also, Jake and Riley both discussed the concern of not having specific identity or specialty matching as a barrier to seeking services. Additionally, some campus health clinics do not provide access to HRT, a restriction noted by both Jake and Riley. They had to independently research and identify community providers to provide that service, and the process also comes with its own burdens and work. Riley describes his frustrations with this as follows:

On-campus services do not [provide HRT]. I don't know, if I had more time and energy I might work on pushing them a little bit in that direction ... The community clinic I went to used informed consent, they did a whole interview beforehand to see what's your motivation for getting these hormones, sort of thing. So I basically told them what I've told you, this is something I've known for a couple of years and I've been living as a guy, etc. etc. And we did 30 pages of informed consent with me initialing each page three times, so that wasn't very fun.

This cumbersome process is not only a barrier on its own, but, compounded with the lack of access on-campus can act as an additional barrier for students who are not from the geographical area or do not have already established supports when coming to the university.

Fear as barrier.

Some of the barriers noted were similar to some of the *negative* experiences reported by participants, but an overwhelming barrier that showed up significantly for one participant, Jake, was *fear* that served as a barrier to seeking services in general. For example, Jake reported that concern about getting paired with a provider who was ignorant of trans needs, “Just because you hear a lot about therapists who aren't educated in trans matters and then navigate it poorly and especially ... I don't know, there's a lot of fear.” This fear also emerged when Jake discussed seeking services, due to sex markers on his chart, and how to address this issue:

I guess one of my big fears any time I seek out medical help, mental or physical, is that, “Oh they have access to all my records they're going to see that big fat 'F' on my sex and also my middle name,” and stuff like that. And so it's always frightening to go to a new place, like I don't really go to any doctors or anything except for the one that I see at the clinic for my hormones and she's specifically trained to deal with trans folx so I know I

don't have to worry there. But especially because I don't think ... well I don't think that there's ever a good time to mention it. I'm sure that there ... I don't know. There are instances where it would be beneficial to bring up, "Oh hey I'm trans." But especially when you're seeing a specialist who isn't well versed in trans stuff it's kind of awkward and scary to say, "By the way I know my records say I'm this but I'm trans so here's this."

This highlights also the barrier trans individuals have seeking not only mental health services, but also medical services, of having to navigate how to out himself. Jake also shared,

So going into I guess seeking out therapy I am worried about coming out, I'm worried about how the people at first refer to me. Because obviously all they know about me is what it says on my record, you know what I mean. But I'm hoping that it won't be a direct assumption and hopefully once they see me they'll think, "Oh well maybe I should take a second, step back, and think about how to navigate asking this person's pronouns or how they identify." Because I know specifically for help with the symptoms of my dysphoria, I know I'll have to come out and I'm ready to do that. But I guess just hoping they're going in not having preconceived assumptions about how I'm going to be. And then I'm always afraid that, "Oh god they're not going to refer to me in that way." Yeah so there's some fear there.

Here, Jake also discusses the concern not just of how to navigate that conversation, but also of how his provider will respond, and what assumptions they will make about him and his needs.

This concern is not just of assumptions they will make, but also of whether they will have own biases that impact their ability to treat him with respect. This fear serves as a burden for an individual already experiencing some situation for which he is seeking support and assistance.

As he continued,

But then there's just that reservation and that fear about them knowing and then maybe they have a poor reaction to it or maybe they just don't refer to me the way I want to be referred to or anything along those lines. Especially because I've been meaning to get back to see a psychiatrist back in my home town. And my previous one, I've known him for years, and so he was there to watch me change and stuff like that. And he wrote me a letter for hormones and stuff like that. So he knew about my problems and he was thankfully really empathetic towards it. But there's always that reservation of, "Okay what if I get one of the bad ones? What if I get one of those who don't know about trans things and then misgenders me all the time or tells me I'm doing something wrong?" So I would say it's probably prevented me a little bit.

In addition to the challenges and stress experienced when considering how much education and or navigation will be necessary, there is also the underlying concern of safety, in whether the provider will have their own biases that impact their ability to support him and his needs. Riley also directly shared this concern when discussing meeting with new providers and questioning whether they would be competent in working with trans students. Riley and Forest both shared this fear, naming concerns about working with providers who are not in-community. As Riley reported,

It's hard, I guess, seeing a therapist who's not a part of the queer community, because there are experiences that I go through ... like they can understand on a basic level, but won't really ever get, I guess, unless they're a part of another minority sort of thing.

Here, Riley recognizes the understanding accessed by providers with a marginalized identity while also expressing concerns that can keep people from accessing services. When describing seeing their current therapist, Forest also references the fear of not getting a provider who can

provide support, and having to “settle” for a subpar provider, “But if it hadn't worked out with them then I don't know, I think I might've still decided to see them for a while just until I figured out how to see the next therapist.” While this was not a barrier for Forest specifically, they name feeling “lucky” they had found a provider who was a good fit, supporting how real this barrier can be for individual seeking services. This fear also showed up with regard to individuals being willing to discuss experiences for this study. As reported by Nate, “I know some people in the queer community are a little ... yeah, just cautious of people wanting to do studies on them.” This underscores how pervasive fear and mistrust can be for this historically marginalized and oppressed community.

Nature of services.

Another theme that emerged for all four participants, which is of note, is the *Nature of Services* they were seeking when seeking out mental health providers. While Jake specifically named gender dysphoria, both Nate and Forest described seeking services from providers they hope and experience to be competent in providing support to trans students, but also is not necessarily their primary reason for seeking support. This distinction is important to make, as not all concerns brought to therapy by trans and nonbinary clients are actually directly related to gender identity or navigation, although some of them clearly are. As Forest noted,

I started going to a genderqueer therapist in February. It's been really great. To be clear, my current therapist is genderqueer, and is also a gender therapist. I see them for therapy, but many of their patients are looking for help regarding gender/transition/etc.

Within this, Forest also highlights the fact that some trans and nonbinary individuals are seeking therapy for specialized support, or for help navigating systems and options for gender transition. Similar to Forest, Nate discussed seeking therapy for concerns aside from gender transition,

while Riley reported seeking services for concerns, but that his concerns also include gender and issues that arise because of that. As Riley reported, “A lot of my stress comes from that [issues with family struggles with his gender]. And if you ignore the family you're faced with this little stressed ball of college student going, ‘I don't know what's wrong.’” This need to focus on concerns aside from gender, but also to disclose gender related concerns as they arise, was also noted by Jake:

Because I know a lot of my mental health issues surround the fact that I'm trans but some of them don't. And so I would obviously feel comfortable bringing up the ones that don't to a therapist who is more like traditionally educated and stuff like that.

Even within participant experience – with Riley and Forest, for example – some instances of accessing providers were for concerns more focused on gender, while others were for concerns unrelated. As Forest stated, “It [gender identity] was just kind of there but to the side and that now it feels like it's kind of incorporated in.”

Recommendations.

Similar to the previous research question domain, this *Recommendations* section includes only the direct recommendations provided by participants. All three of the participants who identified with seeking mental health supports (Forest, Nate, and Riley) listed recommendations for making those services more trans affirming.

One recommendation for providers was similar to the *recommendations* section for supports, which was signage and written signals of support. This could include stickers or posters. An additional written support is the inclusion of gender identity, preferred name, and pronouns on intake forms, which was mentioned by Forest and Riley. As Forest stated, “Immediately on the form it asked, ‘name, pronouns and then name for insurance purposes.’ So I

feel like that was easy right away, which is that it wasn't even like coming out it was stating it immediately.” Forest described being immediately comforted by this and feeling like the burden of coming out was alleviated, while they were also able to disclose parts of their identity.

Similarly, Riley stated, “They had ‘How do you identify: Male/Female/Other?’ Just having the other option is a big deal, I've noticed.” Riley also stated,

With the intake forms, just making sure they have a space to put their gender identity, because with healthcare and all that you generally have to put the gender it says on your birth certificate, and I guess just realizing that that doesn't work for everybody.

In addition to the written form, Riley goes out to point out the utility of providers directly addressing the topic of language:

And then I think it would be nice, again, once you get in the session, just to be like, "Okay, how do you want me to refer to you? Any words you'd prefer I not use," because certain people say, "Girl," kind of like calling another person a dude, where it's meant to be gender neutral but I still don't like it when it's referred to me. And I've met trans women who don't like to be called dude, so stuff like that, just being aware.

This awareness of the importance of language was also shared by Forest, who described being asked by a provider if, as a child they were “daddy’s girl or momma’s little helper.” They noted the discomfort experienced by this experience:

I think also the one that I saw this past fall asked me if I was more of a daddy's girl or a momma's helper when I was a kid. I think people often miss, that like there's this misconception that it's somehow okay to call someone by gendered words if that's how they saw themselves, or they didn't know any better I guess, identify with your past. So

yeah, like education around that, but like I don't necessarily want to be called a girl even in the past tense.

With this recommendation to focus on language, Forest also suggested awareness of gender identity development and recommended a resource helpful to them,

I really like the book, I don't know if you're familiar with it, *You and Your Gender Identity*, but Dara Hoffman-Fox. I feel like psychologists could even really benefit from that. There's a really clear outline of steps or stages that people tend to go through with gender identity. This was really helpful for me with deciding to come out and how to do that and where I wanted to do that. And coming to terms with where I didn't want to come out.

When asked to describe what was helpful about this resource, Forest continued:

I think everything that I've found helpful with therapy has kind of come back to this feeling of "am I normal," dealing with PTSD symptoms and just this fear that I was damaged or that somehow I could never go back to having a normal life. And just the acknowledgement that that's a completely normal reaction to being assaulted and actually a lot of people that are assaulted have these types of reactions. And I think that's also true with gender exploration too, it outlines a lot of the, I'm trying to think of an example. All of the quotes that it has from other people and people who identify with that, understand like, "Okay, yeah, this is a normal reaction to not identifying with my assigned gender at birth."

They described their awareness as helpful in building self-compassion:

And being able to identify that I was just at different stages in different parts of my life and not getting frustrated at myself for when I had to bury my head in the sand at certain times, because there's a stage for that. A lot more self-compassion.

This specialty knowledge also aligned with a recommendation of Riley to have specialty providers available to match with student needs, even on university campuses. In addition, Riley recommended college-serving providers be aware of the impact of family on the experience of students, as he stated:

Like specifically on campus sometimes I think it's important to ... obviously the students are probably not living with their parents or family anymore, but that doesn't mean you can not factor in the family at all, which hasn't been an issue I've faced ... It's important, because a lot of my stress comes from that. And if you ignore the family you're faced with this little stressed ball of college student going, "I don't know what's wrong." So family is a big one.

Additionally, Forest and Nate provide reminders to providers to not assume all trans and nonbinary individuals are seeking services for concerns related to gender. As Forest stated, "But then there's also the side of, you don't need to be super great about gender things, you just need to have the basic respect and it's not all about a person's gender."

Conclusion

The results presented above identify the experience of the *impact of the binary* on trans and nonbinary participants' experiences with *identity development*, *experiences* both on- and off-campus, and with *help seeking*. What we can learn from this, which will be explored further in the Discussion section that follows, is that trans and nonbinary students have experiences that are unique, different from their cisgender peers, and the impact of these experiences can be

pervasive and omnipresent. While direct recommendations from in-community (trans and nonbinary) individuals are important to note, the Discussion section in the following chapter will also expand on the themes within each of these research question domains, superordinate, and subordinate themes to discuss the importance of findings and provide additional recommendations for practitioners and others working with trans and nonbinary college students.

CHAPTER 5

DISCUSSION

This study set out to explore the experiences of trans and nonbinary college students' experiences with gender identity development, on campus, and with mental health providers. This is especially necessary because the binary, cisgender focus on the college experience, coupled with the pairing of sexual and gender minority identities in research, limits what we know regarding the experiences of these students. This study included a sample of four college students age 19-24, all attending state universities in the United States. Participants engaged in a semi-structured interview process discussing aspects of identity development, experiences on their campus, and experiences with seeking mental health support. Transcripts and coded themes were offered to the participants to solicit feedback for accuracy. The data from these interviews were coded using a research team and auditor, and the findings are discussed herein. This small but rich sample revealed themes consistent with literature on trans and nonbinary students, as well as unique perspectives of participants who identify outside the gender binary.

In the findings in Chapter 4, both superordinate themes and subordinate themes were identified and defined. Results are presented in a visual model to aid in organization of data, in Figure 1.

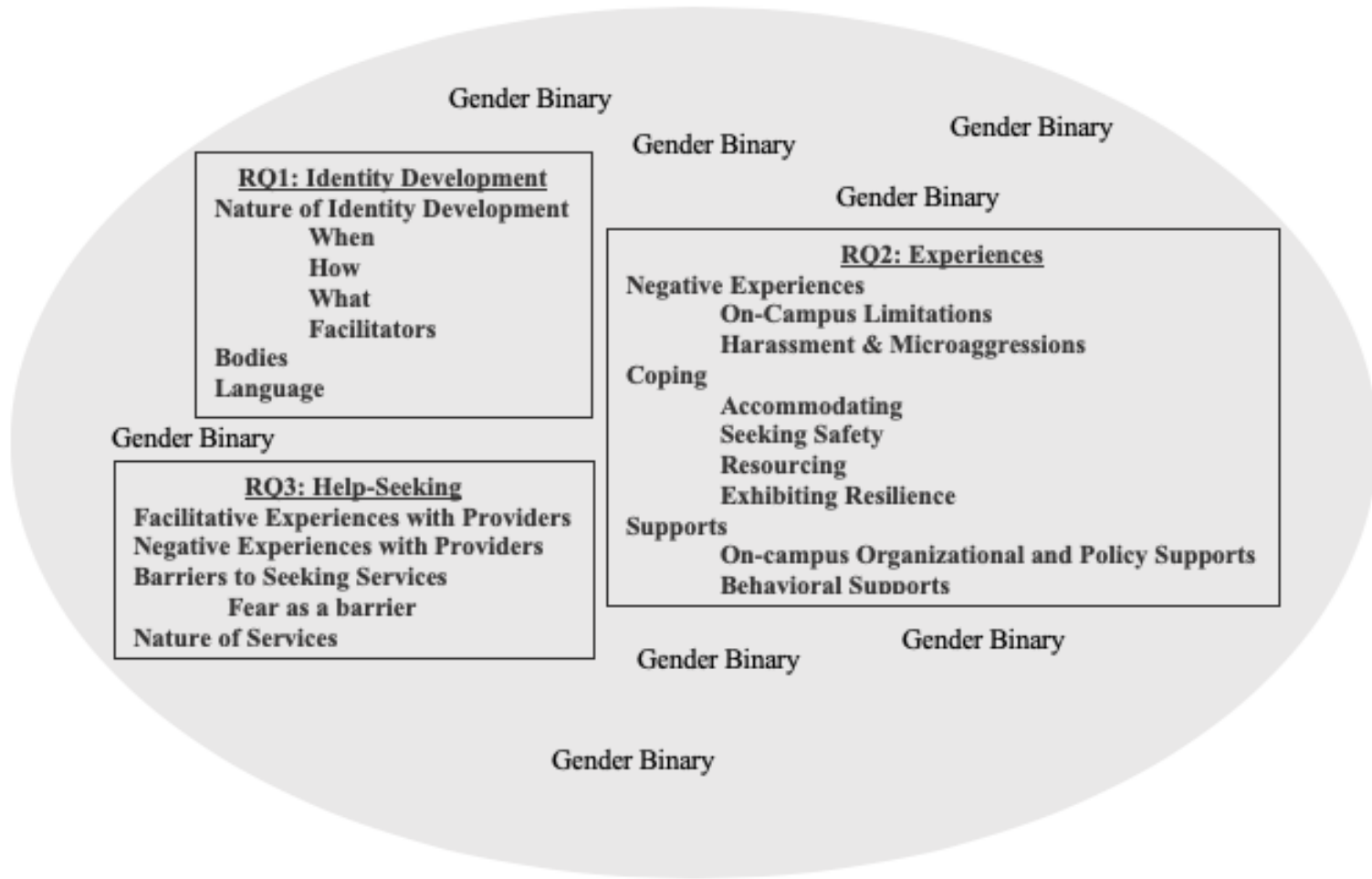


Figure 1: Visual representation of thematic codes with overarching “Gender Binary.”

Data revealed themes of a *process and timing of identity development*, the importance of *language, harassment and microaggressions*, patterns of *coping and resilience*, and *recommendations* for both college campuses and clinicians. What follows situates this data in the broader body of research and demonstrates important aspects of the trans and nonbinary experience for educating clinicians and higher education officials to better support trans and nonbinary students. The aspirational goal of this data is to better inform campus support of and clinicians' work with this population. The final section of *Recommendations* focuses on direct recommendations both from and supported by the data from this study.

The data will be discussed by the initial research questions of: (1) *How do trans and nonbinary college students experience their process of gender identity development*; (2) *What are the lived experiences of trans and nonbinary college students*; and (3) *What clinical supports do trans and nonbinary college students need*? This discussion will begin with the themes explored by research question, and continue with an alignment of these themes with existing literature. Themes will be italicized as they are described within the discussion. Consistent with IPA methodological recommendations, "an interpretative analysis" (Smith, Jarman & Osborn, 1999, p. 220) will be presented. Participant recommendations as well as research recommendations integrated from the literature will be offered. While in the Results section *Recommendations* were presented in the section where applicable, this chapter has recommendations as a final section of discussing the data from this study. This situation of the discussion, both in presenting data by research question and exploring recommendations as a final, uniform section, are to highlight the importance of the data. An important focus of this chapter is on recommendations, however, the data regarding identity development, experience, and help seeking of trans and nonbinary students provide valuable information on the trans and

nonbinary experience on which clinicians and higher education administrators, faculty, and staff should be educated. The chapter concludes with strengths and limitations of the study and suggestions for future research.

Impact of the Binary

To best understand the findings in this study, an exploration of what is meant by the construction of life in a gender binary society is a necessary starting point. Some authors have described the awareness of privilege as analogous to fish in water (Kendall, 2013). Like water to a fish, gender binary is all around us, yet only becomes visible if one is removed from it. Or, in the case of the gender binary for gender non-conforming individuals, it doesn't fit for you. Significant research has been conducted exploring ways these gendered rules and norms have differentially impacted individuals based on sex, and the gendered expectations placed on them for behavior, appearance, ability, and achievement. However, an additional struggle presented is when neither option - male nor female - or both options fit for a person. In this study, participants described not only experiences of identifying with genders different than those assigned to them at birth, but also experiences of identifying outside distinct gender categories, and even along a gender spectrum or outside of these two categories. A recognition of the "water" of a gendered society helps to contextualize the findings of this study. All participants revealed challenges related to navigating their identities in a gender binary society – from direct pressure to choose between two options, to assumptions made about them based on appearance, and to more active and sometimes more threatening insistence that they change something for the comfort or categories of others.

While exploring the data described in detail in Chapter 4, a contextualizing aspect quickly comes to the forefront. Much like exploring aquatic life and recognizing the influence of

water on all aspects of the findings, one cannot ignore the *Impact of the Binary* on all aspects of the data described within this study. From the influence of experiences that helped participants see they either identified with or didn't identify with genders and gendered expectations, to the spaces in which individuals feel (and are) safe, to the structure of housing, exercise, and restrooms on campus, the binary is within all of this data. Further, the *impact of the binary* is omnipresent within our experiences of our lives and socialization. This is important awareness to have as we move to the recommendations sections, as the (likely majority cis) individuals implementing changes in attempts to better support trans and nonbinary college students are also fish within this water. And, although we may not be aware of the water when we have adapted to thrive within it, this is not the same as it not existing – an existence even more pervasive to those land mammals attempting to swim upstream or forced to live in water, as many of trans and nonbinary individuals are.

RQ1: How do trans and nonbinary college students experience their process of gender identity development?

Within the theme of the *nature of identity development*, participants described their process of identifying as trans and nonbinary as a *journey* of becoming aware of gender, exploring gender, identifying as trans and nonbinary, coming out, and developing gender identity and expression as it “fit” (or didn't “fit”) for them. Consistent with literature (Martin & Ruble, 2004), participants described having early-in-life awareness of gender norms and expectations, and how these didn't quite seem to fit for them. As presented in previous chapters, *identity development* is a process with many stages (Bockting & Coleman, 2007; Devor, 2004; Gagné, Tewksbury, & McGaughey, 1997; Lev, 2004; Lewins, 1995; Pollock & Eyre, 2012), often with exposure, exploration, and varying aspects of identity being explored along the

process. The data presented by participants recounted periods of exploration often predicated by exposure to those who identify similarly. What was interesting is the “kinship,” in Forest’s words, noted by both Forest and Riley, despite seeing examples of others living out as trans with different identities. In both cases, the participants described seeing someone who presented similarly (non-binary for Forest and binary for Riley) but as more femme presenting, despite their desires to be less femme presenting. The value of representation, or seeing yourself reflected in the experiences and expressions of others, was true for all participants, so much so that some (Jake and Riley) described the importance of being out and visible in support of others, almost as a way to provide for others what they found so valuable for themselves. This data suggests that representation may be even more powerful than previously thought, given the broad nature of the kinship felt by participants. A strong connection emerged between the existing research on the importance of exposure and representation for trans and nonbinary folks and the *facilitators* theme that emerged in this study. Participants talked in many ways of their need for visibility of other ways of living to be able to identify parts of themselves. This also highlights the culturally bound nature of gender and the restrictions of a binary construction of gender when those visible expressions are missing.

One interesting aspect of this *identity development* process for the participants in this study was that they identified sexual orientation as a part of their *journey* of gender identity exploration. As sexual orientation is often related to one’s gender, this is not an unrelated aspect, and is supported in the literature (Chang, Singh, & dickey, 2018). This is of note, however, as participants described sexual orientation not only as a transient aspect of exploration of gender, but as a part of their held gender identity. However, it’s also important to note this within the cultural context of the pairing of sexual and gender minority social justice movements, the

continuation of this pairing in the literature, and in common usage of imprecise, or even inaccurate labels even by those who wish to be affirming to trans and nonbinary folks (Moliero & Pinto, 2015).

In addition, when attempting research for this very project, the importance of *language* used was underscored by the presentation of the importance of *language* and the difficulty and confusion that can arise by this very pairing. For example, while searching for the term “trans” or “transgender” may produce an extensive list of results, there must be cautious review of the results, as many described studies on “LGBT” folks, yet do not have statistically significant sampling “T” or trans portion of this research (Renn, 2010; Spade, 2008). So, while the connection of sexual orientation and gender by participants is interesting to note, it has hard to hypothesize whether this is a socialized connection or a self-identified intrinsic connection. This again points to the challenges faced in a gender-binary societal framework, where the challenges are in part due to restrictive categories that may not fit the ways in which folks identify themselves.

Another, related theme that emerged was the importance of *language*; with two participants identifying with gender identity labels chosen for their resonance and meaning they held for the participants. For Forest, this was the connection to a term (“neutrois”) discovered while studying abroad in a country more accepting of gender neutral identities; and for Nate, this was the adoption of a term (“tomboy”) used to describe them as a child, a reclaiming akin to the adoption of the word “queer” by the LGBTQ+ community to self-describe their identities (Verdugo, n.d.). As discussed further in future sections, *language* is a powerful tool, and attention to *language* is one of the foundational recommendations for clinicians working with trans and nonbinary clients (Chang, Singh, & dickey, 2018; Moran, 2017). Growing and

evolving labeling patterns were highlighted in the current study by the changes in *language* made during the study in response to what did or did not resonate with the population. After some recruitment challenges, the *language* of “trans*” (an all-inclusive term for trans and nonbinary identities) was changed to “trans” and “trans and nonbinary”, as those terms were found to be more commonly in usage with recruitment partners and potential participants. This phenomenon has been listed by other researchers (Budge & Moradi, 2017; Nicolazzo, 2017) in noting a similar difficulty when determining what *language* to use for writing recruitment and research materials. It is agreed by researchers and clinicians alike, that specific identity *language* and pronouns should be used when known.

Additionally, this updated *language* continued to serve as a catalyst for exploration for one participant, Nate, as they explored whether they believed they could identify as trans without experiencing body dysphoria. While this can be alleviated by using participant-chosen *language* or a broader “trans and nonbinary” terminology, this further highlighted the power of *language*. Additionally, misgendering and microaggressive *language* is one of the most common *microaggressions* reported in some research of trans and nonbinary populations (Moran, 2017; Nadal, Whitman, & Davis, 2017).

The final area of findings relevant to the experience of participants’ experience of gender identity and exploration was the thematic importance of *bodies*. Consistent with a historical pathological view of trans identity and criteria of body dysphoria (APA, 2013; Winters, 2017), perhaps the most striking example of *bodies* is within the example listed above of Nate questioning their trans identity. This questioning was not due simply to a lack of clarity about how they self-identify, but a deeper questioning of whether they might qualify for a trans identity if they do not experience body dysphoria. After discussing this with friends, they were able to

identify they did, in fact, qualify to identify themselves as trans if that identity fit for them personally. However, in a medical model that places gatekeeping and diagnosis in the hands of professionals and within the context of a gender-binary social construction, this seeking of validation could easily result in further *invalidation* and questioning of one's identity.

An interesting concept woven throughout exploring the *impact of the binary* with specific connection to *identity development*, and presenting through *language* and *bodies*, is the notion of having to “qualify” to use a trans identity label. This concept is discussed by Lambrou (2018) and documented through the trans literature (Spade, 2000) as a phenomenon of internalization of specific concepts and markers that “qualify” one to be trans. One example is Nate's questioning of their ability to identify as trans despite experiencing body satisfaction. This concern is supported by the binary medicalization of trans identity and binary expectations of trans individuals. Additionally, this concept is a concern for non-binary and gender non-conforming individuals (Matsuno, 2019; Stone, 1992), much like what is experienced with bisexual and pansexual invisibility (Eisner, 2013). Similarly, a common misconception is that non-binary individuals will eventually identify with a binary gender instead of this being a distinct identity aside from the gender binary (Singh & Burnes, 2009). This can compound the already complicated task of identity exploration and development at this vulnerable life stage.

Additionally, it is important to note other aspects of identity being explored and/or developed concurrently, including career development and racial identity, and how these may interact with gender identity development. All participants identified as White, were socialized as female, were in male-dominated fields (STEM and sports medicine), and were identifying with and/or transitioning to less-feminine presenting identities, whether non-binary or trans masculine. Though it's hard to speculate without knowing the order of these identities and

transitions, it is an important note with regard to intersection of identity and the impact that career choice, racial identity, and childhood gendered socialization may have on gender identity development, and vice versa.

RQ2: What are the lived experiences of trans and nonbinary college students?

Participants in this study described systems (in university settings) that mostly allow for freedom of gender expression, while also identifying *limitations* that, at times, make these systems restrictive and/or difficult to navigate. According to the research done by the website College Pride, 1053 colleges and universities in the United States have nondiscrimination policies that include gender identity and/or expression. However, as noted by College Pride (Beemyn, 2019), even these limited protections are often ambiguous and/or unsupported with action and/or training. Additionally, out of over 7,000 Title IX institutions (US Department of Education, 2019), only 268 colleges and universities have gender-inclusive housing, and 255 allow students to use a chosen first name instead of their legal name, on campus records and documents (Beemyn, 2019). The support for affirming and accessible spaces for trans and nonbinary individuals is well documented in the literature. For example, various researchers have documented the importance of bathroom access, gender *supportive spaces*, and *behavioral support* navigating systems. These systemic *microaggressions* (binary housing, restricted access to restrooms and locker facilities, gendered groups and spaces) have been linked to lower levels of academic engagement, lower levels of *resilience*, and higher risk of suicidality (Seelman, 2016; Weinhardt et. al, 2017; Woodford et al., 2018).

Aside from the systemic *limitations* and *microaggressions* reported by participants were the behavioral *microaggressions*, marginalization, discrimination, and *harassment* reported by all four participants. Unfortunately, this is also a well-documented occurrence in the literature.

Multiple studies (Chang & Chung, 2015; Dugan et al., 2012; Garvey & Rankin, 2014; Garvey & Rankin, 2015; McKinney, 2005; Nadal, Skolnik, & Wong, 2012; Nicolazzo, 2017; Pryor, 2015; Woodford et al., 2017) have documented the occurrence and emotional impact of *microaggressions* experienced by trans and nonbinary college students. One specific study conducted by Nadal, Skolnik, and Wong (2012) identified twelve themes of *microaggressions* experienced by trans and nonbinary individuals, eight of which showed up within the data of this study (those italicized): *use of transphobic and/or incorrectly gendered terminology*, *assumption of a universal transgender experience*, exoticization, discomfort with/disapproval of the transgender experience, *endorsement of gender normative and binary culture or behaviors*, denial of the existence of transphobia, *assumption of sexual pathology or abnormality*, *physical threat or harassment*, *denial of individual transphobia*, denial of bodily privacy, *familial microaggressions*, and *systemic and environmental microaggressions*. While not all of these experiences described by participants occurred while on campus, these are additional stressors facing trans and nonbinary students, while they are also attempting to engage in the tasks of young adulthood and studies. Additionally, three participants, Forest, Jake, and Nate, directly named restricting themselves from spaces dominated by cisgender men, and/or restricting academic engagement due to *fear of harassment and microaggressions*, demonstrating the opportunity cost of not only experienced but anticipated aggression. Combined with research that suggest that a prevalent misconception is in the invalidity and non-existence of non-binary gender identities (Chang, Singh, & Rossman, 2017), and those who fall outside the gender binary experience increased *microaggressive* experiences than even their binary presenting peers.

While experiencing high levels of *microaggressions*, both experiential and systemic, participants also described behaviors of *coping* and *resilience*. Studies support the notion of

social connectedness as positively impacting the self-esteem of trans and nonbinary individuals (Austin & Goodman, 2017). One study by Budge, Chin, and Miner (2017) documented nine overarching themes of *coping* demonstrated by participants. These included: Accepting Support from Others, Actions to Increase Protection, Active Engagement Throughout the Transition Process, Actively Seeking Social Interactions, Engaging in Exploration, Internal Processes Leading to Self-Acceptance, Self-Efficacy, Shifts Leading to Embracing Change and Flexibility, and Utilization of Agency. The subordinate themes from this study that fit under the superordinate theme of *coping*, were *accommodating*, *seeking safety*, *resourcing*, and *exhibiting resilience*. Reimagined, the theme of *accommodating* and *seeking safety* run akin to Budge et al.'s theme of Actions to Increase Protection. As Budge et al. describes, these are processes trans and nonbinary individuals engage in to avoid danger due to gender identity. Nate's reporting of engaging in femme-presenting privilege, Jake's choice to not disclose gender identity, and Riley's *accommodating* by describing others misgendering as "innocent ignorance" were all examples of this. Realigned with the themes of other researchers, these experiences take a stronger relevance in the research on the trans and nonbinary student experience.

RQ3: What clinical supports do trans and nonbinary college students need?

Participants in this study described interactions with mental health clinicians with a range of both *facilitative* and *negative* interactions. The *facilitative* experiences with providers listed by participants, including providers described as "understanding," "honest," "non-judgmental," "authentic," "supportive," and "accepting," align with recommendations for beginning counselors as foundational skills shown to be effective and further underscore the validity of these as foundational skills. Directly exploring gender and identity is important, and is supported

by recommendations from the literature about the importance of identity, particularly when working with clients holding marginalized identities (Sue & Sue, 2015).

Unfortunately, all three participants who had accessed mental health therapists named *negative experiences with providers*. The nature of these experiences was largely *microaggressions*. For example, as Forest described, “And then misunderstanding or questions, like how I have sex, I feel like that wasn't a question that is worth his knowledge.” This example highlights not only the harm that can be done when providers are not educated about ethical and appropriate ways to work with queer students, but also the restrictions placed on therapy when the client is unable to dive deeper into experiences and needs. Or worse, the potential negative impact when clients withhold topics of discussion because of the provider’s lack of knowledge. Additionally, it names the burden placed on the client to educate providers about topics they could independently research to be prepared for session. The experience of microaggressions in session not only serve to keep clients from returning to therapy and thus getting their therapeutic needs met (Bowers, Plummer, & Minichiello, 2005; Nadal, Rivera, & Corpus, 2010, Sue & Sue, 2015), but also serve to inflict further harm from the providers who are intended to be helping clients cope with external stressors. As providers are often acting as gatekeepers for individuals seeking medical assistance with physical transition (Whittle et al., n.d.), this can compound the problem and serve as an additional *barrier*.

The gatekeeping of mental health providers is compounded by the restricted access of trans and nonbinary college students to accessible and affordable hormone and surgical transition-related care. In addition to lists of *systemic supports* provided by colleges and universities in the United States, Campus Pride also lists the *medical supports* provided by campuses. According to their data, of the thousands of colleges and universities in the US, only

88 of them cover hormones and gender-affirming surgeries for their students, while an additional 23 universities provide just hormones. While this list includes only universities that provide their own health insurance coverage for students, even the restricted access to health insurance can serve as an additional *barrier*, given the research on the prevalence of familial estrangement of queer youth and young adults, resulting in fewer healthcare options for this population (James et al., 2016). When trans and nonbinary students are able to work through gatekeeping and institutional *barriers* to access providers, they often find difficulty accessing affordable care, if they are unable to find health care coverage that will cover procedures necessary for transition and treatment of Gender Dysphoria. Additionally provider waitlists are often long and, at times, complicating to navigate (Puckett et al., 2017), a *barrier* mentioned by Forest from their own experience attempting and waiting to access services in their self-described “liberal and progressive” community. These experiences echoed a study of 256 trans and nonbinary individuals conducted by Puckett et al. (2017), which explored common barriers to gender-affirming care, and identified the following common barriers: finances and insurance issues, a lack of service availability, and fears or worries.

A final *barrier* described as a strong theme for one participant, Jake, and also mentioned by Riley and Forest, is *fear as a barrier* to seeking services. These *fears* include *fears* of getting paired with incompetent providers, a *fear* that is supported by both participant experiences and the literature (Puckett et al., 2017). Additionally, Jake discussed the *fear* of knowing when and how to bring up the topic of gender, and concerns as to how that may impact treatment. As Jake described, “Because I know a lot of my mental health issues surround the fact that I'm trans but some of them don't. And so I would obviously feel comfortable bringing up the ones that don't to a therapist who is more like traditionally educated and stuff like that.” This variation in the

nature of concerns reported by all participants helps inform and emphasize the need for trans competence for all providers who may be working with this population, regardless of presenting concern. In fact, research supports the varying needs and presenting concerns of trans and nonbinary clients, and models for gender-affirming mental health offer recommendations for providers based on whether they're providing gender therapy, or simply therapy to a gender-diverse client (Chang, Singh, & dickey, 2018; Sue & Sue, 2015). Hays (2008) recommends exploring the salience of various aspects of clients' identities in order to conceptualize them in a multidimensional way, since the layered aspects of identity and experiences of *support* and/or *marginalization* will impact the presenting concerns and needs in complex and individualized expressions.

Jake, Forest, and Riley also described *fear of microaggressions* and being impacted by providers implicit and explicit biases. This aspect of *fear* may be a factor in trans and nonbinary clients actually seeking services, whether the presenting concern is related to their identity or not. Recommendations for care encourage providers to challenge their own biases and recognize the impact of their own gender-training, and that providers are informed about the negative impact on clients when these microaggressions occur.

Recommendations

This section will focus on direct recommendations given by participants, as well as recommendations suggested by additional data (i.e. in attempts to reduce *barriers* described by participants) and within connected literature. These recommendations will be directed for college campuses and for college mental health clinicians, but some may be applicable to other settings and professions. For example, while participants gave some recommendations specifically for mental health clinicians, they could also be understood as examples of *behavioral*

and/or structural support all could provide, whether on a college campus or elsewhere.

Additionally, some of the more *behavioral supports* don't fall into a specific category or need, but were relevant as recommendations. These general recommendations are provided first in two categories, *Talk about it* and *Show me*, followed by recommendations geared specifically for mental health clinicians, and finally for college campuses.

Talk about it.

The challenge of “bringing it up” described by Henderson (2014) and explored further by Nicolazzo (2017) of that not knowing how to bring up gender and the abjection that trans and nonbinary individuals can experience if left with the burden of bringing up gender. This was also mentioned by participants as a *support* necessary for accessing mental health services and critical within collegiate settings. While Jake described the *support* felt when others corrected pronouns of others, he and Forest described the importance of mental health providers directly addressing the topic of gender in session to demonstrate ability to do so. The participants mentioned how this created a felt sense of safety, and one would imagine it reduces the concern for the trans and nonbinary person with regard to “how” to bring up gender, thus reducing the abjection or *fear* experienced by the individual. Interestingly, the recommendation to *talk about it* is consistent with multicultural training for counselors on addressing any aspect of historically marginalized identity, especially when the provider is of a power-holding identity (Sue & Sue, 2015). Additionally, this allyship and advocacy provided by others, including in-community and out-of-community *support*, was identified as impactful for participants within this study.

Show me.

Another important action recommended by participants and supported by the literature (Lawrence & Mckendry, 2019; Nicolazzo, 2017) is the value of visual representation of safe

spaces. From posters, to stickers on office doors, to listing pronouns on course syllabi, to directly asking about names, pronouns, and inclusive options for gender identity on intake forms, visual representation matters. This is important not only for individuals exploring gender identity, but also for those *seeking safety* within cis-dominated, binary spaces. As participants described, simply making this *support* visible can be a strong signal of a safe space and increase academic engagement, as in the example described by Nate of asking for recommendation for a scholarship after seeing a queer-supportive sticker on a professor's door.

Mental health clinicians.

Expanding on the *Show Me* section above, Chang, Singh, and dickey (2018) give some basic recommendations for mental health clinicians in their book, "A Clinician's Guide to Gender-Affirming Care." One section is geared towards environmental ways to be more trans-affirming, and highlights suggestions such as providing all-gender restrooms and having intake forms, marketing materials, and paperwork that have open gender identity sections and pay clear attention to pronoun preferences. These suggestions are simple ways individuals can be trans-affirming, and clearly align with suggestions given by participants for ways they can begin to feel safer and supported by clinicians, so that the topics they need to discuss in therapy are more likely to be presented. This recommendation is repeated in other publications for trans-affirmative actions (Lev, 2004; Matsuno, 2019).

In addition, this resource by Chang, Singh, and dickey (2018) provides practice recommendations that align not only with participant recommendations about addressing gender in session (along with serving to alleviate *fear as a barrier* to trans and nonbinary participants seeking services), but also suggest concrete ways providers can *educate* themselves to better *support* trans and nonbinary clients. For example, the authors recommend thoroughly educating

yourself on the history and current sociopolitical climate facing trans and nonbinary individuals, as well as exploring and challenging your own gender training. This exploration is likely to reveal how prevalent and ubiquitous the gender binary is, and to imagine the impact of this “water” on trans and nonbinary individuals designed to breathe and thrive on land. This inquiry can also help clinicians to explore their implicit and explicit biases they may bring into session. A resource list is included in Appendix E to serve as a list of recommended resources, in addition to the included reference list, for learning historical and current issues facing trans and nonbinary individuals.

With the education clinicians are able to gain from exploring the topics mentioned above, Chang, Singh, and dickey (2018) also recommend the importance of *language*, in using client names and pronouns denoted on forms; stressing the importance of using client *language* whenever possible; and also using gender affirming *language* when describing gender identity, greetings, and descriptions of *bodies*. This also includes educating oneself on the rapidly growing and changing vocabulary of gender and sexuality, and never putting the burden of education on the client.

Research also recommends being aware of the roles your client may need you to engage in, including as a counselor, advocate, providing collateral visits with others in the client’s life, providing training and education to other providers/communities, interdisciplinary consultation, and assessment and letter writing (Chang, Singh, & dickey, 2018; Matsuno, 2019). Clearly discussing a client’s needs and exploring the role you may take, while also recognizing those might change, can be a helpful way to start a therapeutic relationship. Mental health clinicians have historically served as gatekeepers for care of trans clients, and engaging in clients in a way that empowers and respects client autonomy is crucial. trans and nonbinary affirming clinicians

also recognize that trans and nonbinary identity and gender transition can take many forms, and can help decrease gatekeeping *barriers* while also helping to fully *support* clients (Winters, 2017).

Clinicians can be well-served to keep themselves abreast of the current practice guidelines for medical intervention for trans and nonbinary clients, including common practices of medical and insurance systems in their community, as well as current WPATH guidelines (Whittle et al., n.d.). Additionally, it is important to know what level of information and assessment, including diagnosis, may be needed to provide letters of support for gender affirmation medical interventions, including HRT and surgery. Thorough education will help clinicians provide the best *support* and advocacy for trans and nonbinary clients through what can often be a long, challenging, and arduous process of seeking medical assistance with transition.

In addition to recognizing the experiences of trans and nonbinary clients, Matsuno (2019) also explores the importance of the additional awareness and care that can help clinicians provide non-binary affirming interventions. Matsuno recommends micro-level, mezzo-level, and macro-level interventions. In addition to some already mentioned above, such as updating to inclusive forms and marketing materials, Matsuno also recommends using gender-neutral language and pronouns regularly with all clients. This can serve to both make the clinician more comfortable with the use of gender-neutral pronouns, and to set gender neutrality as a norm, instead of a deviation from the common binary, helping to reduce the *impact of the binary* within the therapeutic environment.

Campuses.

A foundational recommendation for college campuses is for university faculty and staff to assume the burden of education. Far too frequently, trans and nonbinary individuals are tasked with the burden of educating others about trans-accepting and trans-affirming practices, as well as basic information about the trans and nonbinary experience and burdens of existing in an environment that is overwhelmingly entrenched in the gender binary (Henderson, 2014; Lawrence & Mckendry, 2019; Lopez, 2019). It is important for faculty and staff to reduce the *bias and microaggressive* experiences of trans and nonbinary students by educating themselves and holding the onus of behaving in trans-affirming ways in all engagement with students.

In addition to education, it is important for universities to explore their systems and structures that perpetuate gender discrimination. This is demonstrated most strongly within gendered structures such as housing, recreation facilities, and gender-based groups (e.g. Women in STEM groups and Greek life), but, as described by Forest, also shows up in word-problem examples in classes (e.g. “50% women and 50% men) and, as identified by Riley, heavily shows up in athletics (preference for riding with the boys team or girls team). Similar to *recommendations for mental health clinicians* to explore held biases and gender training, and to explore ways to include gender-neutral focus within *language*, it is recommended that universities explore both their explicit and implicit structures for the *impact of the binary*.

Exploring and adjusting these structural systems can be hugely impactful, and was one of the strongest recommendations made by participants. Bathroom access, while shifting in the direction of inclusivity, is often overtly binary with gender-neutral bathrooms being non-existent or difficult to access. While unconventional, gender-neutral multi-use bathrooms exist, and should be considered as a way to address restrictive gender-neutral bathroom options when

individual bathrooms do not exist. As for inclusive housing options, *Trans* Policies and Experiences in Higher Education* (Garvey, Chang, Nicolazzo, & Jackson, 2018) has examples of gender-neutral and gender inclusion-focused housing models, from exploration of ways to re-conceptualize of co-housing, to ways to focus on housing in ways to be more inclusive of trans and nonbinary populations. Additionally, one participant, Jake, gave a recommendation for increased information for trans and nonbinary students, which he described as a “guide to being a trans student,” which would describe suggestions for navigating the campus while trans and would identify *supports* available. This could help to reduce the *barriers* that exist of lack of information and access, and reduce the burden on trans and nonbinary students to provide this information and advocacy for others trans students. Some caution should be considered in constructing such a guide, because of the lack of a singular trans and nonbinary experience on campuses. For this reason, guides would be general recommendations for that campus’s resources and allies.

Given the data on restricted access to HRT and gender-affirming surgical procedures coupled with the low number of universities that offer access to gender-affirming medical interventions, a primary intervention recommended is for universities to increase student access to gender-affirming medical interventions, either by providing HRT and/or surgery through on-campus health care centers whenever possible, or ensuring these services are covered through the university provided health insurance policies. This will serve to reduce *barriers* to care for students, and ensure students are able to navigate their transition in ways that meet their needs.

Finally, a recommendation may be for further establishment of safe networks and virtual communities across college campuses. While online networks exist within trans communities, further establishment and support for these networks by and across college campuses may allow

not only for increased support and connection for trans and non-binary students, but also for sharing of knowledge and information regarding implementation of trans-affirming practices for administrators.

Strengths and Limitations

A limitation encountered while attempting to recruit for this study was the challenge of recruiting participants interested in the study or willing to participate. As the primary researcher identifies as a cisgender, white female, recruitment efforts may have been limited by identity of researcher and historical mistrust of those in power doing research on marginalized populations (Sue, 2012; Sue & Sue, 2015). Additionally, the current sociopolitical climate may have had an impact on potential participants' willingness to openly identify as trans to strangers, thus reducing the impact snowball sampling may potentially have on recruitment efforts. Often relationship building allows for out-of-community researchers to establish trust within research populations. However, concerns regarding dual relationships, as the lead researcher was a practicing mental health clinician at the time of recruitment, and limited access to additional university communities, opportunities for this were limited. Future studies may benefit from further establishing trusting relationships within queer and trans communities on campus to aid with recruitment.

With the small sample size and qualitative nature of the data, lack of generalizability is a limitation. Additionally, researchers coded and interpreted data with the assumption that participants were honest with the researcher, however, participants suggested (and, in the case of one participant, directly named) that they withheld information from mental health providers unless it was clear that the other person was knowledgeable and non-judgmental. For this reason, the degree to which they perceived the research as trustworthy and non-judgmental, or

not, could alter the content of what they opted to share. For this reason, this data must be interpreted with caution.

Interpretative Methodological Analysis (IPA) has strengths and limitations as a methodology. Strengths include the phenomenological approach, allowing data to emerge directly from participants, and for participants to engage in meaning-making of their own experience (Smith, Flowers, & Larkin, 2009). Additionally, IPA engages in a “double hermeneutic” of the researcher(s) engaging in meaning making of the participant’s meaning making of their own experience. As demonstrated within this study, this allows for the emergence of themes potentially not expected and a richness of data. However, as is common with qualitative methodology, data is not generalizable. While data from this study can be situated within the broader field of research, it is challenging to apply findings across other populations. Conversely, a strength of this approach for this particular population is that it allows for richness of data to emerge when exploring such a diverse population. Given the complexity of experience and identity within the trans and nonbinary population, much of this data would be lost of attempting to put into restrictive categorical options. Additionally, building a base of similar literature, as well as adding to existing literature, can allow for wider generalizations over time, without compromising the depth and richness of data.

An additional critique of IPA is the lack of rigor of the methodology (Smith, Flowers, & Larkin, 2009). Researchers in this study attempted to mitigate this concern with the use of procedures often common in CQR (Hill, 2012), such as the use of a research team first coding data independently then together, as well as the use of an external auditor independently reviewing the data.

A final strength of this study is that the experience of trans and nonbinary, and particularly gender non-conforming college students is under researched, and compiling rich accounts from individual persons about their experience, as this study has, will help to expand the data and confirm existing recommendations, as well as provide insight for future research directions

Future Directions

Continued exploration of the experiences of trans and nonbinary college students, primarily those who identify outside the gender binary can help add to or suggest new models of identity development for trans and nonbinary individuals. Additionally, it may be beneficial to explore the experiences of populations outside of the 19-24 age range studied here, as well as with populations at private colleges and universities. Also, it may be beneficial to further explore the concept of the *impact of the binary* on all aspects of experience for trans and nonbinary individuals, and to include more heterogeneous samples of participants.

Additional recommendations also include exploration of other psychosocial factors and trans and nonbinary identity with the college population, such as: career development, intersectionality, minority stress, family support, *resilience*, values, and interpersonal connectedness. One such example from this study would be further exploration of the impact of the male-dominated major/career choices of all participants (STEM and sports medicine), and the intersectionality of race (all White participants) and gender presentation (non-binary and/or trans masculine) for participants, and how these may interact with identity development and other aspects of experience on college campuses.

While some recommendations are emerging for clinicians working with trans and nonbinary populations, additional research into the efficacy of recommendations is warranted.

This data could help refine recommendations for practice in attempts to increase the currently limited training clinicians often receive in this area (Sue & Sue, 2015). A final recommendation is continued affirmation and advocacy of trans and nonbinary people, including the advancement of trans and nonbinary researchers and clinicians.

REFERENCES

- American Psychiatric Association. (1980). *DSM-III-R: Diagnostic and statistical manual of mental disorders*. American Psychiatric Association.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, fifth edition (DSM-5)*. American Psychiatric Association.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. Retrieved from <http://www.apa.org/practice/guidelines/transgender.pdf>
- American Psychological Association Task Force on Gender Identity and Gender Variance. (2009). *Report of the task force on gender identity and gender variance*. Washington, DC: Author. Retrieved from <http://www.apa.org/pi/lgbt/resources/polity/gender-identity-report.pdf>
- Aparicio-Garcia, M., Diaz-Ramiro, E., Rubio-Valdehita, S., Lopez-Nunez, M., Garcia-Nieto, I., Evelia Aparicio-Garcia, M., . . . Inmaculada Lopez-Nunez, S. (2018). Health and Well-Being of Cisgender, Transgender and Non-Binary Young People. *International Journal of Environmental Research And Public Health*, 15(10).
- Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. *Journal of Homosexuality*, 64(6), 825-841.
- Beemyn, G. (2019, May 5). Campus Pride trans policy clearinghouse. Retrieved from <https://www.campuspride.org/tpc/>.
- Beemyn, G. (2007, Feb.). The lives of transgender people in the 21st century. Presentation at the Translating Identity Conference, Burlington, Vermont.

- Bockting, W. O., & Coleman, E. (2007). Developmental stages of the transgender coming out process: Toward an integrated identity. *Principles of transgender medicine and surgery*, 185-208.
- Bowers, R., Plummer, D., & Minichiello, V. (2005). Homophobia in counselling practice. *International Journal for the Advancement of Counselling*, 27(3), 471-489.
- Burnes, T. R., Singh, A. A., Harper, A. J., Harper, B., Maxon-Kann, W., Pickering, D. L., & Hosea, J. (2010). American Counseling Association: Competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, 4(3-4), 135-159.
- Budge, S., Chin, M., & Minero, L. (2017). Trans individuals' facilitative coping: An analysis of internal and external processes. *Journal of Counseling Psychology*, 64(1), 12-25.
- Budge, S., & Moradi, B. (2018). Attending to gender in psychotherapy: Understanding and incorporating systems of power. *Journal of Clinical Psychology*, 74(11), 2014-2027.
- Butler, J. (1990). *Gender trouble and the subversion of identity*. New York et Londres: Routledge.
- Cantor, D., Fisher, B., Chibnall, S., Townsend, R., Lee, H., Bruce, C., & Thomas, G. (2015). *Report on the AAU campus climate survey on sexual assault and sexual misconduct*. Washington, DC: Association of American Universities. Retrieved from www.aau.edu/uploadedFiles/AAU_Publications/AAU_Reports/Sexual_Assault_Campus_Survey/AAU_Campus_Climate_Survey_12_14_15.pdf
- Case, K. A., Kanenberg, H., & Tittsworth, J. (2012). Transgender inclusion in university nondiscrimination statements: Challenging gender-conforming privilege through student activism. *Journal of Social Issues*, 68(1), 145-161.
- Cass, V. C. (1979). Homosexuality identity formation: A theoretical model. *Journal of*

- Homosexuality*, 4(3), 219-235.
- Chang, T. K., & Chung, Y. B. (2015). Transgender microaggressions: Complexity of the heterogeneity of transgender identities. *Journal of LGBT Issues in Counseling*, 9(3), 217–234.
- Chang, S. C., Singh, A. A., & Rossman, K. (2017). Gender and sexual orientation diversity within the trans and nonbinary community. In A. Singh & I. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 19–40). Washington, DC: American Psychological Association.
- Chang, S.C., Singh, A.A., & dickey, l.m. (2018). *A clinician's guide to gender-affirming care: Working with transgender & gender-nonconforming clients*. Oakland, California: Context Press.
- Chavez-Korell, S., & Lorah, P. (2007). An overview of affirmative psychotherapy and counseling with transgender clients. In K. 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.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Monstrey, S. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, 13(4), 165-232.
- Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118-122.
- Cross, W. E., Jr., & Vandiver, B. J. (2001). Nigrescence theory and measurement: Introducing

- the Cross Racial Identity Scale (CRIS). In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 371–393). Thousand Oaks, CA: Sage
- Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. *Journal of Gay & Lesbian Psychotherapy*, 8(1/2), 41-67.
- Downing, N. E., & Roush, K. L. (1985). From passive acceptance to active commitment a model of feminist identity development for women. *The Counseling Psychologist*, 13(4), 695-709.
- Dugan, J. P., Kusel, M. L., & Simounet, D. M. (2012). Transgender college students: An exploratory study of perceptions, engagement, and educational outcomes. *Journal of College Student Development*, 53(5), 719-736.
- Effrig, J. C., Bieschke, K. J., & Locke, B. D. (2011). Examining victimization and psychological distress in transgender college students. *Journal of College Counseling*, 14(2), 143-157.
- Eisner, S. (2013). *Bi : Notes for a bisexual revolution*. Berkeley, CA: Seal Press.
- Erickson-Schroth, L. (2014). *Trans bodies, trans selves: A resource for the transgender community*. Oxford University Press.
- Feinberg, L. (1996). *Transgender warriors: Making history from Joan of Arc to RuPaul*. Boston: Beacon Press.
- Finger, E. F. (2010). *Beyond the binary: Serving the transgender student, improving the college experience* (Doctoral dissertation, Washington State University).
- Flores, A., Herman, J., Gates, G., & Brown, T. (2016). *How many adults identify as transgender in the United States?* Los Angeles, C: The Williams Institute.

- Fredriksen-Goldsen, K. I., Kim, H., Emlert, C. A., Muraco, A., Erosheva, E. A., Hoy-
Ellis, C. P., ... Petry, H. (2011). *The aging and health report: Disparities and resilience
among lesbian, gay, bisexual and transgender older adults*. Retrieved from [http://
caringandaging.org/wordpress/wp-content/uploads/2011/05/Full-Report-FINAL.pdf](http://caringandaging.org/wordpress/wp-content/uploads/2011/05/Full-Report-FINAL.pdf)
- Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked,
misunderstood, and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-
female transgender youth. *Journal of Adolescent Health, 38*, 230-236.
- Garvey, J. C., Chang, S. H., Nicolazzo, Z., & Jackson, R. (2018). *Trans* policies & experiences
in housing & residence life*. Sterling, VA: Stylus Publishing.
- Garvey, J., & Rankin, S. (2014). The influence of campus experiences on the level of outness
among trans-spectrum and queer-spectrum students. *Journal of Homosexuality, 62*(3), 1-
20.
- Garvey, J. C., & Rankin, S. R. (2015). Making the grade? Classroom climate for LGBTQ
students across gender conformity. *Journal of Student Affairs Research and Practice,*
52(2), 190–203. <http://dx.doi.org/10.1080/19496591.2015.1019764>
- The Gender Public Advocacy Coalition (GPAC). (1996). *Special report: Violence
against transgender individuals*. Retrieved from The Gender Public Advocacy Coalition
Website: <http://www.gpac.org/>
- Glesne, C. (2015). *Becoming qualitative researchers: An introduction* (5th ed.). Boston, MA:
Pearson.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Kiesling, M. (2011).

- Injustice at every turn: A report of the national transgender discrimination survey.*
Washington, DC: National Center for Transgender Equality & National Gay and Lesbian Task Force. Retrieved from: http://endtransdiscrimination.org/PDFs/NTDS_Report.pdf
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, 51, 111-128. doi:10.1300/J082v51n01_06
- Hays, P. A. (2008). Addressing cultural complexities in practice: Assessment, diagnosis, and therapy (2nd ed.). Washington, DC, US: American Psychological Association.
- Helms, J. E. (1990). *Black and white racial identity: Theory, research, and practice*. Greenwood Press.
- Henderson, E. F. (2014). Bringing up gender: Academic abjection? *Pedagogy, Culture & Society*, 22(1), 21-38.
- Hill, C. E. (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena* [Kindle Edition]. American Psychological Association.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196–205. doi: 10.1037/0022-0167.52.2.196
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517–572. doi: 10.1177/0011000097254001
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Ana, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- Kendall, F. (2013). *Understanding white privilege: Creating pathways to authentic relationships*

- across race*. (2nd ed.). New York, NY: Routledge Taylor and Francis Group.
- Keo-Meier, C., & Hicks, L., (2014). Youth. In Erickson-Schroth, L. (Ed.). *Trans bodies, trans selves: A resource for the transgender community*. Oxford University Press.
- Lambrou, N., Chavez-Korell, S., Morgan, S., Sapp, M., & Weinhardt, L. (2018). *Trans masculine identities: making meaning in gender and transition*, ProQuest Dissertations and Theses.
- Lawrence, M., & Mckendry, S. (2019). *Supporting transgender and non-binary students and staff in further and higher education: Practical advice for colleges and universities*. Jessica Kingsley Publishers.
- Lev, A. I. (2007). Transgender communities: Developing identity through connection. In Bieschke, K. J., Perez, R. M., & DeBord, K. A. (Eds), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (pp. 147-175). American Psychological Association.
- Lev, A. I. (2004). *Transgender emergence*. New York, NY: Haworth Clinical Practice Press.
- Lewins, F. W. (1995). *Transsexualism in society: A sociology of male-to-female transsexuals*. Macmillan Education Australia.
- Lopez, K., Magalhaes, C. & Duran, R. (2019). *A systematic review of the literature about the experiences of transgender and gender non-conforming adolescents and young adults in college*, ProQuest Dissertations and Theses.
- Martin, C. L., & Ruble, D. N. (2004). Children's search for gender cues cognitive perspectives on gender development. *Current Directions in Psychological Science*, 13(2), 67–70.
- Marine, S. B. (2011). *Stonewall's legacy: Bisexual, gay, lesbian, and transgender students in higher education: AEHE* (Vol. 152). John Wiley & Sons.

- Marine, S. B., & Nicolazzo, Z. (2014). Names that matter: Exploring the tensions of campus LGBTQ centers and trans and nonbinary inclusion. *Journal of Diversity in Higher Education*, 7(4), 265.
- Matsuno, E. (2019). Nonbinary-affirming psychological interventions. *Cognitive and Behavioral Practice*, Cognitive and Behavioral Practice.
- McKinney, J. S. (2005). On the margins: A study of the experiences of transgender college students. *Journal of Gay & Lesbian Issues in Education*, 3(1), 63-76.
- Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: A meta-regression of population-based probability samples. *American Journal of Public Health*, 107(2), e1-e8.
- Meier, S. C., & Labuski, C. M. (2013). The demographics of the transgender population. In A. Baumle (Ed.) *International handbook on the demography of sexuality* (p. 289-327). Springer.
- Merriam, S. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Hoboken, NJ: Jossey-Bass.
- Miles, M. B., Huberman, A. M., & Saldaña, (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.
- Mintz, L. M. (2011). *Gender variance on campus: A critical analysis of transgender Voices* (Dissertation).
- Moleiro, C., & Pinto, N. (2015). Sexual orientation and gender identity: Review of concepts, controversies and their relation to psychopathology classification systems. *Frontiers in Psychology*, 6, 1511.
- Moradi, B., Tebbe, E. A., Brewster, M. E., Budge, S. L., Lenzen, A., Ege, E., ... & Hiner, D. L.

- (2016). A content analysis of literature on trans people and issues: 2002–2012. *The Counseling Psychologist*, 44(7), 960-995.
- Moran, K., Roysircar, Gargi, Belcher-Timme, Barbara, & Vincent, Wendy. (2017). *Transgender identities and language: Interviews with recent college graduates*, ProQuest Dissertations and Theses.
- Nadal, K. L., Rivera, D. P., & Corpus, M. J. H. (2010). Sexual orientation and transgender microaggressions in everyday life: Experiences of lesbians, gays, bisexuals, and transgender individuals. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics, and impact* (pp. 217-240). New York, NY: Wiley.
- Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling*, 6(1), 55-82.
- Nadal, K., Whitman, C., Davis, L., Erazo, T., & Davidoff, K. (2016). Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *The Journal of Sex Research*, 53(4-5), 488-508.
- National Association of Social Workers (2008). *Transgender and gender identity issues*. Retrieved from www.naswdc.org/pressroom/2013/transgenderandgenderidentity.pdf
- Nicolazzo, Z. (2017). *Trans* in college: Transgender students' strategies for navigating campus life and the institutional politics of inclusion* (First ed.). Stylus Publishing, LLC.
- Oswalt, S. B., & Lederer, A. M. (2017). Beyond depression and suicide: The mental health of transgender college students. *Social Sciences*, 6(1), 20.
- Patton, M. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (Fourth ed.) [Kindle Edition]. Sage Publishing,

- Patton, R. J. D. (2012). *The college experiences of transgender students: Creating a welcoming environment on campus* (Doctoral dissertation, Wright State University).
- Pryor, J. T. (2015). Out in the classroom: Transgender student experiences at a large public university. *Journal of College Student Development, 56*(5), 440-455.
- Public Facilities Privacy & Security Act, House Bill 2, North Carolina House of Representatives (2016).
- Puckett, J., Cleary, A., Rossman, P., Mustanski, K., & Newcomb, B. (2018). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy, 15*(1), 48-59.
- Rachlin, K. (2002). Transgender individuals' experiences of psychotherapy. *International Journal of Transgenderism, 6*.
- Rankin, S., & Beemyn, G. (2012). Beyond a binary: The lives of gender-nonconforming youth. *About Campus, 17*(4), 2-10.
- Renn, K. A. (2010). LGBT and queer research in higher education: The state and status of the field. *Educational Researcher, 39*(2), 132-141.
- Seelman, K. L. (2014). Recommendations of transgender students, staff, and faculty in the USA for improving college campuses. *Gender and education, 26*(6), 618-635.
- Seelman, K. L. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *Journal of homosexuality, 63.10* (2016): 1378-1399.
- Shipherd, J. C., Green, K. E., & Abramovitz, S. (2010). Transgender clients: Identifying and minimizing barriers to mental health treatment. *Journal of Gay & Lesbian Mental Health, 14*(2), 94-108.
- Singh, A. A., & Burnes, T. R. (2009). Creating developmentally appropriate, safe counseling

- environments for transgender youth: The critical role of school counselors. *Journal of LGBT Issues in Counseling*, 3(3-4), 215–234.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, 11, 261-271.
- Smith, J. A., Flower, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications Ltd.
- Smith, J.A., Jarman, M., & Osborn, M. (1999). Doing interpretive phenomenological analysis. In Murray, M. & Chamberlain, K. (Eds.), *Qualitative Health Psychology*, (pp. 218-240). London: Sage Publications Ltd.
- Spade, D. (2008). Fighting to win. In M. B. Sycamore (Ed.), *That's revolting! Queer strategies for resisting assimilation* (p. 47-53). New York, NY: Soft Skull Press.
- Spade, D. (2000). Resisting medicine, re/modeling gender. *Berkeley Women's Law Journal*, 18, 15-37.
- Stone, Sandy. (1992). The empire strikes back: A posttranssexual manifesto. *Camera Obscura: Feminism, Culture, and Media Studies*, 10(2 29), 150-176.
- Sue, D. W., & Sue, D. (2015). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons, Incorporated.
- Sue, D. W., & Sue, D. (2012). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.
- U.S. Department of Education, National Center for Education Statistics. (2019). *Digest of Education Statistics, 2017* (NCES 2018-070), Table 105.50. Retrieved from <https://nces.ed.gov/fastfacts/display.asp?id=84>
- Verdugo, K.C., (n.d.) *The evolution of queer youth culture*. Retrieved from: <https://queerculture>

evolution.weebly.com/ taking-back-queer.html

- Walters, A. S., & Rehma, K. (2013). Avenue T: Using film as entrée in teaching about transgender. *Sex Education, 13*(3), 336-348.
- Weinhardt, L., Stevens, P., Xie, H., Wesp, L., John, S., Apchemengich, I., . . . Lambrou, N. (2017). Transgender and gender nonconforming youths' public facilities use and psychological well-being: A mixed-method study. *Transgender Health, 2*(1), 14-150.
- Wellesley College to admit transgender students. (2015). *Women in Academia Report*, Women in Academia Report, Mar 5, 2015.
- Whittle, S., Bockting, W., Monstrey, S., Brown, G., Brownstein, M., DeCuypere, G., . . . Robinson, B. (n.d.). WPATH clarification on medical necessity of treatment, sex reassignment, and insurance coverage for transgender and transsexual people worldwide. Retrieved March 19, 2016, from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1352&pk_association_webpage=3947
- Winters, K. (2017). Australian '60 Minutes' report misrepresents trans youth medical care. Retrieved from <https://gidreform.wordpress.com/2017/09/14/australian-60-minutes-report-misrepresents-trans-youth-medical-care/>
- Woodford, M., Weber, G., Nicolazzo, Z., Hunt, R., Kulick, A., Coleman, T., . . . Renn, K. (2018). Depression and attempted suicide among LGBTQ college students: Fostering resilience to the effects of heterosexism and cisgenderism on campus. *Journal of College Student Development, 59*(4), 421-438.
- 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 the interviewer:

Participant ID#: _____

Interview Date: _____

To be completed by the participant:

****Please only answer questions with which you are comfortable****

1. Age: _____
2. Race/Ethnicity: _____
3. Gender Identity: _____
4. Pronouns: _____
5. Housing Status: On-Campus / Off-Campus

APPENDIX B
SEMI-STRUCTURED INTERVIEW GUIDE

Identity Questions:

Tell me about yourself.

When were you first aware of your gender identity?

What were some experiences that stand out for you in the process of exploring your gender?

College Experience Questions:

Can you describe your experience of being trans and nonbinary(/participant gender identity) at UWM?

When do you feel comfortable being out?

What can be done on campus to make it more trans and nonbinary-affirming?

How have you experienced transphobia?

How do you respond to that?

What types of supports do you get on campus?

What types of supports do you get off campus?

Help-Seeking Questions:

Have you ever seen a mental health professional?

If so, was it on-campus or off-campus?

Can you tell me about the experience?

Which of these would you say were positive and which were negative?

Did you talk about your gender identity?

What experiences were positive? Negative? What about it did you like and/or dislike?

Is there anything that might keep you from seeing a mental health professional or counselor if you needed or wanted to?

What are things mental health professionals can do to be more trans and nonbinary affirmative (from accessing services, to intake, to in-session)?

Is there anything I didn't ask about today that you would like to share with me or think I should know?

APPENDIX C
RECRUITMENT FLYER



Research Participants Needed

Researchers are seeking participants interested in participating in a one-on-one interview discussing aspects of your gender identity development, as well as your experiences being transgender in your university setting. Participants must be college students, 18-24 years in age, and identify as trans, genderqueer, or gender nonconforming. You will also be offered to participate in one follow-up interview to discuss data and any other information. The interviews will occur in a private place, via Skype/Zoom, and be audio recorded. This will take approximately 1 – 1 ½ hours of your time, for a total of 1 ½ - 2 hours with the optional follow up. Interested participants should contact Katt Cochran at cochrank@uwm.edu with any questions or to participate.

IRB#: 18.082

APPENDIX D

INFORMED CONSENT

Study Title: Trans In Higher Ed: Understanding the Experiences of Transgender College Students

Person Responsible for Research: Nadya Fouad, PhD and Katt Cochran, MS (SPI) and

Study Description: The purpose of this research study is to explore the lived experiences and needs of transgender students. Approximately 10-15 students will participate in this study. If you agree to participate, you will be asked to participate in a one-on-one interview discussing aspects of your gender identity development, your experiences being transgender in your university setting, and your experiences with mental health services. You will also be offered to participate in one optional follow-up interview to discuss additional information. The interviews will occur in a private place and be audio recorded. The first interview will last 60-80 minutes, and the second will last 10-20 minutes, with a total of 120-180 minutes of your time.

Risks / Benefits: Potential risks that you may experience from participating are minimal, and include mild psychological distress of discussion of potentially challenging topics. This risk will be reduced by allowing participants to skip or decline to answer questions as they would like and discussing interview questions and findings with the research. You may also request to see the data anytime. Additionally, the researcher is trained in clinical counseling and has several years of experience working with transgender individuals, and will, therefore, be able to provide support, resources, and referral as needed. There are no costs for participating. Benefits of participating include a \$25.00 gift card given immediately upon completion of the first interview. Additional benefits include furthering research to support transgender individuals.

Due to UWM policy and IRS regulations, we may be required to obtain your name, address, social security number (or tax ID number), and signature, in order to issue the payment to you.

Confidentiality: Identifying information such as your name and email will be collected for research purposes to allow the researchers to contact you for the follow-up interview. Your name will also be collected to document that you received a gift card. Your name will be kept confidential. Your responses will be treated as confidential and all reasonable efforts will be made so that no individual participant will be identified with their answers. During the interview, you will be asked to choose a pseudonym. The research team will remove your identifying information after follow-up interviews are conducted, and all study results will be reported without identifying information so that no one viewing the results will be able to match you with your responses. Audio recordings will be transcribed and all identifying information will be removed. Audio recordings will be destroyed immediately after they are transcribed. De-identified data from this study will be saved on a password-protected computer for 2 years following this study. Only Dr Nadya Fouad and Katt Cochran will have access to your information. Three to four graduate students in Counseling Psychology at UWM will have access to your interview transcripts. One year after successful submission of this research project all data files will be erased (no later than May 2020). 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.

Who do I contact for questions about the study: For more information about the study or study procedures, contact Katt Cochran at cochrank@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 completing the demographic form and interview you are giving your consent to voluntarily participate in this research project.*

APPENDIX E

TRANS AND NONBINARY RESOURCE GUIDE

*This is, by no means, an exhaustive list. It is simply a list compiled through the research done while conducting this study, as well as resources recommended by individuals participating in the study. Though all resources may be helpful for a variety of individuals, suggestions for audience are provided with the following key:

I = for Individuals
C = for Clinicians
U = for Universities

(C) American Psychological Association. (2015). **Guidelines for psychological practice with transgender and gender nonconforming people**. Retrieved from <http://www.apa.org/practice/guidelines/transgender.pdf>

(I) (C) (U) **CampusPride.org** website

(I) (C) Bornstein, K. (2013). **My new gender workbook: A step-by-step guide to achieving world peace through gender anarchy and sex positivity**. Routledge.

(C) Burnes, T. R., Singh, A. A., Harper, A. J., Harper, B., Maxon-Kann, W., Pickering, D. L., & Hosea, J. (2010). **American Counseling Association: Competencies for counseling with transgender clients**. *Journal of LGBT Issues in Counseling*, 4(3-4), 135-159.

(C) A. Singh & I. Dickey (Eds.), **Affirmative counseling and psychological practice with transgender and gender nonconforming clients** (pp. 19–40). Washington, DC: American Psychological Association.

(C) Chang, S.C., Singh, A.A., & Dickey, I.M. (2018). **A Clinician's Guide to Gender-Affirming Care: Working with Transgender & Gender-Nonconforming Clients**. Oakland, California: Context Press.

(C) Chavez-Korell, S., & Lorah, P. (2007). **An overview of affirmative psychotherapy and counseling with transgender clients**. In K. 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.

(I) (C) (U) Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Monstrey, S. (2012). **Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7**. *International Journal of Transgenderism*, 13(4), 165-232.

(I) (C) (U) **WPATH.org** website.

(I) (C) Erickson-Schroth, L. (2014). **Trans bodies, trans selves: A resource for the transgender community**. Oxford University Press.

(U) Garvey, J. C., Chang, S. H., Nicolazzo, Z., & Jackson, R. (2018). **Trans* policies & experiences in housing & residence life**. Sterling, VA: Stylus Publishing.

(I) (C) Hoffman-Fox, D. (2017). **You and Your Gender Identity: A Guide to Discovery**. Simon and Shuster.

(U) Lawrence, M., & Mckendry, S. (2019). **Supporting transgender and non-binary students and staff in further and higher education: Practical advice for colleges and universities**. Jessica Kingsley Publishers.

(C) Matsuno, E. (2019). **Nonbinary-Affirming Psychological Interventions**. *Cognitive and Behavioral Practice*, Cognitive and Behavioral Practice.

(C) National Association of Social Workers (2008). **Transgender and Gender Identity Issues**. Retrieved from www.naswdc.org/pressroom/2013/transgenderandgenderidentity.pdf

(U) Nicolazzo, Z. (2017). **Trans* in college: Transgender students' strategies for navigating campus life and the institutional politics of inclusion** (First ed.). Stylus Publishing, LLC.

(U) Seelman, K. L. (2014). **Recommendations of transgender students, staff, and faculty in the USA for improving college campuses**. *Gender and education*, 26(6), 618-635.

(U) (I) **Trans Student Educational Resources** (TSER) website transstudent.org

CURRICULUM VITAE

Katt Cochran

Education

PhD in Education Psychology (Counseling Psychology)

University of Wisconsin-Milwaukee (APA Accredited), Anticipated 2019

Dissertation (In Progress): Trans In Higher Ed: Understanding the Experiences of Transgender and Nonbinary College Students

Internship (APA-Accredited, In Progress): University of Wisconsin-Madison's UHS: Mental Health Services

MS in Counseling; Specialization in Play Therapy

Missouri State University, 2008

BA in Psychology; Minor in Philosophy

Drury University, 2006

DePauw University, attended 2002-2003

Clinical Professional Experience

Mental Health Services, UHS

University of Wisconsin-Madison

Doctoral Psychology Intern

August 2018 – July 2019

Supervisors: Sarah Kohlstedt, Ph.D.; Travis Fox, Psy.D.

- 2000-hour, APA-accredited, doctoral psychology internship
- Provide 20 hours per week in individual, group, behavioral health, and single-session clinical appointments while using screening and assessment tools such as CCAPS-62, PHQ-9, GAD-7, and BOND to inform practice
- Consult with primary care physicians, psychiatry, psychiatric nurses, and social workers to deliver integrated and interdisciplinary care
- Foster campus partnerships as a health ambassador for the Gender and Sexuality Campus Center, and other campus outreach
- Supervise masters-level practicum trainees' provision of psychotherapy
- Participate in the training committee and work as a part of an interdisciplinary team

Norris Health Center

University of Wisconsin-Milwaukee

Pre-Doctoral Practicum Trainee

September 2015 – May 2017

Primary Supervisors: Marina Tierney, PsyD; Paul Dupont, PhD

- Provide mental health counseling to UWM undergraduate and graduate students
- Complete semi-structured interviews for incoming clients
- Provide short-term psychotherapy, crisis intervention, and referral as necessary
- Co-facilitate various population- and topic- specific psychotherapy groups for students
- Provide suicide prevention training services for UWM students via the Life Happens/College SOS suicide prevention program
- Provide outreach and consultation with various university and community members
- Participate in professional development outreach, including workgroups on the Chancellor's Advisory Committee on Mental Health
- Participate in consultation with multi-disciplinary treatment teams, individual, and group supervision

Advanced Correctional Health

Qualified Mental Health Professional

Supervisor: Melissa Caldwell, PhD

Fond du Lac County Jail, various other sites
January 2016 – June 2017; January 2018 – July 2018

- Provide mental health counseling to inmates in the Fond du Lac County Jail and other sites as needed
- Provide crisis assessment and intervention for high risk clients
- Facilitate 10-15 week psychotherapy groups on emotional management
- Develop and implement group treatment
- Provide individual therapy and case management support to juveniles in the juvenile unit
- Participate in multidisciplinary teams with medical and security staff
- Provide training to corrections security staff on topics such as risk assessment, suicide prevention, and working with transgender inmates
- Assist with development of transgender inmate policies

Family Options Counseling, LLC

Supervisor: Kimberly Young, PhD

Wauwatosa, WI

Pre-Doctoral Practicum Trainee - Assessment

January 2017 – July 2017

- Provide Psychological Assessments to caseload of culturally diverse adolescents and children
- Score/interpret assessment results, provide Integrated Assessments for clients, treatment teams

Pre-Doctoral Practicum and Qualified Treatment Trainee

August 2014 – December 2015

- Provide mental health counseling to caseload of culturally diverse adolescents and children
- Complete semi-structured interviews for incoming clients
- Develop treatment plans in collaboration with clients
- Co-facilitate 10-15 week groups on social skills, anger management, and trauma recovery to children and adolescents
- Provide family counseling for culturally diverse clients
- Observe and co-conduct psychological assessments to children
- Participate in team meetings with multi-disciplinary treatment teams

Lad Lake

Residential Therapist, Temporary Position

Dousman, WI

June 2015 – August 2015

- Provide individual mental health counseling to adolescents
- Develop treatment plans in collaboration with clients
- Provide collaborative treatment with multi-disciplinary treatment teams
- Complete assessments, treatment plans, treatment notes, and all other required documentation

Emma Norton Services

ARMHS Clinical Supervisor and Treatment Director

St Paul, MN

August 2013 – May 2014

- Provided rehabilitative counseling services to SMI/SPMI adults
- Completed clinical assessments and service plans
- Clinically supervised program staff
- Provided monthly clinical training
- Developed marketing materials to expand rehabilitative program
- Provided initial consultation and assessment of clients
- Expanded program by securing service contracts with multiple counties and insurance providers

Program Director and Clinical Supervisor

June 2012 – August 2013

- Clinically supervised program staff
- Managed budgeting and reporting data for various funding sources, including GRH and HUD
- Developed and managed Adult Rehabilitative Mental Health Services program
- Provided consultation and supervision for rehabilitative counseling program

- Worked as staff liaison to board of directors committee for programming
- Served on community committees and worked with funding partners
- Developed and implement programming for 50 chemically dependent and mentally ill women
- Prepared for and completed HUD and DHS recertification visits, resulting recertification and contract renewal

GRH Coordinator/Case Manager and ARMHS Clinical Supervisor June 2011 – May 2012

- Completed GRH intakes
- Acted as community liaison with Ramsey County Mental Health and Chemical Dependency
- Facilitated MI/CD and 5 Phase groups
- Provided one-on-one counseling and case management to 25 residents
- Managed budgeting and reporting data for various funding sources, including GRH and HUD
- Provided consultation and supervision for rehabilitative counseling and case management
- Completed and maintained intake, goal planning and progress note documentation

Community Involvement Programs

Minneapolis, MN

Mental Health Practitioner

October 2009 – May 2011

- Provided in-home rehabilitative mental health services to community members with SMI/SPMI
- Completed intake assessments, treatment planning, case notes and discharge paperwork
- Coordinated community intervention and case consultation
- Participated in individual and group supervision and team consultation meetings
- *Nominated for CIP Learner award 2010.*

Catalyst Consulting, LLC

Springfield, MO

Research Assistant

February 2009 - February 2011

- Compiled, ran and analyzed data for Missouri State University professor
- Gathered and wrote up research on the topic of diversity issues in Counselor Educator programs and teaching social justice issues

Center City Counseling Clinic

Springfield, MO

Pre-Masters Counseling Intern/Practicum

August 2007 - December 2008

- Provided mental health counseling for clients of all ages, including Play Therapy and parent feedback.
- Facilitated Child-Parent Relationship Therapy groups
- Assisted professors in providing feedback to students in live observation of counseling sessions and participated in one-on-one and group supervisory experiences
- Completed all required documentation and paperwork
- Performed general office tasks, including scheduling and referrals

CC Counseling Services, LLC

Nixa, MO

Pre-Masters Counseling Intern

January 2008 - December 2008

- Provided Play Therapy and parent meeting feedback, including facilitation of Child-Parent Relationship Therapy groups
- Provided mental health counseling for clients of all ages
- Completed all required documentation and paperwork, including scheduling and referrals
- Participated in regular one-on-one and group supervisory experiences

Counseling, Leadership, and Special Education

Missouri State University

Graduate Assistant

January 2007 - December 2008

- Served as editor for professors, including proofreading and revising professional publications, class projects and syllabi

- Developed and maintained online courses on Blackboard system
- Developed template for seminar papers and performed secretarial tasks, such as copying, student assistance, filing and typing.

MERS/Goodwill Inc.

Springfield, MO

Supported Employment Specialist

May 2006 - January 2007

- Provided clinically appropriate support while accompanying individuals with disabilities on work sample outings to determine ability and interest in various careers
- Administered interest assessments and determined suitable job areas for individuals with disabilities
- Completed all required documentation and paperwork

College of Graduate and Continuing Studies

Drury University, Springfield, MO

Information Specialist Lead/Receptionist

October 2003 - May 2006

- Managed information requests for prospective students for the College of Graduate and Continuing Studies, including initial call intakes, follow up mailings and calls, and spreadsheet development and maintenance
- Answered phones, registered students, verified and filed enrollment forms.
- Provided staff support as requested

Burrell Behavioral Health

Springfield, MO

KLASS Intern

January 2005 - May 2005

- Co-facilitated groups for Kids Learning About Social Skills program
- Developed and directed group activities
- Completed all required documentation and paperwork.

University and Teaching Experience

University of Wisconsin - Milwaukee

Milwaukee, WI

Instructor

- | | |
|--|-------------------------|
| Couns 765/970: Supervised Practicum in Community Counseling | Fall 2016 – Spring 2018 |
| PH 101: Introduction to Public Health | Fall 2017 – Spring 2018 |
| Couns 741: Multicultural Guidelines for Working with LGBT Individuals | Spring 2016 |
| Ed Psy 104: Pathways to Success | Fall 2014 – Fall 2015 |

Teaching Assistant

- Couns 820: Counseling Appraisal and Clinical Decision-Making**, Instructor Support
Couns 779: Pre-Practicum in Community Counseling, Course Development
Ed Psy 105: Motivation Strategies, Course Development

- Teach undergraduate courses assisting students in learning skills for academic success and decreasing barriers to retention
- Teach graduate course for helping professionals to work with diverse populations
- Manage outreach and communication with community partners for clinical training
- Provide support for instructors
- Meet with other instructors, co-instructors, and supervisor bi-weekly to discuss classroom challenges
- Utilize career counseling style exercises to assist students in better understanding interests, values, and skills
- Utilize group exercises to assist students in identifying and overcoming barriers to academic success
- Develop curriculum to better assist at-risk students

- Engage in collegiate community engagement to increase awareness of course offerings

Research Experience

Trans In Higher Ed: Understanding the Experiences of Transgender and Nonbinary College Students

Student Principal Investigator

Summer 2017 – Summer 2019

University of Wisconsin-Milwaukee

Principal Researcher (Academic Advisor): Nadya Fouad PhD

A qualitative study exploring the lived experiences of transgender and nonbinary college students, focusing on the areas of transgender identity development, experiences on college campus, and help-seeking behaviors.

Examining School Related Stress, Mental Health, and Coping Among High School Students

Psychology Research Team Member

Spring 2016 – Fall 2017

University of Wisconsin-Milwaukee

Principal Researcher: Shannon Chavez-Korell PhD

Conducting research on student emotional distress at a local high school. Engaged in research design, data collection, data input and analysis. Collaborating in writing of manuscript for submission.

Transgender Identity Development

Psychology Research Team Member

Spring 2015 – Spring 2017

University of Wisconsin-Milwaukee

Principal Researcher: Shannon Chavez-Korell PhD

Conducting research on and developing a model for transgender identity development. Engaging in literature review, model development, and writing of manuscript for submission.

Supports and Barriers for African American High School Seniors Entering Undergraduate Education

Psychology Research Team Member

September 2014 – Summer 2018

University of Wisconsin-Milwaukee

Principal Researcher: Thomas Baskin PhD

Conducting qualitative research on supports, barriers, and attitudes for African American high school seniors preparing for college. Engaged in research design, data collection, and data analysis. Collaborating in writing of manuscript for submission.

Transgender and Gender Non-Conforming Youth's Public Facilities Use and Psychological Well-Being

Public Health Research Team Member

Summer 2016 – Spring 2017

University of Wisconsin-Milwaukee

Principal Researcher: Lance Weinhardt PhD

Conducting research on well-being of transgender youth. Engaged in data collection and analysis.

Resiliency Factors of Parent-Child Dyads Living in Poverty

Psychology Research Team Member

October 2014 – May 2015

University of Wisconsin-Milwaukee/Loyola University Chicago

Principal Researcher: Shannon Chavez-Korell PhD, Markeda Newell PhD

Conducting research exploring resiliency factors of parent-child dyads living in poverty. Engaged in research design and data collection.

Professional Community Engagement

Manuscripts

Weinhardt, LS, Stevens, P, Xie, H., Wesp, L, Chavez-Korell, S, John, SA, Apchemengich, I, Kioko,

D, **Cochran, K.**, Watjen, J, Lambrou, N. (2017). Transgender and gender non-conforming youth's public facilities use and psychological well-being: A mixed method study. *Transgender Health, 2*(1).

Perryman, K., Moss, R., **Cochran, K.**, & Hudspeth, Franc. (2015). Child-Centered Expressive Arts and Play Therapy: School Groups for At-Risk Adolescent Girls. *International Journal of Play Therapy, 24*(4), 205-220.

Moss, R. C., Perryman, K. L., **Cochran, K. M.**, & Hudspeth, E. F. (2014). The counselor's role in helping students with sexual identity issues: A case study of a mother and daughter. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.), *Ideas and research you can use: VISTAS 2014* (pp. 1-12). Retrieved from <http://www.counseling.org/Resources/>

Cochran, K. (2008). Exploring play: Using the strengths and difficulties questionnaire to examine changes in behavior after child-centered play therapy. A seminar paper presented to the Graduate College. Missouri State University.

Perryman, K., **Cochran, K.**, Keller, E., Stewart, L., Hubbell, D., Probasco, L., & Stafford, S. (2007). Expressive Arts Activities for School Aged Children: School Application and Beyond. An unpublished manuscript. Missouri State University.

Presentations

Cochran, K. (2018, June). *Trans-Affirmative Policies and Practices for Incarceration Settings*. Invited presentation to correctional officers and sergeants at Fond du Lac County Jail, Fond du Lac, WI.

Cochran, K. (2017, October). *Suicide risk assessment for counselor trainees*. Invited presentation to counselor trainees at UWM Counseling Student Association, Milwaukee, WI.

Cochran, K. (2017, September). *Suicide risk assessment for counselor trainees*. Invited presentation to counselor trainees at Missouri State University, Springfield, MO.

Cochran, K. (2017, September). *Working with trans* clients*. Invited presentation to counselor trainees at Missouri State University, Springfield, MO.

Chavez-Korell, S., Newell, M., **Cochran, K.**, Pierson, H., Watjen, J., Salas, S., Muro, N., & Callahan, K. (2017, August). *Examining school related stress, mental health, and coping among high school students*. Poster presented at the Annual Convention of the American Psychological Association, Washington, D. C.

Anderson, A. L., & **Cochran, K.** (2009, October) Fish Out of Water: Teaching About Culture and Social Justice in a Sea of White Privilege: Implications for Educators. Presented at the annual International conference of NAME (National Association of Multicultural Education), Denver, CO.

Perryman, K., Blissard, P., **Cochran, K.**, & Keller, E. (2009, March). Using Expressive Arts Techniques in Schools. Presentation conducted at the spring conference of the Missouri School Counselor Association, Jefferson City, MO.

Beckett, L., **Cochran, K.** & Medly, R. (2008, September). Child-Parent Relationship Therapy: Theory

and practice. Presentation conducted for the Missouri Association for Play Therapy.

Perryman, K., **Cochran, K.**, Medley, R. Keller, E., & Stewart, L. (2008). Expressive art therapy: School application and beyond. Presentation conducted at the annual conference of the Missouri School Counseling Association.

Perryman, K., Keller, E., **Cochran, K.**, Clardy, T. (2008, February). Expressive Arts with Individuals and Groups. Presentation conducted at the annual conference of the American Counseling Association of Missouri, Jefferson, City, MO.

Perryman, K., Blisard, P. (Nov. 2007). Creating Connections through Art: Play Therapy with Adolescents. Presented for the Missouri Association for Play Therapy with help from **Cochran, K.**, Keller, E., & Hubbell, D.

Community Engagement

Autumn West Safe Haven , volunteer	2017-2018
American Psychological Association	2014-Present
American Psychological of Graduate Students (APAGS)	2014-2019
Ramsey County Continuum of Care , committee member	2012-2013
Psychiatric Rehabilitation Association	2011-2014
Minnesotans United for All Families	2012-2014
Twin Cities Pet Rescue , dog foster	2013-2014
Big Brothers Big Sisters , Big Sister	2011-2012
Mentor , Pipkin Middle School Mentor Program	2004-2005
Co-Facilitator , G.I.R.L.S. At-Risk Program	2005
Association for Play Therapy , 2007 Annual Conference Volunteer	2007-2009
American School Counselor Association	2007-2009
American Counseling Association	2006-2009
Zeta Tau Alpha Alumnae Chapter , Secretary 2006-2007	2006-2009

University of Wisconsin-Milwaukee

Chancellor’s Advisory Committee on Mental Health	2015-2018
Life Happens. STUDENTS CONNECT! College SOS Suicide Prevention , trainer	2015-2018
Counseling Psychology Student Association (CPSA) , President 2015-2016	2014-2017

Missouri State University

Dean’s Student Advisory Council	2007-2008
Helpers United Together	2006-2008

Drury University

Promotion and Tenure Committee	2004-2005
Transfer Alpha Leader	2004-2006
Zeta Tau Alpha , New Member Coordinator 2003-2005, Voted “Ideal Member”	2003-2006
Relay for Life Planning Committee , Team Recruitment Chair	2005-2006
Psychoactive	2004-2006
Allies	2004-2006