

Research

“I Am My Own Gender”: Resilience Strategies of Trans Youth

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Nineteen trans youth participated in a phenomenological study of their resilience strategies for navigating stressors in their lives. The authors identified 5 supports and 6 threats to participants' resilience. The 5 themes of resilience were: (a) ability to self-define and theorize one's gender, (b) proactive agency and access to supportive educational systems, (c) connection to a trans-affirming community, (d) reframing of mental health challenges, and (e) navigation of relationships with family and friends. The 6 major threats to participants' resilience were: (a) experiences of adultism, (b) health care access challenges, (c) emotional and social isolation, (d) employment discrimination, (e) limited access to financial resources, and (f) gender policing.

Keywords: transgender, resilience, gender identity, phenomenology, qualitative

A growing body of literature has described the barriers trans youth experience related to gender identity and expression (Gonzalez & McNulty, 2010; Grossman & D'Augelli, 2007), yet less information is known about trans youth's resilience in terms of their ability to manage societal discrimination in their lives. The words *trans* or *transgender* have been used to describe individuals whose sex assigned at birth (i.e., male or female) is not in alignment with their gender identity (e.g., woman or man) and expression (American Counseling Association [ACA], 2010). The prevalence rates of trans youth are difficult to specify, especially because there has been little research with this group and the few youth surveys (e.g., Youth Risk Behavior Surveillance System) that typically assess attitudes and behaviors of young people have not included a place for trans youth to self-identify (Winter & Conway, 2011).

In addition, knowledge about gender identity and trans health is very low among health providers (counselors, medical doctors, etc.), translating to inadequate or nonexistent health care access (Bockting, Robinson, Benner, & Scheltema, 2004). These deficits in trans competency became more relevant for the counseling profession, because for the first time the most recent Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (World Professional Association of Transgender Health, 2011) has included master's-level counselors as potential providers for writing letters for hormone replacement therapy and other trans-related surgeries. Recently, ACA endorsed the *Competencies for Counseling with Transgender Clients* (2010), which grounded counselor training competencies

in strength-based, feminist, multicultural, and social justice theories. However, the focus of this document was primarily on trans adults, so there continues to be very little information about the resilience trans youth have developed to resist trans prejudice (i.e., discrimination against trans people) and adultism (the system of oppression where adults hold greater power regarding decision making in their lives than do young people; Bell, 2003). The purpose of this study was to explore the supports of and challenges to resilience that trans youth experience in their everyday lived experiences. We defined *resilience* as the strategies and contexts that assist trans youth to navigate life stressors related to their gender identity and/or gender expression with success (Hartling, 2004; Mizcock & Lewis, 2008; Werner, 1995).

Challenges to Trans Youth Resilience

To understand what helps trans youth develop resilience—what helps them “bounce back” from adversity (Reivich & Shatte, 2002)—to societal discrimination, it is important to understand the many challenges that trans youth currently face. Despite the efforts of national advocacy groups (e.g., National Center for Transgender Equality [NCTE]) that have helped to develop positive portrayals of and education about trans people in media and other contexts, many societal barriers still exist in a variety of areas that directly affect a trans person's quality of life. These barriers may reside in social and family structures, employment discrimination, health care access, or schools. The detrimental effects of these societal barriers can often put trans youth at risk for

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dropping out of school, running away from home, substance abuse, HIV/AIDS, and becoming homeless (Grossman & D'Augelli, 2006; Singh, Hays, & Watson, 2011). Furthermore, the National Transgender Discrimination Survey (Grant et al., 2011) reported that 78% of trans children in grades K–12 reported some form of harassment related to their gender identity and expression, 35% of the children reported incidences of physical violence, and 12% of the children reported sexual violence.

Other challenges trans youth face include obtaining satisfactory medical care, instead encountering physicians' negative beliefs (Kitts, 2010), refusal of care, and a general lack of knowledge (Grant et al., 2011). In addition, trans youth are increasingly at risk for victimization in school settings, often in the form of verbal or physical abuse and bullying (D'Augelli, Grossman, & Starks, 2006; Gonzalez & McNulty, 2010; Grossman & D'Augelli, 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010). For example, Sausa (2005) reported that 96% of trans youth experienced physical abuse and 83% were verbally harassed in school settings. The perpetrators of harassment and abuse were not limited to schoolmates and peer groups; the NCTE National Transgender Discrimination Survey (Grant et al., 2011) also reported mistreatment by teachers and staff in K–12 settings.

Trans discrimination and abuse do not cease to exist outside of school settings, and recent literature points to evidence that workplace and job sites have been just as likely to perpetuate incidences of discrimination, harassment, and lack of opportunities for gender-nonconforming individuals (Grant et al., 2011; Lombardi, Wilchins, Priesing, & Malouf, 2001). Lombardi et al. (2001) asserted that people who are open about being trans or request accommodations are more likely to be harassed, intimidated, or fired. The National Transgender Discrimination Survey (Grant et al., 2011) also found that 90% of respondents reported experiencing harassment or mistreatment on the job, whereas 71% attempted to avoid discrimination by hiding their gender or gender transition.

Perhaps the most critical barrier to resilience in a trans youth is the presence of negative family reactions or lack of support from a close family member or friend (Grossman, D'Augelli, Howell, & Hubbard, 2005). Grossman et al. (2005) reported that although trans youth's familial relationships improved over time, as many as 50% their respondents reported negative parental reactions after coming out, and as many as 40% of parents (or other family members) chose to not speak or spend time with the trans youth (Grant et al., 2011).

■ Supports for Trans Youth Resilience

Traditionally, resilience has been studied as an individual construct focusing on internal attributes. Researchers have begun examining the influence of context and interpersonal relationships on resilience (Smith & Gray, 2009). For instance, Reivich & Shatte (2002) identified several components of resil-

ience—impulse control, realistic optimism, flexible thinking, emotional awareness and regulation, empathy, self-efficacy, and ability to reach out for support. However, scholars studying resilience have critiqued the individually focused definitions of resilience; their argument is that these definitions emerge from a predominantly White and Western context, whereas historically marginalized groups may experience resilience within a more collectivist environment (Hartling, 2004).

A previous qualitative research study (Singh, 2012) that examined the resilience strategies of 13 trans youth of color used a conceptual framework of intersectionality and feminism to explore how the specific intersections of race/ethnicity and gender identity and expression influenced their resilience. The participants in this study indicated that being able to use the words that most effectively described their racial/ethnic and gender identity and expression were especially important to their resilience. In addition, participants in the study identified the importance of addressing issues of powerlessness (e.g., adultism) in their lives as a component of their resilience, as well as being able to advocate for themselves in their school systems. Finally, Singh's (2012) study suggested their resilience involved (a) negotiating their "place" in the larger place in the LGBTQQ (lesbian, gay, bisexual, transgender, queer, questioning) youth community and (b) using social media (e.g., Facebook) as a way to empower and validate themselves by connecting with other trans youth of color.

In another examination of resilience in 21 trans adults (Singh et al., 2011), researchers also found that being able to define one's gender identity was a critical aspect of their resilience, while also embracing the fluidity and evolving nature of their self-definition. Trans adults indicated that intentionally attending to issues of self-worth, while also maintaining an awareness of trans phobia and trans prejudice in the world, was the basis for their resilience. Researchers shared that the trans adults described having networks of supportive community and cultivated their sense of hope with regard to having a good life as a trans person. The study also identified variant themes of engaging in activism and serving as a positive role model for other trans people as being important components of their resilience.

■ The Current Study

We conducted this study to build on previous research that examined the societal barriers (Grossman & D'Augelli, 2006; McGuire, Anderson, Toomey, & Russell, 2010) trans youth face by investigating not only the barriers they face in their lives, but also how they experience resilience in navigating societal discrimination (e.g., trans-prejudice, adultism). The strength-based focus of this study is important because identifying influences on resilience has the potential to help counselors and other helping professionals understand how to further support the development of trans youth clients' resilience. Because the research exploring trans youth resil-

ience is nascent (Singh, 2012; Stieglitz, 2010), the researchers selected a phenomenological research tradition (Moustakas, 1994) and theories from liberation theology (Friere, 1971) and feminism (Worrell & Remer, 2003). This conceptual framework allowed researchers to examine what trans youth described as supports or challenges to their resilience. Acknowledging the historical marginalization of trans youth across many contexts (e.g., family, schools), researchers used tenets from liberation theology and feminism to develop a collaborative relationship with participants, attend to sociopolitical and intersecting identities, and focus on empowerment and consciousness-raising (Friere, 1971; Worrell & Remer, 2003). The specific research question guiding the study was, How do trans youth describe the supports of and the challenges to their daily lived experiences of resilience?

Method

The selected phenomenological approaches allowed us (one counselor educator and two master's-level counseling students) to explore the essence and meaning of the supports of and challenges to resilience for trans youth participants (Hays & Singh, 2012; Moustakas, 1994). In addition, phenomenology allowed us to seek a deep structural understanding of the daily lived experiences of the resilience of trans youth participants. The theoretical framework of the study was based on Freire's (1971) liberation theology, including the tenets of anti-oppression and *conscientization* (i.e., consciousness raising). We also used tenets from feminist theory (Worrell & Remer, 2003)—specifically, “the personal is political” and valuation of sociopolitical identities—to develop research activities that were focused on empowerment. Kline (2008) emphasized the importance of coherence in qualitative studies within counselor education, where the research tradition and theoretical framework inform interview questions, data collection, data analysis, and use of methods of trustworthiness. Therefore, each stage of the current research study was conducted in this manner.

Researchers as Instruments

We identified our assumptions and biases about the topic prior to engaging in the research process. Before submitting our research proposal to the institutional review board, the first and second author met to bracket these biases. The first author self-identified as a South Asian queer woman and had engaged in previous qualitative studies of trans people's resilience. Therefore, her assumptions about the topic were grounded in these studies and included a bias that all trans people are resilient in some manner. To develop accountability for this bias, we included questions in the interview protocol that were designed to ask participants for specific instances when they did not think they were resilient. The second author self-identified as White and queer. The second author, a volunteer at a nonprofit organization for trans youth,

assumed that connection to community would be a strategy of resilience among trans youth. The third author identified as a heterosexual White male ally. His assumptions about the trans community included biases that the coming-out process served as a liberatory experience for all trans youth.

Participants, Procedure, and Instrumentation

The researchers used purposeful sampling to recruit participants over a 3-month period (Creswell, 2007). The criteria for participants in the study included the following: (a) between the ages of 15 and 25 years old and (b) identify as trans. There were 19 participants in the study and their mean age was 22 years. Thirteen participants were White, three were multiracial, two were African American, and one was Asian American/Pacific Islander. Seven participants were college graduates, seven were currently enrolled in college, one had earned an associate's degree, and two were high school graduates. One participant withdrew from college for medical reasons, and a second reported having dropped out of college. Each participant selected a pseudonym for use in the study.

We asked participants to use the words they felt most comfortable with in describing their demographic data. Participants defined their sexual orientation as queer (10), gay (three), unreported (three), pansexual (one), straight (one), or asexual (one). Participants were asked to use their own words to describe their gender identities; these were trans man or trans guy (11), female to male (two), male (three), genderqueer (two), and male to female (one). Participants primarily lived in the southeastern United States (10), unreported (four), Midwest (three), Northeast (one), or Northwest (one). Participants identified their socioeconomic status as middle class (12), unreported (four), working class (one), upper class (one), and experiencing homelessness (one). All but one participant disclosed their gender identity to both of their parents.

The first and second author circulated information about the study on listservs that are focused on trans youth. This information was also posted on Facebook and Twitter. Each potential participant interested in the study e-mailed the first author. Individuals who met the criteria for participation in the study were scheduled for one semistructured qualitative interview. This interview was conducted over the telephone or in a confidential location of the participant's choosing. The participant completed a demographic form and informed consent document; additional demographic information was collected during the semistructured interview. Three participants contacted the first or second author for an interview but did not come to the scheduled interview for unknown reasons.

The semistructured interview protocol was grounded in the most recent literature on trans youth and resilience. Participants engaged in one 45–90 minute semistructured interview protocol about resilience strategies that assisted them with their gender identity or gender expression (e.g.,



“What has helped you deal with trans prejudice?”). Interview questions also explored the barriers to trans youth’s resilience and coping (e.g., “What experiences have been a threat to your resilience?”). We used interview probes to expand participants’ sharing (e.g., “What would you like people to know most about your experience?”).

Data Analysis and Collection

Using phenomenological coding (Moustakas, 1994), we bracketed our assumptions and biases about the study before, during, and after data collection and analysis. The data collection and analysis were recursive in nature (Kline, 2008) such that earlier data collection and interpretation informed later data collection. There were four steps to the data analysis. In the first step, we conducted and transcribed Participant 1’s qualitative interview. In the second step, we coded this interview and revised the interview questions according to the identified codes. The coding process began with horizontalization to identify discrete categories within the data about the phenomenon of resilience. In the third step, these codes were then used to build a codebook, and we revisited the earlier data collected and identified smaller meaning units that exemplified the meaning and essence of resilience for participants to provide a structural description for each (Creswell, 2007). In the fourth step, Participant 2 was contacted so that we could conduct the interview. This process continued through Participant 19, and each of the four steps were repeated for each participant.

Trustworthiness of Study

We incorporated several strategies of trustworthiness in the study. First, the first and second authors maintained a reflexive journal where we continued to bracket our biases about the study as the research process progressed. This journal was referred to during the coding session and assisted us in being able to add or delete interview protocol questions based on the data. The second trustworthiness strategy was member checking of participant transcripts and themes. Two of the participants added information to their transcripts after they reviewed them. A third component of trustworthiness was the use of peer debriefing and consensus coding, which invited recursivity to the data collection and analysis process. Finally, we conducted two internal audits of the data (first and second author) to review the coherence (Kline, 2008) of findings and artifacts of the research activities.

Findings

Participants identified lived experiences as facilitative or as hindering gender identity development and assertion. Researchers grouped themes as supportive or threatening to participants’ resilience. We worked collaboratively with participants to identify themes of supports and threats to resilience. Five themes of participants’ resilience and six themes

describing threats to resilience emerged. The five themes of resilience were (a) ability to self-define and theorize one’s gender, (b) proactive agency and access to supportive educational systems, (c) connection to a trans-affirming community, (d) reframing of mental health challenges, and (e) navigation of relationships with family and friends. In addition to describing sources of resilience, participants were also asked to identify challenges to their resilience. The six major threats to trans youth’s resilience within the data were (a) experiences of adultism, (b) health care access challenges, (c) emotional and social isolation, (d) employment discrimination, (e) limited access to financial resources, and (f) gender policing. The findings are presented below, in no particular order.

Ability to Self-Define and Theorize One’s Gender

Within this theme, participants described the importance of being able to self-define and theorize—to use their own words and concepts that were in alignment with their gender identity and expression (e.g., genderqueer, genderfluid, trans man). Thaddeus shared, “There was some phrase my mother always used to use — ‘You don’t change, you become more yourself,’ and for me, I guess that process of becoming more of myself.” Similarly, Will shared the following about his gender identity being a complex experience that was not easily defined by others, but rather was experienced by himself:

I guess what I’m saying is [my gender is] very, very multifaceted. There are lots of different feelings and experiences that come with being a trans youth that aren’t always visible to the naked eye. It’s just so many different feelings, experiences, emotions, and situations that a trans youth deals with that makes it a unique experience.

Some participants described counseling, community, and family as supportive sites where they could have specific conversations about how they were defining their gender and, for many, the fluidity involved in this process. Other participants described activities, such as journaling, acting, and activism regarding trans and other social issues, as important to theorizing their own gender. For instance, participants used journaling to explore defining their gender, identifying the specific words and related meanings they used to define their gender. About the process of journaling, Emil said:

I started journaling about what was going on inside me. I didn’t even know it was about gender. I was just like, I feel really angry so I’m just going to start writing about what is happening with me in my body. At the end of this seven-page ranting the word *transgender* came out on the paper. Like I just wrote it. I literally looked at it and started crying. I remember it vividly. I can tell you the smell of the room. From there, I just sat on the information for a few weeks and opened myself up to this word like, “okay, well what does that mean for me?”

For others, activism connected them with ready-made communities of like-minded individuals who not only respected their process of defining their own gender (e.g., pronoun and name usage), but who were also in a similar process of self-theorizing their own gender. Although engaging in conversational self-theorizing about one's own gender with trans-affirming friends, family, or counselors was reported as a support to resilience, it is important to note that self-theorizing one's own gender in isolation was not found to be supportive of resilience.

Proactive Agency and Access to Supportive Educational Systems

Proactive agency and supportive structures within educational systems, such as a knowledgeable counseling center and affirming campus housing policies, were identified as supportive of resilience within academic environments. One participant, Jack, described his proactive agency within an educational system:

I don't have a complication of living in the dorms. I live off campus. I'm still working on some legal issues. I still show up on the roll under my birth name and I have to—I usually—if I haven't had a professor before I have to e-mail them at the beginning of a semester and let them know please call me this, don't call me this, call me Jack.

Proactive agency required recognizing areas where self-advocacy could be effective and creating contingency plans where self-advocacy could not fully address needs. For example, Jack recognized that his campus' sex-segregated housing could not meet his needs, so he sought off-campus housing. Although his university required that class rosters be compiled of legal names, Jack identified speaking to his professors as a proactive step he could take toward being called by his correct name. Within educational systems, trans-affirming services were also identified as a support to resilience. Fitz described the vital need for competent counseling services:

Good mental healthcare services are important. I would say that without the person who is my therapist at school—I don't know if I would have made it through—and having a mental health professional who is sensitive to trans health needs is important.

Participants with a trans-affirming counselor, professor, or mentor described an increased sense of support and connectedness. When adultism undermined proactive agency, proactive agency was not reported as supportive of resilience.

Connection to a Trans-Affirming Community

Participants emphasized the importance of building relationships within a trans-affirming community. Caiden com-

mented, "On the more personal level of really close friends, most of my close friends are from the trans and queer community." Caiden's comment was echoed by Emil, who said the following:

I was like "I can do it on my own. I can do it on my own." I'm an only child, so I've done that most of my life. I can do it better than you. Let me just do it. But my community, my trans-queer community and my lovers have been such an instrumental part of my ongoing process. I can call them up and be like, "Hey, this is what I am going through today." I know they would be there. Coming to know that and coming to find other people has been so instrumental.

Although connections to trans-affirming communities were consistently identified as a significant component of resilience, Antonio clarified that these relationships are not without complications of their own.

I feel like I have some sense of space in the punk-ish/radical-ish queer community, academic community, and broader activist/leftist communities. All of [these] have been self-serving and dumb and smart and great in many ways. . . . I appreciate them.

Although trans-affirming communities were valued and strongly desired, some participants critiqued trans-affirming communities as overly focused on medical transition. A few participants worried that involvement with trans groups could disclose trans status to individuals who would not otherwise know; however, these participants continued to participate despite fears. Many participants commented that they experienced tokenism in lesbian, gay, bisexual, and queer groups. Despite reservations and even negative experiences, the participants of this study overwhelmingly emphasized the importance of trans-affirming community as a vital component of resilience.

Reframing of Mental Health Challenges

Participants described how they reframed mental health challenges to assist their navigation of gender identity and hostile environments. Jack shared the following about the importance of maintaining a sense of realism in all areas of his life:

During a manic period, I don't dwell on the transgender aspect as much, not more than I normally do. When I'm depressed, I dwell on it. It [bipolar disorder] is one of those things that has a major impact on how I feel at certain times and it's not something that I forget. I think, in a way, that's almost been the key to my successes. Even though I'm generally pessimistic, I'm optimistic to know that when I have my depressions, it's temporary. Keeping my sense of realism has been a key to my success.



Will identified skills gained through living with Asperger's as an important strategy of navigating hostile environments:

I have only been out a couple of years, but it has been completely ignored at holidays. I try to pass as normal for the rest of my family. A lot of it is strategies that I developed as ways of coping with Asperger's when I was young. I tend to be quiet a lot and not speak views that I know will be controversial. I stray away from conversation that would bring up any indicator of the fact that I am not what I seem to be to them.

Like other participants, Jack and Will identified successful strategies of addressing mental health challenges and then reframed these strategies to address trans-related challenges. Although mental health challenges also presented participants with distress, the successful navigation of this distress allowed participants to generalize the coping mechanisms they used.

Navigation of Relationships With Family and Friends

Participants described supportive families as a source of resilience. SC shared feeling both surprised and confident as a result of his family's support.

I was just astounded at the fact that nobody bothered me at all and everybody was so willing to accept me as a guy. And that was tremendously encouraging and it was . . . I think it was the first thing that really gave me a sense of confidence about myself in that respect. [I was] stunned by [the] positive support.

Although SC's family was specifically accepting of his gender identity, participants like Caiden described increased resilience resulting from his father's general support for life satisfaction:

And then family as far as that is concerned, um-m, my father is very supportive and he has that sort of, "Are you happy?" thing and I'm like, "Yeah," so that's it. Um yea and that's how we basically are. He doesn't really talk about it, but he's just like, "Ya know, as long as you are happy with what you're doing and how your life is going then that's fine."

Whereas families may vary in degrees of gender identity acceptance, messages of support provided a source of resilience among participants even when those messages were not completely consistent.

Threats to Resilience

In addition to describing sources of resilience, participants were also asked to identify threats to their resilience. The six

major threats to trans youth's resilience within the data were (a) experiences of adultism, (b) health care access challenges, (c) emotional and social isolation, (d) employment discrimination, (e) limited access to financial resources, and (f) gender policing.

Experiences of Adultism

Adultism was identified as a key threat to resilience. Chuck shared the following about his experience with adultism:

Growing up, my mom didn't really think of her children as autonomous so much as just extensions of her and her desires, so that was something I internalized and had to get over by like telling myself that my desires and who I am was real and not something that had to be shoved aside for anyone else. I just internalized a lot of bullshit growing up.

Participants shared that most adults believed trans identity was a phase, that it could be treated through conversion therapy, or it was simply ignored. Commenting on this threat to resilience, Eli shared, "I think a lot of the disbelief comes from this culture that says do not believe our children. We should believe our children and listen to them."

Health Care Access Challenges

The potential of being denied health care because of trans status was identified as a threat to resilience. David explained it this way:

And I have to wonder, if I get in a car accident, if the EMT[s] are going to treat me or if I'm going to die. I don't think that's specific to trans youth, but I think that it's . . . it's sad that like as youth, we have these ideas of mortality so young when that is not something that usually crosses a lot of people's minds.

Whereas David described concerns over whether emergency services personnel would treat him if they become aware of his trans identity, Ezra shared his concerns about routine medical care.

That support [health care] is extremely important and, you know, having our needs met is extremely important. And I don't feel like that's being done. I feel like there are steps in the right direction, but at the same time, I have to worry every time I go to the doctor.

Whether the need for health care was due to an emergency or routine care, participants viewed trans phobic and incompetent health care as a threat to resilience. Some participants commented that they avoided going to a doctor because of previous, trans phobic experiences within the health care system.

Emotional and Social Isolation

Participants described emotional and social isolation as a threat to resilience. Luke reflected on his experiences with

emotional isolation as he grappled with questions about his gender identity.

So, a lot of my thought work [about being transgender] had to go on while I was completely alone, and it was just me in my apartment and my emptiness. I couldn't talk about it. I don't think I talked about it to more than one person. There is a level of retreat because it feels so vulnerable to say I am not sure. I wanted to be so sure. I think that dug a hole for me instead of being helpful.

In addition to emotional isolation, participants also described social isolation as a threat to resilience. In particular, participants described social isolation as a result of disclosing trans identity to friends. Brad shared the following:

I really expected my friends from the LGBT community to stay there for me. I totally expected my friends to be okay with it and possibly even see it coming and a lot of them just haven't talked to me since I came out. They'll talk to my wife. They'll say, "I'm scared, what if I say the wrong thing?" That's not what it's about. I hang out with my mom once a week and she purposefully uses the wrong pronouns and the wrong name. It's very upsetting that they don't even try. It's been a year since I've seen some of my closest friends. That's probably been the most negative experience that I've had.

Employment Discrimination

Participants described lived experiences with employment discrimination and the fear of employment discrimination as threats to resilience. Will discussed one of the challenges of applying for a job.

I identify as a trans man. I fill out "male" on any forms I get unless I think it will be detrimental to what I am trying to get, like a job. As much as I hate lying about myself that way, but really I have to get my foot in the door. Having a name as feminine as mine is, I worry that I wouldn't get a chance to even interview. So I might check a box that would make more sense for the people I was interviewing for.

Will commented on the challenges of finding employment as a trans person; other participants talked about the challenges of disclosing trans identity in the workplace. Regarding coming out at work, Eli said this:

I sent out a letter to my whole workplace and there was a really negative reaction from my boss where he tried to tell me that basically I couldn't use the men's restroom and we'd have to have a meeting with his bosses and stuff about using my preferred name. But after that a whole bunch of good stuff come out of that where we had diversity training.

In Eli's case, a trans-affirming human resources staff member led a diversity training seminar regarding gender and facilitated a dialogue between Eli and his boss. Eli's proactive agency, along with a trans-affirming coworker, contributed to his ultimate success. Study participants were uniformly aware of the lack of legal protection for trans employees.

Limited Access to Financial Resources

Limited access to financial resources was also found to be a threat to resilience in trans youth. Limited access to financial resources manifested in varied ways; however, each participant spoke of feeling challenged and sometimes even compromised by limited finances. Jordan shared the following about the relationship between financial resources and gender:

Even just buying clothes that you're comfortable with can take a while. Having enough money to buy clothes you want, or get a haircut that you're comfortable with, all these things take time and it's good to respect people in their process.

Another participant, Nicole, discussed her experiences with prostitution.

The only problem I have had is with prostitution. I was prostituting to survive and my family did not agree with that, you know. I think that's the only problem that I had as far as my gender identity. My family not being able to accept, you know, me selling my body and things like that.

The impact of limited access to financial resources was broad and intimate. Many participants mentioned pooling resources within trans-affirming communities as one response to limited financial resources. For example, Nicole allowed other trans women to stay with her when they had no other place to sleep.

Gender Policing

Finally, participants identified gender policing as a threat to resilience. Chuck shared, "It's really scary to go into the women's room and be called a pervert or in a men's room and hear, 'What are you doing here faggot?'" Ezra also shared an experience of verbal assault after disclosing his gender identity.

I've had one person get violent with me about it. And that was pretty fast after I'd come out, like a month after. Back then, I was so energetic I was like "oh, my god. I found this amazing thing and I'm going to tell everybody." [Laughs] So I told a cab driver and he did not appreciate it. It was verbal, but it could have been physical. That made me pull into myself and not be out as much. And really be afraid more. Sometimes, I just don't leave the house or I make sure I have a good bind going or I'm always like, "What do I look like today" and "What should I try to look like today?"

In addition to gender policing from strangers, participants also discussed the impact of gender policing from friends and family members. Jordan said,

Not so helpful [are] my Christian friends who would say that they were praying for my healing. [Laughs] My parents took me to an ex-gay clinic, which is like, you know, a clinic where they try to make gay people straight. So, that's not a helpful response. Pathologizing my gender is not helpful, but honoring my chosen name and pronoun is helpful.

In addition to invalidating gender identity, participants also described gender policing as significant because it is hard to predict when and where gender policing will occur.

Discussion

The trans youth in this study described several aspects of their lives where resilience was supported or challenged, which may assist counselors working with trans youth from a strength-based perspective. First, participants described a very individualized process of learning to affirm their gender identity outside of prescribed (or routine) navigation of identity formation. This finding is consistent with previous research by Singh et al. (2011), who found self-theorizing gender to be a key component to resilience among 21 trans adults. Participants also reported consistently using self-advocacy as a necessary strategy of resilience, wherein trans youth sought to educate other people within educational systems (Cashore & Tuason, 2009). In addition, the supports of and barriers to resilience were not “all good” or “all bad,” suggesting that these themes have rich complexity to be explored within the counseling context. For instance, acknowledging challenges and support while carefully identifying responses to areas that may be helpful could assist trans youth in successfully engaging in their own gender journey, leveraging strengths within themselves and their communities while minimizing threats to resilience.

It is also important to note that participants reported significant interactions between resilience strategies, similar to previous research on trans resilience (Singh, 2012; Singh et al., 2011). For example, connection to a trans-affirming community frequently supported navigation of relationships between family and friends. Additionally, many participants mentioned an intersection between reframing of mental health challenges and access to supportive educational systems when educational systems were equipped with a knowledgeable counseling staff. Insufficient health care has been found to be a common occurrence for trans individuals (Bockting et al., 2004; Grant et al., 2011; Kitts, 2010), so it is not surprising that adequate health care is affirmed as needed and valuable among participants in the current study. Although each participant described areas within the five themes of supports

of resilience, the value placed on each strategy varied by participant. In examining the five themes of supports of resilience, some participants focused heavily on the resilience strategy of reframing mental health challenges, whereas others focused heavily on connection to a trans-affirming community. Recognizing both the interconnectedness and individual nature of these areas of resilience, counseling practitioners and researchers are compelled to value trans identities and experiences as they are presented and defined by each individual trans youth.

The current study may be similar and dissimilar to some of the more recent quantitative research examining the role of coping and the quality of life. For instance, Piccolo (2010) examined how support in schools influenced anxiety development in 184 young adult LGBTQ people, finding no relationship between school support of LGBTQ identity with coping behaviors. Participants in the current study largely described experiencing little to no support within their school settings. However, unlike the current study's participants, Seidl's (2011) quantitative study of quality of life for 145 trans adult participants suggested that participants used survival techniques (e.g., fantasizing, daydreaming) as coping mechanisms. Instead of using survival techniques, participants of the current study used the resilience technique of proactive self-agency, particularly within educational systems, including identifying potential areas where self-advocacy could be implemented and developing contingency plans when action beyond self-advocacy was required. This discrepancy may be due to the specific empowerment focus of the current study's conceptual framework and the qualitative research tradition.

Similar to the interconnectedness of resilience strategies, the threats to trans youth resilience were overwhelmingly reported as interacting, compounding, and reinforcing one another. These findings are consistent with previous research findings (Grossman & D'Augelli, 2006; Singh et al., 2011) asserting that multiple sites of distress exist (e.g., employment, school, health care) and have an impact on the well-being of trans people. Findings from the current study suggest that the impact of distress at these sites is not felt independently, but combines, folds, and reinforces overall societal oppression and internalized trans prejudice. Gender policing and social isolation, for example, were frequently reported alongside adultism, health care access, and employment discrimination. Furthermore, participants reported the experience of simultaneous, multiple threats as requiring more coping skills than threats experienced individually. Although these six major threats were shared among participants, the threats were experienced at varying intensities according to the intersectional identities held by each participant. For example, participants without an income sufficient to meet their needs reported health care access challenges as a more significant threat to resilience than did participants with a sufficient income. In the national survey *Injustice at Every Turn* (Grant

et al., 2011), researchers found that trans respondents were 4 times more likely than was the general population to have an income below \$10,000 per year. Moreover, the workplace has also been found to be a site of discrimination and harassment for trans people (Grant et al., 2011; Lombardi et al., 2001). Indeed, participants in the current study spoke of financial barriers resulting in limitations beyond access to supportive educational systems and health care, but also gender-affirming clothing and job opportunities outside the sex work industry. As with any system of oppression, the mechanisms of trans-prejudice work together to reinforce oppression of trans people and ultimately the dominance of a cisgender culture. The five themes of resilience and the six threats to resilience offer researchers and practitioners a general overview of resilience and threats, whereas the degrees of significance are individually experienced and defined.

In addition to the meaning of the previously discussed findings, participants responded positively to the researchers' use of a conceptual framework grounded in liberation theology (Friere, 1971) and feminism (Worrell & Remer, 2003). Many participants expressed "feeling good" or "inspired" after their interview, saying they had not spent time specifically reflecting on their resilience. In addition, several participants reported continuing discussions about resilience with their peers. These participant reports are consistent with other research approaches, such as participatory action research, where participants are involved and respected as coresearchers about their everyday lives (Creswell, 2007).

■ Limitations of Study

There are several limitations of the current study. For instance, there is an underrepresentation of trans youth of color and trans feminine individuals within the sample. Also, because the focus of the study was to identify the resilience strategies of trans youth and the researchers held significant biases that trans youth do have resilience, it is certainly likely the study does not reflect the depth of societal change that needs to occur to support trans youth resilience and minimize threats to their resilience. We used several methods of trustworthiness; however, there are always issues of response bias within the use of semistructured interviews and challenges of data interpretation that exist within a research team (e.g., group think) that might have been accounted for by an external audit of the data.

■ Implications for Counseling Practice, Research, and Advocacy

Consistent with the reports of trans youth in this study, underlying each implication is an assertion that gender exploration is ultimately liberatory and that empowering self-agency is critical. Counselors and other helping professionals will be in

the role of educating others (e.g., family, educators) about how to support trans youth in exploring their gender identity in an affirming manner (Singh & Burnes, 2010). In every manner, counselors, researchers, advocates, and allies must, then, reject the assumption that trans youth should follow a prescribed path of gender identification and expression (Gonzalez & McNulty, 2010). Some trans youth stories may be woven with common threads, but each individual story is different in experience. Therefore, counselors must resist the urge to think that a complete understanding of a trans youth can come from theory and research that is in alignment with scholarship on training with trans people (Chavez-Korell & Johnson, 2010).

It is critical for counselors to seek to develop trans-affirming environments for their clients, using as their foundation reports of research participants. For instance, professionals should seek to acquire knowledge, skills, and awareness of the common experiences in the lives of trans youth, while simultaneously taking into account the individual circumstances, needs, wants, and desires of each individual trans youth. Also, counselors should be knowledgeable of trans youth-affirming resources within school and community settings (Grossman et al., 2009). Consistent with ACA's Competencies for Counseling With Transgender Clients (ACA, 2010), the participants in this study expressed a desire for all people to consider the role of gender in their lives; therefore, professionals seeking to create a trans-affirming environment should be able to reflect on and self-theorize their own gender journeys (Gonzalez & McNulty, 2010; Vavrus, 2009). Participants placed great importance on the ability to define their gender identity in their own manner. To understand the gender-affirming process that the participants described, counselors should reflect on their own personal journeys of resilience related to their gender identity so that they develop more awareness about the role of gender identity in their own lives. For instance, counselors may reflect on the societal messages that either made them feel empowered or disempowered about their gender identity.

Recognizing the vital relationship between practice and advocacy, the following advocacy steps are recommended based on participant interviews and drawing from the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003). On the microsystems level, counselors should seek to share trans youth-affirming resources and knowledge with clients and encourage self-advocacy strategies in the client's school system. For example, many research participants shared positive and empowering experiences of speaking directly with a teacher or professor about their preferred name and pronoun use prior to the first day of class. On the meso-system level, counselors should consider the settings in which they work (e.g., schools, community) and policy changes they may advocate for and implement. For example, counselors may survey available gender-neutral and single occupancy bathrooms as one measure of a trans-affirming en-

vironment. Finally, counselors should consider macrosystem level structures that operate to reinforce trans-prejudice (e.g., health care access challenges, employment discrimination, career fairs, legislative activism) and ask, “What actions can be taken to alter oppressive systems of gender?”

Although there is a growing body of literature related to the lives of trans people, further research is needed in the following areas: experiences of trans youth of color, experiences of trans young adult women, issues of homelessness, the creation of trans-affirming educational systems, employment discrimination, and further research on resilience. Online trans community building did not emerge in the current research as a strategy of resilience for each person; however, many participants spoke of the important role of online communities in identity formation and support systems. Future research could investigate the role of blogging and posting autobiographical videos in online trans communities. Further research is also needed regarding the language practitioners and researchers use to describe trans-masculine and trans-feminine identities. As a result of using free response instead of multiple choice when asking participants to identify their gender, we struggled with using gender-identity language (e.g., trans man, genderqueer) that was both common in the literature and succinctly described study participants without artificially categorizing them. Future studies could examine the research language preferred by trans people and investigate the implications of how researchers choose to group similarly gendered participants. Finally, future research is needed to examine how counselors educate family members, educators, and other adults with whom they interface to affirm trans youth for the expression of their gender identity.

Although the focus of this study was on the resilience of trans youth, the practice, advocacy, and research implications of this study may also have implications for trans individuals across the life span and for the ways that people in general may experience oppression and stigma related to their gender. For instance, there remains the need to examine how resilience develops in trans and gender questioning children, early adolescents, and older adults. Younger trans youth may experience similar disempowerment that the participants in this study described; older adults, on the other hand, may begin to interface with different organizations and institutions (e.g., government, health care) that have the potential to support or challenge their resilience. Also, counselors can begin to investigate the resilience of cisgender people to examine the specific ways they navigate gender oppression (e.g., sexism) and/or gender restriction (e.g., stereotypes about masculinity).

Conclusion

In this study, we extended the scholarship on the lives of trans youth, particularly by acknowledging and collaboratively ex-

amining how trans youth experience resilience and affirm their own gender identities despite navigating often hostile societal environments. We hope that this study will also challenge the assumption that scholarship can exhaustively hold all of what it means to be trans. In the words of Antonio, a study participant, “I would discourage us from thinking that we know who trans youth are. I would discourage a sense of understanding, but develop a sense of critical empathy and respect.”

References

- American Counseling Association. (2010). American Counseling Association: Competencies for Counseling With Transgender Clients. *Journal of LGBT Issues in Counseling, 4*, 135–159. doi:10.1080/15538605.2010.524839
- Bell, P. (2003). *Understanding adultism: A major obstacle to developing positive youth-adult relationships*. Somerville, MA: YouthBuild USA.
- Bockting, W. W., Robinson, B. B., Benner, A. A., & Scheltema, K. K. (2004). Patient satisfaction with transgender health services. *Journal of Sex & Marital Therapy, 30*, 277–294. doi:10.1080/00926230490422467
- Cashore, C., & Tuason, M. G. (2009). Negotiating the binary: Identity and social justice for bisexual and transgender individuals. *Journal of Gay & Lesbian Social Services, 21*, 374–401. doi:10.1080/10538720802498405
- Chavez-Korell, S., & Johnson, L. T. (2010). Informing counselor training and competent counseling services through transgender narratives and the transgender community. *Journal of LGBT Issues in Counseling, 43*, 202–213.
- Creswell, J. W. (2007). *Qualitative inquiry and research education* (2nd ed.). Thousand Oaks, CA: Sage.
- D’Augelli, A. R., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence, 21*, 1462–1482. doi:10.1177/0886260506293482
- Friere, P. (1971). *Pedagogy of the oppressed*. New York, NY: Herfer & Herder.
- Gonzalez, M., & McNulty, J. (2010). Achieving competency with transgender youth: School counselors as collaborative advocates. *Journal of LGBT Issues in Counseling, 4*, 176–186. doi:10.1080/15538605.2010.524841
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Grossman, A. H., & D’Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*, 111–128. doi:10.1300/J082v51n01_06
- Grossman, A. H., & D’Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior, 37*, 527–537. doi:10.1521/suli.2007.37.5.527

- Grossman, A. H., D'Augelli, A. R., Howell, T., & Hubbard, S. (2005). Parents' reactions to transgender youths' gender nonconforming expression and identity. *Journal of Gay & Lesbian Social Services, 18*, 3–16. doi:10.1300/J041v18n0102
- Grossman, A. H., Haney, A. P., Edwards, P., Alessi, E. J., Ardon, M., & Howell, T. J. (2009). Lesbian, gay, bisexual and transgender youth talk about experiencing and coping with school violence: A qualitative study. *Journal of LGBT Youth, 6*, 24–46. doi:10.1080/19361650802379748
- Hartling, L. (2004). Fostering resilience throughout our lives: New relational possibilities. In D. Comstock (Ed.), *Diversity and development: Critical contexts that shape our lives and relationships* (pp. 337–351). Pacific Grove, CA: Thomson/Wadsworth.
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in counseling and education*. New York, NY: Guilford Press.
- Kitts, R. (2010). Barriers to optimal care between physicians and lesbian, gay, bisexual, transgender, and questioning adolescent patients. *Journal of Homosexuality, 57*, 730–747. doi:10.1080/00918369.2010.485872
- Kline, W. B. (2008). Developing and submitting credible qualitative manuscripts. *Counselor Education and Supervision, 47*, 210–217.
- Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2003). *ACA advocacy competencies*. Retrieved from http://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf
- Lombardi, E. L., Wilchins, R., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality, 42*, 89–101. doi:10.1300/J082v42n01_05
- McGuire, J. K., Anderson, C. R., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence, 39*, 1175–1188. doi:10.1037/a0023226
- Mizcock, L., & Lewis, T. K. (2008). Trauma in transgender populations: Risk, resilience, and clinical care. *Journal of Emotional Abuse, 8*, 335–354.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Piccolo, J. (2010). The role of school-based support and coping skills in the development of anxiety in LGBTQ young adults. *Dissertation Abstracts International: Section B. Sciences and Engineering, 71*(2), 1352.
- Reivich, K., & Shatte, A. (2002). *The resilience factor: 7 essential skills for overcoming life's inevitable obstacles*. New York, NY: Broadway Books.
- Sausa, L. A. (2005). Translating research into practice: Trans youth recommendations for improving school systems. *Journal of Gay & Lesbian Issues in Education, 3*, 15–28.
- Seidl, H. (2011). Transgender: A study of quality of life. *Dissertation Abstracts International: Section A. Humanities and Social Sciences, 71*(12), 4569.
- Singh, A. A. (2012). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles, 68*, 690–702.
- Singh, A. A., & Burnes, T. R. (2010). Introduction to the special issue: Translating the Competencies for Counseling With Transgender Clients into counseling practice. *Journal of LGBT Issues in Counseling, 4*, 126–134. doi:10.1080/15538605.2010.524837
- Singh, A. A., Hays, D. G., & Watson, L. (2011). Strategies in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development, 89*, 1, 20–27.
- Smith, M. S., & Gray, S. W. (2009). The courage to challenge: A new measure of hardiness in LGBT adults. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research, 21*, 75–77. doi:10.1080/10538720802494776
- Stieglitz, K. (2010). Development, risk, and resilience of transgender youth. *Journal of the Association of Nurses in AIDS Care, 21*, 192–206. doi:10.1016/j.jana.2009.08.004
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology, 46*, 1580–1589. doi: 10.1037/a0020705
- Vavrus, M. (2009). Sexuality, schooling, and teacher identity formation: A critical pedagogy for teacher education. *Teaching and Teacher Education, 25*, 383–390. doi: 10.1016/j.tate.2008.09.002
- Werner, E. E. (1995). Resilience in development. *Current Directions in Psychological Science, 4*, 81–85.
- Winter, S., & Conway, L. (2011). *How many trans* people are there? A 2011 update incorporating new data*. Retrieved from <http://web.hku.hk/~sjwinter/TransgenderASIA/paper-how-many-trans-people-are-there.htm>
- World Professional Association of Transgender Health. (2011). *Standards of care for the health of transsexual, transgender, and gender nonconforming people* (7th ed.). Minneapolis, MN: Author.
- Worrel, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women* (2nd ed.). Hoboken, NJ: Wiley.

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