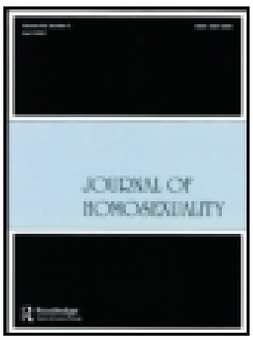

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Resilience to Discrimination and Rejection Among Young Sexual Minority Males and Transgender Females: A Qualitative Study on Coping With Minority Stress

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Abstract

Sexual minority and transgender status is associated with mental health disparities, which have been empirically and theoretically linked to stressors related to social stigma. Despite exposure to these unique stressors, many sexual minority and transgender individuals will not experience mental health disorders in their lifetime. Little is known about the specific processes that sexual minority and transgender youth use to maintain their wellbeing in the presence of discrimination and rejection. Semi-structured interviews were conducted with 10 sexual minority males and transgender females aged 18-22 years, who currently met criteria for an operationalized definition of resilience to depression and anxiety. Data were analyzed qualitatively, yielding information related to a wide variety of problem-solving, support-seeking, and accommodative coping strategies employed by youth in the face of social stigma. Results are discussed in light of their clinical implications.

Keywords: Homosexuality; Transgender Persons; Young adults; Adolescents; Psychological Resilience; Social Stigma; Coping Behavior

Sexual minority youth experience more internalizing symptoms than their heterosexual peers, as indicated by studies with samples of nationally representative youth (Fish & Pasley, 2015), youth in schools (e.g., Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008) and primary care (Shearer et al., 2016), and meta-analysis (Marshal et al., 2011). Such disparities are not unique to the U.S. Greater difficulties with anxiety and/or depression have been reported among young sexual minority people in New Zealand (Fergusson, Horwood, Ridder, & Beautrais, 2005), Canada (Williams, Connolly, Pepler, & Craig, 2005), and Thailand (males only; van Griensven et al., 2004). Few studies have compared the mental health of transgender relative to cisgender youth, although a community health clinic record review revealed that

young transgender patients were more likely to be diagnosed with depressive and anxiety disorders than demographically matched cisgender patients (Reisner et al., 2015).

Although there is a dearth of mental health disparities research employing diagnostic interviews with sexual minority or transgender youth, a recent study did so with racially diverse, urban, male sexual minority youth, showing that 33.2% met criteria for lifetime major depression, 38.8% endorsed lifetime suicidal ideation, and 16.0% had lifetime posttraumatic stress disorder. Further, over half of the sample met criteria for at least one lifetime mental health difficulty (Burns, Ryan, Garofalo, Newcomb, & Mustanski, 2014). Despite the methodological challenges of comparing these rates to the general population, it is clear that anxiety and depression are alarmingly common among male sexual minority youth and suggest the presence of disparities that require further attention and intervention.

Minority Stress theory attributes the increased risk of mental health difficulties among people with sexual minority or transgender status to their experiences with societal stigma (Meyer, 2003). The Minority Stress model has garnered much empirical support. Analysis of the 2005-2007 Youth Risk Behavior Surveys showed that sexual minority youth reported more peer victimization than their heterosexual counterparts (Russell, Everett, Rosario, & Birkett, 2014), and another study found that victimization based on sexual minority status appeared to be a near universal experience in a large sample of sexual minority youth (Mustanski, Newcomb, & Garofalo, 2011). Moreover, perceived discrimination has been shown to account for the increased risk of depressive symptoms among sexual minority and transgender youth (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

Despite the seeming ubiquity of discriminatory incidents that sexual minority and transgender youth experience, a large portion of this population does not incur adverse mental health outcomes (Institute of Medicine, 2011). Thus, it would appear that sexual minority and

transgender youth employ strengths and/or resources that help them to adapt and maintain resilience in the face of adversity. Resilience is the process of positive adaptation to significant threats to wellbeing. While it is often inferred by the absence of psychological disorder, resilience as a process is best described by a systems perspective as it relies upon the availability, accessibility, and strategic use of resources (e.g., familial, community, individual) that foster wellbeing, as well as the capacity of the individual's environment to change in a way that meets the person's needs. Resilience is also characterized by the use of coping strategies that are sustainable, developmentally appropriate, and reinforced by the social context (Ungar, 2014). Thus, one can consider factors promoting resilience in terms of individual level "assets," environmental or contextual "resources," and the interactions between such assets and resources (Windle, 2011). A comprehensive review (Erikkson, Cater, Andershed, & Andershed, 2010) of protective factors in the general youth population described a variety of assets (e.g., high self-esteem, high self-efficacy, and an internal locus of control) and resources (e.g., prosocial siblings and peers, at least one good relationship with a parent/caretaker, engagement in afterschool activities) that may have an important role in resilience to internalizing and externalizing disorders. Although there is a growing literature on the subject of protective factors in youth, there has been a call for further examination of how sexual minority and transgender youth, specifically, employ their assets and resources to maintain resilience (Mayer, Garofalo, & Makadon, 2014). Such understanding could help to inform culturally sensitive clinical interventions for this at-risk group and might also yield knowledge that could benefit other populations of youth who encounter stigma, rejection, or victimization.

Theoretical and quantitative work has suggested that emotion regulation skills and social support from a variety of domains (e.g., familial, school, peer, and romantic) are assets and resources, respectively, that may protect sexual minority and transgender people from negative

mental health consequences of stigma (Hatzenbuehler, 2009; Russell & Fish, 2016). However, although rumination has been implicated as a deleterious emotion regulation strategy for sexual minority youth (Hatzenbuehler et al., 2008), little work has identified emotion regulation strategies that are beneficial for youth to use instead when coping with minority stress. There is also a call for further description of specific social support processes that can promote resilience to minority stress (Snapp, Watson, Russell, Diaz, & Ryan, 2015). Qualitative research may provide the richness of data necessary to answer such questions.

Previous qualitative research on the subject of sexual minority and transgender youth and resilience to minority stress has focused on sexual minority and transgender youth as a whole (e.g., Singh, Hays, & Watson, 2011; Scourfield, Roen, & McDermott, 2008) rather than focusing on a subset who have experienced a particular form of minority stress or positive mental health outcome. In a notable exception, resilience factors among young sexual minority males in New Zealand were described separately for those who had ever attempted suicide versus those who had not (Fenaughty & Harré, 2003). In contrast, the present examination describes the analysis of qualitative interviews with young sexual minority males and transgender females who have repeatedly experienced adversity in the form of overt discrimination within the family context, while also repeatedly demonstrating resilience via non-clinical levels of anxiety and depressive symptoms. Understanding how to promote resilience among youth who have experienced this form of adversity is of great importance, due to findings of increased depressive symptoms among young sexual minority adults who reported more rejecting parental/caregiver behaviors toward their sexuality or gender expression (Ryan, Huebner, Diaz, & Sanchez, 2009). In sum, we are looking at the coping strategies of a sample that meets a fully operationalized definition of resilience, which increases the likelihood that these methods are indeed adaptive. The current study additionally queried on stigmatizing events more broadly, including discrimination from

peers, religious affiliations and society at large. Thus, the coping strategies identified in the current study also allow for generalizability to youth facing a wide range of minority stress.

Research Questions:

1. What assets and resources do young sexual minority males and transgender females who are resilient to anxiety and depression employ to cope with minority stress?
2. What assets and resources do these youth recommend that other sexual minority and transgender youth develop or employ in coping with minority stress?

Method

This was a qualitative interview study in which we elicited the recommendations that resilient youth provide to other sexual minority and transgender youth, as well as the ways in which these youth enacted those strategies and navigated minority stress in the own lives. This investigation's sample size was determined to be the point at which researchers reached saturation. In this case, saturation was defined as the addition of at most one new, largely idiosyncratic construct to the study's codebook per interview during the coding of two consecutive interviews.

Participants

Participants were recruited from a longitudinal study of 450 urban, Midwestern youth who were assigned male sex at birth and were 16-20 years old upon enrollment (Crew 450, first reported in Mustanski, Johnson, Garofalo, Ryan, & Birkett, 2013). To be eligible for Crew 450, youth had to identify as gay or bisexual or have had sex with a man.

We operationalized "resilience" as maintaining sub-clinical anxiety/depressive symptoms over the past year in the face of repeated exposure to stigma from one or more family members. Per Rutter's (1999) recommendations, we required repeated demonstrations of sub-clinical anxiety and depressive symptoms to increase the validity of our classification of youth as resilient. Thus, at their two previous Crew 450 assessments (timed 6 months apart), participants must have reported experiencing at least one form of discrimination from family members (Ramirez-Valles, Kuhns, Campbell, & Diaz, 2010), as well as a T score of less than 65 on the Achenbach Adult Self-Report Anxious/Depressed Syndrome Scale (Achenbach & Rescorla, 2003). This present study also required that participants be at least 18 years old.

Procedure

A study researcher contacted Crew 450 participants who met inclusion criteria and provided a brief overview of this study. Participating or declining to participate in this supplementary study did not affect participation in the Crew 450 study. Those who were interested in participating met one of the researchers at a community health center dedicated to sexual minority and transgender individuals in an urban Midwestern city. The study was discussed in greater detail with participants in a private room where all youth then chose to provide their informed consent.

Interviews were audio-recorded and typically lasted between 60-90 minutes. The interviewer was a White, cisgender female clinical psychologist (MNB). Prior to the start of each interview, participants self-reported their current levels of depressive and anxiety symptoms on the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001) and Generalized Anxiety Disorder-7 (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006), respectively, to further describe the sample. After completing the self-reports and the semi-structured interview, each participant received $30 cash as compensation and a list of culturally sensitive services available in the community for future reference. This study was approved by the Institutional Review Board of the affiliated Midwestern university.

The interview itself consisted of open-ended questions and probes regarding the participant's: (1) social supports, (2) personal attitudes toward their gender identity and/or sexual orientation, (3) experiences with discrimination, (4) coping strategies, (5) experiences coming out, and (6) family response to the participant's gender identity and/or sexual orientation. Participants were asked questions such as, "*Which ways of coping have been helpful when you heard something negative about your sexual orientation?*", "*How, if at all, have your family's responses changed the way you think about yourself?"* and *"If you had a friend who was feeling stressed or upset because of negative reactions to his sexual orientation, what would you suggest to him?"* See supplementary materials for the interview guide.

Interviews were later transcribed using the audio recordings and notes taken during the interviews. For one interview, transcription was based solely on interview notes due to a problem with the audio recording. This issue was recognized prior to the interview's start, and thus the interviewer wrote more detailed notes.

The interviewer (MNB), as well as another White, cisgender female researcher (LJB) open-coded the first two interviews independently to develop an initial draft of the thematic codebook. This version was then used to code all ten of the interview transcripts, though the codebook was iteratively revised, refined and clarified throughout the process, per the constant comparative coding method (Taylor & Bogdan, 1998). This process ultimately resulted in ten iterations of the codebook before arriving at the final version, which consists of 21 dominant codes relevant to this study and 62 sub-axial items that represent sub-themes or components of the dominant codes. All ten interviews were then re-coded by both researchers (LJB, MNB) using this finalized codebook in a style consistent with team-based qualitative coding (MacQueen, McLellan, Kay, & Milstein, 1998). All interview transcripts were uploaded to Dedoose, a web application for mixed methods research that allows application of codes to excerpts, calculations of internal reliability and visualizations of data.

The codebook was grounded in a Critical Realist (Maxwell, 2012) approach to qualitative analysis, wherein the researchers recognized the current investigation as one informed by the individual participant narratives as well as the researchers' own preexisting knowledge. Thus, the study represents a source of knowledge that is influenced by the Minority Stress Model (Meyer, 2003) and cognitive behavioral theory (Regehr, 2001). We recognize that the interview questions were informed by these perspectives, and these two theories continued to inform development and refinement of the codebook as well as interpretation of interview transcripts. In particular, we were influenced by Hatzenbuehler's (2009) extension of the Minority Stress model, which suggests that stigma-related stressors exert their mental health effects through their impact on emotion regulation strategies, social processes, and cognitions. We thus queried on, and were

alert to, the impact or lack thereof of stigma on youth's coping strategies, interpersonal relationships, and beliefs about themselves and their futures.

To determine inter-rater reliability between the two researchers coding the interviews, two transcripts were randomly selected for testing midway through the coding process, and two additional interviews were randomly selected for reliability tests at the end of coding. The midpoint inter-rater reliability test was based on dominant codes applied to 21 excerpts pulled from the two selected transcripts and resulted in a pooled kappa (De Vries, Elliot, Kanouse, & Teleki, 2008) agreement of .70, indicating substantial agreement (Landis & Koch, 1977).

Although substantial agreement was reached between the researchers, reconciliation of all codes applied to the transcripts resolved any discrepancies in coding. All coding inconsistencies were resolved through discussion between the two researchers by using the thoroughly operationalized codebook. As a result of the lengthy and dense dataset (transcripts averaged 20.2 pages and 11,307 words) and the subtlety and nuance associated with many of the codes (e.g., labeling implicit cognitive processes and coping mechanisms), the researchers noted the high potential for discrepancy (Hruschka, Schwartz, St. John, Picone-Decaro, Jenkins, & Carey, 2004). Prior to reconciliation of the final two transcripts, inter-rater reliability was repeated on 39 excerpts, resulting in a pooled kappa of .67 and substantial agreement (Landis & Koch, 1977).

Following the completion of the coding process, the resulting data were analyzed to explore the coping mechanisms employed by the youth and strategies that were recommended to other sexual minority and transgender youth experiencing discrimination.

Results

Participant Characteristics

Interview saturation was reached after the 10th participant, thus resulting in our study sample (N=10). Participant ages ranged from 18-22 years, M=20.2 years, and represented an ethnically and racially diverse sample: 4 participants identified as Hispanic/Latino, 4 as non-Hispanic Black, and 2 as non-Hispanic White. Self-report data (i.e., PHQ-9 and GAD-7) for the sample all fell in the none/minimal to mild symptom range ($M_{PHQ\text{-}9}$= 2.89, Kroenke et al., 2001; $M_{GAD\text{-}7}$= 2.88, Spitzer et al., 2006). However, these scores reflect missing data in that one participant is missing entirely due to a data entry error, while another failed to answer a GAD-7 item and was therefore not included in the GAD-7 mean.

Table 1 of the Results section provides descriptive characteristics of each participant. Per their responses to the qualitative interview, we learned that 4 participants identified as gay males, 3 as bisexual males, 1 as a gay, androgynous male, 1 as a gay, transgender female, and 1 as a bisexual, transgender female. Seven participants had disclosed their gender and/or sexual identities in all or most applicable life domains (e.g., work, school, family, friendships, religious organizations).

Eight of the participants identified themselves as extroverted, nine evidenced high self-esteem in their responses to interview questions, and eight evidenced positive attitudes toward their sexual minority or transgender status. Seven participants devalued the importance of societal acceptance (e.g., "*I can get two rabbit's butts about what anybody else thinks about me…"*) and nine endorsed a high self-efficacy for coping and problem solving (though one participant also endorsed an instance of low self-efficacy for coping, and the other 10th

participant did not endorse either high or low self-efficacy). Seven participants were financially dependent or reliant on caregivers, two were financially independent and one's situation was ambiguous.

Stressors and Discrimination

All ten participants reported experiencing stressors, both related to the sexual minority or transgender status and more general life stressors. With regard to minority stress, the majority of participants had been direct targets of a homo- or trans-negative slur. Most of the participants described experiences where family members were the perpetrators of such events, though slurs from members of the community (e.g., strangers, members of the church, police), and school were also described. Participants also described experiencing indirect slurs, or instances where slurs were directed at the gay or trans community, but not necessarily at the participant. For example, a family member of one participant insulted the gay community in front of the participant, despite knowing that the participant himself was gay. Participant 8 cited his stress when his family directed slurs "*toward movies, towards like say, when the waiter walks away, or the people that were somewhere nearby, but never directly at me directly. But I mean, obviously I still would find it offensive… you're kind of, in a way, second-hand offending me.*" Despite all participants experiencing minority stress, only a few of the participants cited minority stress as one of their major sources of stress throughout the past year. Included among those who did endorse discrimination as a major source of stress were both transgender participants.

Coping with Minority Stress

Participants provided detailed accounts of their responses to instances of minority stress, as well as recommendations on how other sexual minority or transgender youth can best cope with discrimination. The coping strategies described in this section reflect the explicit recommendations made by at least one participant, punctuated with examples of how one of the

participants enacted the strategy. Not all participants who provided a recommendation employed that recommendation themselves per examples given in the interviews, and similarly, not all examples that were employed by a single participant went on to be explicitly recommended by that same participant. Consistent with resilience theory (Windle, 2011), coping mechanisms employed and the recommendations of the participants are grouped based on assets (individual level factors such as behaviors and intrapsychic processes) and use of resources (factors external to the participant that promote resilience). Table 2 provides an overview of the specific broad categories of assets and resources endorsed by each participant.

Asset: confrontation. Many participants recommended that youth respond to stigma by standing up for themselves, asserting their pride and personal strength to defend their integrity and social status. Throughout the interviews, youth provided concrete examples of how they themselves responded assertively to stigmatizing remarks from others. For example, many youth described instances of dethroning or belittling the perpetrators: "*being around my black folk, my brothers and sisters…I still, I say smart stuff back sometimes, if it's needed…I be like, 'I'm still paid or'…'I can still take your girl'"*—Participant 9. Other participants discounted the words of relatives who married into the family, claiming that they weren't true family members and therefore their rejection wasn't meaningful. For example, one participant described a confrontation he had with an extended family member where he explained to him, *"listen man, you married into this family, you're replaceable. I'm gonna always be here. Get your act together, come on, let's do that. Do that for me*'—Participant 10.

Participants also described experiences of trying to right the situation by educating the perpetrator and confronting the stigma directly: "*I was like, 'you don't want people calling you stupid do you? 'cuz you can't learn really well? …So stop calling other people names, it's not nice, you don't want it done to yourself'…I'm usually not a mean person like that…I said it to a*

point where she would understand for herself." –Participant 6. Another participant described confronting the stigma through resources like the school administration as well as a project in which he interviewed his non-supportive family members about their thoughts on homosexuality. One participant described confronting his mother by "*…bringing to her attention also um, how I felt she was treating me…And her just kind of going 'oh, ok that's not working, that's not a good idea, I'm being a bad parent*"' – Participant 8.

At the same time, a few participants mentioned instances where confronting the perpetrators is of little value: when the perpetrators are strangers or when they are known to have rigid beliefs against those of a sexual minority or transgender status. The interviews brought out several examples of this, wherein the participants either ignored stigmatizing remarks or tried to avoid the perpetrators or topic whenever possible.

Asset: Following one's own moral compass. Participants cited the importance of following one's own sense of right and wrong in the face of stigma. To help accomplish this, participants appeared to employ complex cognitive restructuring of their own experiences. For example, several participants evidenced a devaluation of the importance of their relationship with the perpetrator. For example, *"you didn't give birth to me…"*—Participant 4; or "*if you're not taking care of me...putting money in my pockets...so what?"*—Participant 5; or *"I was never really that close to him"*—Participant 1.

Many youth evidenced a focus on the importance of self-love, belief in oneself, and happiness with the way one is living one's life. For example, *"I want to feel the way I feel"*—Participant 3; and *"I know myself...and how I feel is right"* – Participant 1; and *"It's about loving who you are"*—Participant 7. One participant further described an act of bolstering his self-love: *"I look in the mirror, every day, and just say, 'Aw man, you are very gorgeous, you know?' And, that really, really helped!"*—Participant 10.

All ten participants recognized that everyone is entitled to their own opinions, and in doing so, appeared to decrease the credibility of stigma by separating it from fact. Participants expressed ideas such as, *"who's to say what's right and what's wrong"*—Participant 3; and *"one idea isn't the same for every person"* and *"I have a better impression on what the stereotypes are than...someone from the outside"*—Participant 8. Some participants deflected stigma entirely and deemed it irrelevant to them due to its lack of perceived validity. For example, with regard to coping with negative stereotypes about the gay community, one participant explained, *"What people have to say about the group as a whole doesn't affect you because it's just words. It's just hearsay*"—Participant 8. Participants also discredited stigma by normalizing insults to reflect more mainstream ideas. For example, after being rejected for liking pink and purple (i.e., gender nonconforming colors), one participant explained, "*I see colors, colors could be worn by anyone so…"*—Participant 3. Another participant described, *"I personally feel like, cause like in history, like men wore makeup more than women, so like I feel makeup is more of a masculine trait than anything else*"—Participant 1.

A majority of the participants described a religious affiliation and/or belief system. Most of those youth described processes through which they reconciled their sexual minority and/or transgender status with the stigmatizing attitudes, both internal and external, that they experienced due to their religion's or church's heteronormative standards. Participants emphasized the importance of interpreting the bible or religious tenants in a manner consistent with their moral value system. This was achieved through a variety of methods, including placing an emphasis on the importance of tolerance in Christianity (e.g., "*if you're Christian and you say gay people go to hell, or like they need to repent, then I feel you're not a Christian*"—Participant 1), and in normalizing the self-perceived sin of homosexuality with the sins of others: *"'Y'all are sinning, y'all hypocrites. Lying hurts people, lying is out of control, you know? Don't*

be just so one-sided with things'"—Participant 10. Many also described using critical thought and analysis to get a better understanding of the religious stigma. For example, one participant said, "*Sexuality is not a sin…The seven sins, I'm pretty sure you all, everyone knows the seven sins, and sexuality is not one of them. Gender is not one of them, people be born with that"*—Participant 4. Reconciliation was also achieved by valuing sexual/ gender and other forms of diversity as an intentional creation of God. For example, "*God put everybody on this earth for a reason. He didn't put everybody on this earth to be the same, to be perfect…we're all different, and different is good*" –Participant 4. Reinterpreting potentially stigmatizing bible passages, joining an affirming church, and having support from friends and exposure to their belief systems were also listed as helpful strategies for reconciling one's religious beliefs with one's sexual minority or transgender status.

Asset: Acceptance and forgiveness. Participants mentioned the importance of acceptance and forgiveness in their recommendations to other youth. Throughout the interviews, the majority of participants appeared to cope with stigma through some means of acceptance, or recognizing that stigma was a routine part of their life and moving on from it appropriately. For example, one participant explained, *"what can you do? Like, that's their opinion. I can't just fight everybody for their opinion. It is what it is, that's the way they think of you"*—Participant 5, while another said: "*I just live life, you know, honestly I really just do not care girl. I really do not. I am 21 years old, I am living my life for me, and at the end of the day, nobody can do nothing for me, nobody can love me better than I can love myself."*—Participant 10.

Some participants went further to describe a sense of forgiveness by decreasing their blame towards the perpetrators as *"everyone makes mistakes"*—Participant 6, or occasionally acts unconsciously without intentionally trying to hurt others. Perhaps relatedly, participants also

explained that they do not respond to stigma by retaliating, or holding grudges against the perpetrator.

Many participants described instances of minimizing the importance of stigma or finding a silver lining, which likely made it easier to find acceptance and move on. For example, one participant described undergoing forced conversion therapy and ended his description by saying cheerfully, *"he took me out to dinner twice, so that was good"*—Participant 6. Another participant described his experience with coming out to family members and as a result, not speaking to this brother for several months. After his brother called months later and made an excuse for his absence, the participant explained, *"It's not a big deal...just happy to hear my brother's voice"*—Participant 10. Several participants deflected stigmatizing remarks that came from their siblings as irrelevant by attributing it to sibling rivalry: "*It was nothing, because I've talked about them too. Sibling rivalry, you know? I mean, family little spats, that's it. It was nothing, it didn't hurt my self-esteem"*—Participant 10.

Asset: Looking ahead to one's future. A few participants recommended that youth look to their futures optimistically while coping with discrimination. These participants described that although there are dark times and bleak experiences related to stigma, youth should keep in mind that things will change and their futures hold a brighter outlook. For example, in the words of one participant, *"You're really gonna be okay. You really, really are, you know. Just look to the hills, what's coming, and you'll be okay, you'll be great. You know, the sun is still shining, and smile, you'll be alright"*—Participant 10. In the case of another participant, several instances of future-oriented optimism became apparent throughout the interview. For example, when describing that her family hadn't fully acknowledged and accepted her transgender identity, she explained: *"I don't like being a boy and that's what my family don't understand, but, pretty soon they will. 'Cuz…when I show them my state ID [identification] and it says female, my female*

picture on there, they gonna know, you can't call me [male birth name] no more. [Male birth name] is dead to me."—Participant 4.

Many participants evidenced a high degree of goal-oriented behaviors and attitudes throughout their interviews. These participants described a desire to focus on their goals and achievements in the face of stigma. One participant explained, *"I think the biggest support comes from within. And that's me wanting to achieve and me really knowing what I want to achieve"*—Participant 9. In describing his father, another participant said: "*He definitely did a lot more for the other siblings than he did for me. I definitely did struggle with that a lot. And, I just eventually got tired of being taken care of, so I started doing things for myself."*--Participant 3.

Use of resources: **Social support.** Several participants recommended that other youth facing discrimination and minority stress seek out social support. The social support described by participants took a variety of different forms. Relevant examples include remembering that one has a support network to fall back on and seeking out that network during times of rejection, or finding an accepting social outlet where youth can freely express themselves: *"you gotta talk about this. If it ain't your family, find a guidance counselor. If it ain't your guidance counselor, find somebody who you know will listen to you"*—Participant 4. In the case of one participant, when asked how he copes with hearing negative messages about his sexuality, he explained, "*I'll think about it that way and if it's really bugging me, I'll bring it up in a conversation, see what other people think, and then go think about it some more"*—Participant 6.

Use of resources: Activity-based coping. All ten participants described coping with general stressors via self-soothing or engaging in positive, solitary activities or hobbies. One participant explicitly recommended that other youth apply this coping strategy when dealing with minority stress: *"keep preoccupied…find some stuff that you like to do"*—Participant 5. Many participants more specifically recommended that other youth engage in positive and fulfilling

social activities to cope with discrimination. They stressed the importance of going out to have fun. One participant also described his use of extracurricular activities as a means of escaping his parent's negative treatment: *"I filled my life up with a bunch of other things. I was never home. …I'd get to school at 7 in the morning and I didn't leave til 7 or 9 at night sometimes…I filled my life up so I would, they didn't have an excuse, they couldn't punish me."*—Participant 6.

Use of resources: Financial independence. With regard to stigma that comes directly from a youth's family, three participants recommended that the youth gain financial independence. *"Try to save up some money, get a job. Do something to get your own place so you don't have to deal with that"*—Participant 4.

Use of resources: Enlist a mediator. With regard to youth who are experiencing stigma from their families, one participant recommended they confront the perpetrators with the help of a trusted mediator. This participant recommends the mediator be *"someone your family likes and appreciates*"—Participant 6. Alternately, in the case of another participant, he described the role of his sister in helping him make peace with his parents: *"She's sort of like a mediator between me and my, the rest of the family. To make sure everything's ok, and see how they feel about it. And how I feel about things, and if we could get together and talk about things that was bothering them, or they had question…*"—Participant 3. Overall, participants described scenarios wherein another trusted individual defended them against stigma from family members and/or helped mediate the situation.

Use of resources: Building a family of choice. In light of discrimination experienced from family members, one participant who had a great deal of experience on the subject provided the following insight and recommendation: "*You have family and then you have relatives. The people that aren't behind you and don't support you for everything that you are and everything that you do, are relatives. The people that support you for everything that you are and everything*

that you do, and love you no matter… that's family. So knowing a clear difference between those people, helps you go through a lot."—Participant 8.

Several participants had defined a family of choice. Two of these youth had done so by detaching themselves from specific discriminatory family members and latching onto the support they received from family members who were accepting. Another had defined a family of choice with members of the affirming church she attended. Moreover, a majority of the youth in the study had built accepting friendship circles, such that their immediate social relationships were highly supportive and accepting.

Discussion

Young sexual minority men and transgender women described a wealth of assets and resources that they personally employed and/or would recommend to other youth to cope with minority stress. Consistent with recent conceptualizations of resilience (Ungar, 2014), the sample appeared to avoid the negative outcome of depressive and anxiety symptoms, despite their exposure to family-based stigma, through a complex interplay of individual level assets and contextual resources. For example, the youth provided many examples wherein their social environments were amenable to positive change, either directly through reduced exposure to stigma, or indirectly through the availability of resources to assist the youth in mitigating the consequences of such stigma. The youth also provided many examples of assets in the form of cognitive processes that helped to mitigate the potential mental health implications of intractable social environments. Although there are numerous systems that can be used to categorize coping strategies, one could view the themes endorsed by these youth in terms of problem-solving strategies (i.e., confronting perpetrators of stigma, gaining financial independence to separate from stigmatizing family members), support-seeking strategies (i.e., building a family of choice, enlisting a mediator to help youth to communicate with family members who do not

acknowledge or accept the youth's sexual or gender identity, seeking social support, and engagement in social activities), and strategies to accommodate oneself to the realities of pervasive stigma (i.e., self-soothing, following and emphasizing one's own moral compass, acceptance and forgiveness, and looking to the future; Skinner, Edge, Altman, & Sherwood, 2003). Cognitive reframing of stigmatizing events appeared to facilitate youth in employing multiple coping strategies, including focusing on their own moral compass, confronting perpetrators of stigma, and employing acceptance and/or forgiveness to move on from such events..

The wide variety of strategies discussed in these interviews is consistent with a previous study examining two categories of coping strategies (i.e., approach versus avoidance) among high school students. Results suggested that the sexual minority students were more likely to employ both types of coping strategies than heterosexual students (Lock & Steiner, 1999). As certain aspects of minority stress may be unavoidable, it seems appropriate that the youth in this study endorsed several strategies that do not aim to change the external situation but rather to assist the youth in living within a heterosexist society (e.g., shoring oneself with social support, altering one's attentional focus). At the same time, many youth in this sample also demonstrated effective problem-solving by confronting discriminatory individuals directly and mobilizing resources such as supportive school staff. Direct confrontation ranged from educating perpetrators of stigma to countering insults. Although some participants warned against retaliatory strategies, there were also instances where participants described positive results from aggressively confronting a discriminatory individual. This was unanticipated by the researchers, and stood in apparent contrast with the theme of acceptance and forgiveness that was reported by the very same participants. Future studies should delineate social contexts in which varying styles of confrontation are more or less effective, as well as those in which confrontation may

compromise the youth's safety.

Almost all the youth demonstrated high self-esteem in their responses, and most also indicated high self-efficacy for coping. This is consistent with the association found between resilience and both self-esteem and internal locus of control in other populations (Erikkson et al., 2010). It is notable that the majority of the sample also vocalized a devaluation of general societal acceptance during the interview, and this may have been a powerful coping strategy in and of itself, at least with regards to discrimination encountered outside their family and friends. There is little research that examines in depth the cognitive reframing processes that sexual minority youth employ to cope with minority stress. In the current study, minimizing the importance or blameworthiness of stigmatizing incidents (e.g., attributions to sibling rivalry), minimizing the importance of the youth's relationship with a discriminatory individual, normalizing gender non-conforming behavior or a sexual identity that has been negatively appraised by others, and distinguishing the opinions of others from facts may have helped the participants to preserve their self-esteem and focus on empowering topics such as their future goals.

The current study also contributes to an understanding of how some youth may be able to reconcile their sexuality or transgender status with stigmatizing views espoused by their religion of origin. Participants reported a wide variety of strategies, such as emphasizing their religious values that are more favorable to their minority status (e.g., tolerance, appreciation of diversity), critical thinking (e.g., one participant reported that taking a world religions course was helpful), joining an affirming church, and reinterpreting passages in religious texts. Another factor, the presence of accepting friends, was also reported as helpful, perhaps related to the benefits those relationships confer onto participants' self-esteem. For example, a study of resilience among sexual minority and transgender adults in Ireland found that support from friends was associated

with a participant's self-acceptance (e.g., " …if they like me then maybe I mustn't be that bad"; Mayock, Bryan, Carr & Kitching, 2008).

The importance of seeking social support in the current study is consistent with models of resilience among youth in general, as well as studies of sexual minority and transgender youth. For example, Doty and colleagues (2010) showed that social support specific to coping with minority stress was associated with reduced psychological distress among sexual minority youth. Further, social support related to minority stressors also buffered sexual minority youth from the association between minority stress and distress. These effects were not found for social support around non-sexuality related problems, suggesting that participants' recommendations to seek social support around minority stress may be more clinically potent than their suggestions to participate in social activities more generally.

Clinical Implications

In sum, when working with gender and sexual minority youth who are distressed by exposure to stigma, the current results suggest that clinicians should consider assisting youth in problem solving, connecting with individuals who can provide social support around minority stress, clarifying their values and translating those values into feasible goals, and self care. Some cognitive strategies evidenced in the current study, such as minimizing the importance of stigmatizing incidents or relationships with stigmatizing individuals, could be difficult for a clinician to employ without invalidating the youth's experience. However, the presence of these strategies in resilient sexual minority and transgender youth suggests that it may be helpful for clinicians to assist youth in building a family of choice and in considering attributions for stigma that prevent self-blame and internalization of stigma while also not exacerbating anger (Burns, Kamen, Lehman, & Beach, 2012). For youth who require support for communicating effectively with discriminatory family members, having an intermediary present could aid in making the conversation more solution-focused than hostile. This suggests a potential therapeutic role for the clinician, who may also wish to involve extended family members or family friends who are both supportive of the youth and trusted by the family.

The variety of strategies used by the youth in this study to reconcile their sexual orientation or gender identity with religious traditions may be helpful to clinicians in assisting youth experiencing distress due to perceived conflicts between their religious beliefs and their sexual minority or transgender status, as well as families who are struggling to accept a sexual minority or transgender family member due to religious concerns. These strategies may also help religious organizations to affirm and support their sexual minority and transgender members. Consistent with resilience theory, the results also suggest other systemic interventions to increase

the resources available to sexual minority and transgender youth. Given the critical role of social support in several of the themes that emerged, the present findings are aligned with existing research describing the benefits of gay-straight alliances in schools and ensuring that school staff are trained on how to affirm sexual minority and transgender students and intervene if they experience stigmatizing encounters with peers (Russell & Fish, 2016). These results also highlight the importance of community-based support groups for sexual minority and transgender youth, as well as community organizations and outreach to assist families in accepting and supporting them.

Limitations

The current sample included only late adolescents/young adults, whose coping strategies may not be developmentally appropriate for younger adolescents. For example, a previous study found that age was positively correlated with self-esteem and internal locus of control among 14-20 year old gay, male youth (Anderson, 1998), suggesting that younger people may require more external supports and resources to enact the strategies discussed by our participants. Second, although previous research indicates that some of the current results (e.g., seeking social support) are likely to apply to other subgroups of sexual minority and transgender youth such as transgender male and lesbian youth, further studies are needed to determine generalizability of other findings. Further, as there were only two transgender participants, and interviews simultaneously covered resilience to stigma arising from both sexual orientation and gender identity, there may be other, unrevealed assets and resources that are specific to transgender female youth who are resilient to anxiety and depression. Finally, although the study team's background in cognitive theory likely increased our sensitivity to cognitive reframing when vocalized during the interviews, this same background knowledge may have biased our interpretation of the data.

Conclusion

This is the first study to our knowledge that examines specific coping strategies employed in response to stigma by young sexual minority and transgender people who have demonstrated resilience to anxiety and depression despite exposure to stigma from family members. Youth described and evidenced a wide variety of assets and means of accessing resources, including problem-solving, support-seeking, and accommodative strategies. Many of these strategies may be directly useful to clinicians working with sexual minority and transgender youth.

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Table 1 Participant Characteristics

Particip	Sexual	Gender	Disclos	Financial	Religio	Societal	Attitudes toward

ant	Orientation	Identity	ure Status	ly Independent	us Affiliation	Acceptance	sexual minority/transgender status
P1	Gay	Androgynous	Openly out	No	None	Devalued	Positive
P2	Gay	Male	Openly out	No	None	Devalued	Positive
P3	Gay	Male	Openly out	---	Strong	Devalued	Positive
P4	Bisexual	Trans Female	Openly out	No	Strong	Devalued	Positive
P5	Bisexual	Male	Concealed	No	Some	---	Negative
P6	Gay	Male	Openly out	No	Some	---	Positive
P7	Gay	Trans Female	Situational	No	Some	Devalued	Positive
P8	Gay	Male	Openly out	Yes	None	Devalued	Positive
P9	Bisexual	Male	Concealed	Yes	Strong	Valued	Negative
P10	Bisexual	Male	Openly out	No	Strong	Devalued	Positive

"---" indicates the asset or resource was not mentioned by a participant

Table 2 Resilience Assets and Resources Endorsed By Participants

	Assets				Resources			
Participant	Confrontation	Moral Compass	Accept and Forgive	Future Oriented	Activity-based	Gain Financial Independence	Enlist Mediator	Family of Choice
P1	X	X	X	---	X	---	X	X
P2	X	---	X	---	X	---	---	---
P3	X	X	X	X	X	---	X	---
P4	X	X	X	X	X	X	X	X
P5	X	X	X	---	X	---	---	---
P6	X	X	X	---	X	---	X	---
P7	X	---	X	---	X	X	---	---
P8	X	X	X	---	X	X	---	X
P9	X	X	X	X	X	---	---	---
P10	X	X	X	X	X	---	---	---

"X" indicates an asset or resource endorsed by a participant

"---" indicates the asset or resource was not mentioned by a participant