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A Social-ecological History of Gender and Violence  
in the Lives of Transgender and Nonbinary Young People

by

Gregory Allen Ratliff

A dissertation submitted in partial satisfaction of the

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in

Social Welfare

and the Designated Emphasis

in

Women, Gender, and Sexuality

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Paul R. Sterzing, Chair  
Professor Anu Manchikanti Gómez  
Professor Colette Auerswald

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## **Abstract**

A Social-ecological History of Gender and Violence  
in the Lives of Transgender and Nonbinary Young People

by

Gregory Allen Ratliff

Doctor of Philosophy in Social Welfare

Designated Emphasis in Women, Gender, and Sexuality

University of California, Berkeley

Professor Paul R. Sterzing, Chair

Transgender and nonbinary young people experience some of the highest rates of violence of any group of young people. Violence is associated with a host of health concerns, including depression, anxiety, and suicidality. Gender minority stress theory describes increased risks for mental health concerns when experiencing violence targeting a person's gender identity. Transgender and nonbinary young people experience high rates of child maltreatment, bullying, physical violence, sexual violence, and polyvictimization. Subsequently, transgender and nonbinary young people experience high rates of depression, anxiety, post-traumatic stress, homelessness, lack of access to healthcare, and lack of social support.

While the research literature is clear that transgender and nonbinary young people experience these high rates of violence and poor health outcomes, there are little data on when these disparities emerge in the lives of transgender young people. Research shows that by the time transgender and nonbinary people reach adulthood they have experienced disparities and will likely continue to experience disparities in violence and health as transgender and nonbinary adults, but violence prevention efforts are stymied without a clearer understanding of the developmental timing of violence experienced by trans and nonbinary young people.

Further, the extant literature on childhood and adolescent gender development suggests there are gendered differences in experiences of violence and health, but ongoing and historical approaches to child and adolescent development have perpetuated and reinforced scientific paradigms that explicitly frame transgender identity as pathological and non-normative, fundamentally excluding transgender and nonbinary children and adolescents from a scientific understanding of their development. This disregard has led to a dearth of data on the lived experiences of transgender and nonbinary children and adolescents, limiting any efforts toward improving their health and wellbeing.

In order to address these gaps, this study asks the following questions: 1) How do transgender and nonbinary young people experience gender development during childhood, adolescence, and young adulthood? 2) What types of violence and sources of violence target transgender and nonbinary young people during childhood, adolescence, and young adulthood? 3) How does the social ecology, including social institutions and the agents of those institutions, interact with gender development or violence for transgender and nonbinary young people during

childhood, adolescence, and young adulthood; and how do these social-ecological interactions contribute to risk or protective factors for violence, health, and safety?

This qualitative study used a life history timeline (LHT) approach to collect lifecourse data on the experiences of violence and gender development during childhood, adolescence, and young adulthood with a geographically diverse sample of transgender and nonbinary young adults ( $N = 22$ ; ages = 18-29 y/o). Qualitative, life history interviews were conducted on Zoom, using Zoom's whiteboard function to construct the life history timeline. The transcripts were coded using an abductive constructivist grounded theory method to identify codes that emerged during the grounded theory coding process and a priori codes based on study aims and existing literature on gender identity and violence (Timmermans & Tavory, 2012). The domains included in the lifecourse interview were: landmarks (e.g., birthdays, academic milestones, prominent life transitions), gender development (e.g., gender awareness, gender identity, coming out, gender performance), violence (e.g., general polyvictimization domains), and social ecological features (e.g., cultural and political climate, family, peers, community features). A total of 22 transgender and nonbinary young people ages 18-29 were interviewed for the study. Abductive constructivist grounded theory analysis revealed key themes to answer the research questions.

Participants described gender development occurring in three stages: childhood, adolescence, and young adulthood. The gender development that took place during these stages was different for trans binary participants compared with nonbinary participants. For the most part, trans binary participants understood and expressed their authentic gender during childhood, sometimes coming out explicitly to their families. Nonbinary participants did not feel a strong alignment with gender during childhood. During adolescence, trans binary participants took steps to more fully live in their authentic gender, even when those steps were to prepare for independence and adulthood. Nonbinary participants explored their gender during this time, which often coincided with exploring their sexual identity. During young adulthood, trans binary participants enacted steps to fully live in their authentic gender. Nonbinary participants identified with their authentic gender, usually after connecting with trans community and discovering the language of a nonbinary gender.

Violence described by participants was primarily perpetrated by parents and other adult authority figures. Violence was predominantly motivated by gender role enforcement, in which perpetrators acted violently in order to correct, control, or punish gender performance that did not align with binary gender expectations. Anticipatory violence was described as violence that acted in anticipation, usually paired with gender role enforcement, of future forms of violence; such as enacting gender role enforcement in order to prevent future violence from bullies or other perpetrators who would act violently against gender role violations. A transmorphology of violence was revealed by participants, articulating a process by which the violence targeting transgender and nonbinary people changes over time in response to transitions on the part of young people (e.g., trans women experiencing increasing rates of misogynistic environmental sexual harassment as they transitioned more visibly into performing feminine gender). Social connections and affirmation were highlighted as the primary sources of information and safety for transgender and nonbinary youth during adolescence and young adulthood.

This study articulates the gender development processes, experiences of violence, and social environmental interactions for transgender and nonbinary young people during childhood, adolescence, and young adulthood. The refinement of the developmental timing of gender and violence along with the understanding of how gender role enforcement operates across their development provides further background for violence prevention efforts. Binary gender

assumptions that are socialized onto young people from birth hold valence in how children are expected to behave, and enforcing sex-deterministic binary gender onto children, especially transgender children, can have enormous implications for their experiences of violence and mental, physical, and social health. By providing gender-affirming care and social support, we can improve safety and prevent future violence against transgender and nonbinary young people.

*For*

*Mark Aguhar, Keke Collier, and Brandon Teena,*

*rest in peace.*

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Allen Ratliff  
May 11, 2021  
Berkeley, California

## Chapter 1: Introduction

Violence and health outcomes for transgender and nonbinary youth are consistently shown to be amongst the worst outcomes across all youth populations and have been directly associated with conditions of their social environments. Existing data shows transgender and nonbinary young people (under the age of 25) experience higher rates of microaggressions (Nadal et al., 2016; Sterzing, Ratliff, et al., 2017), bullying (Abreu & Kenny, 2018; Sterzing, Ratliff, et al., 2017), harassment (Mitchell et al., 2014), physical and sexual assault (Sterzing, Ratliff, et al., 2017), polyvictimization (Sterzing, Ratliff, et al., 2017), and social exclusion (Toomey et al., 2013) when compared to cisgender heterosexual and sexual minority peers. These disparate rates of victimization contribute to high rates of depression, anxiety, low self-esteem, suicidality, and other forms of psychological distress (Price-Feeney et al., 2020; Tankersley et al., 2021). There is an extensive and growing literature that demonstrates a range of violence targeting transgender, nonbinary, and other “gender nonconforming” young people.

Gender is associated with a host of interconnected ideas about bodies, relationships with self and others, cultures, and how they interact in the context of role expectations within a social environment (Saewyc, 2017). Gender identity is defined as how a person internally identifies their gender and understands their gender and body in relation to the sociocultural expectations within their environment (Gülgöz et al., 2019). When an individual expresses gender in a way that aligns with sociocultural expectations for their body they are considered “cisgender,” while expressing gender differently from sociocultural expectations for their body is often termed “transgender.” (Gülgöz et al., 2019) The dominant gender paradigm within modern human cultures is a binary with two possible options: man and woman. Some transgender people align their gender within this binary and some do not, and those who do not align with the gender binary often describe their gender as “nonbinary.” (Gülgöz et al., 2019). Not all nonbinary people identify themselves as transgender, although many do (Darwin, 2020). Throughout this dissertation, the phrasing “transgender and nonbinary” is used to indicate the full range of non-cisgender individuals who may or may not identify with the gender binary (man/woman) or with a transgender identity.

Minority stress theory postulates bias-motivated forms of violence and discrimination are causal factors in explaining higher rates of mental and physical health problems in the lives of individuals from marginalized groups, and gender minority stress directly ties the victimization experiences of transgender people with poor mental health outcomes (DeLozier et al., 2020; Testa et al., 2015). Transgender youth have some of the highest rates of depression (Connolly et al., 2016), posttraumatic stress (Newcomb et al., 2020), sexually-transmitted infections (Reisner et al., 2019), and suicidality of any group of young people (Price-Feeney et al., 2020). These high rates of violence and poor health outcomes are evident across social-environmental contexts, including education (Toomey et al., 2013), child welfare and juvenile justice (Irvine & Canfield, 2016), healthcare (Hafeez et al., 2017), homelessness (Shelton, 2016), and other social institutions affecting transgender youth. The factors commonly discussed in the extant literature to prevent or alleviate these conditions in transgender and nonbinary youth are centered around different agents/contexts of social support (i.e., higher levels of support often associated with fewer health problems), particularly peer, family, school, and institutional support (Budge et al., 2014; Connolly et al., 2016; Greytak et al., 2013; Katz-Wise et al., 2018; Simons et al., 2013). These data suggest the social environment for transgender and nonbinary youth needs to be a central focus in understanding risk and protective factors in violence and health outcomes.

Gender is historically and socially associated with sex, the biological features such as genitalia and chromosomes that are socially assigned to individuals upon birth, usually male or female, based on cultural understandings of sex and gender within their social environment. Until recently, gender identity, if considered at all, was seen in the extant literature on gender development as a co-production of biological (e.g., epigenetics, hormones), cognitive (e.g., behavior, dress), and social (e.g., parenting approaches, peer preferences) factors (de Vries et al., 2014). Recent work has started to recognize the independence of gender from sex in relation to gender identity development (Gülgöz et al., 2019; Malpas, 2011). The existing gender development literature suggests an individual's sense of their own gender remains mostly unchanged after its early formation around ages 2 to 3; however, this notion has been challenged by recent work arguing earliest gender "formation" only reveals how children are socialized (Fausto-Sterling, 2012a). Transgender and nonbinary children may identify with their authentic gender (counter to socialized gender) soon after, by around age 5 (Gülgöz et al., 2019). Theories of gender identity development have emphasized constructivist processes by which children and adults actively construct cognitive gender schema (i.e., internalized profiles of gender categories) in interaction with their social environment (Gray et al., 2012; Gülgöz et al., 2019; Tobin et al., 2010). Unfortunately, these theories have consistently described gender variance (i.e., gender development outside of normative assumptions) as dysfunctional and pathological. The preponderance of research on gender variant youth has focused on understanding the causes, duration, and cessation of gender variance, otherwise ignoring the gender identity development process for transgender and nonbinary youth (Gray et al., 2012).

The extant literature on transgender and nonbinary youth is nascent and convoluted, with conflicting frameworks for what being transgender means (Gray et al., 2012; Richards et al., 2016). Most scientific work on transgender and nonbinary people, particularly in developmental biology and psychology (e.g., Cohen-Kettenis & Klink, 2015; Steensma, McGuire, Kreukels, Beekman, & Cohen-Kettenis, 2013), has focused on the emergence, desistence, and intensity of gender dysphoria, defined as a pathological disorder in which an individual's gender and sex are not congruent. Later definitions of gender dysphoria (including the current DSM-V) shifted the focus away from difference in gender and sex alignment, and instead described gender dysphoria as an individual's negative feelings about their non-congruent gender and sex. Problematically, the majority of the literature ignores this distinction in gender dysphoria and conflates the two ideas of gender and sex (Coleman et al., 2012).

In contrast, over the past three decades an emerging body of literature has focused on recognizing sexual and gender expansive<sup>1</sup> people as a vulnerable social group that experiences risks for violence and disparities in health. Even within this literature, the scholarly focus on sexual identity has conflated the experiences of sexual minorities with transgender and nonbinary people. Research labeling an entire population as "LGBT" or creating gender groups of "male," "female," and "transgender," negates the gender of transgender men and transgender women and obscures the gender identity of nonbinary people. These approaches have led to profound gaps in understanding gender development for transgender and nonbinary young people, inhibiting an understanding of how the features of their development interact with risk and protective factors for violence and health in their daily lives (Gülgöz et al., 2019; Malpas, 2011).

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<sup>1</sup> *gender minority* is a commonly used umbrella term to refer to transgender and nonbinary people in academic discourse, while the term *gender expansive* is more commonly used in lay settings. The preferred term for this discussion will be gender expansive although "minority" will appear in reporting some academic data.



Violence and health are highly gendered phenomena: gendered disparities are apparent regardless of gender identity. For example, (cisgender) males are more likely than (cisgender) females to experience physical violence, while (cisgender) females are more likely to experience sexual and emotional violence than (cisgender) males (Cooper et al., 2013; Felix & McMahon, 2006). Males (again, cisgender) are less likely to experience depression, especially after the start of puberty, than (cisgender) females (Abramson, 2001; Cairns et al., 2014; Floyd, 2005). Connecting these data to transgender and nonbinary youth proves troublesome immediately, as extant data on violence and health disregard the careful and valid distinction between gender and sex. When a study reports “males,” does that mean people with male gender, or people with male sex? Ostensibly, these studies are using samples of youth who would have predominately identified as cisgender, but it is of no help when applied to transgender youth. If we know the extant literature on depression suggests “females” experience increased rates of depression starting around mid-puberty, should we expect similar changes in transgender girls (i.e., female gender) or transgender boys (i.e., female sex)? The complex interplay between neurobiological functions (e.g., sex hormones), psychosocial interactions (e.g., parenting styles, cultural expectations, peer norms, educational experiences), and structural-environmental features (e.g., supportive school environments, poverty, access to healthcare, hate crime laws, sex-segregated bathrooms) that affect transgender and nonbinary youth requires data that address these complicated interactions.

These questions not only articulate important gaps in the literature regarding developmental experiences of transgender and nonbinary youth, they also highlight the opportunity for a deeper understanding of gender identity development during adolescence and young adulthood. Specifically, opportunities to observe how the timing of gender identity developmental processes may influence or interact with experiences of bias-motivated aggression, discrimination, and health problems, and how violence and trauma might delay or disrupt vital developmental processes for this group of young people. Interventions designed using normative assumptions of gender will fail to incorporate the complexities of gender identity in transgender and nonbinary youth, whose lived experiences are considered pathological by the literature on gender development. In order to create developmentally appropriate, gender inclusive interventions, programs, and policies, we must understand what is developmentally appropriate and how to be gender inclusive. Utilizing a qualitative life history calendar methodology ( $N = 22$ ), this study aims to explore the developmental timing of gender development during the childhood, adolescence, and young adulthood of transgender and nonbinary young people and the occurrence of violence in relation to their gender development and the social-ecological contexts of their lives.

### **Research questions**

- 1) How do transgender and nonbinary young people experience gender development during childhood, adolescence, and young adulthood?
- 2) What types of violence and sources of violence target transgender and nonbinary young people during childhood, adolescence, and young adulthood?
- 3) How does the social ecology, including social institutions and the agents of those institutions, interact with gender development or violence for transgender and nonbinary young people during childhood, adolescence, and young adulthood?
  - a. How do these social-ecological interactions contribute as risk or protective factors for violence, health, and safety?

## Chapter 2: Background and Literature Review

Gender developmental processes for transgender and nonbinary young people remain underexplored, obscuring an understanding of the potential impact these developmental processes have on a young person's experiences of violence (e.g., microaggressions, bullying, physical and sexual assault) and health outcomes (e.g., mental, behavioral, social, physical). In order to inform a study on violence and gender developmental processes during childhood, adolescence, and young adulthood for transgender and nonbinary young people, this literature review will describe (a) violence and health outcomes in transgender and nonbinary youth, (b) the definitions and history of gender research, (c) the siloed literatures in child and adolescent gender development for 'normative' and expansive gender experiences, (e) population trends for transgender and nonbinary people, and (f) theoretical orientations and ontologies that motivate the study design, analysis, and conclusions.

### Violence and Health in Transgender and Nonbinary Youth

Transgender and nonbinary youth face some of the highest rates of violence and poorest health outcomes of any known population of youth. These outcomes are highly interconnected, with minority stress theory suggesting individuals who are victimized due to their marginalized, identity-based status experience reduced health outcomes in response to violence (Lefevor et al., 2019; Testa et al., 2015). Similarly, traumatic stress theory suggests similar health outcomes for victims of violence (Finkelhor, 2008; Meyer, 2012). This reduction in health outcomes would be troubling by itself, but transgender youth are not only more likely to experience violence, they are also less likely to have access to affirming healthcare and social support systems that may otherwise mitigate some of the effects of violence (Budge et al., 2013, 2014; Connolly et al., 2016). Further, the nascent literature on transgender youth experiences of violence and health has focused primarily on adolescence and young adulthood, there are few data on violence and health amongst transgender children and no data that suggests any developmental stages during which violence and health disparities become evident (Connolly et al., 2016; Gray et al., 2012). The little data that do exist in these fields use samples that are heavily weighted toward a white racial experience and rarely identify class or disability status of participants, limiting intersectional considerations of BIPOC, disabled, and/or low-income youth.

The families of transgender and nonbinary young people have been found to have an important impact on transgender and nonbinary young people, in which family rejection or exclusion is a risk factor for violence and poor health outcomes, while family support and affirmation is a protective factor against these outcomes (Katz-Wise et al., 2018; McGuire et al., 2016; Simons et al., 2013). While "accepting" versus "non-accepting" has been consistently operationalized as dichotomous familial features, with little nuance in the spectrum of acceptance, the influence of families in the lives of young people are a key feature in their experiences of violence and health.

**Violence and victimization.** Violence and victimization cover a range of negative and harmful experiences, including microaggressions, bullying, harassment, property crime, child abuse, intimate partner violence, physical and sexual assault, and murder. Polyvictimization, a construct that identifies experiencing different forms of violence over a given time period, has been shown to have more detrimental effects on individuals than any single form of violence alone, including sexual assault (Finkelhor, 2008). In a recent adolescent study of polyvictimization, transgender and nonbinary youth were 1.5 to 3.5 times as likely to be polyvictimized in the last year compared to cisgender-sexual-minority males (Sterzing et al., 2017) and another study found transgender youth to be 1.5 times as likely as cisgender

heterosexual youth to experience polyvictimization (Baams, 2018). A recent study of sexual and gender minority youth reported that 11.5 to 12.7% of transgender and nonbinary youth have experienced microaggressions in their family environment, which was non-significantly higher than for cisgender-sexual-minority males at 10.4% (Sterzing, Ratliff, et al., 2017). Family-level violence has been directly linked with polyvictimization in gender and sexual minority youth, in which young people who experience higher levels of family-perpetrated violence and microaggressions were more likely to experience polyvictimization (Sterzing, Fisher, et al., 2019).

In school settings, transgender (“and gender non-conforming”) youth experience higher rates of bullying from peers and teachers (Toomey et al., 2012, 2013, 2014; Wyss, 2004) and have lower average academic performance compared to their cisgender peers (Toomey et al., 2012; Workman & Johnson, 1994). “Gender nonconforming” youth (the phrasing that the authors use to refer to transgender youth) have been found to experience higher rates of bullying and physical abuse (Roberts et al., 2013). Sterzing et al. (2017) found transgender binary youth experience higher rates of bullying than nonbinary youth, compared to cisgender-sexual-minority male youth. In one study gender minority youth were found to have 3.5 times ( $p < 0.0001$ ) the odds of experiencing bullying compared to cisgender males (with cisgender females reporting a non-significant 1.02 times the odds compared with cisgender males) (Reisner et al., 2015). In a study of sexual harassment, 81% of transgender binary youth and 69% of nonbinary youth reported sexual harassment in the past year, significantly higher rates than cisgender peers with 34% of cisgender males and 52% of cisgender females (Mitchell et al., 2014). Furthermore, nonbinary youth have been found to be significantly more likely to experience physical and sexual assault and child maltreatment compared to cisgender-sexual-minority males (Sterzing et al., 2017). Additionally, transgender male and nonbinary youth were more likely to experience property crime compared to cisgender-sexual-minority male youth (Sterzing et al., 2017).

Intersectional violence targeting transgender and nonbinary young people is underexplored in social science literature, although it has been well-examined in the humanities literatures on Black intersubjectivity, queer of color narratives, and trans ethnic experiences (Snorton, 2017). In the studies on violence against transgender and nonbinary young people described above, racial/ethnic and socioeconomic demographic variables were either 1) not collected or reported in their findings, or 2) not found to predict statistically significant differences in experiences of violence. Data describing violence experienced by transgender adults has found increased rates affecting transgender people of color and microaggressive violence has been found to be higher in LGBT people of color compared to their white LGBT or cisgender, heterosexual people of color adult peers (Nadal et al., 2016). No quantitative or qualitative studies have been found that provide data that identify experiences of violence in transgender and nonbinary young people who are disabled, low-income, or have other intersectional backgrounds, but again, narratives of these intersectional experiences do exist outside of social science literature.

**Health and wellbeing.** Health and wellbeing are central outcomes of consideration in social welfare and public health research and often emphasize substantial disparities that exist in outcomes for marginalized population groups. Physical and mental health outcomes include substance use, sexual health, suicide, posttraumatic stress, and depression. Determinants of wellbeing include social support, social inclusion, and connectedness, which are also important protective factors against violence and poor health.

Transgender and nonbinary youth report difficulties in accessing healthcare and obtaining gender-affirming healthcare (Clark et al., 2014; Johns et al., 2017; Lykens et al., 2018). Transgender youth experience high rates of HIV and STIs compared to cisgender heterosexual youth (Reisner et al., 2019). Transgender youth report higher rates of depression (31-61% vs. 12-21%) and suicide attempts (9-30% vs. 4-11%) compared to cisgender peers (Connolly et al., 2016). Transgender and nonbinary youth experience higher rates of depression, posttraumatic stress, and suicidality (Budge et al., 2013, 2014; Nadal et al., 2016; Peterson et al., 2016; Price-Feeney et al., 2020). “Gender-role nonconformity” (here: conformity to assigned sex) has also been examined as a risk factor for mental illness across multiple studies indicating higher rates of depression, posttraumatic stress, and suicide attempts in youth who identify as gender nonconforming compared to those who identify as gender conforming (Adelson, 2012; Price-Feeney et al., 2020).

In measures of wellbeing, transgender and nonbinary youth experience difficult social circumstances and social exclusion. In a large national study of LGBT and cisgender heterosexual youth ( $N = 10,530$ ), 5% of gender expansive youth expressed a sense of belonging and “definitely fitting in with their community” compared to 27% of cisgender heterosexual males (Baum et al., 2013). In measures of social exclusion, 40% of gender expansive youth reported feeling excluded “frequently or often” and 42% had experienced verbal harassment, more than three times the odds in both outcomes compared with cisgender heterosexual males. Transgender youth are at particular risk for experiencing homelessness (Keuroghlian et al., 2014; Shelton, 2016), incarceration (Estrada & Marksamer, 2006), and family rejection (Katz-Wise et al., 2018). There are few data on intersectional experiences of these outcomes. One study found Black and Native adults are more than twice as likely to experience homelessness due to their transgender identity compared to white transgender and nonbinary adults (Begun & Kattari, 2016), but similar data have not been presented for young people.

Affirmation and acceptance have been shown to be protective against poor health outcomes in transgender and nonbinary young people. Transgender youth with accepting parents report fewer symptoms of depression, anxiety, and suicidality than those with non-accepting parents (Connolly et al., 2016; Katz-Wise et al., 2018; Simons et al., 2013). Parents who affirm their transgender child’s authentic gender report an improvement in their child’s wellbeing in children under age 12 compared to their wellbeing prior to parental affirmation (Kovalanka et al., 2017). While there are yet few data on the role of families in the health and wellbeing of transgender and nonbinary young people, the clear findings of this early research suggest family relations are a key factor in their lives.

### **Definitions and History of Gender Research**

The terms ‘gender’ and ‘sex’ have a long and complex history that remains at the center of modern sociopolitical discourse. In 1955, John Money coined the term ‘gender’ when he was describing social features attached to biosexual features as part of his research with intersex<sup>2</sup> people, and the word has changed meaning many times since then (Germon, 2009; Gill-Peterson, 2018). *Gender*, as we currently understand it, refers to a person’s psychosocial identity, expression, and/or experience in relation to socially-constructed and culturally-produced expectations for social behavior, starting from before birth and lasting until after death, with the socially constructed identities of ‘male’ and ‘female’ as the two hegemonic expressions of

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<sup>2</sup> intersex refers to a person whose genitalia are not phenotypically male or female

gender in most human cultures (Germon, 2009). *Sex* refers to a person's neurophysiological functions associated with physical and sexual development, reproduction, and genetic features (e.g., chromosomes), upon which social and cultural expectations are assigned, with the two hegemonic arrangements of 'male/penis/XY/sperm' and 'female/vagina/XX/ovum' (Fausto-Sterling, 2012a; Westbrook & Saperstein, 2015). While gender and sex are the foundational concepts at play in this discourse, there are an almost innumerable number of secondary traits that descend from them, mostly associated with the social concepts and mechanisms that have been associated with, assigned to, or attributed to gender or sex.

The social-construction and assignment of male and female sex to individuals is part of a wider sociocultural and historical paradigm within Western cultures of the *gender binary* (Connell, 1996; Germon, 2009; Lugones, 2016; McClintock, 1995; Westbrook & Saperstein, 2015). The gender binary is the assemblage of social features attached to a dichotomous cultural formation of gender: male *or* female. It is a social paradigm that is integrated with notions of sexual dimorphism (i.e., the concept that there are, or should be, only two biological sexes within a given species) and sexual determinism (i.e., the idea that an individual's outcomes are determined, at least in part, by their sex), two concepts that emerged from early biological sciences and have informed the vast majority of psychological and sociological research on gender development, gender roles, and gendered traits (Diamond & Butterworth, 2008; Fausto-Sterling, 2012a; Germon, 2009; Money et al., 1955; Westbrook & Saperstein, 2015). The gender binary is considered a hegemonic global *gender regime* (i.e., socially- and structurally-enforced expectations of gender), due to the dominance of Western cultural formations vis-à-vis colonialism, imperialism, and neoliberal globalization (Lugones, 2016; McClintock, 1995). Many indigenous cultures understand gender (or the related cultural concept) as dynamic, fluid, and varied, with multiple genders beyond male or female, but those cultural formations of gender have been oppressed and marginalized within Western Christian colonialist cultures that limited gender to man and woman, violently suppressing those cultures that celebrated gender in any other way (Gill-Peterson, 2018; Lugones, 2016). The complex social, cultural, political, and scientific histories of gender informed Judith Butler's seminal text, *Gender Trouble* (1992) describing gender as made up of three components: "anatomical sex," gender identity, and gender performance, that are grounded within a social environment that establishes the rules or roles for individuals to be legible within the existing gender regime. This framework contributes to an articulation of four key psychosocial constructs that make up gender: 1) assigned and/or social sex, 2) gender (or sex) roles, and 3) gender identity, and 4) gender performance; and two additional constructs that consider the interactions of these four, including 5) gender conformity and nonconformity and 6) gender dysphoria and euphoria.

**Assigned or social sex.** Common characterizations of gender and sex tend to describe gender as the social identity of a person and sex as a biological fact about a person. However, sex is just as much a socially-constructed phenomenon as gender, in the sense that sex is assigned (a choice made by a medical provider or parent) to an individual upon birth based on a cursory, external assessment of that infant's genitals. In the case of intersex infants with "ambiguous genitalia" the infant's sex assignment is often surgically enforced (Fausto-Sterling, 2012a; Fausto-Sterling et al., 2012a; Germon, 2009). The decision to assign 'male' or 'female' to an infant is a social action, even though an individual's actual biological sex formation is much more complicated than infant genitalia. The 'father' of gender, John Money, argued against an absolute dichotomy of male and female, and described six factors defining sex: assigned sex and the sex of rearing, external genital morphology, internal reproductive structures, hormonal and

secondary sex characteristics, gonadal sex, and chromosomal sex (Germon, 2009; Money et al., 1955). The infant's sex assignment determines their *social sex* (Money's "sex of rearing") or the sex with which they have been socially-identified, indicated on official documentation such as birth certificates and the structural processes through which sex is strictly coded, such as healthcare and educational databases—all of the social processes with an M or F attached to their information (Egan & Perry, 2001; Fausto-Sterling, 2012a; Germon, 2009).

**Gender roles.** Gender roles (also frequently referred to as "sex roles" in the literature) are the overt and covert cultural rules for social behavior that have been aligned with a given gender or sex (Diamond & Butterworth, 2008; Egan & Perry, 2001; Tobin et al., 2010; Westbrook & Saperstein, 2015). Examples of gender roles are infinite and contextual, but notables include gendered occupations, parenting and household responsibilities, sports, dress, spaces permitted access, hobbies, language, ritual/religion, etc. Gender roles are the complex systems of social expectations assigned to gender through which many people attach meaning, importance, safety, and identity (Balzer Carr et al., 2017; Flax, 1987; Germon, 2009; Nagoshi et al., 2012; Zosuls et al., 2011). Gender roles are often the motivation and pathway for violence (e.g., gender-based, homo/transphobic, religious, racial, physical, sexual, intersectional) in pursuit of establishing and maintaining social norms within gendered hierarchical social systems (Alden & Parker, 2005; Cooper et al., 2013; M. Fisher, 2014; Irigaray, 1985; Lugones, 2016).

**Gender identity.** An individual's experience within a given gender regime in relation to their own gender and sex is their *gender identity*. Gender identity is variously defined in the biological and social science literature as (a) the extent to which a person experiences oneself to be like others of one gender (Steensma, Kreukels, et al., 2013), (b) the "cognitive self-categorization as boy or girl" (Steensma, Kreukels, et al., 2013), (c) "the concept of the self as male or female" (Fagot and Leinbach, 1985, p. 685, as cited in Steensma et al., 2013), and (d) a variety of similar descriptions that describe gender identity as how a person feels in relation to male or female. Egan and Perry (2001) included feelings of acceptance with one's gender. Tobin et al. (2010) offered a five-dimensional model of gender identity (membership knowledge of gender category, gender centrality, gender contentedness, felt gender conformity, felt gender typicality). For this dissertation, gender identity refers to a person's internal sense of their own gender in relationship to their body and attached cognitive and social formations.

Like other complex identities, gender identity is consistently reduced to a label in order to assign meaning to individual persons and their identities: a person whose gender and sex align with binary social-sexual expectations (man/male, woman/female) is referred to as *cisgender* and a person whose gender and sex do not align with binary social-sexual expectations is referred to as *transgender* (Aultman, 2014; Gray et al., 2012). A person's gender is *nonbinary* when their gender is independent of a male/female dichotomy (Richards et al., 2016). Nonbinary gender identity includes a diverse array of identities and experiences, with "nonbinary" or "genderqueer" frequently used as umbrella terms to capture these identities into a more simplistic category (Rankin & Beemyn, 2012; Richards et al., 2016). There has been little academic discourse on the appropriate conceptualization and operationalization of nonbinary gender identity. The literature that does attend to transgender and nonbinary identities have categorized nonbinary identity in three different ways: a conflation with transgender identity, a type of transgender identity, or reported transgender identities separate from nonbinary identities (Baams, 2018; Coleman et al., 2012; Lykens et al., 2018).

**Gender performance.** Gender performance, also commonly referred to as gender expression or gender presentation, refers to gendered aspects of a person's dress, language,

mannerisms, social interactions, and participation in social roles (Butler, 1990). Gender performance is an external expression of gender, often but not exclusively aligned with a person's internal gender identity. Following the positivist practice of differentiating social groups between "normal" and "deviant," individuals whose gender performance do not subscribe to social-sexual expectations have been consistently identified by their non-alignment to social norms. For example, Steensma et al. (2011, 2013) define *gender variant* as a term to describe "gender non-normative or gender non-conforming" people, without providing a definition for gender 'normative' or gender conforming identities. Until recently there has been almost no discussion of nonbinary identities within the social science literature, any deviance from sociosexual norms was described as transgender or some outdated or imprecise term such as "transsexual" or "sexual inverts." In more recent literature, transgender and nonbinary identities are often described as "gender variant" or "gender expansive" people or "gender minorities."

**Gender conformity.** There is a substantial literature focused on the phenomenon of gender conformity, or rather, focused on gender nonconformity and individuals who are labeled as "gender nonconforming." There is little agreement as to what constitutes gender conformity (or nonconformity), and the term itself is unclear as to its own meaning. The phrase "gender conformity" taken most precisely would describe the relationship of a person's gender performance to the socially-expected norms for that individual's gender. Language is almost never that precise, and 'gender nonconforming' is consistently used in the extant literature to refer to transgender or nonbinary individuals. 'Gender nonconforming' from that perspective has been used to describe whether an individual's gender performance conforms to the gender that is socially-assigned to that individual's assigned birth sex, not their gender performance as it conforms to the norms for their gender. Further complicating a definition for gender conformity, the term "gender non-conforming" has been used to indicate nonbinary identity and has been vaguely described as non-conforming to the gender binary. Still, the first and most precise definition, gender conformity as conformity to culturally expected behaviors for a person's gender (almost universally essentialized to assigned sex), is a common usage in the literature. There is no set understanding of the threshold between whether a person is gender conforming or gender nonconforming and authors have rarely even attempted to describe a threshold. In order to avoid confusion, in this dissertation, gender conformity will refer to the variability of a person's gender performance in reference to the proscribed gender roles for that individual's gender in the given social context. This would mean, for example, that a transgender woman's gender conformity would refer to her performance of the cultural expectations for a woman over time and in her social context.

**Gender dysphoria and euphoria.** Gender dysphoria is the clinical term for the "sense of discomfort from incongruence between their gender identity and assigned sex" (Steensma, McGuire, et al., 2013, p. 582). Gender dysphoria is currently listed as a clinical diagnosis in the DSM V (Byne et al., 2018; Zucker & Wood, 2011). Gender dysphoria has been extensively researched, most noticeably by medical and psychiatric research interested in its pathological profile. Only recently has modern scholarship highlighted the developmental process of gender dysphoria, with particular interest in the factors associated with 'persistence' and 'desistence' of gender dysphoria in children and adolescence (Steensma et al., 2011; Steensma, McGuire, et al., 2013). Gender dysphoria has been criticized as a pathologization of transgender gender identity and an imposition of gender binary expectations on 'non-normative' gender presentations (Gray et al., 2012; Sennott, 2010). Conversely, *gender euphoria* is the sense of joy or affirmation in one's authentic gender (Benestad, 2010). A recently articulated concept from trans social

discourse, gender euphoria has barely emerged within the academic literature (Benestad, 2010), with one existing study suggesting feminization procedures in transgender women led to a feeling of psychological wellbeing, or “gender euphoria” (Bradford et al., 2019).

These terms and their historical and cultural context provide an important foundation for this discussion on the experiences and needs of transgender and nonbinary youth. The distinction between gender and sex, the complexity of gender identity and gender conformity, and the problematic assumptions of gender dysphoria are integral concepts in understanding the deep gaps in the literature on gender development in transgender youth.

### **Child and Adolescent Gender Identity Development**

Understanding the literature on gender identity development for transgender and nonbinary youth requires a review of disparate, siloed literatures. An extant literature on transgender youth, including adolescents and young adults, that emerged from the LGBT and earlier gay and lesbian social science literatures exists primarily to address health and victimization, and has only recently considered the developmental processes of transgender youth. The literatures on gender and sex development can be traced across two lineages within positivist biological, psychological, and psychiatric sciences that describe so-called normative and non-normative development. The first positivist-normativist lineage is focused on gender development at-large and uses population-based samples to describe and identify stages and milestones. This positivist lineage is explicitly concerned with ‘normative’ gender development and ostensibly (but not explicitly) only uses cisgender respondents in order to make claims as to the nature of gender development (Gray et al., 2012; Liben et al., 2002; Stoddard et al., 2011). For ease of discussion, this lineage will be referred to as the “‘normative’ gender development literature.” The second positivist lineage is focused entirely on “deviant” and “non-normative” gender and sex development, assigning gender dysphoria or other pathologizing labels onto the respondents (e.g., “sexual inverts”), and will be referred to as the “gender dysphoria literature” (Fausto-Sterling, 2012a; Germon, 2009; Gray et al., 2012)

**‘Normative’ gender development literature.** The literature on ‘normative’ gender development is steeped in sex differences between males and females. Its entire positivist ontological foundation relies on an assumption of a human sexual dichotomy, relying on the biological functions of sexual dimorphism, sexual differentiation, and sexual determinism (Abramson, 2001; Blakemore, Berenbaum, & Liben, 2013; de Vries et al., 2007; Floyd, 2005). Any reference to ‘male’ or ‘female’ in the following section on ‘normative’ gender development should be understood to implicitly refer only to cisgender individuals, as the literature provides no distinction and does not indicate that there could be a distinction to make (Coleman et al., 2012; de Vries et al., 2007; Liben et al., 2002). From that understanding, the ‘normative’ gender development literature describes gender and sex development as one process that occurs as two distinctly different, mutually-opposed developmental processes between males and females. The academic literature regarding ‘normative’ gender development in the biological, psychological, and social sciences predominantly describes gender development in terms of comparison between, or in relation to, sexually-dichotomous and sexually-assigned females and males (Blakemore et al., 2013; Davies & Shackelford, 2006; Liben et al., 2002). Although there are commonalities in developmental processes for male and female sexes that can be identified throughout the early life course, the developmental literature is grounded in sex differentiation. This is unsurprising, as gender development is understood to ‘normatively’ follow sex development; as such, the literatures focused on gender development will be inherently concerned with gender as a sub-process of sex development.



Infants have been extensively studied in order to observe the earliest signs of gender categorization. Methods such as the habituation method (showing similar images in repetition to gauge boredom or interest) and the preferred-looking paradigm (observing what an infant spends longer time observing as some indicator of preference) have been used to attempt to describe interests or preferences of boy infants compared to girl infants. For example, Leinbach and Fagot (1993) showed gender-stereotyped images of men and women to infants and claimed that 12-month old infants are able to distinguish features that are culturally linked to sex rather than more nuanced biological sex-differentiated features (Blakemore et al., 2013). Another study claimed that older infants (10-12 months) responded differently to male and female faces compared with younger infants (5-7 months) and suggested this finding indicated pre-existing notions of male and female faces (Blakemore et al., 2013; Quinn & Liben, 2014). Sequential touching activities are similar, in that they observe patterns in infant/toddler behavior in order to make claims to children's understanding of gender. For example, one study of 18-month old children found they were able to differentiate between animal and vehicle toys but not male and female dolls ("differentiated by hair length and clothing style"; Blakemore et al., 2013; Fausto-Sterling et al., 2012a). By 24 months, children have been found to demonstrate full gender categorization capacities (i.e., identifying self and individuals by "appropriate" gender), including sex-typed toy preferences (e.g., girls like dolls and boys like cars), sex-typed interests (e.g., girls focus on faces, boys focus on mechanical parts), and earliest self-identification of 'gender' (i.e., gender identity; de Vries et al., 2007; Steensma et al., 2013). Between 18 and 24 months most children develop the capacity to label their and others' gender, leading to increased gender typing for culturally-stereotyped gendered behavior (Liben et al., 2002; Martin & Ruble, 2010; Zosuls et al., 2011). By around 24 months a child's gender identity stabilizes in its orientation to its environment, and from this point gender identity is considered stable or fixed (Diamond & Butterworth, 2008). This is the first stage of Kohlberg's notion of *gender constancy*, a model of gender development that emphasizes all healthy gender development is congruent with the child's genitals (de Vries et al., 2007; Steensma, Kreukels, et al., 2013). While this model is no longer supported in the literature, the paradigm holds an implicit foundational role in research trajectories focused on 'normative' gender identity and gender dysphoria (Blakemore et al., 2013; Coleman et al., 2012).

In spite of the gross preponderance of adherence to the gender binary within biological and social sciences, there is a small body of literature that refutes the foundational scientific paradigms relying on sexual dimorphism and determinism, specifically groundbreaking neuroscience research by Anne Fausto-Sterling (Blackless et al., 2000; Fausto-Sterling, 2012a, 2012b; Fausto-Sterling et al., 2012a, 2012b). According to Fausto-Sterling (2012a, 2012b), research that allegedly demonstrates sex differences actually describes differences in how people are treated based on their gender, and sex differences research has primarily reinforced gender roles and their social functions rather than capture real biological differences that might develop out of sex, further reinforcing the social functions of gender roles under the guise of science (Fausto-Sterling et al., 2012a, 2012b). Even the research showing differences in behavior or development of infant girls and boys rarely validly describes actual biological sex differences, but rather describes differences in social process in response to assigned sex. Fausto-Sterling, Garcia Coll, and Lamarre (2012ab) demonstrated the socialized response to gender by observing parental interactions with infants. They found that parents responded differently in timing, frequency, and tone to infant behaviors (kicking, vocalizing, crying) based on the gender of the child. Further, they noted these parental interactions triggered biochemical and biosocial

responses in infants that are known to be connected to health and development and have the potential to lead to substantially different life outcomes, that to a less critical eye could seem to be simply due to sex differences (Fausto-Sterling et al., 2012a, 2012b). Fausto-Sterling's *dynamic systems theory of gender embodiment* refers to this relationship (between gender, parental interaction, and developmental outcomes) as a complex developmental process of "presymbolic gender embodiment" in early childhood (Fausto-Sterling et al., 2012a, 2012b). Gender embodiment, presymbolic and symbolic, is the idea that we are treated differently, raised differently, and understand ourselves differently, based on our bodies as sexed, and that difference in development promotes psychosocial outcomes that are not the result of our biology, but rather the socialization of our biology (Fausto-Sterling et al., 2012a, 2012b).

Research on gender development has highlighted early childhood as the crucial point for the development of gender identity. There has been little research focused on adolescence as a subsequent point of gender development (Martin & Ruble, 2010; Zosuls et al., 2011). Erikson (1968), Marcia (1966), and Marcia et al. (1993) describe the importance of adolescence in the context of general identity development (Gray et al., 2012; Steensma, Kreukels, et al., 2013). It is during this time that adolescents are shaping their own identities and are being shaped by the social environment (Blakemore et al., 2013; Steensma et al., 2013) and intense neurodevelopmental processes related to decision-making and cognitive functioning (Casey, Giedd, & Thomas, 2000; Casey, Tottenham, Liston, & Durston, 2005; Luna, Padmanabhan, & O'Hearn, 2010). Adolescence has been relatively underexplored in relation to gender identity developmental processes. Although adolescence has been theorized to incite more intense gender identification (i.e., a person's relationship or affinity to their gender; Hill and Lynch, 1983), there has been no evidence to support this theory (Steensma, Kreukels, et al., 2013; de Vries et al., 2014). Individuals do spend increased time in gendered social contexts (e.g., mono-gender social groups like sports teams or performance groups) during adolescence, and this does intensify the development or performance of stereotypical gendered qualities. This intensification has not been found to stimulate or signal changes in gender identity, nor does it continue in heterogenous-gender groups. The intensification of gender performance is a social inclusion mechanism: young people are trying to fit in with their same-gender peers by performing gender according to perceived behavioral norms (Bigler & Liben, 1992, 2006).

**Gender dysphoria literature.** In the gender dysphoria literature, Zucker et al. (1999) found that 'gender dysphoric' children demonstrated a lag in developmental milestones of gender learning compared to gender 'normative' children, although they were found to have a similar sequence of development of gender. Gender 'dysphoric' children had no difficulty in identifying their assigned sex, and children as young as 24 months indicated a preference for a different gender or dislike of gender associated with assigned sex (Blakemore et al., 2013; Cohen-Kettenis & Klink, 2015). Notably, this is the same time period that the 'normative' gender development literature describes as the point when gender identity stabilizes.

Other than structural and interpersonal experiences of stigma, the causes of gender dysphoria are unknown. The presence of gender dysphoria in childhood compared to adolescence has only recently started to receive some attention. Steensma (2011, 2013) conducted a qualitative ( $N = 25$ ) and follow-up quantitative study ( $N = 127$ ) of children and adolescents who had been referred to a gender identity clinic before age 10 and were surveyed after age 15. Respondents were organized as "persisters" (i.e., their gender dysphoria had persisted since childhood) and "desisters" (i.e., their gender dysphoria had faded since childhood). Steensma, McGuire et al. (2013) argue there is a strong link between the intensity of

childhood gender dysphoria and the persistence of gender dysphoria into adolescence, so children with more intense feelings of gender dysphoria were more likely to be “persisters” as adults. According to those studies, 2 to 27% of children who have experienced gender dysphoria before age 10 continue to report gender dysphoria into adolescence and adulthood (Steensma, Kreukels, et al., 2013), findings that have not been corroborated elsewhere.

**Gender development for transgender and nonbinary youth.** Research with transgender youth has been increasing, but relatively little is known about the gender identity developmental processes for transgender and nonbinary youth. The existing literatures on gender dysphoria and ‘normative’ gender development provide little to no insight into how gender authentically develops for transgender and nonbinary youth, independent of positivist notions of ‘normativity,’ deviance, and pathology. Further, as the ‘normative’ gender development literature ignores the distinction of nonbinary identity, and the gender dysphoria literature labels any non-‘normative’ gender development as pathological, there has been no attempt made to differentiate between transgender binary development compared to nonbinary development. One early exploratory study of transgender identity development was a qualitative study of transgender males only and identified three possible developmental stages: 1) a growing sense of gender options, 2) recognition of one’s own transgender identity, and 3) social adjustment to transgender identity (Pollock & Eyre, 2012). These stages are specific to transgender binary youth developing their gender identity in a gender binary social environment and represent the process of recognizing difference between one’s identity compared to social expectations. More recently, a groundbreaking study of transgender children ages 5-12 ( $N = 317$ ) found that transgender children, who had been socialized in their assigned sex until self-identifying their authentic binary gender to their parents, were significantly likely to align with childhood gender roles (e.g., dress, play style, friends) associated with their authentic gender, not their assigned sex, at similar ages and in similar styles as cisgender siblings and peers of the same gender (Gülgöz et al., 2019). Gülgöz and colleagues (2019) argued that their findings support the notion that while gender schema are socialized, a child’s gender identity (i.e., alignment with a gender schema) are internally motivated and not a result of socialization. After being affirmed in their gender by their parents (a logistical requirement for participation in the study), the transgender children showed no significant differences in gender development. Unfortunately, while there were transgender children who identified a nonbinary gender in the study, they were excluded from the analyses (Gülgöz et al., 2019). These two studies highlighted the vital importance of connecting the social environment to gender identity developmental processes for transgender youth, particularly in relation to the potential for positive health outcomes in childhood.

### **Population Trends for Transgender and Nonbinary Young People**

The existence of transgender and nonbinary children and adolescents has been consistently described as a relatively new phenomenon, however, transgender young people have existed long before there was language to describe them (Gill-Peterson, 2018). Still, there have been few studies estimating the population size of transgender and nonbinary youth in the United States. The studies that do exist employ data that is non-representative and gathered from convenience samples, hampering our understanding of the prevalence of transgender and nonbinary identities among youth. The Williams Institute has been the primary research center for population research of sexual and gender expansive people and has conducted several studies to provide estimates of population sizes of transgender people overall, starting in 2011 with an analysis of data from state-level population-based surveys (Gates, 2011). The 2011 study estimated 0.3% of the adult population identified as transgender, while a 2016 analysis using

data from the Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS) estimated 0.6% of U.S. adults identify as transgender (Flores et al., 2016; Gates, 2011). The BRFSS provided a question to identify transgender respondents, however, that question was optional for states to use. Only 19 chose to use it for the 2014 administration of the BRFSS that produced the data used in the Williams Institute's most recent analyses (Flores et al., 2016). The 2011 and 2016 analyses collapsed transgender and nonbinary individuals into a single "transgender" category by combining transgender men, transgender women, and "gender non-conforming" people. In a recent review of the literature on nonbinary and genderqueer genders, Richards et al. (2016) report on several European surveys that estimate 1.8% to 4.6% of adults assigned male at birth (AMAB) and 3.2% to 4.1% of adults assigned female at birth (AFAB) report an "'ambivalent gender identity' (defined as equal identification with the other sex as with the sex assigned to them at birth)" (p. 96).

There are even fewer studies that estimate population sizes of transgender and nonbinary young people, and none of them are representative. The Williams Institute's analysis of the BRFSS data of adults estimates 0.7% of young people ages 13-17 and 0.7% of young people ages 18-24 identify as transgender (Herman et al., 2016). Those estimates are extrapolated adult data compared with general youth population—not data collected from actual young people. The authors caution that social trends suggest there is a substantially higher proportion of gender expansive youth compared to adults (Herman et al., 2016). The 2011 Youth Risk Behavior Survey (YRBS) administered in the San Francisco Unified School District surveyed middle school students ( $N = 2,730$ ; Grades 6<sup>th</sup> to 8<sup>th</sup>) and found 1.3% of respondents identified as transgender (Shields et al., 2013). A study on disproportionate representation of LGBTQ youth in the child welfare system estimated the percentage of youth identifying as transgender in the general population as 1.3 to 3.2% (Wilson & Kastanis, 2015). While these population estimates have been useful to motivate future research with transgender and nonbinary youth, there are no estimates of a nonbinary youth population, and the estimates of transgender youth are heavily extrapolated from adult or other specific population groups.

Recent research specific to transgender and nonbinary young people does display a trend of relative prevalence of transgender and nonbinary identities: gender expansive young people are more likely to identify as nonbinary than as transgender. In a recent national survey of LGBT ( $n = 10,030$ ) and cisgender heterosexual ( $n = 472$ ) youth, when asked "Do you consider yourself male, female, transgender, or other?" about 9% ( $n = 925$ ) of the sample identified their gender as transgender or other (i.e., gender expansive; Baum et al., 2013). In that sample, 33% ( $n = 319$ ) of gender expansive youth identified as transgender and 66% ( $n = 606$ ) identified their gender in some other way (Baum et al., 2013). An online sample of sexual and gender expansive youth ( $N = 1,177$ ) found 26.2% ( $n = 307$ ) of the sample identified as transgender or nonbinary; within that group, 21.5% ( $n = 66$ ) identified as transgender, while 78.5% ( $n = 241$ ) identified as nonbinary (Sterzing et al., 2017). Although the samples described above were convenience samples, the identification with a nonbinary identity in today's gender expansive young people signals an important site for further research, particularly considering the increased attention directed at transgender young people in the media and sciences.

### **Theoretical Perspectives of Gender Identity Development**

The multiple scientific approaches to framing and understanding gender have been rooted in differing and conflicting theoretical foundations for interpreting and explaining gender. Much of the biological sex/gender development literature is theory-poor, relying implicitly or explicitly on sexual determinism and sexual dimorphism to explain gender and sex from a 'normative'

perspective, without the need for theory to explain it further. In contrast, the psychological and sociological literatures on gender development have produced substantial theorization of gender formations to explain why people behave in gendered ways, with social constructivism and social constructionism emerging as two ontological approaches applied most directly to gender. This section explores the two broad ontological orientations which have produced theories for understanding gender identity development: social constructivist theories of gender schema, social learning and social cognition, and social constructionist theories of ecosystems, poststructuralism, and critical and queer theories.

**Social constructivist.** Social constructivism suggests human development and knowledge are socially constructed, and development occurs through learning from social interactions with groups and role models. In this model, meaning is delivered via social interactions that act as teaching and reinforcement of socio-cultural ideas. The social context in which a person develops (i.e., culture, parenting) influences the person's cognitive development and how they perceive themselves in relation to others, contributing to identity construction and influencing social role behavior and performance.

*Gender schema theory.* Articulated by Sandra Bem, the creator of the seminal Bem Sex Role Inventory (Bem, 1981a), gender schema theory is a cognitive theory that proposes gender as a type of schema—a “cognitive structure” by which individuals attach and organize meaning to new environmental information (Bem, 1981b). Sex-typing, or the assignment of sex-derived meaning to social functions and processes, occurs because individuals are primed to organize information by sex due to their gender schema (Bem, 1981b; Liben et al., 2002). As a cognitive structure, schema are filters that guide perceptions of internal and external attributes, which lead to judgements of sex-typed behaviors of others and of the self (Bem, 1981b; Liben et al., 2002), leading to behavioral regulation constructed from the sex-typing that is created and reinforced through gender schema. This reinforcement of gendered, or sex-typed, self-concept creates “self-fulfilling prophecies” of gender (Bem, 1981b). Bem is careful to describe gender schema theory as grounded in process, not content, explaining gender as a dynamic contextual experience that changes with culture or a given social setting (Bem, 1981b). Bem describes gender schemas as a fundamental aspect of development, in which society (and its agents) teach children to dichotomize social life and process social information (Liben et al., 2002). Gender schema theory informs a mechanism by which humans process and understand gendered social constructs. Bem argued that the two-gender system was inherently oppressive and restrictive, as it required constant self-regulation and external enforcement to maintain (Bem, 1995)

*Social learning and social cognition theory.* Albert Bandura (1977) developed social learning theory in response to the earlier work of behaviorists such as B.F. Skinner and Julian B. Rotter. Bandura (1977) argued that social behavior is learned through observation and the reinforcement of behaviors through social cues, with gender and gender roles constructed through observation and replication of social factors represented in a child's same-sex parent and other same-sex adults (Bandura, 1977). Bandura considered gender formation to be a primary interest in application and development of empirical validation of social learning theory. His work in observing children's play behavior found that children not only observed same-sex adults and imitated their behavior and speech patterns, but that the reactions from those same-sex adults reinforced the children's enactment of gender in socially acceptable presentations (Bussey & Bandura, 1999). Social-interactional rewards, such as a praising tone, smiling, or inclusion in activities, demonstrated to children when their language, behavior, and presentation matched with social expectations connected to their sex. Bandura described significant behavioral

correlations between same-sex adults and children (e.g., dress, tone, facial expression, sociality with same-sex peers), and in an initial study found that “cross-sex behavior” was almost nonexistent amongst his sample of children (Bandura and Bassey, 1981), which he emphasized as an important result to support social learning theory.

Social learning theory eventually evolved into social cognition theory, and particularly the social cognitive theory of gender (Bussey & Bandura, 1999). Social cognition theory describes developmental processes occurring via a mix of external information from the environment (e.g., media, culture), interpersonal social experiences (e.g., parenting, peer interactions), and internal motivations and cognitive mechanisms (e.g., interests, aptitudes, schema) in interaction with human biological “potentialities” (as opposed to “determinants”); Bussey & Bandura, 1999). The social cognitive theory of gender suggests these potentialities provide a starting place from which individuals develop their gender, and gender develops through the social processes that teach the meaning and expectation of gendered social formations; gendered relationships are the pathways for ongoing developmental processes and actions to be interpreted (Bussey & Bandura, 1999).

These theories rely on cognitive schema and social interaction as a site of the production of gendered self-understanding (i.e. gender identity), grounding their claims within a social frame, not a biological one. The previously described literatures in ‘normative’ gender development and gender dysphoria make use of these social constructivist theories to connect sexual determinism and dimorphism to development. They identify gender schema and social learning as the processes by which gender/sex should develop ‘normally’ and dysfunctional schema or social learning as possible factors in the development of ‘non-normative’ gender identity (Blakemore et al., 2013; Liben et al., 2002). Schematic-processing has been integrated within gender development frameworks by attaching gender schema to sex differentiation, with complex models for attitudes, attributions, and self-assessment of gender relative to binary sex. While these models might be useful to this discussion, they are so concretely grounded in sex differentiation, determinism, and dimorphism that it is difficult to find any useful ideas for understanding transgender binary or nonbinary gender identity development from a critical perspective rather than simply perpetuating problematic cisnormativity.

**Social constructionist.** Social constructionism suggests social realities are constructed through social interactions, with meaning as a constant co-constituted experience that occurs via social agents (Burdge, 2007). Social constructionism emphasizes social interactions as the site by which meaning is constructed and power enacted, whereas social constructivism is much more interested in describing social interaction as the pathway by which meaning is delivered and learned. Social constructionism suggests realities are taken-for-granted rather than understood as dynamic and malleable, and the malleability of subjective reality suggests there is no objective or absolute truth—laying the groundwork for ecological, poststructural, and critical theories.

*Ecosystems theories.* Ecological systems theory, developed by Urie Bronfenbrenner (1979), is a key theory within modern social science discourse, and is particularly salient to the social welfare and social work paradigm of “person-in-environment.” Bronfenbrenner’s early articulation of ecological theory described an expanding set of systems surrounding an individual and making up their social environment (Bronfenbrenner, 1979). These systems, starting with the microsystem of social interactions within an individual’s immediate social environment, and expanding to include the mesosystem (interactions with the microsystem), exosystem (networks of micro and meso systems that extend beyond the individual), macrosystem (culture and sociopolitical context connecting sets of exosystems), and eventually the chronosystem

(temporal, historical connections between systems), describe the levels and boundaries of an individual's social environment and how features and subjects of that system are interconnected (Bronfenbrenner, 1979). Bronfenbrenner described the interactions of these processes as an integral function in understanding social context and the social ecology, in that processes require interaction throughout a dynamic ecosystem (Darling, 2007; Tudge et al., 2009).

It is this complex understanding of patterns and interrelationships of systems that has been argued to demonstrate the role of gender within a social ecology (Darling, 2007). Darling (2007) describes key components of Bronfenbrenner's theory: "social and historical context, the active person, and the impossibility of understanding individual developmental processes in isolation" (p. 205) as not only key to ecological theory, but also central to understanding the role of gender within a social ecology. Darling (2007) highlights Bronfenbrenner's description of gender differences in children's educational outcomes, an ecological approach in which outcomes differed because the meaning of those outcomes was different for boys and girls in the context of their social environment (Bronfenbrenner, 1986; Bronfenbrenner, 2010; Ceci & Bronfenbrenner, 1985; Darling, 2007). In a 1984 laboratory experiment on social expectations and associated meaning, children were tasked with keeping track of cupcakes baking in the oven while they were also playing video games. Bronfenbrenner found that there were different outcomes between girls (who were less likely to burn the cupcakes) and boys when the task had gendered social meaning (i.e., girls were more invested in preventing burned cupcakes because they had been socialized to prioritize baking more than boys), but when tested on completing a task that did not have gendered social meaning, organizing charged batteries, there were no gender differences (Ceci & Bronfenbrenner, 1985; Darling, 2007). Ecological systems theory describes systems of social actors within a widening social environment and highlights the social and historical context of an active person within an interconnected social network (Darling, 2007). For transgender youth, ecosystems theory provides a framework for understanding the environmental interactions along which gendered social expectations are transmitted across levels and times of their social ecologies.

*Poststructuralism.* Social constructionism is one of the defining features of postmodern and poststructuralist philosophy (Hare-Mustin & Marecek, 1988; Maharaj, 1995). Poststructuralism is a theoretical framework encompassing a network of related social theories which focus on contextualizing social reality (and arguably reality itself) as subjective and constructed within the social experience and interactions of the humans perceiving it (Hare-Mustin & Marecek, 1988), and so social constructionist theories are important informants to postmodernism. This has been reflected in the development of numerous social theories attempting to describe how these subjective experiences are created and how they function; postmodernism can be seen as ontologically aligned with critical theories that also examine subjectivity and question the construction and assumption of social realities (Foucault, 1978; Manias & Street, 2000). A primary tenet of postmodernism is its emphasis on the multitude of subjective social realities, and the rejection of a positivist or essentialist paradigms of social life (Foucault, 1978; Hare-Mustin & Marecek, 1988; Maharaj, 1995; Manias & Street, 2000). Poststructural ideas of subjectivity suggest: (a) we should consider individuals as complex, multifaceted participants in assemblages and networks of social interactions, (b) dichotomous orders/groupings are reductive false narratives, and (c) relations of power and structure are operating constantly and actively.

With gender, poststructuralism challenges us to recognize no single true understanding or interpretation of gender, but rather a collection of subjective and contextual experiences for each

individual. The gender binary, sexual dimorphism, and sexual determinism are dichotomous paradigms that obscure true human dynamics and relationships. Hare-Mustin and Marecek (1988) suggest gender theories informed by postmodernism/poststructuralism focus on differences, whether the contrasting experiences of men and women or the similarities between men and women. Gendered assemblages, or social groupings of power relations built via gender, enact power in ways that challenge or maintain hegemonic patriarchal social systems (DeLanda, 2016; Puar, 2017; Repo, 2014; Weheliye, 2014). This framework is helpful in framing the dynamics of how gender operates and how we can understand its movement and interactions in attempts to measure or analyze it.

*Critical theories.* Late 20<sup>th</sup> and now 21<sup>st</sup> Century critical theorists are concerned with the interrogation and deconstruction of oppressive dominant hegemonic social structures, particularly those which emphasize social difference, power, and privilege. As oppressive hegemonies interact with a wide swath of humanity, subfields or adjacent fields of critical theory have been developed to examine the nuances of power within specific contexts. Critical theory, a theory in its own right, can also be considered as a network or constellation of closely aligned critical theories, with similar projects from different standpoints. While feminist and queer theories did the most prominent work on analyzing social structures interacting with gender, critical theories at large take on the project to consider the status and experiences of marginalized populations, including the social expectations of gendered subjects. Critical theories have consistent approaches to a theoretical analysis of power and society: a critique of categorization, an emphasis on how power is enacted on populations, attention to intersectionality, and an interest in subjectivity (i.e., how an individual is socially constructed in a given context) (Manias & Street, 2000).

*Intersectionality.* Intersectionality articulates the dynamics of power and privilege that are layered or expounded by multiple formations of identity. First coined in 1989 by Kimberlé Crenshaw (1991) but emerging from a history of scholarship predominantly articulated by Black women, including Ida B. Wells-Barnett in the early 20<sup>th</sup> Century (Wells-Barnett, 2014) and the Combahee River Collective in 1977 (The Combahee River Collective, 2014), intersectionality theory argues that power, oppression, access, and privilege cannot be siloed by identity labels such as gender, race, class, or ability, but must be considered in their overlapping dynamics. For example, a Black man experiences racism but not (overtly) misogyny, a white woman experiences misogyny but not racism, and a Black woman experiences racism and misogyny. These intersectional impacts of victimization and health outcomes have been pointed out throughout modern social ecologies and intersectionality theory constitutes a foundational perspective within critical theories (Collins, 2017; Hancock, 2007, 2013).

*Queer theories.* In the early 1990s the emergence of queer theory in academic settings challenged notions of inherent masculinity and femininity and assumptions of which traits are considered masculine and feminine (Butler, 1990; Westbrook & Saperstein, 2015). Queer theory articulates a deconstruction of the gender binary (male/female), a distinction between gender and sex, and an articulation of gender ideation that defies traditional gender constructs (Butler, 1988, 1990, 1994; Foucault, 1978). Butler (1990) describes gender identity formation as a regulatory practice of self-imposing or self-constructing “socially instituted... norms of intelligibility” (p. 17), which constitute coherence in a social environment through gender as a performance, an act that engages the body, the identity, the social environment, the people around the individual, and the norms and expectations of one’s cultural construction. Gender is a performance produced by “acts, gestures, and desire” and is imitative of itself (Butler, 1990). In gender development, queer



theory suggests Butler's three features (sex, gender identity, gender performance) are distinct yet integral dimensions in understanding and communicating one's gender in a social environment.

In addition to these more specific perspectives on gender as an interdependent construct, a growing body of queer theoretical work has taken an intersectional approach to problematizing the inherent whiteness and coloniality of modern scientific perspectives of gender. Queer of color perspectives, decolonial queer critiques, and queer indigenous narratives have argued for more intersectional, complex, and critical approaches to understanding and engaging with gender that considers the interactions of race, culture, class, disability, and the systems of power that build and maintain a marginalizing regime of a gender binary that relies on violent enforcement and systemic erasure of indigenous and non-white articulations of gender (DiPietro et al., 2019; Gill-Peterson, 2018; Lugones, 2016; Snorton, 2017).

### **Conclusions**

Our understanding of gender development, violence, health, and the social ecologies of transgender and nonbinary young people has been stymied by problematic, theory-poor scientific paradigms. Transgender and nonbinary youth experiences have been consistently isolated from other research on child, adolescent, and young adult development and wellbeing, preventing efforts to address disparities in violence and health outcomes. The literatures of child development have promulgated a binary gender regime that is based in Western, colonial, white, and heteronormative assumptions that inherently ignore the lives of transgender and nonbinary young people (Germon, 2009; Gill-Peterson, 2018; Gray et al., 2012; Lugones, 2016). Social constructivist approaches have provided a structure by which we might understand gender development, but those theoretical perspectives have perpetuated the same white, enabled, affluent, Christian, and binary beliefs of normality that deny the existence of transgender and nonbinary people and ignore the intersectional complexity of racialized, colonized subjects of the Western gender binary regime.

Critical, intersectional perspectives motivate an interrogation of existing normative assumptions, bring attention to disparities resulting from those normative paradigms, and (along with poststructuralism) confront the systems of power that maintain them. This project can be seen as an essentially critical, queer, poststructuralist approach to interrogating the hegemonic developmental assumptions and expectations that are attached to gender, and an interrogation of how those assumptions interact with the lives of transgender and nonbinary young people.

## Chapter 3: Study Design and Methods

### Life history timeline method

The life history methodology is particularly appropriate for studies of events or phenomena that occur over time during an individual's lifecourse. The life history timeline (LHT) methodology elicits time-point visual cues on a calendar or timeline to connect key events in the respondent's life as a method of improving retrospective reporting during an interview (Caspi et al., 1996; Freedman et al., 1988; Glasner & Vaart, 2009). The LHT provides a map of landmark events or periods (e.g., birthdays, starting/ending school, moving to a new house or city) across the temporal domains of interest (e.g., work, school, personal life, family), providing the opportunity to consider the chronology of events and to confirm accuracy of reporting by reflecting on the sequential relationship between established time points. There are three fundamental characteristics in life history methods: a) an instrument that includes a graphical display of a temporal dimension, usually presented in years; b) the graphical display encompasses thematic axes that represent domains of interest (e.g., violence, home, social relationships); and c) the respondent is provided "temporal bounding cues" or prompts for landmark events that can be used as anchors in their recall (Glasner & Vaart, 2009).

The LHT method was initially developed to supplement panel surveys that collected longitudinal data but that were not designed to adequately provide temporal context for events that occurred in relation to the survey data (Freedman et al., 1988; Glasner & Vaart, 2009). For that reason, LHTs have been primarily employed to complement large-scale panel surveys, most notably longitudinal quantitative studies; however, there have been notable uses of LHT methods in qualitative research. Furthermore, recent literature has emphasized its utility as a standalone qualitative instrument (Fisher, 2013; Harris & Parisi, 2007; Martyn & Belli, 2002). The timeline instrument has been highlighted as a crucial tool in understanding the sequence and chronology of lifecourse events while simultaneously improving recall and reliability of retrospective data in both quantitative surveys and qualitative interviews (Belli, 1998; Eerola & Helske, 2016; Glasner & Vaart, 2009). The timeline instrument has been found effective as a standalone interview guide in itself, allowing research participants to visualize the progression of the interview more clearly than a traditional interview (Harris & Parisi, 2007; Martyn & Belli, 2002). Seminal guidance on construction of an LHT instrument and implementation of an LHT interview describe the following design decisions in development of an LHT: a) choice of time units, b) specification of domains, c) record of response, d) integration of LHT into interview format, and e) design and organization of visual instrument. The LHT methodology is a valuable tool for collecting retrospective data and incorporates a number of strengths that address the limitations of retrospective data collection methods.

**Limitations.** As a single timepoint interview, the LHT is cross-sectional and carries the limitations of cross-sectional data (e.g., no causal inference, difficult to observe patterns over time). As a retrospective data collection method, the LHT is limited by the memory of the participant, which can be notoriously inaccurate or skewed (Belli, 1998). In relation to this specific topic and population, the changes in the social environment that have both increased and decreased inclusion for transgender and nonbinary youth may limit some of the relevance of the study data given the age of participants as young adults rather than current adolescents.

**Strengths.** While the LHT does not negate these limitations, anchored timepoints connected to key life events increases the potential to observe (at least abstractly) patterns over time. The landmarks provide a buffer against some of this effect as well, and the LHT has been shown to have high agreement with external, real-time data (Eerola & Helske, 2016; Glasner &

Vaart, 2009; Morselli et al., 2016; Yoshihama et al., 2005). In fact, retrospective data collected in the LHT method has been shown to have high agreement with previously collected real-time data (Caspi et al., 1996; Eerola & Helske, 2016; Freedman et al., 1988; Glasner & Vaart, 2009; Yoshihama et al., 2005). The LHT method has been successfully deployed to collect retrospective data of sensitive contexts, such as intimate partner violence, arrest records, and sexual relationships (Fikowski, Marchand, Palis, & Oviedo-Joekes, 2014; Fisher, 2013; Morselli, Berchtold, Suris Granell, & Berchtold, 2016; Yoshihama, Gillespie, Hammock, Belli, & Tolman, 2005). The LHT method offers additional strengths for this study. First, its ability to collect a large amount of lifecourse data in an organized approach can yield data that are difficult to collect in panel surveys or linear structured interviews. Second, the LHT method provides an opportunity for respondents to consider and reflect on their own development, which provide therapeutic benefits to their personal process (Harris & Parisi, 2007; Yoshihama et al., 2005).

LHT methods have been employed in interviews with gender and sexual minority youth to assess similar constructs to those explored in this study, including questions of development, evolving identities, and the timing of important events that occur that are specific to gender and sexual minority individuals, such as coming out (C. M. Fisher, 2013; Johnson et al., 2020; Sterzing, Gibbs, et al., 2017). Deploying this method with transgender and nonbinary youth provided vital data that are needed to better understand gender development, violence, and the social-ecological factors that impact the lives of transgender and nonbinary young people.

### **Recruitment**

Participants were recruited via email flyers (see Appendix A) distributed to community organizations (e.g., LGBT community centers in SF Bay Area, Los Angeles, Chicago, St. Louis, Boston, Cleveland; Trevor Project, GLSEN, Black and Pink) and professional networks (e.g., academic email lists in social welfare, public health, gender and women's studies, medicine; queer and trans researcher groups), social media posting on Facebook (e.g., trans and queer research and academic groups, social work groups, queer and trans advocacy organizations), and word-of-mouth from participants. Participants were directed via the flyer to call or email the principal investigator if interested in participating in the study. When contacted by interested participants via email or phone, the researcher briefly described the purpose of the study and the purpose of screener questions to assess study eligibility. The researcher then conducted the eligibility screen by asking the potential participant person for their age and description of their gender identity. If eligible, the researcher then asked for their geographic location.

Purposive sampling was used to schedule participants for interviews with higher priority based on the intent to balance recruitment of 1) trans masculine and trans feminine participants, 2) nonbinary participants, and 3) participants from multiple geographic regions. According to Charmaz (2006), adequate sample size relies on the researcher's determination of when sufficient data has been collected to answer the aims of the research study. Freedman and colleagues (1988) provide guidance that saturation has been achieved when additional data collection is unlikely to reveal further theoretical insights. Following this guidance, during the study there were several caps on recruitment implemented, including a cap on participants from the St. Louis metropolitan area and a cap on nonbinary participants.

**Inclusion and Exclusion Criteria.** Participants were eligible for the study if they met the following inclusion criteria: 1) they identified as transgender or nonbinary, and 2) they were between ages 18 to 29 years old. Participants were not interviewed if they were visibly under the influence of substances or were experiencing active distress or mental or physical health conditions that might inhibit their ability to give informed consent or to engage in an interview.

The age range of 18 to 29 years of age was chosen to capture young adulthood to increase the reliability of retrospective data collected during the interviews. This age range contributes to the relevance of participant experiences in a modern social environment that is rapidly changing its engagement with transgender and nonbinary young people (Fisher, 2012). With a target sample size of around 20 participants, a purposive sampling strategy was used to ensure representation of multiple gender identity experiences and geographies.

### **Research Ethics and Human Subject Considerations**

Transgender and nonbinary young adults are highly vulnerable to social and structural antecedents of stress, trauma, and other health problems (Birkett et al., 2015; Hatzenbuehler & Pachankis, 2016; Mizock & Lewis, 2008). They are at risk for victimization throughout their lifecourse. This required the study design to be especially sensitive to the potential for harm. Even with this particular vulnerability in mind, the study involved no more than minimal risk to participants. Several steps were taken to protect the wellbeing of study participants, including a consent process that prioritized confidentiality, adjustments to the protocol via pilot testing that increased sensitivity, and a post-interview debrief session to evaluate psychological distress and offer a list of gender affirming mental health resources. The collection of explicitly identifying information was avoided as much as possible during the course of the study, including legal name, address, and other contact information. Contact information (such as phone number or email address) was passively provided by participants when they contacted the researcher for participation in the study; however, the information was not included or linked to any study data and was deleted upon completion of data collection. The choice of a verbal consent process rather than a traditional physical, signed consent ensured that no record of any names would identify the participant as part of the study. Birth dates were collected during the course of the interview in order to conduct age-specific analyses. Some events that were relayed during the course of the interview were specific enough to be considered identifying; however, all attempts were made to ensure participant identities remain confidential. Any identifiable names of participants, other people mentioned during interviews, or place names, were redacted from interview transcripts upon receipt from the third-party transcriptionist (via a shared encrypted Box account folder).

All participants received a list of mental health services and other resources for transgender young adults (see Appendix C). The primary investigator is a licensed clinical social worker with substantial experience in trauma-centered psychotherapy and crisis response with transgender young adults. If a participant did describe or display distress over the course of the interview, the researcher would have stopped the interview and assess the participant's level of distress; however, this did not occur in any of the interviews. There were three instances in which participants became emotional and the researcher offered a short break, during which time the participants drank water and obtained tissues before continuing. If at any time a participant may have displayed distress that demonstrated imminent risk of harm to self or others, the researcher would have stopped the interview and addressed the potential mental health emergency immediately by providing crisis counseling and connecting the participant to emergency mental health care via appropriate and safe channels in the context of the interview location. Again, this protocol was not necessary in the course of any of the interviews.

**Data security.** Interviews were audio and video recorded. Upon completion of an interview the recordings were immediately transferred to a secure, encrypted, password-protected Box account, at which point they were deleted from the laptop. The video recordings were deleted upon completion of each interview. The audio recordings were stored in a specific

shared Box account that only the primary investigator and transcriptionist could access. Upon completion of transcription, the shared folder was deleted. The audio recordings are stored in an encrypted Box account only accessible by the primary investigator and will be deleted upon completion of all aspects of data analysis. Transcriptions are stored in the encrypted, password-protected study Box account. The researcher reviewed each transcript for accuracy and created a redacted version of each transcript with all identifying information removed prior to analysis. The redacted versions of transcripts were used for data analysis.

## **Data Collection**

**Pilot and Protocol Development.** The LHT instrument and interview guide were piloted with 5 transgender and nonbinary clinicians and scholars to refine the process and efficacy of the semi-structured interview in conjunction with the LHT. Piloting resulted in extensive simplification of the study materials from the more heavily structured grid of a life history calendar. In addition, the domains of interest were narrowed to focus on study aims. The interview guide was streamlined to allow for more organic transitions in the participant's narrative responses. In addition, pilot testing provided valuable feedback specific to the concerns faced by transgender and nonbinary individuals. These included the removal of any specific questions about participants' bodies while being responsive to any information on embodiment that participant's volunteered as well as elimination of sampling strategies that emphasized sex assignment, focusing instead on current gender identity. In response to pilot testing, the study demographic questions, which had originally been intended to be administered in a survey, were instead incorporated as open-ended questions at the beginning of the interview.

## **Instruments and Protocol**

**Demographic questions.** Open-ended demographic questions, asked at the beginning of the interview, included: (a) gender identity, (b) self-described gender expression or aesthetic, (c) pronouns, (d) sexual orientation, (e) racial and ethnic identity, and (b) educational levels.

**Life history timeline instrument.** The LHT was integrated into the interview as a visual representation and cue for the respondent's answers to interview questions using Zoom's whiteboard function. The Zoom whiteboard allows for collaborative contributions to the visualization between the interviewer and participant. The timeline instrument was drawn on the whiteboard with day of birth at the far left and day of the interview at the far right of the timeline. The qualitative interview guide (see Appendix B) ensured that the interview covered the interview domains; however, the order of the interview topics was generally determined by the respondent's responses and the flow of the dialogue. The horizontal-axis of the timeline was organized by years, starting with birth date and location and progressing to the present day. The vertical-axis of the timeline was simplified, with social environmental features indicated above the timeline and gender and violence features indicated below the timeline. Interview questions and timeline landmarks and events intentionally marked the year (and month if possible) and the participant's age at the time of a specific event. Participant responses were marked on the timeline at the appropriate location and accuracy confirmed with participants at each step to ensure authentic representation of their experiences.

Over the course of the interview, the researcher (and rarely the participant) entered visual markers on the timeline constructed on the Zoom whiteboard. This provided participants the opportunity to confirm that they were heard correctly and adjust or suggest changes to increase accuracy of the narrative. As a qualitative interview method, the LHT acted as a visual cue to motivate responses to open-ended questions at the intersections of interview domains and life course events (Harris & Parisi, 2007; Martyn & Belli, 2002). In any LHT, the initial step is to

construct the boundaries of the calendar, in this case starting with birth and ending at present day. The second step is to identify important landmarks in the respondent's lifecourse that will act as mnemonic anchors for the respondent and interviewer to use in proceeding questions from the study domains (Belli, 1998). Harris and Parisi (2007) recommend the use of follow-up questions along domains or time units that will progress the interview iteratively across graphical axes in response to how a respondent answers questions, asking "what came after that?" or "what else happened at that age?" or similar questions that progress the interview by the respondent's direction, moving on to another domain or temporal range when the progression concludes.

**Interview protocol and reimbursement.** Virtual interviews via Zoom began with the informed consent process. The researcher requested verbal consent upon completing review of the consent script. Verbal consent increased confidentiality and anonymity by eliminating the need for documentation of the participant's name. Verbal consent also avoided the logistical concerns of obtaining physical consent for Zoom interviews. The consent script confirmed study eligibility and described the purpose of the study. Participants were informed during screening and during the informed consent process that interviews were estimated to last approximately two hours, including the informed consent process at the beginning and the incentive distribution (\$50) at the end. Participants were provided with the opportunity to ask questions and were notified of their option to skip questions and pause or stop the interview at any time. Upon completing the review of the informed consent script, verbal consent was first asked for consent to participate in the study. Separate consent was requested for audio and video recording of the interview via Zoom's built-in recording feature. None of the participants who consented to participate in the study subsequently declined recording. After confirmation of consent for both questions, the recording began. In order to maintain a record of consent, the first two questions recorded consisted of a verbal confirmation of consent to participate in the study and consent to be audio and video recorded as part of the study. Upon receiving confirmation of consent, the researcher reviewed the demographic questions and then provided an orientation to the life history timeline method and the Zoom whiteboard, and then proceeded to the semi-structured interview questions. On completion of the interview, the researcher stopped the recording and completed a "debrief" with the participant to consider their emotional state and evaluate any potential psychological distress. Participants were provided a \$50 Visa gift card paid via the Tremendous gift card distribution system and an informational sheet of resources for mental health services and other resources relevant to the study population.

### **Approach to data analysis**

An abductive constructivist grounded theory approach was employed for data analysis. Grounded theory provides a systematic approach to intellectual inquiry via qualitative data collection that was developed as a response to the positivist assumptions of quantitative elitism (Charmaz, 2006). The fundamental components of grounded theory are: (a) iterative data collection and analysis, (b) construction of analytic codes from data, (c) theory development in each stage of analysis, (d) memo-writing to reflect on relationships evident in data, and (e) sampling aimed at theory construction rather than representativeness (Charmaz, 2006).

*Constructivist* grounded theory considers the research process and products within the wider social and historical environment and approaches critical inquiry through its use of "methodological self-consciousness" in which the researcher's positionality and assumptions, data collection methods, and relationship to the research population are considered and reflexively observed throughout the research process (Charmaz, 2017).

The integration of abductive reasoning into grounded theory represents a recognition of the difficulty in approaching data without an a priori understanding of the topic of inquiry (Reichertz, 2007; Richardson & Kramer, 2006; Timmermans & Tavory, 2012). An abductive approach to grounded theory recognizes the existing scientific knowledge and emphasizes the reflexivity of grounded theory as a recursive process of theory construction during data analysis (Richardson & Kramer, 2006). The researcher considers the emerging analytic theories in the context of the wider literature and the potential for innovation and creative understanding of new knowledge (Timmermans & Tavory, 2012). The actual process of grounded theory analysis is much the same in abductive inference but includes a priori context for the analytic codes and theories developed over the course of analysis. Constructivist grounded theory is rooted in social construction and social constructivist ontologies that are the foundations for the critical inquiry of this project. Abductive reasoning provides a context for understanding the social systems and structures at play in the life history narratives. A analytic self-consciousness grounds the research process in challenging and identifying assumptions, whether they are methodological, ontological, practical, or personal, and is well-aligned with the critical, queer, poststructural motivations for this project.

### **Data analysis**

As per the grounded theory process as described by Charmaz (2006), initial transcripts were reviewed through an open coding process during which any notable actions or topics that appeared in the transcript were noted. These initial codes identified an array of behaviors and topics which were organized and clustered to create analytic codes or categories. These analytic codes were evaluated in relation to a priori domains of violence, gender, and the social environment. Analytic and abductive codes were defined and organized into a codebook that guided the coding of each transcript using MAXQDA qualitative software. Codes were evaluated and revised abductively and reflexively throughout the process of developing the codebook and attaching codes to transcript excerpts, adding or adjusting codes that shifted in their relevance or application in the interviews. Previously-coded transcripts were reviewed using updated codebooks in order to ensure all study transcripts were coded with the final version of the codebook. This process was conducted in ongoing consultation with dissertation committee members and the transgender scholars who had participated in pilot testing. Memos were written to describe the evident patterns and constructs within and between coded excerpts of text.

## Chapter 4: Results

A total of 22 participants were interviewed over the course of a two-month data collection period during summer 2020. During the data collection period, 82 individuals expressed interest in participating, of whom 9 did not respond to the screener questions, 5 were ineligible after screening, 22 were included in the study. The remaining 46 were not interviewed because they responded to the screener after their geographic area (11) or their gender identity (35) was capped for further recruitment.

The lifecourse interviews were analyzed using constructivist grounded theory and yielded a code tree with several code branches. These codes were considered abductively in relation to the study aims to 1) explore gender development and developmental timing, 2) identify types and sources of violence, 3) consider social-ecological interactions and agents in relation to gender development and violence, and 4) highlight potential risk and protective factors for violence, health, and safety. To address the study aims, the findings are organized by code categories as follows: (a) *developmental milestones* (e.g., age, puberty, transition to adulthood, school levels), (b) *gender development* (e.g., gender awareness, gender presentation, embodiment and sex assignment, coming out, sexual identity, trans identity), (c) *violence* (e.g., bias types, child maltreatment, bullying, social isolation, basic needs violence), and (d) *social-ecological interactions* (e.g., role enforcement, parents and authority figures, independence and autonomy, anticipatory violence, and social connections).

### Demographics

Demographic information is presented below in Table 1. The ages of participants ranged from 18 to 29 (mean: 23.5 [SD=3.0], median: 23, mode: 22). Self-described gender included 12 nonbinary participants (8 nonbinary, 2 nonbinary/trans masculine, 1 genderqueer nonbinary participant, 1 agender nonbinary participant), 5 trans man and trans masculine participants, and 5 trans woman and trans female participants. Participant pronouns followed gender binary cultural norms, with the 5 trans women using “she,” the 5 trans men using “he,” and the 12 nonbinary people using “they.” The sexual orientations of the participants included 7 bisexual, 4 queer, 3 straight (heterosexual), 3 lesbian, 3 pansexual, 1 demisexual, and 1 asexual participants. The race/ethnicity of participants included 7 White, 6 Multiracial, 4 Asian, 3 Black, and 2 Latinx participants. Within the multiracial category, 2 participants self-identified as Black/Native, and the other four identified as Indian/White, Mexican/White, Filipino/White, and Middle Eastern/North African/Sephardi Jew. The Asian participants identified as Chinese (n=2), Korean, and Vietnamese. Of the 22 participants, 21 had completed a high school diploma, 18 had completed at least some college, 7 had finished an undergraduate degree, and 2 had completed a graduate degree. Geographically, 6 participants were living in the Southwest (California) at the time of the interview, 6 in the Upper Midwest (Wisconsin, Illinois, Ohio), 5 were in the Great Plains/Midwest (Nebraska, Missouri), 3 in the South (Virginia, Tennessee, Georgia), 1 in the Northeast (Pennsylvania), and 1 in the Northwest (Washington).



**Table 1: Participant Demographics by Gender Identity (N = 22)**

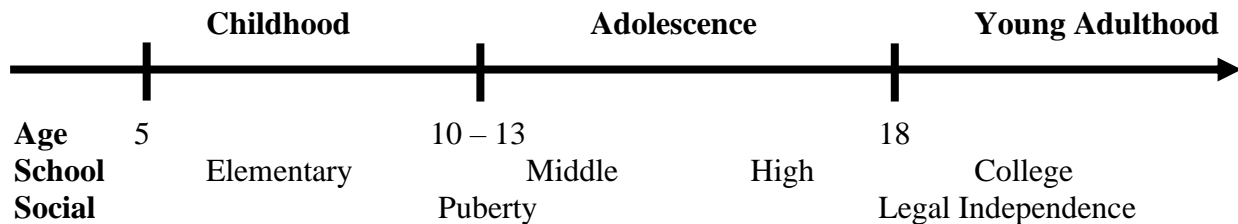
	<b>Overall Sample</b>	<b>Trans Woman</b>	<b>Trans Man</b>	<b>Nonbinary</b>
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
	<b>22</b>	<b>5</b>	<b>5</b>	<b>12</b>
<b>Age</b>				
Mean	23.5	24.6	21.6	24.1
Median	23	25	20	23
Mode	22	25	20	22
Standard deviation	3.0	1.5	3.9	3.0
<b>Race/ethnicity</b>				
White	7	1	4	2
Asian	4	-	1	3
Black	3	2	-	1
Latinx	2	-	-	2
<u>Multiracial</u>	<u>6</u>	<u>2</u>	-	<u>4</u>
- Black/Native	2	1	-	1
- Indian/White	1	-	-	1
- Mexican/White	1	-	-	1
- Filipino/White	1	1	-	-
- Middle Eastern/North African/Sephardi Jew	1	1	-	-
<b>Sexual orientation</b>				
Bisexual	7	2	2	3
Queer	4	-	-	4
Pansexual	3	-	1	2
Straight (heterosexual)	3	2	1	-
Lesbian	3	1	-	2
Demisexual	1	-	-	1
Asexual	1	-	1	-
<b>Education</b>				
Some high school	1	1	-	-
High school/GED	2	1	1	-
Some college	12	3	3	6
Completed college	5	-	1	4
Completed graduate	2	-	-	2
<b>Geography</b>				
Southwest	6	-	1	5
Great Plains/Midwest	5	1	2	2
Upper Midwest	6	3	1	2
South	3	-	1	2
Northeast	1	-	-	1
Northwest	1	1	-	-

## Developmental stages and milestones

In pursuit of the research questions on how participants experienced gender development and violence during their lives, it is necessary to identify the specific developmental stages that were described by participants and the milestones that defined each stage. The lifecourse narratives provided by participants were loosely organized by the developmental stages of childhood, adolescence, young adulthood and by school levels of elementary, middle, high, and college. Participants had no clear memories, stories, or articulated experiences earlier than age 5.

*Childhood* was described as aligning with elementary school, from around age 5 and extending until ages 10-12, the time period when puberty began and participants entered middle school (if applicable). Some participants, especially participants assigned female sex at birth, started to experience puberty during late childhood/elementary school. *Adolescence* started at puberty, generally around ages 11-13 and during the time of entry into middle school, extending through the end of high school, around ages 17 or 18. *Young adulthood* was understood as beginning when high school was completed or upon turning age 18, usually whichever came later. Puberty and achieving legal and social adulthood were the primary milestones around which significant life experiences and stages were anchored in the lifecourse narratives. As the primary milestones and thresholds of life stages, puberty (and starting middle school) and achieving adulthood (and ending high school) were prominent throughout the analysis and will serve as the organizing framework for much of the analysis described in this chapter.

*Figure 1: Developmental stages and milestones*



## Gender development and developmental processes

The first research question of the study explores how gender development was experienced by transgender and nonbinary young people. Gender developmental processes described by participants were organized by developmental stages in which they occurred. Each developmental stage (childhood, adolescence, young adulthood) contained similar patterns of development; however, the gender developmental experiences in each stage were consistently described differently by trans binary than by nonbinary participants. Trans binary participants described similar experiences to each other, and nonbinary participants described similar experiences to each other, but the developmental processes described by each group occurred at different stages. Nonbinary participants generally experienced a later or delayed process of gender development than the trans binary participants. This central finding of differences in developmental experiences between trans binary participants and nonbinary participants was stark enough to necessitate an analytic grouping by binary conformity or “conformity to the gender binary” that will be described here and will also provide an anchor for describing the findings throughout this chapter.

**Childhood.** *Early gender awareness and dysphoric experiences* were the clearest difference between trans binary participants and nonbinary participants. Trans binary participants

universally described early, pre-pubertal experiences of body-based gender dysphoria, predominantly arising in awareness around ages 5 to 6 and becoming central to their identity by age 10. These descriptions included a sense of feeling “in the wrong body,” wanting to be treated and identified as the “opposite” gender, and discomfort with their genitalia. Trans women notably described a preference to sit when urinating, and discomfort or anxiety when they were expected (explicitly or implicitly) to stand when urinating. Trans binary participants were consistently clear in their early understanding of that the gender they were socialized to perform was not congruent with their authentic gender. Most trans binary participants, including all trans women participants, reported wanting to be affirmed in their authentic gender, including several who expressed this desire directly to their families, by age 10.

I always knew that I wanted to be a woman, I was just trapped in the wrong body. I had to dress as a boy to go to school, but pretty much every time I saw girls in school, I wanted to be just like them.

- 25-year-old trans woman

The only thing that really sticks out for me before age 10, is that I did not wanna stand up and pee, I wanted to sit down and be comfortable. For some reason, that's the only thing that really sticks out before that age. And it was all the time, ever since I can remember.

- 25-year-old trans woman

The awareness of their authentic gender and their desire to be affirmed as such was much more prominent among trans women participants than among trans men participants. Three of the five trans women participants identified themselves as girls by age 10, including one participant whose family placed her in psychiatric hospitalization for gender reparative therapy starting at age 8 for more than six months and two more hospitalizations by age 10. Trans men participants were less likely to explicitly identify to themselves or others in their authentic gender at this age but did report gender dysphoria and awareness of their authentic gender during this same developmental period. Several trans masculine participants suggested they did not feel the need to be concrete in their gender due to being allowed to “play with the boys” and otherwise allowed to engage in “boy” behavior while still being socialized as females. Compared to trans women, “boy” gender was more strictly enforced by parents and peers; this difference between the intensity of early conformity to the gender binary and centrality of their identity suggests gendered differences in socialization and role enforcement in childhood.

I actually wanted to start transitioning at 12, I wanted to live my life as a woman, I wanted to start wearing the clothes, I wanted to start wearing the makeup, I wanted to be myself and to get shut down at 12, saying it's just a phase, it's wrong, that they were gonna pray for me and that it wasn't welcomed in the home, it's like it closed me off, and that's when the depression kicked in. I felt a sense of relief when I did tell my best friend, I could be myself around her, I could try on wigs with her, and she wouldn't let the cat out of the bag, you know, I could try on her clothes. Of course I couldn't take pictures because I didn't want my parents to see me in camera on my phone, but I had a sense of relief.

- 25-year-old trans woman

I remember my mom brought home this most beautiful sparkling pair of heels, and I wanted to try those suckers on so bad. I would go in my mom's closet while she was gone, but at that time, I didn't do anything like that in front of her. I was about 12 when I tried them on, I had them clicking on the linoleum, carpet wasn't doing justice.

*Interviewer: how did it feel to try them on?*

Fantastic! I would say (pauses to think) what comes to mind is relieved; I was relieved that I could finally be myself.

- 25-year-old trans woman

Nonbinary participants generally did not describe strong feelings of gender dysphoria during childhood. The majority of nonbinary participants did not report experiencing gender dysphoria during childhood at all. Those who did described the feelings of gender dysphoria as mild or abstract. Nonbinary participants did note, however, an early desire to dress and present themselves as other than solely the gender associated with their sex assignment, but none of them described a bodily experience of feeling in the “wrong” body or discomfort with their genitalia. The agender nonbinary participant did describe pre-pubertal body/gender disassociation; however, the participant directly identified the emergence of their “body awareness” as a result of sexual violence they experienced at age 8 rather than a result of dysphoria connected to their gender identity and body/sex-assignment.

**Adolescence.** The transition to adolescence and the start of puberty was a prominent life stage described by all participants, specifically discussing *biological changes* and the emergence of their overt *sexuality*. Trans binary and nonbinary participants again reported different gender developmental experiences during puberty and across middle and high school contexts. Trans binary participants expressed extreme discomfort and continued gender dysphoria in response to the onset of puberty. Specifically, trans women participants described the onset of puberty as “torture” and “hell,” as their bodies were changing in ways that directly contradicted their authentic gender and desired body.

Puberty sucked. I started noticing changes that I didn't want, I really hated puberty. I hated being this way. The secondary sex characteristics, like characteristics started coming out, so I started noticing things that I didn't like, I detested and I didn't like. I didn't wanna go through it.”

- 25-year-old trans woman

In relation to the emergence of overt sexuality during puberty and adolescence, trans binary participants were consistently aware that, regardless of their sexual orientation, there was no confusion between their gender identity and their sexual identity; for example, none of the straight trans women experienced confusion as to whether they might be gay cisgender men. Some trans men participants delayed their gender exploration as they identified as queer women, until later identifying as trans men. For the majority of trans binary participants, gender identity and sexual identity were separate, distinct intrapsychic phenomena throughout their adolescence.

In comparison to trans binary participants, who mostly identified childhood as the initial onset of dysphoria, nonbinary participants identified mid-to-later adolescence (ages 15-18) as the primary temporal occurrence of dysphoria. For nonbinary participants, dysphoria tended to arise from social interactions with parents and peers, when they became aware of a noticeable discomfort when treated as the gender aligned with their sex assignment. Some nonbinary

participants identified as trans binary during adolescence before eventually (in young adulthood) identifying as nonbinary. All the nonbinary participants who did identify as trans binary prior to identifying as nonbinary were assigned female and temporarily identified as trans men.

The distinction between gender identity and sexual identity was more confusing for nonbinary participants than for trans binary participants. Many of the nonbinary participants initially explored their sexual identity prior to considering their gender identity, and in some accounts the primary dysphoria felt by nonbinary participants was in consideration of how their gender and sexuality *fit* together. Several nonbinary participants noted that they needed to figure out one aspect of their identity (gender *or* sexuality) in order to figure out the other. Additionally, nonbinary participants were hesitant to explore gender when they were socially accepted as queer individuals; however, they reported feelings confusion and dysphoria as a result of being assumed to be a cisgender, queer person.

It was like many other families where gender is your sex and your sex is your gender, and I didn't have a different understanding of it until maybe in middle school. No one was clear about the difference between being gay and transgender, especially if you try to read anything in the Catholic context, because they'll call gay people a mixture of man and woman. I grew up in a very antigay, anti-LGBTQ culture, but I had a friend who was gay in middle school and I was like, 'This guy is all right. This is totally all right..., so I should think about this more.' And [I realized] 'Oh, OK, well, I don't think I'm straight.' I started hearing about trans people as separate from gay people and then just kind of understanding: 'OK, I totally get not wanting to be the sex you are at birth, like I totally understand that.' I remember, a lot of times as a kid, my parents telling me, 'As a Vietnamese girl, you should do this. If you were a boy, you wouldn't have to do this, but you'd have to do this thing instead.' And I thought, 'I wanna be a boy, but I don't always wanna be a boy, some of the things you can do as a girl are pretty cool.' I would have differing opinions on whether or not I really wanted to be a boy or a girl. I'd either want to be both or neither in these, and basically that all the time.

- 26-year-old nonbinary participant

**Young adulthood.** By the transition into early adulthood, participants had undergone significant developmental processes in relation to their gender. For the most part, developmental distinctions between trans binary and nonbinary participants continued to remain evident. For trans binary participants, the transition into independence during this time period was the key for their full embodiment of their authentic gender. By young adulthood the trans men participants who had previously identified as queer women had transitioned to identifying as trans men, except for one who came out as trans when he was in his mid-20s. Several participants were explicit that they waited until they turned 18 in order to perform gender in the ways they had anticipated for many years, primarily out of concerns for their safety from their families if they came out before they were independent. By age 18 or soon thereafter, the majority of trans binary participants were completely transitioned into their authentic gender and reported experiencing no dysphoria. The resolution of their gender dysphoria was attributed directly to 1) being able to openly perform their authentic gender and 2) receiving gender-affirming healthcare to support their medical transition, primarily via hormone replacement therapy (HRT). Other than the trans man who came out in his mid-20s, the trans binary participants who did not report a decline in dysphoria were those whose financial and housing independence were delayed after

age 18, particularly if they were still covered under their parents' insurance. This delay in their independence was described as the exclusive reason for their delayed authentic gender performance and embodiment, attributed to the looming threat of parental rejection and financial violence in preventing access to gender affirming healthcare.

I chose 18 to come out about it because by then, I'm gonna be out on my own, so if my mother wasn't very accepting, that would be something that she would have to deal with because now, I'm out on my own.

- 25-year-old trans woman

The majority of nonbinary participants did not become aware of their nonbinary gender identity until entering young adulthood, and not until after encountering information about nonbinary genders, either through college social networks, on the internet, or in some other connection to aspects of transgender and/or nonbinary community. For some participants, coming out as nonbinary was also a process of coming out as trans. For those nonbinary participants who had previously identified as trans men, coming out as nonbinary provided the relief that they had been unable to find as trans men. In many of their experiences, nonbinary participants felt immediate desistence of dysphoria when they encountered an explanation of nonbinary identity for the first time, when they "finally had a word for what [they were]."

I had a solid understanding of the trans idea by the time I got to college, but I considered myself an ally and didn't identify with it because I only understood trans women and trans men. One of my students came out to me as a trans man, and he told me about nonbinary people and sent me a bunch of Tumblr links. I came home and I guess, came to the conclusion, 'I think I'm nonbinary.' This whole thing fits. I've never felt like I was supposed to be a girl.

- 26-year-old nonbinary participant

As described in adolescence, nonbinary participants often experienced an extended and/or confused sexual identity developmental process during adolescence and into adulthood. For some, this was attributed to a lack of awareness of nonbinary identities and a wider cultural awareness of queer sexual identities. They described an awareness that they were not "one gender or the other," that is, they were aware that they were not cisgender or trans binary but had yet to find an articulation of gender that fit their experience, and therefore were centered in a queer sexual identity until they discovered nonbinary genders.

I started identifying as a queer when I was a sophomore in college, and that was all I really thought about, and I was like, 'Yep, there's my identity, figured it out, don't need to think about the gender thing.' I ended up in a Facebook group for queer femmes and people were talking about being nonbinary and I was like, 'What is that?' I read more about it and started seeing it more, and I was like, 'Maybe, I'll just trying using she/her pronouns and they/them pronouns.' I was 20 at that point, and I asked my partner at the time to use they/them pronouns with me, and I started trying it out. As soon as I started using those pronouns, I was like, 'No, yeah, that's it.' Like literally the first time someone use those pronouns with me, 'That's it.'

- 23-year-old nonbinary participant

## Violence typologies and chronologies

In pursuit of the aim of considering violence during childhood, adolescence, and young adulthood, the interviews explored the occurrence of violence types, perpetrators, and themes. Participants experienced a full range of violence types, with notable commonalities in the developmental timing of these experiences. Abductive analyses identified 15 types of violence described by participants. Table 2 highlights the types of violence experienced by each participant (i.e., reported at least one experience of that type in their lifetime). The most common types of violence experienced were 1) bias and stigma, 2) social isolation/exclusion, and 3) emotional and psychological violence, and the least common forms were 4) intimate partner violence, 5) indirect and witnessed violence, and 6) self-harm. There were 14 participants who experienced 10 or more forms of violence across their lifetime and were identified as polyvictimized. A polyvictimization threshold of 10+ forms is a conservative threshold for categorizing polyvictimization status, as per polyvictimization studies that have identified significant differences in polyvictimized youth compared with non-polyvictimized youth (DeHart & Moran, 2015; Sterzing, Gartner, et al., 2019). Table 2 shows the list of violence types experienced by participants, with a list of total types experienced by each participant and an indicator for those participants with 10 or more types of violence experienced in their lifetime and their polyvictimization designation.

**Table 2: Violence Type Lifetime Occurrence by Participant**

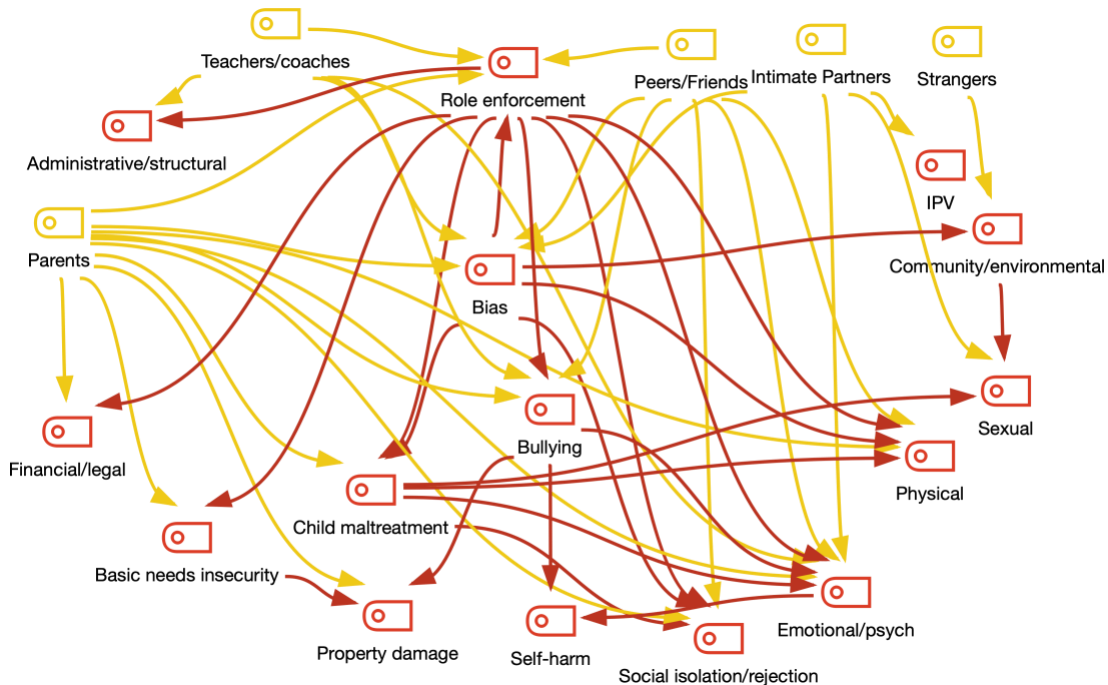
Violence	Participant																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Administrative	•				•	•			•			•	•			•	•	•	•	•		
Basic needs	•	•	•	•		•		•	•	•	•	•	•		•	•		•			•	•
Bias/stigma	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Bullying	•	•	•		•	•	•	•	•	•	•	•	•			•	•		•	•	•	•
Child maltreatment	•			•	•	•	•	•		•	•	•	•			•					•	•
Emotional/psych	•	•	•	•	•	•	•	•	•		•	•	•		•	•	•	•	•	•	•	•
Environmental	•	•	•		•	•	•	•	•		•	•		•	•	•		•	•		•	•
Financial/legal	•		•	•	•	•			•	•	•	•				•				•		•
Intimate partner				•	•			•							•	•		•			•	
Indirect/witnessed						•	•	•		•		•				•		•		•		
Physical				•	•		•	•		•		•	•		•	•			•	•	•	•
Property damage	•		•	•			•		•				•	•								
Self-harm	•		•	•				•	•		•	•		•	•			•	•			
Sexual	•	•	•	•	•	•	•	•	•		•	•	•		•	•	•	•	•	•	•	•
Social isolation	•	•	•		•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Total Types</b>	12	7	10	10	11	10	10	12	10	7	11	12	10	5	9	13	6	10	9	9	9	10
<b>Polyvictimized</b>	X		X	X	X	X	X	X	X		X	X	X			X		X				X

**Perpetrators and motivations of violence.** Violence was perpetrated most commonly by parents, followed by teachers/coaches and peers. Some participants described violence perpetrated by intimate partners, and few described violence perpetrated by strangers. Although not described as the sole motivators for violence, gendered bias (i.e., misogynistic, queer/homophobic, and/or transphobic stigma) and gender role enforcement (i.e., disciplining or correct violations of gender role expectations) were consistently described as motivating factors for

violence. The difference between bias and role enforcement was seen in the explicit or implicit motivations as understood by participants: gendered bias was enacted from a place of prejudice, where gender role enforcement was aimed at changing behavior. Bias often motivated role enforcement, such as when a parent punished an assigned-male child for moving their hips or arms in an overly feminine manner. Many narratives of gender role enforcement did not include explicit bias or prejudice, but rather a well-intended attempt to change a young person’s behavior. Parents and other authority figures were the primary perpetrators of violence that stemmed from gender role enforcement. For the most part, the violence experienced by participants was enacted by people they knew and usually by people who had a responsibility for their safety and wellbeing (e.g., parents, teachers). Peers did contribute to violence, including biased and role enforcing violence, although their lack of authority seemed to limit their capacity to enact certain forms of violence. In addition to the perpetrators noted above, intimate partners were described as perpetrating violence in some instances. Strangers were only implicated in violence that occurred in the social environment and community settings, almost-exclusively enacting sexual harassment and other sexual violence. These perpetrator and violence typological interactions center the risks of violence perpetrated by parents and authority figures, suggesting bias and role enforcement are key factors for the enactment and prevention of violence.

Figure 2 depicts a map of the described perpetrator and violence typologies. The sources of violence are shown in yellow, with arrows leading to the types of violence they enact in red. The red arrows indicate violence that stems from one kind of violence to another. For example, parents were primary perpetrators of basic needs violence (i.e., causing food or housing insecurity, leading to hunger or homelessness), which either directly resulted from parent issues (e.g., mental health) or was motivated by role enforcement enacted by parents. Basic needs violence was often paired with property damage, in which parents would destroy participant’s property while expelling them from their home. Similarly, bullying (enacted by parents, teachers, or peers) was often motivated by role enforcement and could also lead to property damage.

**Figure 2: Perpetrator and Violence Typologies**





**Developmental trajectories of violence.** Violence occurred across developmental stages, often in relation to gender development and connected to the social relationships that emerged in each developmental stage. For example, intimate partner violence occurred in later adolescence and young adulthood when intimate romantic and sexual relationships were initiated.

*Childhood.* During childhood, the primary perpetrators of violence were parents; other perpetrators included peers, teachers, medical providers, and other family members. Multiple participants experienced child maltreatment enacted as emotional and psychological violence, physical violence, and sexual violence, and was the primary enactment by which those types of violence were experienced by participants during childhood. Participants experienced peer-perpetrated bullying during childhood as well, describing the bullying as targeting their bodies (especially when describing fatphobic bullying) or general features of their personality (especially for participants who self-described as quiet or loners). Some bullying was motivated by gendered bias against trans binary and nonbinary participants during childhood, growing in prominence the closer that participants were to puberty and adolescence. Social isolation often resulted from child maltreatment and as a self-imposed strategy to avoid further violence perpetrated by family and peers. Trans binary participants experienced violence during childhood more frequently than nonbinary participants, specifically related to gender role enforcing violence perpetrated by their parents.

*Adolescence.* Violence increased substantially during adolescence for all participants. Gendered stigma and gender role enforcement were more intense, as the physical and social changes of puberty exacerbated recognition of gender role violations in multiple social-ecological domains, including at home and in school. Bullying became more physical and more emotionally intense. Parents engaged in increasing threats and enactments of basic needs violence and property damage, specifically in response to gender role violations. These episodes included instances of expulsion from home that led to subsequent homelessness for some participants. Participants described bullying and discretionary violence perpetrated by teachers, specifically teachers in religious school settings, in which teachers would use their authority to unfairly target participants for disciplinary actions. Trans binary participants experienced more overt gendered stigma and gender role enforcement in adolescence than in childhood and compared with nonbinary participants during adolescence. Nonbinary participants experienced growing rates of gendered stigma, gender role enforcement, and associated bullying and violence in adolescence compared with childhood.

*Young adulthood.* Participants' transition into adulthood and independence saw a clear shift in the violence that participants experienced. While gendered stigma did not desist as they progressed into young adulthood, the forms of violence motivated by gendered stigma became less physical and more emotional and structural over time. Parent-perpetrated violence lessened, although for some participants this was due to cutting off contact with family, and was primarily enacted as emotional violence rather than physical violence as seen in adolescence. Intimate partner violence and environmental violence (i.e., violence occurring within the community or public places) perpetrated by strangers emerged primarily in young adulthood, although few participants initially experienced these types of violence in late adolescence. Stranger-perpetrated environmental violence was enacted by presumed cisgender men via threats of physical or sexual violence. For trans women and assigned female nonbinary participants, environmental violence appeared as catcalling, groping, and stalking. For trans men and assigned-male nonbinary participants, environmental violence appeared as aggressive posturing.

These trajectories of violence during developmental stages demonstrate a consistent central role of parents as perpetrators of violence against transgender and nonbinary young people. The changing form of parent-perpetrated violence and the later emergence of intimate partner and stranger violence shows a clear link between developmental timing and violence.

### **Social-ecological interactions and agents**

The social ecology was highlighted throughout the interviews as fundamental to the participants' developmental trajectories and experiences of violence. Interactions with social-ecological institutions (e.g., family, schools, healthcare) and their agents (e.g., parents, teachers, physicians) were the primary mechanisms by which gender development and violence occurred in each of the developmental stages. As described previously, the forms, types, and timing of violence shifted across developmental stages; however, there were distinct social ecological dynamics that emerged as prevalent across the lifecourse. These social-ecological dynamics included (a) role enforcement, (b) the primacy of parents and authority figures (c) anticipatory violence, (d) independence and autonomy, (e) a transmorphology of violence, (f) social connections, and (g) fetishization and objectification.

**Role enforcement.** As described above in violence typologies, enforcement of socially expected role behavior was the most fundamental motivation and enactment of violence that emerged from the data. Participants described the role enforcement as enacted against participants externally by parents, teachers, coaches, physicians, and peers, and also internally enacted via self-surveillance and self-enforced role performance on the part of participants themselves. The vast majority of instances of role enforcement were related to gender; however, there were clear and consistent instances of role enforcement outside of gender, related to familial and cultural expectations of behavior, educational success, religious belief and performance, and community involvement. For example, Asian participants reflected on their parents' expectations that they do well in school, find a good job, and support their family. These participants explicitly identified the rigorous expectation for academic achievement as a role expected of them as children of Asian immigrants. Their experiences of role enforcement in those contexts related to role expectations emerging from their ethnocultural background.

Gender role enforcement, the enforcement of a gender performance aligned with assigned sex, was consistently reported by all participants. Gender role enforcement motivated every form of violence and at every developmental stage. Moreover, gender role enforcement appeared at multiple levels, from micro-level interactions to interactions with health and educational systems. As the distinction between gender and sexuality was often unclear, both to participants and to external role enforcers, gender role enforcement was perpetrated against any presentation of queerness or transness, including pre-emptive correction and instruction prior to more clearly defined gender role violations. While parents were by far the most consistent enforcers of gender roles, participants also described gender role enforcement as a key motivator of peer-perpetrated bullying, teacher-perpetrated bullying, and discretionary violence (i.e., violence enacted via social authority). Internalized role enforcement was motivated by two factors, a) resulting from internalized queer/trans-phobic stigma and the drive to self-correct behavior to meet expected gender norms and b) as a protective strategy against future violence.

*Religion and culture as sources of gender roles and enforcement.* Religion was commonly pointed out as a driver of gender role expectations and subsequent enforcement. Most participants attributed gender norms to their family's religious beliefs or to the religious culture of their families or geographic area, even in families that were otherwise described as non-religious. Religious authority figures, most notably teachers in religious schools, were some of

the most prominent voices in gender role expectations and enforcement in participants' narratives. Generally, participants did not identify direct connections between gender role enforcement and family cultural backgrounds, even when specifically asked about culture and gender roles; however, in a few instances, especially with participants who were immigrants or whose parents were immigrants, the cultural background of participants and their families was related to how parents understood and expected gender role behavior. One participant explained the role of coloniality and gender role enforcement via religious communities and their gender role expectations:

The two cultures that I come from in Nigeria are very gender role based. My dad and my mom are from different tribes in Nigeria, and how those tribes practiced Christianity influenced their culture. My dad's tribe was converted to Catholicism through missionaries, and Catholicism is more rigid and structural around gender. My mom's tribe was converted to Pentecostal Christianity and is more liberal than my dad's, so the women were on equal level with the men. I grew up a lot more around my mom's siblings and her culture was dominant in how I perceived gender and stuff.

- 20-year-old nonbinary participant

*Gender role enforcement during childhood* was primarily expressed as instructive or corrective and often occurred when participants were themselves unaware of the role violations that were being corrected. In many cases role enforcement resulted in social isolation, as a result of forcible isolation to prevent access to social support and affirmation that would undermine parents' goal of correcting role enforcement. Participants also voluntarily self-isolated in order to reduce contact with the external social environment, in anticipation of more overt forms of violence. As per participant descriptions, their parents often believed and stated that their behavior, described here as gender role enforcement, was for the participant's own good and believed that conformity to their sex-essentialized gender would lead to better social outcomes.

I don't think gender was communicated to me unless it was something I shouldn't be doing, like I don't think there was a lot of: 'You have to wear a dress,' or something like that, but it was like if I would play with my brother's stuff, he'd be like, 'Don't touch that.' It was mostly because I really wanted to be in Boy Scouts with my brother, and I wanted to do that way more than Girl Scouts. I think it was mostly I would do something and then I would be told not to more than being told what I was supposed to do, but there wasn't a lot of like, 'Girls do this ...' but there was like, 'Girls don't do this.'

- 20-year-old trans man

There were a lot of expectations, like, 'You need to sit with your legs closed, your legs can't be open.' When I was 11, I tried to put a clip in my hair because I was being bullied for looking ugly, so I was trying to make myself look nice. She [their mother] was like, 'You can't put a clip in your hair, it's too sexy.' I was trying to find anything creative to hold on to, anything to make myself look better. There were a lot of subtle ways that gender manifested, but I guess the easiest way for me to explain it, is like everything that was gendered was a frustration. But it was very small in comparison to just the constant fear and anxiety that I had just for being under their household.

- 26-year-old nonbinary participant

*Gender role enforcement during adolescence* was explicitly focused on correcting or punishing role violations. In addition, the forms and intensity of violence increased, with peak instances of gender role enforcement leading to physical violence and basic needs violence described throughout adolescence. The earliest incidents of basic needs violence occurred during adolescence, when participants were expelled from their homes by their parents as a result of gender role enforcement. Adolescence was the stage in which puberty occurred and social expectations for gendered behavior grew more overt, resulting in more intense and explicit gender role enforcement than in childhood. Participants who were previously able to live without an enforcement of their gender found themselves unable to escape the surveillance of adolescent gender roles, especially trans men who had been accepted as a “tom boy.”

I don't really think that gender was ever explained as anything, but: ‘You were born a girl, you grow up, and you wear makeup, and you make sure that you look good all the time.’ I remember getting in clashes with my mom about when I turned 14, that it was time for me to start caring about my appearance and wearing makeup and skirts and dresses and things like that. Before then, people would just call me a tomboy. So up until really the age of 14, it was just kind of seen as cute that I was a tomboy. And then at 14, it was kind of like, ‘OK, you're growing up, you need to start acting like a woman. You need to start preparing yourself to be somebody's wife.’

- 28-year-old trans man

*Gender role enforcement during young adulthood* saw substantially diminished physical violence, but role enforcement continued in the form of emotional and psychological violence. For participants who had not been expelled from home during adolescence (or at age 18) or had not voluntarily left home, gender role enforcement was maintained via financial and legal violence, including threats of withholding money for rent or living expenses if participants continued to live their authentic gender, or denying access to gender-affirming healthcare if participants were using their parents’ health insurance.

When I got my name changed, my parents threatened to take me off of their health insurance. I'm type 1 diabetic and they threatened to take me off their health insurance. My dad called the judge of the courthouse and told them that I am a college student and technically not a resident of the county that I got my name changed in, and so, my dad tried to threaten me that I had done it fraudulently and that I could go to jail for doing that, even though, I had an address in the county, and they didn't require any proof of residency or anything, like just an address. My parents refused to call the insurance company to change my name for my 2019 plan, and the reason I couldn't do it was because it was through my mom's employer, and the insurance company said, ‘Your mom has to be the one to say it.’ So, for all of 2019, my birth name was on my insurance card which meant that any time I went to the doctor, they had to use my birth name in my files to make sure that they could bill the insurance correctly. I knew that that whole year, my birth name didn't exist anymore, so if somebody wanted to they could charge me with insurance fraud. I had all that anxiety over my head for a year because of my parents. I was so scared. I looked up resources that could help if my parents completely cut me off. I didn't make enough money at my school jobs to pay for all my food and medications.

- 22-year-old trans man

*Role enforcement was clear in both trans binary and nonbinary participants, but with different targets and timing. Trans binary participants experienced role enforcement starting in early childhood and then becoming more intense and explicit as binary participants expressed clearer desires and presentations of gender role violations. Among trans binary participants, role enforcement was more distinctly focused on their gender role violations than sexuality, although the lack of attention to the distinction between the two concepts by role enforcers made the motivation less clear. For nonbinary participants, role enforcement was more likely to target their sexuality and then subsequently target gender, often starting in late childhood and then intensifying throughout adolescence and into young adulthood.*

**The primacy of parents and authority.** Parents and other adult authority figures were the primary perpetrators of violence and gender role enforcement across developmental stages. Parents were consistently identified as the earliest, most severe, and most consistent perpetrators of violence across the sample. Nearly all of the participants experienced violence from their parents. Moreover, participants with the most intense experiences of violence across their lifespan were victims of parent-perpetrated violence first and for the longest duration. Parents wielded their discretionary socio-cultural-legal power to critique, control, and enforce the behavior, dress, and social connections of participants. Conversely, when social support and affirmation from parents was described in the interviews, participants were less likely to have experienced violence more broadly and often described better mental and physical health than those participants with stigmatizing parents. Affirming parents were rarely described in participant narratives. When present, parent affirmation was described as an interpersonal relationship between parent and child, not as a relationship in which parents also promoted access to gender-affirming healthcare or connections to affirming community.

During childhood and adolescence, parental primacy was ubiquitous, particularly due to children's lack of social and legal power and dependence on adults. Even in young adulthood, most participants remained in contact with parents, even parents who engaged in gendered stigmatizing violence, and continued to describe their relationships with their parents as important. For some participants this importance was due to continued financial reliance on parents, including those whose parents were paying for college or providing housing (with them or separately). Other participants desired a continued relationship with their parents and valued positive familial relations.

*Basic needs violence.* Parents engaged in basic needs violence, directly causing food or housing insecurity, that was motivated by gendered stigma or gender role enforcement. Threats of expulsion from their homes were described consistently by participants, many of whom actively modified their behavior and dress in order to prevent the threat of homelessness. Five participants were actively expelled from their homes by their parents, including four trans binary (2 trans women and 2 trans men) participants. All five participants experienced subsequent homelessness and extended periods of basic needs insecurity following these experiences. Expulsions from home occurred during adolescence, with the earliest account happening at age 13, and the latest at age 18. Threats of basic needs violence continued past age 18 for those participants who remained financially reliant on their parents.

I came home and my stuff was on the curb and I realized I never had to deal with it again. I was happy to live in my car for a little bit. The fact that I was 17 years old, living in my car, and happy about it blows my mind now, but that's just how it was.

- 28-year-old trans man

*Discretionary violence by authority figures* via the use of laws, policies, practice standards, and other sources of discretionary power was described as a method of managing, controlling, and limiting participant behavior and decision-making. Teachers and administrators used their discretionary power to regulate participants' dress and participation in school activities. Participants described situations, particularly in religious schools but also in public, secular schools, when dress codes were enforced upon participants based on their sex assignment. For example, trans feminine participants were not allowed to wear skirts or dresses based on the dress code for "boys." Participants also described how participation in extracurricular activities was regulated. One participant described the difficulty in getting approval for a "gay-straight alliance" type LGBTQ-inclusive club at school, sharing an example that the chess club was approved by a school principal in less than 24 hours, but the LGBTQ club approval was delayed for months before being denied. Another participant described their interactions in a mostly-white private school and how the administration used their power to control students' dress in order to enact racial and gender role enforcement:

You know about those schools that they would send Native Americans to against their will? It was very much like that. There was huge confusion and culture shock [for non-white students]. Korean students were told not to speak Korean in the hallways, students were corrective phrasing vernaculars, African American black women were told that they couldn't wear their hair in certain hairstyles, they were policing our language, policing our dress, things of that nature. I saw it more as an attempt to tame my queerness instead of a focus on what it was, which is generalized racism. I think that if we're speaking in the realm of intersectionality, the intersection of my blackness and queerness has been something that they just weren't able to handle, so I think my queerness stood out above my blackness, so they were more so hyper fixated on that.

- 27-year-old nonbinary participant

Discretionary power was wielded by medical providers, such as physicians, to override participants' autonomy and make decisions that harmed participants. Participants provided examples of physicians who outed participants to parents and other healthcare providers, physicians who engaged in physiological tokenization by inappropriately focusing their attention on participant's bodies and genitals when uncalled for in the medical interaction, and physicians and psychiatrists who restricted participant autonomy and even involuntarily committed participants to psychiatric custody based on their gender. One trans woman participant provided an example of three instances (at ages 7, 8, and 10) when her pediatrician and parents forced her into psychiatric hospitalization for gender reparative therapy, a decision by the pediatric psychiatry department, in response to the participant's declaration of her authentic gender.

They were sending me to therapists, and I was hospitalized when I was 7, and then another time when I was like 8 or 9, 10, but like these were the times when – that was actually when I was diagnosed with gender dysphoria, and then I think afterwards, I hid for a bit, like I hid my gender until I was 18, 19. When I just turned 18, I was like, 'I'm gonna leave the house and be myself.' But yeah, I've always felt this way.

*Interviewer: Those times that you were 'hospitalized' was specifically because you were expressing a female gender?*

Yeah, expressing being a girl, and why I was acting this way. I felt like there was something wrong with them to be honest. It was that kind of dynamic. It was like, 'This isn't wrong. There's nothing wrong me. This is how I feel.'

*Interviewer: And you had that opinion as a 7 or 8 or 9-year-old?*

Correct, yes.

- 25-year-old trans woman

Parents participated in discretionary violence via legal and financial authority. Parents contributed to medical violence by actively denying access to gender affirming care for participants. Under the Affordable Care Act, young adults may remain on their parents' insurance plans until age 26 unless they obtain their own coverage after age 18 (Rosenbaum, 2011). Medical care provided to a dependent under a parent's health insurance plan cannot be hidden from the parent providing coverage and that care can be denied by the parent, even if the patient-dependent is a legal adult. Participants described incidents in which this legal/financial power was used to manage their health decisions and prevent access to gender-affirming care.

I was dependent on them to go to school, and I didn't realize they would be able to see that I was getting hormone replacement therapy on their insurance. The financial violence of being dependent on them and them not letting me transition, it definitely contributed a lot to my depression at the time. I had to move out so that I could transition. I was always depending on them, and I can barely afford to do both, like live and transition, but I'm doing my best. It's expensive, it really is, and I know there's different levels to which people pursue transition, and you don't have to alter your body physically, but I want to. Electrolysis is expensive, hormone therapy can get expensive sometimes, definitely forcing me to leave their house to transition, I consider that the most violent thing that they could have done to me.

- 26-year-old trans woman

Similarly, parents engaged in discretionary violence by controlling and monitoring access to communication, like internet and phones. Parents who pay for their children's mobile phone service are able to view calls and messages sent to and from those phones. Participants described instances in which parents sought to restrict and punish gender exploration and used their control of health insurance and mobile phone plans to socially, legally, and financially isolate and discipline participants for gender norm violations. Participants also described threats of this type of discretionary violence as an approach to role enforcement by parents.

They wouldn't let me leave the house. They said, 'You're unstable, we can't let you leave the house, you're a danger to yourself' even though I had not been suicidal. My dad said that if I tried to leave that he would sabotage my car to prevent me from being able to drive away. They had physically blocked the doors to the house so that I couldn't leave. I was already in such a strong emotional state and then combined with the fact of the feeling of being trapped, that's why, that experience was really traumatizing to me. Eventually, I posted on Facebook, 'SOS, here's my address, somebody come pick me up.' I received a phone call from somebody asking if I need help. My dad, since he pays for the cell phone plan, went to the T-Mobile app on his phone and read to me the name of the person who had just called me and demanded, 'Who were they?' I was scared because

I was like, ‘How does he know that? How does he know who called me?’ and now I know. All of these things are why I’ve learned to cover my tracks and why I hide a lot of things from my parents, because I’m scared of what they know without me knowing.

- 22-year-old trans man

These discretionary forms of violence started in childhood, especially for trans binary participants. Discretionary violence in educational settings was more apparent during elementary and middle school for trans binary participants in relation to violations of dress codes; however, most of the trans binary participants attended schools with uniforms and expressed limited interest in openly challenging the uniform codes because the uniforms felt like less of a personal expression that would have provided a space for expressing gender. Nonbinary participants experienced more distinct and disruptive discretionary violence in educational settings during high school, in which their gender and sexuality were more prominent challenges to behavioral expectations than the trans binary participants described. Medical discretionary violence occurred earliest and most intensely against trans binary participants. Trans binary participants experienced providers making non-consensual physical contact, restrictions on autonomy and involuntary psychiatric custody due to pathologizing their gender identity, and the denial of gender affirming medical care by providers and by parents. A few nonbinary participants described difficulty in accessing gender affirming care as young adults, especially when trying to access hormones, but did not describe overt examples of medical violence. The quotation below provides a clear example of discretionary violence perpetrated by medical professionals that is not only tied to gender but is also tied to disability. This example is one of the clearest in the data of medical violence and the intersections between gender and disability.

I was trying to figure out why I was experiencing the neurological symptoms that led me to using a wheelchair, and a doctor misdiagnosed me with conversion disorder, which is why I typically don't share with people that my symptoms got worse after my coming out experience. My parents refuse to believe that the diagnosis was wrong, and so my parents refused to believe that I truly did need a wheelchair and that my dad thinks that I just needed to go to therapy in order to be able to walk. They refused to make even temporary small modifications to the house to make it wheelchair accessible, like adding a ramp to the front door, and it also does tie in with my gender, because that was already something that we had been arguing about. And so, throughout that whole summer, a lot of the trauma, a lot of the arguments that we got into, a lot of the screaming matches were either related to gender or to my disabilities. A lot of my medical trauma had to do with comments that the doctor made during that appointment. When I wanted to leave he physically barred the door. I had to scream to get him to move out of the way so that I could leave, and my parents were also in that appointment. My parents, for a lot of these big appointments where I was diagnosed with things, my parents refused to let me go to the appointment alone. Even though I know legally, it's my right to request that they be removed, I didn't feel like I was safe being able to request that. I felt like if I had told any staff at the doctor's office that I was not comfortable with my parents being in here, I felt like if I had told them that, then my parents would attack me for it when we got home, so I didn't feel like I had control over the situation, when it came to medical stuff.

- 22-year-old trans man



Parental affirmation was not a consistent theme in the data; however, there are notable examples of affirming parents and the positive impact of affirmation. When one participant, a Black trans woman, came out at age 18, her mother was clear and explicit in her affirmation and love (“she asked me what name she should use right away and at the end of the conversation said: ‘I love you, [participant’s name]’”). Afterward, her mother took her shopping for clothes and make-up and coached her to always value and appreciate herself. This participant experienced the lowest levels of violence in the study and reported good physical and mental health compared to participants who experienced parental rejection.

The power and authority of parents, physicians, teachers, and other authority figures was a primary mechanism by which discretionary violence was enacted and gender role violations were punished, particularly in later adolescence and young adulthood. Parents and other authority figures did not hesitate to use their power to impose their will upon participants, consistently in direct contradiction to the stated needs and desires of the participants. Conversely, when parents were affirming, participants reported lower rates of violence and better health.

**Anticipatory violence.** Participants consistently described anticipation as a motivator for their own behavior and the gender role enforcing violence of their parents. This anticipation was multivalent: first, as an act of control and correction, parents responded to behavioral cues that violated gender roles or that signaled a future gender or sexual identity that could lead to gender role violations; and second, gender role enforcement (including internalized enforcement) was described as an attempt to prevent future violence from external sources seeking to commit gender role enforcing violence. Thus, “anticipation” was both itself corrective violence in the anticipation of gender role violations as well as a violence prevention strategy, correcting the violation before other people enacted gender role enforcing violence.

The anticipation of gender role violations occurred when parents noticed participants’ gendered behavior as other than what they expected of behavior for a child of that age. Parental notice of these behavioral discrepancies often preceded participants’ own awareness of their gendered behavior at the time. Participants described parents correcting subtle gender violations in attempts to stave off, prevent, or correct the emergence of clearer gender violations in the future. Parents would target physical postures (e.g., wrists, hips) that held gendered valence, often using language that instructed the “correct” gendered behavior for boys and girls. This was most noticeable during childhood in trans binary participants, whose gender identity was more explicitly in direct violation of gender binary expectations.

The ambiguity between gender and sexuality would similarly conflate the target and motivation for gender role enforcement. Trans binary participants, who were generally much clearer in their own distinctions between their gender and sexuality, experienced anticipatory violence that sought to prevent their emergence as a queer person just as much as nonbinary participants who did authentically experience more blurry distinctions between their gender and sexual identity. Several participants noted early, pre-pubescent instruction on “correct” sexual interest, such as one example of an assigned-male nonbinary participant whose father would comment on attractive women and point out who the participant should express sexual interest toward, in an attempt to correct what he saw as his child’s burgeoning queer identity.

It would start with me doing something like waving my hips too much – oh, he would always try to control the way I walked, me doing the ‘limp wrist,’ and then him deciding that that afternoon we were gonna spend it with each other, working on my masculinity. He would pick something like a soccer ball or something. It would start innocuously

enough, with him trying to teach me how to do some basic stuff until it would just evolve to him kicking the ball at me repeatedly and then just kicking me, and like that would be my Saturday afternoons during middle school. ... I would say that about perhaps half of the violent measures that my father took on me were gender oriented or had something to do with my presentation, and then about half would be something, like it would start somewhere different, so lots of those would have been academic, as in expecting academic performance. There were at least three levels: One was going on all the time, like a slap here, pull my hair, then two was when they were actually mad, and so it was more like actually getting hit and spanked, and then there was the third level of violence, perhaps once a week, and that was the one that involved a shoe, a wooden spoon, a ball being kicked at me repeatedly, a tennis racket, a belt and that one had more to do with like, 'You are a disappointment in every aspect possible, you are not good in academics, you are not good at sports, you are not good at being a man, you are not good at anything, so you need to be severely informed that you are a disappointment, and that you need to change immediately.'

- 28-year-old nonbinary participant

Anticipatory violence by parents was also described during and after the coming out experience, when parents expressed a need to correct gender role violations in order to prevent violence from external sources in the social environment. Anticipatory violence contributed to social isolation, preventing participants from interacting with their social environment to protect them from anticipated harm while parents attempted to correct the participant's gender.

Participants also engaged in anticipatory behavior as protective strategies against future violence. Participants would self-isolate to avoid the potential for bullying and other role enforcing violence from peers. Even within their own homes, participants would isolate themselves in their rooms and away from parents in order to avoid gender role enforcing violence from their parents. Anticipatory violence also contributed to delayed coming out and authentic gender presentation. The goal of reaching age 18 and therefore achieving independence was described by multiple participants, who spent their adolescence acting and identifying as their sex-assigned gender in order to pre-emptively avoid violence across their social ecology.

There's a general trend of me living in fear of my parents when I was in middle school and high school and fear of getting found out that I was gay and then trans. When I finally was able to be myself [in college], it was still hard to do so because I had become a people pleaser, and I just wanted to do what's comfortable for everybody else because I might get hurt if I don't do that. I think the whole process of healing from family trauma and religious trauma has really helped lessen dysphoria that I face and lessened instances of me having to deal with internalized homophobia and transphobia.

- 20-year-old nonbinary participant

**Independence and autonomy.** The transition from adolescence to adulthood was a key theme in participant descriptions of gender development and violence. The cultural, legal, and financial transition of finishing high school and be(com)ing a legal adult was a consistent anchor in participant narratives. Participants described their powerlessness and lack of autonomy and self-determination throughout their childhood and adolescence as a key feature of the violence they experienced and contributor to the unattainability of resources and safety. Parents—and, to

a lesser extent, teachers and physicians—were described as making decisions counter to participants’ desires and gender identity, resulting in ongoing harm that the participants were legally and socially powerless to resist. Several participants intentionally delayed coming out until age 18, with multiple participants describing a similar coming out process on or after their 18<sup>th</sup> birthday. In families with higher levels of stigmatized violence, there were notable instances of families continuing to provide food and housing up until the participant’s 18<sup>th</sup> birthday, at which point they were legally adults and expelled from the home.

Pretty much the same thing of being unable to leave, them threatening to prevent me from leaving or physically bar the door if I tried to drive away, that happened a lot over that summer of 2018. And so, I have a lot of memories of just being on the couch in the living room and being just curled up under a blanket, just silent and trembling while my parents just kept telling me how much I'm harming them and how much pain I'm causing them and how I need to learn to understand things from their side, and how I need to stop trying to control everything and stop trying to take advantage of my parents’ money and their goodwill and whatnot.

- 22-year-old trans man

I chose 18 to come out about it because by then, I'm gonna be out on my own, so if my mother wasn't very accepting, that would be something that she would have to deal with because now, I'm out on my own.

- 25-year-old trans woman

For many participants, achieving independence at age 18 was identified as a critical milestone in finding safety, accessing affirming social support, and performing as their authentic gender identity. Reaching age of legal majority, finishing high school, and/or moving on to college was a period of clustered milestones that contributed to accessing affirming social support from LGBTQ community. This transitional stage allowed participants to emerge from forced or self-imposed social isolation, provided increased access to social support and affirming language and knowledge. In many cases this connection to social support came in college, when many participants encountered other LGBTQ people for the first time and found affirming social networks. As previously described, the transition to adulthood was not a guarantee of independence, as some participants continued to rely on their families for financial support. In those participants, who were legal adults but still subject to parent demands and expectations, the lack of independence and autonomy were overarching concerns in their daily lives, contributing to stress, anxiety, and feelings of hopelessness.

**Transmorphology of violence.** The changing nature of violence over childhood, adolescence, and young adulthood was a notable theme. This “transmorphology” of violence is articulated in the shifting form and targets of violence in relation to shifting age, identity, gender presentation, and social environments in participants’ lives.

For trans binary participants, transmorphing violence seemed to follow the transition in their gender presentation from one binary norm to the other. In childhood and adolescence, they experienced violence targeting their sex-assigned gender and, during the more externally noticeable stages in their gender transition, their transgender identity. As young adults and as they presented more closely with gender norms for their authentic binary gender, participants described experiencing violence more closely associated with that gender. For example, trans

women consistently described clear moments in young adulthood when they first and then regularly experienced catcalling, being followed, and other forms of environmental sexual harassment and violence that is targeted toward women. As they presented in more alignment with female gender presentation, they experienced comments, expectations, and sexual and emotional violence that was more misogynist in nature or aligned more with the relegated roles of women in patriarchal society. Trans women participants described a strange and uncomfortable sense of affirmation in the violence, in which they were experiencing violence and yet at the same time felt affirmed because the violence was targeting them as women rather than as trans people or as “boys” violating gender norms. Trans men described similar changes, experiencing misogynist and stigmatizing violence prior to transitioning away from female sex-assigned gender and then noticing the absence of that type of misogynistic violence as they transitioned toward masculine presentation. At the same time, trans men described the emergence of violence motivated by toxic masculinity, in which they noticed male-socialized posturing and aggression toward them, and also noticed a general decrease in environmental violence as their masculine presentation acted as a protective measure.

After I started passing as male, I got a lot more aggression towards me. People were more comfortable being threatening, so that did freak me out for a while. I'm 5'3, and I'm not very physically intimidating. I felt more uncomfortable because I didn't really have the shield of like, 'Oh, I don't wanna hit a girl' anymore, but I also didn't have this life experience to know how to deal with physical confrontation, so I felt like I was going to get myself into situations by accident, by not knowing what body language and stuff was going on with male interactions and that I wouldn't know how to deal with it.

- 20-year-old trans man

For nonbinary people, the transmorphology of violence did not result in affirming (uncomfortable or otherwise) or protective forms of transitioning violence, as they continued to experience gendered stigma and emotional violence. Nonbinary participants experienced stigmatizing violence later in their development in comparison to trans binary participants (during adolescence and even young adulthood as opposed to mid-late childhood); however, the ambiguity and confusion (internal and external) around nonbinary identity contributed to vague and ongoing gender stigmatizing violence. The transmorphology of violence for nonbinary participants emerged as they developed their own understanding of the relationships between their own sexuality and gender. As they solidified their sexual identity and then explored their gender identity, gender role enforcing violence often followed a parallel path of first targeting their sexual identity, often eventually resolving as their environment became more affirming, and then emerging again to target their gender. Most nonbinary participants described emotional violence that continued to conflate their sexuality and their gender or to affirm their sexuality but not their gender. Many nonbinary participants had come out to their families about their sexuality but not their gender, either because the experience of coming out about sexuality was bad enough the first time that they wanted to avoid a second disclosure, or because their families had reached a point of acceptance and affirmation of their sexuality but had expressed transphobic stigma that prevented the participants from feeling safe enough to come out about their gender. The transmorphology from queer sexual identity to nonbinary gender identity was also a feature of intimate partner violence, in which partners responded violently toward participants' nonbinary gender identity, for fear of what that would mean about their own gender identity and

sexual identity. These accounts were most apparent in nonbinary participants with cisgender queer partners who were concerned that they would be seen as not queer [enough] if their partner was no longer a same-sex/gender partner.

I told [my girlfriend] that I was thinking that I was trans and that I wasn't sure that I was ready to actually be trans or be out about it, but that I was definitely thinking about it. We got into a really big fight because she was like, 'I'm dating a girl; I'm into girls.' There was a screaming match, and then I was like, 'You know what, I'm wrong, sorry, you're probably right, I'm probably just thinking too far into this. I'm probably just like a bull dyke or whatever, let's go to bed.' We went to bed, and she looked on my phone, and I had saved a bunch of names that were about being trans. When she found them, she got on top of me, and I woke up with her beating my face. She fractured four facial bones, she broke two ribs and my clavicle was fractured. She pulled a gun on me, and put a bullet in a chamber and played Russian roulette with me. One at me, one at her, one at me, one at her, and then I got the gun away from her, and went and locked myself in my room and called the police.

- 28-year-old trans man

This example offers a perspective on the intensity of violence that trans and nonbinary people face over time when social expectations do not align with their actual lives. Transitioning gender takes time, to consider in oneself and then to perform for others to see. Trans and nonbinary people confront violence throughout their transition process. This violence morphs in response to their own gender performance and in the context of how their gender is expected to be performed by those around them.

**Social connections.** The role of social connections emerged as a key, multivalent theme interacting with violence, safety, and identity development. Social isolation and social rejection were a common form of violence, specifically the intentional separation of a young person from friends, peers, community, and the external social world. Nearly all participants described experiences of social isolation and social rejection. These experiences were often perpetrated by parents, who prevented participants from socializing with peers or engaging in community and extracurricular activities. There were consistent reports of social isolation and rejection due to gendered stigma, in which participants were forcibly isolated or rejected by parents, peers, and/or administrators and other adults in response to their gender performance. Conversely, social support was consistently identified as one of the most important protective factors against other forms of violence and a key factor supporting continued growth and wellbeing. Reflecting on the earlier example of the participant with the affirming mother who took her shopping after coming out, that participant expressed gratitude and relief that she had an affirming experience of her mother and suggested she would have been far less healthy without that affirming relationship.

A lot of the things that I associated with masculinity was real negative for a long time. A lot of the things that I saw as masculine were these just awful human beings who weren't good really in any kind of way for my family or my mom or my brothers, so it was very negative. I just saw that part of myself as a very, very negative thing. When I started to get positive role models through work – one of my biggest role models to this day, his name is Paul. He was my general manager at a restaurant that I used to work at and meeting him and seeing a family man, I kind of started to see myself being like, 'Oh, so

there is a positive side to this.’ I think that that definitely has helped me as a person, just accept the parts that I saw as negative and turn them into something that is positive. My fiancée’s father is the greatest man that’s ever lived, and you’ll never tell me otherwise. He taught me how to shave for the first time, and he’s taught me how to change oil in my car and change tires, and I get that now at being 28. I’m learning these things that I’m just like, ‘I wish that I learned from my father.’ but I am very grateful that I have the experience to do that now as opposed to when I was younger, because I don’t think that I would have taken it as well when I was a kid.

- 28-year-old trans man

In addition to affirming parents, friends, peers, and adults, social support was most clearly identified in relation to the initial and ongoing connection to the LGBTQ community. For the majority of participants, connection to the LGBTQ community and particularly to a trans specific community was described as one of the, if not *the*, most important milestone in their own acceptance and affirmation of their gender identity. Connection to trans community provided the language, the acceptance, and the support that participants needed to more fully realize their authentic gender. This was even more notable in nonbinary participants, most of whom did not understand that a nonbinary gender was even possible prior to their first and ongoing connection with the trans and nonbinary community. Multiple participants suggested that these early connections to the trans community and the first instances of hearing and understanding the concept of “nonbinary” set off immediate light-bulbs of understanding and alleviation of gender dysphoria. These connections primarily occurred upon achieving adulthood and independence, usually in college settings or in larger cities or urban settings.

I got onto Tumblr and stumbled upon the label nonbinary. And I was like, ‘Oh, I found this word that explains what I am and explains who I am, and doesn’t shove me into a box, allows me to be free and express myself the way I am.’

- 20-year-old nonbinary participant

*The Internet* was an additional medium through which social isolation was overcome and connection to trans community was established. Many participants specifically identified the micro-blogging site Tumblr as the venue by which they initially discovered language and context to understand their own gender development. Tumblr and other internet communities provided these participants with their first opportunities to build social connections with affirming community and initiate contact with other trans and nonbinary young people. For those participants who connected to trans community via the Internet, authentic and affirming internalized gender identity was usually achieved in high school, earlier than those who did not find connections until college.

**Fetishization and objectification.** The final social-ecological theme revealed in this analysis is a function of how trans and nonbinary people experience environmental sexual violence, primarily in young adulthood. Specifically, participants described the way that they are objectified and fetishized when people (usually strangers) approach them using sexually-explicit terms and stereotypes for transgender people. This experience was predominantly noted by trans women and assigned-female nonbinary participants, whose commentary suggest a form of misogynistic, gendered stigma in the sexual stereotyping that leads to fetishization. This fetishization was described as harmful, not only in the moment when the social interaction

occurred, but also in how sexual stereotyping causes self-doubt, low self-esteem, and anticipatory anxiety in readiness for the next harmful encounter. Sexual stereotyping seemed particularly relevant to the experiences of trans women, who encounter transphobia and misogyny in their daily lives and sexual encounters.

It feels like a lot of times the men who are attracted to me are looking to use me like a toy. I think a lot of women experience that, but I think it is also the transmisogyny of not viewing trans women as women, and not even viewing trans people as human. We're sort of seen as a super sexual being that's gonna like – I don't know. People will say, 'I've never been with a trans girl' as if a trans girl is gonna unlock some tantric mind-blowing orgasm for them, and it's like, 'No, we're just humans.'

- 22-year-old trans woman

In addition to the fetishization and objectification that participants described in their experiences as trans and nonbinary people, multiple nonbinary participants described the intersectional role of racial fetishization in terms of sexual violence they experienced. Participants noted how racial fetishization focused on binary gender expectations and sexual stereotypes, which seemed to exacerbate expectations of conformity to the gender binary and led to encounters in which intimate partner sexual violence expressed disregard for the participant's nonbinary gender identity.

On Grindr, I can post a few muscle selfies and leave it blank, and it will blow up. I'll get a bunch of people who are all 'BBC,'<sup>3</sup> who wanna fetishize me. Or I can post cool pictures and I can say, 'Here's my political identity, my pronouns are they/them.' I understand that my profile is not gonna get as many replies, but it's gonna weed out guys that are assholes. I haven't been called any slurs, but mostly just the whole, I hope I don't have to spell the acronym, the BBC thing, and they're not talking about the British Broadcasting Network? If someone's like, 'I want you to be my big muscle daddy all the time,' that is not something I'm OK with. I'm never OK with the BBC thing, and I keep coming back to that because I feel like it's a core component of me first realizing what about my environment made me desirable to certain people.

- 27-year-old nonbinary participant

Racial fetishization was particularly troubling for assigned-female Asian nonbinary participants, who reported anxiety and depression to the point where one participant was uncomfortable leaving their house at certain points in their life, due to the constant barrage of racialized sexual harassment they experienced.

It was like every single time I left my apartment, I would get racist and sexist comments. Strangers would ask me, 'What's your ethnicity?' People would hit on me in weird ways. I got to the point where I felt, 'I hate the way that you see me. It makes me feel dirty.' I couldn't understand it, I mean, no woman likes harassment, but for someone to treat me like I am a woman and to treat me as only a sexualized being, it was the most disgusting feeling. It suffocated me, I couldn't handle it. Men would hit on me at coffee places, on

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<sup>3</sup> BBC is an acronym for a racialized sexual stereotype that refers to an assigned-male person's genitals

the street, on the bus, my commute would be slowed down, I'd be late for work. Once I cut my hair and started wearing men's clothing, people treated me better. I became invisible, which is what I wanted. People either saw me as boring Asian or sexy Asian. If they saw me as just a boring Asian person then they'd leave me alone, but if they saw me as an attractive Asian person then they'd fucking bother me. And what I wouldn't want was for someone to fucking bother me. It's still hard to verbalize, but it's like, 'Don't treat me as a woman. Treat me as a human being. I'm a person. All of these stereotypes that you're throwing on to me, none of them are accurate, none of them are real.'

- 26-year-old nonbinary participant

### **Summary**

These findings paint a complex picture of gender development, violence, and the social ecologies of trans and nonbinary young people across the lifecourse. Parents emerged as the key figures in perpetrating violence and holding the potential for safety from violence, throughout the lifecourse. Gender role enforcement was a primary motivator of violence, changing forms from early teaching responses to later discipline and corrective responses using physical, basic needs, and financial violence. An overarching theme in these findings is the understanding of gender, violence, and the social ecology as dynamic, ever-changing, and responsive. Gender changes over time, violence changes (independently or in response), and the social ecology is a constant movement of new people, new situations, and new opportunities for safety or danger.



## Chapter 5: Discussion

This lifecourse study provides valuable insights toward elucidating the interacting processes of gender development, violence exposure, and the social ecology during childhood, adolescence, and young adulthood for trans binary and nonbinary young people. The abductive constructivist grounded theory analysis yielded three key findings that describe social ecological dynamics of gender development and violence exposure for trans binary and nonbinary young people: 1) gender development is a process, 2) role socialization and enforcement occurs across the social environment, and 3) community and affirmation are vital to safety and development. These key findings hold implications for how to address the rampant multidimensional violence experienced by transgender and nonbinary young people. The findings on violence that emerged from this study are highly consistent with the literature, with high rates of violence, high rates of discrimination, and low social support in this sample of transgender and nonbinary young people (McConnell et al., 2016; Newcomb et al., 2020; Sterzing, Fisher, et al., 2019; Sterzing, Ratliff, et al., 2017). These findings on violence and the key thematic findings discussed below suggest the need for trauma-informed perspectives on research, practice, and policy with transgender and nonbinary young people. Further, these findings broaden our understanding of the ubiquity of violence across the social ecologies of young transgender and nonbinary people, highlighting the importance of ongoing attention to social determinants of health and wellbeing in these areas.

### Gender development

The trajectories of gender development described in this study show that gender is an ongoing, dynamic process during childhood, adolescence, and young adulthood. Participants described their interactions with the social environment (e.g., family, friends, school) as central to both their understanding of their own gender and their ability to safely present themselves authentically. The hegemonic nature of the gender binary was ubiquitous in all the interviews. All the participants described being socialized in social ecologies that taught and enforced a binary gender paradigm of female/male. This socialization into gender introduces young people to binary gender schema, and teaches them how to perform binary gender assigned to their sex (Bem, 1981b; Bussey & Bandura, 1999). The process presented by these findings loosely follows Pollock and Eyre's (2012) developmental process, in which participants became aware of gender options (other than how they were socialized), integrated and came to their trans or nonbinary identity, and then expressed that identity socially. This study adds much needed nuance to those processes by identifying each of the three stages of childhood, adolescence, and young adulthood as temporal stages in which different gender features emerged in similar and distinct ways for binary and nonbinary participants.

**Childhood.** During childhood, participants' gender identities were understood in relation to the socialization that they received, in which gender was described as man/boy or woman/girl, without any other options, and aligned with their sex assignment. In general, this supports gender schema and social learning theories of gender that point to socialization of specific binary gender constructs as an early process of gender development (Bem, 1981b; Bussey & Bandura, 1999) For *trans binary participants*, whose gender identity was distinctly aligned with the "opposite" gender than they were assigned, childhood was the time when their awareness of the dissonance between their internal gender identity and gendered socialization arose. Trans binary participants consistently experienced dysphoria in relation to how their experience compared with the schema they understood for their authentic gender. For example, trans girls would compare themselves with other girls or adult women, yearning to be more like them or feel hope and despair at a future when they could perform their gender openly like cisgender girls/women were allowed.

These findings are consistent with the nascent literature available on trans-affirming childhood gender development, which suggests gender identity arises early in life and gender performance quickly aligns with authentic gender when affirmed within their social environments (by self, parents, school, others, etc.) (Gülgöz et al., 2019). In contrast, *nonbinary participants* did not have the language or understanding of gender options outside of male/female, having no schema of nonbinary gender available to them. Seemingly connected to this lack of clear schema, nonbinary childhood experiences of gender dysphoria were less common, as they did not feel strongly that their authentic gender did not align with their socialized gender. For nonbinary participants, childhood was often a time during which they started to recognize a disinterest or disconnection with their socialized gender, but the gendered nature of the dysphoria was less clear. Their gender performance was not fully aligned with their socialized gender and would often be understood by themselves and/or their parents as a prodromal “queerness” in which they were seen as “tom boys” or effeminate boys, but not to the point of themselves identifying as a gender other than their socialized gender. This is a new finding in the sense that this is a new articulation of nonbinary experience; however, previous work that focused on “gender nonconforming” youth, which has been previously noted as a type of clumsy reference to transgender and/or nonbinary people, has described this unclear identification between gender and sexual identity (Richards et al., 2016; Toomey et al., 2013).

**Adolescence.** In adolescence, the social ecologies of middle and high school and the emergence of puberty heightened dissonance between participant’s gender identity, performance, and their bodies. Adolescence was a stage of change and transition, while also providing clarity and a more concrete understanding of the relationship between their gender identity, body, and desired gender performance. When disconnected from a previous sex-deterministic paradigm, this description holds true to previous research on adolescent gender development (Price-Feeney et al., 2020; Steensma, Kreukels, et al., 2013). *For trans binary participants*, puberty was frequently described in hellish terms as a betrayal of their bodies in relation to how they saw themselves and how they wanted their bodies and genders to be perceived within their social environments; one participant stated simply “Puberty was hell.” Adolescence and the onset of puberty functioned to validate and solidify their authentic gender identity, when their bodies began developing in ways that starkly highlighted the falsity of their socialized gender in comparison to their authentic gender. For example, as their sexual identities became more apparent during adolescence, trans binary participants, in contrast to nonbinary participants, did not experience confusion between the social implications of their gender identity and their sexual identities. This could be seen as a connection to aligning with a standard binary gender schema, in which the difference between their gender identity and their sexual identity was more clear because there are clear schema as to the differences in hegemonic society between men and women. Trans binary participants in late adolescence (and early adulthood) who were able to obtain gender-affirming care or perform their authentic gender were able to feel gender euphoria and a relief from much of the stress of expectations of living and performing an inauthentic socialized gender, supporting the existing and emerging literature showing the distinct need for gender-affirming social support and healthcare (Forcier et al., 2020; van der Miesen et al., 2020).

*For nonbinary participants*, adolescence and specifically puberty was a stage in which they became more aware of the dissonance between their socialized gender and sex assignment but were frustrated in their attempts to realize an authentic gender identity due to the lack of knowledge about available options. This finding points to the potential for generational differences, as awareness of nonbinary gender is becoming more widespread, possibly negating

some of the gender developmental delay found here. During adolescence some nonbinary participants tried on trans binary labels as transitional labels, realizing they were looking for a gender alignment other than their socialized binary gender identity. Those participants who did identify with a trans binary gender during adolescence made clear that they never felt gender euphoria when adopting a binary identity as they did when they adopted their nonbinary gender. The experience was an important, albeit frustrating, developmental milestone to recognize that their socialized gender did not fit the binary label. Nonbinary participants were also realizing their sexual identities during puberty. Much of their gender dysphoria was attributed to confusion around their gender and sexual identities as they were confronted with increasing expectation to perform in a binary gender and align along a binary heterosexual axis. As nonbinary participants did not have apparent gender options that aligned with their authentic gender, the dissonance they felt was attributed to queer sexual identities and the exploration of queer sexuality, that may explain some of the existing literature that confuses the experience between “gender non-conforming” youth and queer youth (Katz-Wise et al., 2018; Toomey et al., 2013).

**Young adulthood.** The achievement of young adulthood and its corresponding social-ecological dynamics of increased autonomy and new social environments of college and employment was a critical developmental stage in the achievement of authentic gender identity and opportunities for gender euphoria. For *trans binary participants*, young adulthood was the time when they were able to fully perform their authentic gender, which included accessing gender-affirming healthcare and connecting with affirming trans social networks and communities. For *nonbinary participants*, young adulthood was the stage in which they were able to access knowledge and language for a greater number of gender options that aligned with their authentic gender. The ability to access healthcare and social networks outside of the control of their families (except for those still covered by their parents’ health insurance) is a key milestone, allowing transgender and nonbinary young adults to more fully realize their authentic identities (Bradford et al., 2019; van der Miesen et al., 2020).

**Binary conformity as a gender developmental factor.** The differences in the gender developmental experiences between trans binary and nonbinary participants suggests differences in their developmental processes that both align and reject much of the binary-essentializing literature in child and adolescent development. Trans binary individuals’ developmental trajectory was similar to what is described for same-gender cisgender young people (de Vries et al., 2014). Just as cisgender children experience early interest in socialized behavior patterns aligned with their gender, such as play style, peer composition, and dress (Gülgöz et al., 2019), so do transgender young people express interest in socialized behavior patterns for their authentic gender. Of course, the critical difference is that the ‘normative’ gender developmental literature is sex-deterministic, describing gender development as a sex-assigned process rather than a socialization process (Gray et al., 2012). Detached from sex-essentialization, cisgender and trans binary young people’s gender development appear relatively similar, which seems to support the extremely nascent literature in this area suggesting gender identity formation is independent of socialization (Gülgöz et al., 2019).

Contrary to this similarity between trans binary and cisgender development, nonbinary participants’ experience of gender development rejected the trajectories presented within ‘normative’ gender development literature. Nonbinary individuals generally did not identify with or resist a sex-gender assignment until puberty or adolescence, well after most binary-aligned people had established strong connections to their gender in earlier childhood. For the most part, nonbinary participants did not find or identify with a nonbinary gender until late adolescence and

into young adulthood, when the ‘normative’ gender development literature would suggest gender development has been fully completed (Steensma, Kreukels, et al., 2013). This study provides some of the earliest data on how gender development operates for nonbinary young people. A ‘normative’ formulation of gender development has left nonbinary people farther outside of ‘normative’ development than their trans binary peers, identifying a key opportunity for future research to explore nonbinary gender development in children. By intentionally including nonbinary young people in future studies, researchers will be able to identify how binary conformity is associated with outcomes of interest and better understand nuances of gender and sex assignment as distinct psychosocial and physiological functions.

Trans binary participants experienced dysphoria that was more closely connected with their relationship with their identity and their bodies. Their social dysphoria emerged when referred to and expected to perform as their assigned gender, which did not correspond to how they saw and understood themselves. Nonbinary participants experienced dysphoria in social interactions, when other people referred to them using binary gender terms and their internal response was a rejection of the binary label. This binary-rejection occurred even while they still felt confusion as to what gender label would best fit them, as the “other” binary label did not feel correct either. It was only when nonbinary people learned of the term “nonbinary” or “genderqueer” that they found alignment with an identity that felt appropriate to their experience. While not all participants described explicit articulations of “gender dysphoria,” all participants did recognize that the gender they were socialized into and expected to perform did not fit their internal sense of self in some way. For nonbinary participants, gender euphoria seemed to reveal itself in the recognition that they did not need to conform to the gender binary, and in fact were better off without it. Taken together, these findings support literature that has framed trans binary experiences of dysphoria connected with their bodies and social expectations (Steensma, Kreukels, et al., 2013); while providing novel data on how nonbinary people experience dysphoria as a more distinctly social experience.

Importantly, it was clear from the interviews that while nonbinary participants’ gender alignment occurred later than trans binary participants, much of their later gender dysphoria was centered on a lack of options that aligned with their authentic gender, or, more specifically, the expectation that their social lives be gendered and therefore required them to perform a gender at all. The gender binary regime in which participants were socialized provided options that fit with trans binary young people’s gender identities, but not nonbinary young people’s identities.

### **Role socialization and enforcement**

The universal socialization and enforcement of sociocultural roles was a core finding from this study. Role enforcement of all kinds (e.g., cultural behavior, academic/career achievement) was pervasive across the lifecourse. Parents and family members engaged in gender role enforcement long before participants described awareness of their own authentic gender. Viewing gender role enforcement using a lifecourse framework can provide a lens for understanding when gender socialization occurs and how it is enforced starting in early childhood and continuing into young adulthood.

In *childhood*, participants were socialized into a binary gender schema that was constructed via teaching and role modeling, vis-à-vis social learning (Bem, 1981b; Bussey & Bandura, 1999). For the most part, participants described family and social environments without explicit articulations such as “boys are like this, girls are like this.” The social learning occurred as role modeling and as a form of negative teaching, in which participants were told not to behave a certain way due to their gender. Those who did experience explicit articulations of

gender roles did so in the context of religious environments, which were also the environments in which role enforcement emerged earlier in life and was more distinctly violent. This finding suggests the need to understand religiosity as a potential risk factor for violence during childhood. Early role enforcement seemed to be more anticipatory than overtly biased, in which parents noticed early gender role violations and sought to correct the behavior before it became more distinct or entrenched. This early role correction suggests parents viewed the role violations as the result of ineffective or inadequate teaching of gender roles to the child, or a lack of understanding or commitment to those gender roles by the child (Bussey & Bandura, 1999). This finding does suggest a positive intent in early gender role socialization and enforcement.

Gender socialization and gender surveillance were primary mechanisms of gender role enforcement, in which children are taught how they should behave and then surveilled to ensure “proper” gendered behavior. Gender role enforcement was present early in participants’ memories, and some of the earliest memories of correction or confusion about their gender were memories of gender role enforcement. This is especially true for trans binary participants. When violating those expected gender norms or gender roles, the behavior was corrected, usually through the use of some sort of subtle to overt form of violence (e.g., removing a gendered toy, scolding, or slapping), a function of social learning processes (Bussey & Bandura, 1999). This is also the point in which dysphoria emerged, particularly in trans binary participants, as the earliest moments of understood dissonance between a young person’s internal sense of gender and the gender they’re expected to perform. While participants did describe instances of “supportive” or educational approaches in teaching and correcting gender roles in children, by parents and other adult family members, and eventually teachers, those supportive or educational approaches occurred at the youngest age of memory. Later articulations of gender role enforcement, during adolescence and young adulthood, were far less “supportive” and instead became more violent. For trans binary participants, whose recognition of their authentic gender occurred during childhood, gender role enforcement grew in intensity as it became clear that their gender role violations were not simply a lack of education and understanding, but a “real” problem that needed to be actively corrected. Notably, while some trans binary participants did hide their gender identity as a protective measure against violence, none of them “desisted” in their gender identity. For the most part, they were clear in their authentic gender from childhood, a critique of normativist literature on “desisters” of transgender identity and support for research showing clear self-identity even in the face of early gender socialization (Gülgöz et al., 2019)

Transitioning into *adolescence*, gender role socialization was more evidently connected to social requirements, in which middle and high school settings resulted in more attention to bodies, gender, and sexuality, and so violations of those norms became more apparent. By adolescence, enactments of gender role enforcement were not solely the provenance of parents, although gender socialization, surveillance, and correction were still described as predominantly the domain of parents. Gender role-enforcing violence was enacted by peers, especially in instances of queer/trans-phobic bullying that was itself framed by participants as a corrective form of violence, in which participants were targeted for bullying due to their gender role violations (Foreman, 2015). These gender role violations were not solely the performance of a participant’s authentic gender, and were often targeted in an unspoken identification of queerness as itself a gender role violation in a hetero-cis-normative context (Russell et al., 2011; Toomey et al., 2013). In addition to peers, authoritative adults (e.g., teachers, administrators, physicians) were described as perpetrators of gender role violence, utilizing their authority to reinforce the correction of gender role violations and maintaining their status as knowledgeable of what is

right or correct for the trans or nonbinary young person above even their own knowledge of themselves. These forms of discretionary violence not only support literature on the need for gender-affirming healthcare and social services, but further support the necessity of better practices during adolescence (Connolly et al., 2016; Forcier et al., 2020; Goldenberg et al., 2021; McConnell et al., 2016; Simons et al., 2013)

By *young adulthood*, paired with the transition into socio-legal independence and connection to supportive social networks, much of the gender role enforcement violence dissipated, although not entirely. For trans binary participants, socio-legal independence from their parents was a key factor in escaping gender role enforcement, and for participants who were still under the financial control of their parents (e.g., paying for rent, providing health insurance), gender role enforcement often continued. For nonbinary participants, whose transitions into authentic gender identity and performance occurred during young adulthood, gender role enforcement continued in the form of emotional violence, microaggressions, and gaslighting, particularly at the hands of parents.

**Gender role enforcement as motivator of violence.** In general, this study highlights a lifecourse trajectory of gender role enforcing violence. Early gender role enforcement was focused on educating and correcting gender role violations in anticipation of further gender role violations. Over time, overt and stigmatizing enactments of gender role enforcement became more frequent and more severe. Physical violence and bullying were most apparent in late childhood and during puberty, usually tapering off once participants reached adulthood, when role enforcement was primarily emotional violence, aligning with existing literature on bullying (Sterzing, Gibbs, et al., 2017). Participants described contexts in which their parents portrayed gender role enforcement as “protective,” seeking to correct the gender violations in an attempt to prevent stigmatizing violence from future external sources across their child’s social ecology, similar to findings on role enforcing violence against sexual minority youth (Ryan et al., 2020).

In addition to increasingly-overt forms of violence used to discipline or prevent gender role violations, socially isolating the young person served to simultaneously punish gender role violations by depriving the young person of social contact and isolating them from gender-affirming support that may contradict binary gender role socialization. This phenomenon of protective gender surveillance and role enforcement has also been described in sexual minority youth and family literatures, in which parents engage in corrective efforts to force changes to a child’s sexual orientation in order to “help” the child “fit in” and prevent future discrimination and violence against their child (Ryan et al., 2020). The paradox of this parental protective strategy is that parents end up playing the role of the primary perpetrator for trans binary and nonbinary participants, increasing their child’s future risk for depression, anxiety, and suicidal ideation (Ryan et al., 2020).

Consistent with gender minority stress theory (Delozier et al., 2020; Testa et al., 2015), threats or enactments of gender role enforcing violence, or the perception of a hostile social environment in which gender role enforcing violence would occur, led to *internalized* gender surveillance and anticipatory responses to gender role enforcing violence, which participants directly linked to hypervigilance and self-imposed social isolation. Here we can see the malevolent role of gender role socialization and enforcement contributing to the intense anxiety and self-surveillance of trans young people’s bodies, presentation, and identity. Wrapped in the fear of loss of family and home, and enforced through violence and exclusion, gender-rejecting socialization is an ongoing and debilitating stressor in the lives of young transgender and nonbinary people. This dynamic reinforces the notion that the exacerbation of mental health

concerns in transgender and nonbinary young people is not their dysphoria. Instead, exacerbation of trauma, depression, and other mental health concerns is a result of being told that they need to behave and present differently than they are, constructing and reinforcing the idea that the way they are, that who they are, is what is fundamentally wrong; and that if they continue to be who they are, they will lose everything.

### **Community and affirmation**

While the findings from this study form, for the most part, a grim spotlight on the brutality of the gender binary and its enforcers, there are reasons for hope here as well. The entire sample of participants described lifetimes of resilience, growth, and authenticity. Nearly all of the participants described their young adulthood as a life stage in which they found the support, community, confidence, and strength to thrive in the circumstances of their lives. *In this way, the importance of affirming social support for transgender and nonbinary young people, and especially in connecting to transgender community, cannot be overstated.* For many participants, their initial connections to transgender community were some of the first instances when they truly felt safe. This was particularly notable for those who had never had a safe haven, who had experienced polyvictimization and parent-perpetrated violence, supporting research on polyvictimization that shows the dire outcomes for young people without that safe haven (Sterzing, Fisher, et al., 2019; Sterzing, Ratliff, et al., 2017). For nonbinary participants, connections to queer and trans community provided them the opportunity to understand themselves in a way that they never had the language or support to understand. This study suggests that fully embodying a nonbinary gender identity requires some connection to queer and trans community, in that the gender binary schema they were socialized into did not provide them adequate gender formations to connect to their authentic gender. Further, this study supports the emerging research that demonstrates the importance of gender-affirming healthcare and family support, specifically in preventing and addressing the poor mental health outcomes resulting from social-ecological rejection and violence (Connolly et al., 2016; Forcier et al., 2020; Kivalanka et al., 2017; McConnell et al., 2016; van der Miesen et al., 2020). In addition, these findings on the importance of connection to trans community call attention to the need for trans elders to connect with young people, and the importance of inclusion for families of transgender and nonbinary adults (McGuire et al., 2016).

One participant in particular was a noticeable example of hope: the Black trans woman participant described in Chapter 4 as an example of affirming parenting. A positivistic approach to understanding risk factors, vulnerabilities, health outcomes, and resource-deprivation, would describe this participant as being at the highest risk for violence in the sample. A Black trans woman, the only participant in the sample without a high school diploma, raised by a single Black mother who herself did not complete high school and worked minimum wage jobs since before the participant was born, this family would be identified in the extant literature as the most likely to experience an assortment of violence in her life. Instead, she experienced the least violence of the study participants and received the healthiest, kindest, and most affirming parenting of any in the sample. This example speaks to the universal importance of parental affirmation (Kivalanka et al., 2017; Simons et al., 2013). More so, this participant's story is a critique of positivist science, a critique of the relegation of individual factors to a person's outcomes and opportunities. We can lay out a series of statistical likelihoods, risk and protective factors, hierarchies and models, suggesting we can forecast the lives of individual human beings. This participant's life is a rejection of the positivistic propensity toward the intellectual elitism of expertise, prediction, and inference that clouds our ability to affirm and support the authentic

lives of marginalized peoples in our society. An intersectional analysis of this family life would likely agree that this family experiences structural vulnerabilities that contribute to difficult life outcomes; however, a critical, poststructural, intersectional lens would consider the systemic processes that lead to marginalization, such as systemic racism and classism affecting poor families of color, depriving them of educational and economic opportunities.

### **Limitations**

As an exploratory, qualitative project, this study has limitations in its ability to comprehensively describe the complexities of gender and violence in the social ecologies of childhood, adolescence, and young adulthood for trans binary and nonbinary participants. Qualitative research is not representative by nature, and this sample of 22 people is no exception. The geographic and racial/ethnic diversity of the sample adds an important lens to consider in relation to study aims; however, the small sample size in this study is a limiting factor in understanding how race, class, and dis/ability interact with the findings here.

The nature of research studying violence against a marginalized group during vulnerable periods of their lives likely contributed to some type of selection or sampling bias. The history of medical and scientific violence against trans people likely limited interest in study participation, especially in people with more intense experiences of trauma. Indeed, the principal investigator was notified by multiple informants that, when sharing the study information, they received feedback from trans and nonbinary individuals that there was fear and hesitance in participating, considering the nature of the study (on violence in childhood) and the positionality of the researcher (at the time identifying as a cisgender man). Conversely, trans people who experienced little violence and had affirming, resourced childhoods may also have been less likely to volunteer to participate in a study about violence.

In addition to the limitations in sample recruitment, there are specific limitations in considering the age of the participants themselves. As all participants were aged 18 to 29, the participants had all emerged from adolescence and into young adulthood, preventing the study findings from fully articulating the ongoing experiences of adolescents today. This is especially important considering the rapid changes in access to education and community that affirms expansive gender options. For the nonbinary participants in particular, who struggled through high school until finding the language for their authentic gender in college, the increasing access to this language and context earlier in their lives could have resulted in earlier gender development that may have been more closely aligned with the binary participants in the study. Further, as the socio-political discourse on trans identity reached new fever pitches during the Trump presidency, the changes in social discourse may have led to changes in experiences of violence, with more gender role violence occurring as political leaders centered trans people as a scapegoat and target of administrative and rhetorical violence.

Finally, it is an important and somber point to add that this sampling strategy also misses those transgender and nonbinary young people who did not survive childhood and adolescence. While this note is generally true for any population, the intense violence faced by transgender and nonbinary young people, and the complete lack of attention by child protective systems and law enforcement in reporting queer/trans-phobic motivated violence against young people, means that there are a disproportionate and unknown number of trans and nonbinary young people who experience violence so significant that they do not survive to young adulthood.

### **Research, Practice, and Policy Implications**

This exploratory study provides important directions for future research in informing practices and policies that can prevent violence and improve the health and wellbeing of



transgender binary and nonbinary young people. These data shed light on the urgent need for active attention to how gender is discussed, described, expected, enacted, and enforced across life domains. Many participants were victimized by gender role enforcing violence long before they were even aware of their own authentic gender. This means that affirming gender socialization is not solely an issue to be addressed for young queer and trans people, because by the time queer and trans young people are identified as such they will have already experienced gender role enforcing violence within their environment. A safe and affirming social environment for trans and nonbinary young people is an environment that is free from binary gender socialization or sex-determinism, for all people. We are all affected by the gender binary. We are all socialized within it and operate within its schema. True protection for trans and nonbinary young people requires an environment in which all people, all of us, are free to express ourselves and our gender safely, confidently, and authentically. These efforts require an intersectional lens toward addressing systemic marginalization, as social systems are intentionally designed to differentially provide access to healthcare, education, and other resources depending on social factors such as race, class, and disability. We can only be free to express ourselves authentically when all of us have access to the social and economic resources we need to survive and thrive (de Vries, 2015; de Vries & Sojka, 2020; Wesp et al., 2019).

In order to approach a binary free utopia, we must be able to understand the extent to which multi-level interactions maintain gendered valence. Research on early childhood education and health must consider binary gender not as some immutably-determined factor but as itself a form of socialization. This means extending the work of Anne Fausto-Sterling (2012) beyond the realm of neuroscience and into early child education, parent education, and education for teachers, physicians, and social workers; examining how education, social work, and medicine differentially treat individuals in gendered ways. Healthcare is one of the few institutional domains that interact with people from before they're born, and therefore could be a prime location for early gender education that resists binary language. Gendered, sex-deterministic language must be examined from a pregnant person's first contact with an obstetrician or midwife. Early prenatal visits could provide a key platform for educating parents on gender diversity, prior to a child even being born. Pediatricians are centrally positioned to provide education to parents and to provide affirming gendered language and visibility to young children. The gender binary must be actively resisted in the course of our educational efforts to teach adults who will be socializing young people. Interventions designed to educate parents on gender affirmation when issues arise with trans young people will be too late to prevent the harm of gender role socialization that occurs prior to the adoption of trans identity. Thus, prevention of gender role enforcing violence must be targeted toward the entire population of parents, as gender expansive children exist across social environments.

The role of parents must be examined even more closely in relation to gender role socialization and enforcement. It must be clear that while parents are key figures in enactments of gender role enforcement, they are also subject to the gender binary regime. The 'normative' child and adolescent development literatures have perpetuated the idea that not only is transgender identity 'pathological,' but it is a parent's responsibility to correct. This socialization has led parents to believe that they are responsible for "correctly" socializing their children, and that they are harming their children if they do not actively correct gender role violations. In many ways, blame must be taken off the shoulders of parents and placed squarely on the shoulders of social and medical scientists, psychologists, physicians, social workers, and other so-called "scholars" in fields of child and adolescent development. For transgender and nonbinary young

people, parental affirmation plays a key role in their access to resources and attaining positive outcomes in their health and wellbeing (Johnson et al., 2020).

Children must be protected from gender role enforcement. Child welfare practices and child maltreatment research need to understand, examine, and address gender role enforcing violence as an act of violence that leads to direct and long-term consequences on mental health and wellbeing. There is a critical need for further research in child welfare in acknowledging that queer/trans-phobic violence and gender role enforcing violence exist within child welfare service contexts and, more importantly, are a motivating factor that can lead to child maltreatment that will necessitate trauma-informed, gender-affirming child welfare interventions. Further, child welfare must still contend with ongoing issues of racial and class disparities, in which parents of color and parents living in poverty are more likely to experience child welfare contact (Chambers & Ratliff, 2019), which could hurt trans and nonbinary youth of color who do have affirming families. Just as we can see in the example of the affirming Black single mother, affirmation and support are not reliant on education and resources, and removing a trans child from an affirming family for other reasons may lead to poor health outcomes in that child (Irvine & Canfield, 2016; Mallon & DeCrescenzo, 2006), especially if they do not experience affirmation in state custody.

The discretionary power wielded by social workers, physicians, teachers, parents, and other authority figures plays a key role in how transgender and nonbinary youth are able to access care and safety. Discretionary power is a result of laws, rules, and cultural practices that place decision-making authority in the hands of certain individuals and professionals (Gilson et al., 2014; Ratliff, 2019). Discretionary power wielded harmfully becomes discretionary violence, and discretionary power wielded to enforce a binary gender regime is violence. Authority figures must take upon themselves the responsibility to respect the identity and self-determination of the people they serve, especially children and young people. Paternalism is harmful and can contribute to health disparities, particularly in relation to gender-affirming care and support (Burdge, 2007; Kattari et al., 2016, 2020). Physicians, social workers, and other providers are gatekeepers for health and resources, with a moral, ethical, and practical duty to provide affirming care for transgender and nonbinary youth, trusting them to know themselves best (Ashley, 2019; Whitehead et al., 2012).

A critically-important point to understand about the developmental processes articulated in these data is that gender development occurs in four-dimensional space. The socialization and expectations that motivate the development of gender identity are anchored to where, how, by whom, and *when* those processes occur. To borrow from Kattari's (2019) articulation of gender as a "galaxy" in which different points of identity, expression, and embodiment are not on a singular male-female spectrum but rather connect in unique constellations, the fourth dimensional component of time relates to how galaxies are in constant motion, expanding and contracting and shifting positions over time. So too does gender develop into constellations that shift position over time. With young people, how these changes occur over time offers an opportunity to consider how their social environment may be modified in order for them to enact those changes safely and comfortably. Research and clinical practice must understand this temporal component and approach violence prevention, intervention, and clinical care with trans and nonbinary young people from an understanding that gender is a constantly evolving process of understanding ourselves in relation to our social environment. Time and developmental stages need to be considered in research with trans binary and nonbinary young people, particularly milestones of pubertal initiation and the important transition into young adulthood. This sample of transgender and nonbinary young people described a specific transitional context to puberty

and young adult independence that is not present in literature on violence and mental health, especially with transgender and nonbinary young people. Future research should consider the role of these developmental stages and transitional milestones, including a consideration of how violence prevention efforts should take into account these milestones in order to target programming and educational efforts to occur prior to these heightened stages of violence.

In social welfare, public health, medicine, and other social sciences, we must be careful about conceptually and operationally grouping transgender binary and nonbinary experiences. While this sample is small and not representative, the distinctions in gender developmental experiences between binary and nonbinary participants were unambiguous and consistent, suggesting the need for careful attention to binary conformity or binary alignment as an analytic factor in relation to any research on gender and gender identity. This finding further confirms the ongoing problematic nature of any study that conflates all trans and nonbinary participants into a “transgender” category, with a clear critique of any analysis that suggests gender can be portrayed as “male, female, transgender.” *This analytic approach is fundamentally invalid and should never be used* (Bauer et al., 2017; Gray et al., 2012; Kattari, 2019). Instead, analytic groupings by gender must recognize trans men as men, trans women as women, and nonbinary people’s experiences as distinct from the experiences of trans binary or cis binary people.

On a policy-level, there is an immediate, desperate need for attention to how policies are being enacted that affect gender, especially of young people. A recently passed law, Arkansas HB 1570, is just one example of dozens of laws that have been introduced in 2021 that limit access to gender-affirming care or prevent participation in sports for transgender youth. Arkansas HB 1570 and others like it ban access to gender-affirming care for minors and penalize physicians for providing what is truly life-saving care. These policies not only disempower parents and young people from making decisions regarding their healthcare, they actively deny access to care that transgender and nonbinary youth require to sustain their health and wellbeing. Florida HB 1475, a bill that bans transgender girls from participating in sports, provides a mechanism that would subject children to genital inspections, genetic testing, and hormone testing. It represents a horrifying trend of political and medical violence against transgender and nonbinary young people, and other young people targeted for their gender “nonconformity.” These laws put transgender and nonbinary young people at risk for greater mental and physical health concerns, including risk for suicidality. Further, low-income families, immigrant families, and other families experiencing marginalization in states with these restrictive laws have fewer resources to find alternate ways to access care for their children (e.g., driving to another state), necessitating intersectional advocacy efforts. Social workers have a duty to challenge these laws and advocate for broader access to gender-affirming care and support for all people.

Finally, the importance of social support, affirmation, and connections to trans community compels our energy, attention, research, and programs to increase opportunities for connecting young people, especially during adolescence, to queer and trans communities. Expanded extracurricular programming, increased partnerships with local LGBTQ community organizations, targeted hiring of transgender and nonbinary faculty and staff, and intentional fostering of a gender-affirming social environment are necessary for improving the social environments in which young people develop. In light of these data and other research that continues to highlight the fundamental importance of affirmation and connection in the lives of transgender and nonbinary young people (Forcier et al., 2020; Goldenberg et al., 2021), building better connections with trans community must be prioritized.

## Conclusion

This study elucidated the gender development process of trans and nonbinary young people in the context of violence exposures and their interactions with their social ecologies during childhood, adolescence, and young adulthood. The aims of this study were to explore gender development processes, identify the sources and types of violence, and examine the interactions of the social ecology on these processes for transgender and nonbinary young people during childhood, adolescence, and young adulthood. The primary findings of the study suggest: 1) gender development starts early, is independent of gender socialization, and requires language to authentically represent one's gender; 2) parents and other authority figures are the most common sources of violence and gatekeepers of safety; 3) gender role enforcement is the primary motivator of violence; and 4) social connections to affirming community are key to ensuring the safety of transgender and nonbinary young people. This work has only grown in importance, as trans youth have been the increasing targets of social and political violence. In 2021 alone, more than 65 bills have been introduced in state legislatures that intend to restrict access to healthcare and participation in sports and other activities for transgender young people and adults (ACLU, 2021). Many of those bills hold physicians who provide gender-affirming care criminally liable (ACLU, 2021)

The sinister project of the gender binary is in its deeply embedded dogma, an intellectual and spiritual corruption grounded in the wider project of heteropatriarchal colonialism (Lugones, 2016). A man/woman sex/gender deterministic and essentialized nature arose from and was violently enforced by colonial powers through a Christian, capitalistic framework (Lugones, 2016). This framework recursively propagates itself through our social systems and acculturation processes by which we are assigned a binary sex at birth (or even prior to it) and then experience constant and extreme gendered socialization from that moment onward. Our roles in society have been relegated to the roles expected of us by our gender, determined by our sex assignment, which are intersectionally-organized with race, class, and ability to sort us into economic and productive contexts aligned within the strict capitalistic structures that rule our lives.

Transgender binary and nonbinary young people are the center of resistance to this system. In violating gender binary norms, often long before they even realize they are doing so, the falsehoods of a binary gender regime are revealed by the very existence of trans binary and nonbinary young people. And so they become the youngest victims of the violence used to enforce it, violence that is often enacted by the very people who are the most responsible for the protection of their wellbeing: parents, teachers, doctors, and scientists. Trans and nonbinary young people must be seen as what they are: our best hope in resisting the violent regime of the gender binary. We have generations of scientific findings to unravel and dismantle and generations of people to re-educate on gender. We all must understand that a rejection of the gender binary is a rejection of a system designed to oppress and constrain each and every one of us. In order to confront this gender regime, we must recognize that gender is a dynamic, four-dimensional process that is always occurring inside us and in our interactions within our social ecology. The binary gender regime enacts violence against all of us, imprisoning us in two separate, unequal boxes that dictate our lives and opportunities. This regime maintains itself through violence, harming those who have the least power, and punishing those who create a world outside of those two boxes. Liberation from gendered violence relies on our attention to supporting and affirming transgender and nonbinary young people, and all young people, for they are the freedom fighters for a kinder, safer, and better world.

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## **Appendices**

1. Appendix A: Recruitment Flyer
2. Appendix B: Interview guide
3. Appendix C: Resources

## Appendix A: Recruitment Flyer

# DO YOU IDENTIFY AS A TRANSGENDER OR NONBINARY PERSON?

**ARE YOU AGE 18-29?**

If yes, you are invited to participate in a research study exploring how gender development is affected by violence during childhood and adolescence!

You will earn \$50 for participating in a confidential 2-hour Zoom interview!

To participate, contact Allen Ratliff at  
**415-855-0315 or gen\_dev@berkeley.edu**

You'll be asked a few questions to ensure you're eligible. Eligible participants will be invited to a confidential Zoom interview about gender and violence during their childhood and adolescence. Participants will receive a \$50 digital Visa gift card for completing an interview.

This research project has been reviewed and approved by the Institutional Review Board at UC Berkeley.  
Protocol 2019-02-11786



## **Appendix B: Interview Guide**

**Now that I've started the interview, I need to ask for your consent to participate again:**

Do you understand the risks and benefits of the interview as I have just discussed in the verbal informed consent form?

Do you consent to participate in this interview at this time?

Do you consent to be audio and video recorded as part of the interview?

Do you have any other questions?

### **Interview guide**

Before we start the interview, there are two points I want to share:

First, as a reminder, this study is about the childhood and adolescence experiences of transgender and nonbinary young people. The interview questions will focus on how you have experienced gender and violence. There may be questions or stories that bring up difficult feelings. You don't have to answer any question that doesn't feel comfortable. We can take a break at any time.

Second, during the interview there will be questions about your gender and your body, and you will not be asked to share any information that you are not comfortable discussing. There are no questions specifically about your genitals or the sex you were assigned at birth, although you are welcome to share any details that you think are relevant to the interview.

Do you have any questions or concerns before we get started?

### **Brief demographics**

How do you identify your gender?

What words or language do you use to describe your aesthetic/appearance? Some people might use the language "gender expression" or "gender presentation."

What is your sexual orientation?

What is your racial or ethnic identity?

Have you completed a high school diploma or GED?

Have you completed any post-secondary education?

## **Landmarks**

Let's start building landmarks on our calendar. A landmark is a notable event that occurred during your life that can be a signpost for periods of your childhood and adolescence. Landmarks can be any events that can help you remember what occurred in your life before or after that event. These aren't the same for everybody: for example, for someone who moved houses a small number of times in their life might use those times as landmarks, because they'll more easily remember unconnected events in their life based on where they lived at the time; however, someone who never moved or moved a lot would be less likely to use moving as a landmark. Landmarks should have clear boundaries in time and space, because I'm going to be asking you "did that other thing happen before or after that landmark?" and if the landmark took place over a long time or in different places then it won't help you remember as well. Landmarks usually involved a transition, like moving, starting, ending, leaving, arriving, etc. Starting a new school, moving to a new house/city, birthdays, anniversaries, trips, and similar events are often used as landmarks, but you should use whatever is best for you. Unfortunately, important events can often be difficult experiences in our lives, including loss of a loved one or other notably stressful events. If this doesn't make sense for you, let's skip this one, but if there is an important event that you want to bring up as a landmark, let me know!

Any questions about landmarks?

Let's try to establish a few notable landmarks, and to start we'll go over a wide view of your life.

## **Places**

Can you tell me the date and location of your birth?

Who did you live with after you were born and where did you live?

Between being born and age 18, did you and your family ever move to a different house?

When did your family move?

## **Schools**

Can you tell me briefly about your history in school? Did you attend public, private, or homeschools?

How many different schools did you attend?

Where did you first go to school? How old were you?

## **Other notable events**

Were there other important events that occurred during your childhood or adolescence?

## **Conclusion**

Okay, let's revisit the landmarks we have so far. [review landmarks] Do all of those make sense?

### **Social environment**

What was the wider social environment like where you grew up?  
Urban? Rural? Political? Economic? Etc.

How would you describe the culture in which you were raised or socialized?

\*\* How would you describe your racial or ethnic identity? How did this identity relate to the culture in which you were raised or socialized?

What did gender roles look like in your social environment?

How was gender explained, described, or enforced to/on you as a child?

### **Family**

Let's talk about your family life.

Who did you live with as a child?

What was your relationship like with your parents or caregivers as a child?

Do you have siblings?

How did your family understand or respond to your gender?

How did your family communicate ideas of gender to you?

### **School**

What was school like?

Were there any supportive teachers or other educational staff?

How were your relationships with your peers?

What were the subjects or classes in which you excelled?

What were the subjects or classes in which you struggled?

How was the transition from elementary school to middle or high school?

How did your gender interact with your school experiences?

## **Gender**

How do you describe your gender now?

How long have you described your gender as this?

When did you start to align yourself with that gender?

How do you describe your gender expression or presentation?

How have your behavior, appearance, and mannerisms been treated in your social environment?

How do you think people were perceiving your gender identity?

Let's talk how you thought about your gender over time.

What were some of your earliest memories of gender?

How did you understand yourself in relation to your body?

How did that understanding change over time?

How does your gender inform your sexual and romantic attractions?

What does your gender mean to you?

How did you learn about gender?

When you learned about gender, what kinds of roles or expectations were assigned to you?

Were you aware of any discussions about gender identity or transgender people when you were a child or adolescent?

How were those discussions or messages conveyed to you?

What did the social environment tell you about yourself, your gender, and how you fit in the world?

## **Sexuality**

\*\* How do you identify your sexual orientation?

How does, or how has, your sexual orientation related to your gender?

How would you describe your relationship with your sexuality during childhood and adolescence?

## **Violence**

Violence is a broad topic, and the centerpiece of this study, so let's talk about what I mean when I say "violence." In my understanding, violence is any act that targets an individual and causes undue physical, psychological, or social stress. It can involve direct physical, sexual, and psychological harm, and it can also involve the deprivation of resources like food, shelter, healthcare, or autonomy. Violence can be subtle and covert, like whispered conversations or exclusion from events, and violence can be more obvious and direct, like assault, property damage, homelessness, and similar events.

Since violence is a large part of this study, let's break it down a little. Let's start with the more direct and obvious forms of violence. I know talking about these events can be difficult and troubling, so please let me know if you want to take a break, skip a question, or talk about something else and come back to it later.

Have you ever experienced physical assault? Has anyone ever hit, punched, kicked, or otherwise physically harmed you? With or without a weapon? Who was this person, or these people? Did you know them or were they strangers? Have you ever been threatened with physical harm?

Have you ever experienced sexual assault? Has anyone ever touched, groped, or made other sexual contact with you that you did not consent to experience? Who was this person, or these people? Did you know them or were they strangers? Have you ever been threatened with sexual harm?

Have you ever done any of these things to another person? Who was this person, or these people? Did you know them or were they strangers? What was the circumstances?

Have you ever experienced physical, sexual, psychological, or social harassment?

Have you ever experienced bullying?

Have you ever experienced harassment or bullying in virtual spaces, on the internet, over email, or on social media?

Have you ever done any of these things to another person? Who was this person, or these people? Did you know them or were they strangers? What was the circumstances?

Have you ever experienced property damage, theft, or destruction?

Have you experienced restrictions in your access to food, water, shelter, or healthcare?

Have you ever been held against your will?

Have you experienced any other types or experiences of violence that we haven't discussed yet?

Is there anything else about your experiences of violence that you'd like to share?

## Appendix C: Resources

### Resources

#### Helplines

##### Trans Lifeline

Trans-specific helpline.  
24/7 hotline. Staffed by trans volunteers  
877-565-8860  
[www.translifeline.org](http://www.translifeline.org)

##### National Suicide Prevention Hotline

24/7 hotline. Staffed by trained staff  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
800--273--TALK (8255)

##### Crisis Text Line

24/7 support with a trained counselor  
[www.crisistextline.org](http://www.crisistextline.org)  
Text 741741 from anywhere in the USA

##### The Trevor Project.

Safe space and support. Every day,  
every hour.  
[www.thetrevorproject.org](http://www.thetrevorproject.org)  
866-4-U-TREVOR  
(866-488-7386)  
[www.thetrevorproject.org/get-help-now](http://www.thetrevorproject.org/get-help-now)  
Peer Support: [trevorspace.org](http://trevorspace.org)

#### Resource Clearinghouses

##### Gender Spectrum

Resources for trans and nonbinary  
young people, families, and providers  
[www.genderspectrum.org](http://www.genderspectrum.org)

##### National Center for Transgender Equality

Resources for trans and nonbinary  
people, families, and providers  
[www.transequality.org/additional-help](http://www.transequality.org/additional-help)

#### Community Centers

##### CenterLink

Find local LGBTQ+ community centers,  
jobs postings, and community events  
[www.lgbtcenters.org](http://www.lgbtcenters.org)

#### Legal support

##### Transgender Law Center

Legal support for issues including  
documentation, discrimination, family,  
housing, immigration, healthcare  
[transgenderlawcenter.org](http://transgenderlawcenter.org)  
[transgenderlawcenter.org/resources](http://transgenderlawcenter.org/resources)

##### Sylvia Rivera Law Project

[www.srlp.org](http://www.srlp.org)

#### Health and Healthcare

##### Rad Remedy

Community-sourced trans-affirming  
healthcare providers  
[www.radremedy.org](http://www.radremedy.org)

##### TransChance Health

Healthcare and insurance navigation for  
transition-related care covered  
[www.transchancehealth.org](http://www.transchancehealth.org)

##### Feeding America

National Database of Food Banks  
[www.feedingamerica.org](http://www.feedingamerica.org)

##### ShelterListings.org

National database of homeless shelters  
[www.shelterlistings.org](http://www.shelterlistings.org)

If you need additional resources or support, please email Allen at  
[gen\\_dev@berkeley.edu](mailto:gen_dev@berkeley.edu) or call 415-855-0315