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Victimization Risk and the Lived Experiences of Transgender and
Gender Non-Conforming People**

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ABSTRACT

ROUTINE ACTIVITIES, MINORITY STRESS, AND SOCIAL SUPPORT: VICTIMIZATION RISK AND THE LIVED EXPERIENCES OF TRANSGENDER AND GENDER NON- CONFORMING PEOPLE

By

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Major Department: Criminal Justice and Criminology

Even though they represent less than 1% of the general population, transgender and gender non-conforming (TGNC) people experience disproportionately high rates of nearly every type of victimization. Despite this, the theoretical literature that seeks to explain these victimization patterns is limited. In this dissertation, interviews with 52 TGNC people were conducted and analyzed using a grounded theory approach. The goal of this dissertation is to better understand the process by which TGNC people may be exposed to victimization risk. The findings from this dissertation demonstrate the possibility of using both Minority Stress Theory and the Routine Activities/Lifestyle Exposure theory in understanding TGNC peoples' victimization experiences. The findings from this dissertation also outline processes by which TGNC peoples' formal and informal social support networks may ultimately contribute to both minority stress and victimization risk, even though existing literature proposes that these support networks should ameliorate minority stress. Implications for future research, prevention, and intervention are also discussed.

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RISK AND THE LIVED EXPERIENCES OF TRANSGENDER AND GENDER NON-
CONFORMING PEOPLE

BY

SHANNA NATALIA FELIX-HIGHSMITH

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree
of
Doctor of Philosophy
in the
Andrew Young School of Policy Studies
of
Georgia State University

GEORGIA STATE UNIVERSITY
2021

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Shanna Natalia Felix
2021

ACCEPTANCE

This dissertation was prepared under the direction of the candidate's Dissertation Committee. It has been approved and accepted by all members of that committee, and it has been accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Criminal Justice and Criminology in the Andrew Young School of Policy Studies of Georgia State University.

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DEDICATION

This dissertation is dedicated to the 52 people who shared their uninhibited stories with a stranger, despite the horrifying political climate at the time of the project, which made it possible for this dissertation to exist.

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First and foremost, I am extremely grateful for having had the opportunity to work with and learn from Dr. Leah Daigle over the past few years. She not only helped me with the technical work of completing this dissertation and the doctoral program, but she also went far beyond the call of duty as dissertation chair to be a trusted mentor. I would also like to thank Dr. Dean Dabney, who provided me with invaluable assistance ever since this project was still an idea scattered across dozens of post-it notes. I am grateful to Dr. Mark Reed for helping to shape the direction of this dissertation, even when I myself was not entirely sure where it was going. I am also thankful to Dr. Carrie Buist for her consistent support throughout the completion of this project, and whose feedback and encouragement was indispensable, especially as the project neared completion.

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Although this dissertation is technically “only” the culmination of about four years of intensive (and, at times, exhausting) qualitative data collection and analysis, I also see it as the ending of over a decade of higher education. There are also dozens of other people worth thanking, including administrative assistants (especially Dara), library staff (who helped troubleshoot dozens of NVivo issues), my teachers over the years, my D&D groups, and my dog and my cat (for key emotional support).

However, for now, I’ll stop here, and I’ll just say to all of you: thank you.

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I. Introduction

Even though they account for less than 1% of the total United States population, transgender and gender non-conforming (TGNC) people have some of the highest victimization rates in the United States for nearly every type of victimization, especially interpersonal violence. The 2015 United States Transgender Survey (USTS) results show that nearly half of all TGNC people surveyed experienced targeted discrimination, verbal harassment, or physical assault as a result of their TGNC status (James et al., 2016, p. 198). The USTS findings also reveal that nearly half (48%) experienced sexual assault at some point in their lifetime and over half (54%) experienced intimate partner violence at some point in their lifetime – which is more than double the rate of sexual violence and one-and-a-half times the rate of intimate partner violence for cisgender women (18% and 36%, respectively; Black et al., 2011, pp. 1-2; James et al., 2016, p. 198). In addition to high rates of victimization, findings from the USTS indicate challenges associated with TGNC peoples' access to support systems that would help address these high rates of violence. For example, 57% reported being uncomfortable asking the police for help and one-third (33%) reported having a negative experience with a healthcare provider as a result of their TGNC status (James et al., 2016, pp. 93, 185).

Despite TGNC peoples' disproportionately high rates of victimization, there is little theoretical work in criminology and victimology that attempts to explain this pattern specifically among TGNC people, which could prove key to developing better efforts to prevent or address the effects of victimization. For example, there is theoretical literature on the Routine Activities/Lifestyle Exposure (RAT/L) theory to suggest that certain risk factors such as binge drinking or risky sexual behaviors (Horvath et al., 2014) may predispose individuals to victimization by altering their social context or by predisposing them to risk (for instance, Fox &

Sobol, 2000). Further, according to the Minority Stress Theory (MST), the inability to cope with minority stressors (such as discrimination or other related stressors) is linked to a wide variety of risk factors for victimization such as substance use as a coping mechanism for those negative stressors (see, for instance, Hatzenbuehler et al., 2008). One of the primary arguments of MST is that strong social support mechanisms are key to coping with minority stress in a healthy way (Meyer, 2003). However, there is little research connecting the RAT/L and MST with risk factors and support mechanisms in such a way that adequately explains victimization risk for TGNC people. The present study seeks to address that gap in the literature by using a grounded theory approach (Glaser & Strauss, 1967) to interviews of 52 TGNC people. These interviews were semi-structured and were analyzed using the constant comparative method (Boeije, 2002). Themes related to social support, minority stress, and theoretical concepts from RAT/L and MST are examined.

Chapter one of this dissertation contains an introduction as well as a detailed explanation of the language used throughout this dissertation. Chapter two includes a review of the literature, including general patterns for the victimization of not only LGBTQ+ people, but TGNC people. Chapter two also includes a discussion of the RAT/L and MST approaches to victimization, and the theoretical argument in favor of social support for reducing the risk for victimization. Chapter three outlines the methods for the study, including descriptions of the participants in the sample, the recruitment strategies, the protocol for the interviews, and the analytical strategy. Chapter four contains the findings of this study, organized thematically. Chapter five is a discussion of the findings within their theoretical context, along with limitations to the study and implications for future research.

A Note on the Language Used in This Dissertation

The acronym LGBTQ stands for lesbian, gay, bisexual, transgender, and questioning/queer. At times, authors will add or remove letters to the acronym depending on the author's own views, the views of the authors' participants, or some other context in which the acronym is used. For instance, LGBTQIA includes intersex and asexual people, respectively. However, the range of sexual orientations and gender identities that exist is vast. Consequently, authors who wish to include a diverse spectrum of sexual and gender identities without excluding any one identity will use the acronym LGBT or LGBTQ with a plus sign (+) or asterisk (*) at the end – that is, LGBTQ+ or LGBTQ*. The acronym used at any given point in this dissertation is intentional: LGBTQ+ will be used when referring to the entire range of sexual orientations and gender identities within the larger community of gender and sexual minority people (for instance, including asexual and pansexual people), or a specific acronym for a specific subset of the LGBTQ+ community may be used (e.g. LGB for only lesbian, gay, and bisexual people). In some cases, if the author(s) of a cited study use a different acronym, that acronym may be used with a footnote explanation. Additionally, although “Q” can sometimes stand for queer or questioning, most literature which omits “T” but includes “Q” (that is, LGBTQ) refers only to people who are questioning their sexual orientation, not those who are questioning their gender identity.

It is also worth acknowledging that the extended acronym includes a mixture of sexual orientations and gender identities. Though sexual minorities (e.g. lesbian, gay, and bisexual people) and gender minorities (e.g. transgender and gender non-conforming people, abbreviated in this dissertation as TGNC people) are often included together as members of the collective LGBTQ+ community in discussions surrounding their needs, it is important to recognize that the

two groups are distinct. That is to say, although the two groups may have some similar needs or might share similar histories of systemic and interpersonal violence, the lived experiences of LGB people can sometimes differ significantly from the lived experiences of TGNC people. For example, one need only to read the autoethnographic account of Riggle (2018), a “butch” (i.e. masculine, but not transgender) lesbian woman who frequently experienced targeted harassment in women’s public restrooms to see that a lesbian woman who is able to “pass” as heterosexual likely has a different lived experience than the gender non-conforming (GNC) one described by Riggle.

With that in mind, my study focuses specifically on a sample of transgender and gender non-conforming people. Thus, the words “transgender,” “trans,” and “transperson” will be used interchangeably to refer to all gender minorities or gender non-conforming people who might fall under the transgender umbrella (such as those participants who self-identified as genderqueer, gender fluid, agender, etc.). Language particular to certain transgender people – such as FTM (female-to-male) or MTF (male-to-female) transperson – is used intentionally. In other words, although some might argue that words like MTF or FTM are becoming dated in favor of some other language (such as “transfeminine” or “transmasculine,” respectively), in this study, all of the binary transgender participants used MTF or FTM explicitly and, in most cases, without prompt from the interviewer. Therefore, rather than use the author’s own language to label the participants’ identities, this dissertation uses language that the participants used to describe themselves.

Additionally, the word “cisgender” refers to someone who is not transgender (as is the case for the majority of the population, including the majority of LGB people; Flores et al., 2016). In cases where a reference to the “natal sex” of an individual is warranted, the phrases

“sex assigned at birth” (SAAB), assigned female at birth (AFAB), and assigned male at birth (AMAB) will be used. Finally, this dissertation may occasionally use the word queer. Queer has an extensive history of being used “politically” by both gender and sexual minorities in that it has been used to reclaim a word that was once (and sometimes still is) used offensively. Some (including many in the present study) also use the word as a form of “label rejection” – that is, rather than associate with “LGBT” people or with “transgender people,” a gender or sexual minority might simply opt to identify themselves as “queer” to avoid any ideological implications or other assumptions associated with being “LGBT.” Therefore, “queer” is often more adequately defined as a cultural identity rather than an explicit sexual or gender identity. To avoid confusion, in this dissertation the word queer will only be used when participants have used the word to describe themselves, or in a specific reference to the queer “ideology” (e.g. queer theory, queer criminology). For a lengthy discussion of the historical and social context of the word and its language, see Ball (2016).

II. Review of the Literature

The Victimization of LGBTQ+ People

As previously stated, although the two are sometimes mistakenly conflated, there is a difference between the lived experiences of sexual minorities and the lived experiences of gender minorities. However, it could be helpful to first explore the general victimization patterns of LGB people for two main reasons: first, LGB people and TGNC people sometimes share social spaces (for instance, trans youth in high school gay-straight alliances or GSAs; Heck et al., 2011) and second, TGNC people can also identify as LGB+ since the two identities are distinct (a pattern which was particularly common among the present study's sample).

Katz-Wise and Hyde (2012) conducted a meta-analysis of the victimization experiences of LGB people, in which they compared 386 studies with over 500,000 combined participants. Among other findings, two are particularly striking: first, victimization was pervasive, with over half of the participants in the U.S. samples experiencing some form of victimization (other than intimate partner violence, which was not included). More specifically, 56% experienced verbal harassment, 28% experienced physical assault, and 29% experienced sexual assault (p. 150-151). Second, using 65 of the 386 studies, the authors reported that LGB people experienced greater rates of victimization than heterosexual people "across all samples" and with nearly all types of victimization measured, except for police victimization and health care discrimination (although the effect sizes were small; p. 153-154).

Katz-Wise and Hyde's (2012) study was and is a landmark study, remaining one of few large-scale studies of a wide variety of LGB peoples' victimization experiences (and the only meta-analysis on it). There are a few other notable large-scale studies that include LGB peoples' victimization experiences, such as the National Intimate Partner and Sexual Violence Survey

(NISVS), for which Walters et al. (2013) recently published the findings specific to sexual orientation.¹ The findings in NISVS only include victimization related to sexual assault and intimate partner violence, but those findings were consistent with the results reported by Katz-Wise and Hyde in their meta-analysis in that there were slightly higher rates of sexual victimization among LGB people (excluding lesbian women) compared to their heterosexual counterparts. NISVS results show that 13% of lesbian women, 46% of bisexual women, 40% of gay men, and 47% of bisexual men experienced sexual violence other than rape in their lifetime, compared to 43% of heterosexual women and 20% of heterosexual men (Walters et al. (2013, pp. 10-11).

As another example, the National Crime Victimization Survey (NCVS; see The National Center for Victims of Crime, 2018) reports hate-crime victimization data for LGB people, but as Katz-Wise and Hyde (2012, pp. 142-143) note, this type of crime is far more difficult to measure because the intent of an offender is not always clear to the victim (or not always documented as such by law enforcement), and is likely less common than interpersonal victimization that is not driven by hate (see also Schwencke, 2017). According to a 2018 report by the National Center for Victims of Crime (NCVC), 88% of police departments who reported to the Uniform Crime Report in 2015 reported zero hate crime incidents in 2015 (The National Center for Victims of Crime, 2018, p. 1). By contrast, the self-report data from the NCVS finds that there are over 30 times as many self-reported hate crime victimizations as there are police reports of hate crime

¹ There are, of course, a few other large-scale studies that include measures for LGB (and sometimes LGBTQ+) peoples' victimization experiences, such as the Association of American Universities (AAU) Survey on Sexual Assault and Misconduct (e.g. Cantor et al., 2019) and the American College Health Association's National College Health Assessment II (e.g. Johnson et al., 2016). Large-scale studies such as NISVS and the NCVS are among the most widely cited and widely known efforts to measure victimization.

victimizations (though the other does not separate these findings by type of bias; Pezzella et al., 2019).

The Victimization of TGNC People

While the norm is shifting for national-level data to not only include but to also take steps to appropriately measure LGB victimization, accounting for and properly measuring TGNC peoples' victimization patterns is less common. For instance, currently, the NCVS survey is the subject of scrutiny because of its recent proposal to remove questions related to both sexual orientation and gender identity for people under 18, citing "privacy concerns" (see The Williams Institute, 2018 for a summary and public comment on the issue). This illuminates an important issue for large-scale studies about TGNC people in particular: if the political climate at the time is not one that is favorable to TGNC people, there is a possibility that they will simply not be included in the most well-known federally-funded studies (as is the case with NISVS, which is very well-known and well-cited, but does not include measures for TGNC status). If large-scale, well-funded data sources do not include this information, it is difficult to have generalizable statistics to account for TGNC victimization patterns and prevalence and it is difficult to properly compare these statistics to the larger cisgender population.

Given these issues, to date, the most comprehensive survey of TGNC peoples' experiences is the 2015 United States Transgender Survey, which was developed by the National Center for Transgender Equality (James et al., 2016, p. 2). The study is nationally representative and includes 27,715 respondents from all 50 states, along with U.S. territories and overseas military bases (James et al., 2016, p. 21). The findings outline incredibly high rates of homelessness, HIV, interpersonal victimization (including bullying, hate crime victimization, and intimate partner violence), systemic violence (including workplace discrimination and police

brutality), and unusually high participation in the “underground economy” (i.e. sex work; James et al., 2016, pp. 8-14). Of particular interest for the present study are the findings related to victimization; the USTS reports that 48% of all respondents reported being victimized in some way due to their TGNC status (James et al., 2016, p. 198). For example, the report shows that 47% of all respondents had been sexually assaulted in their lifetime (with 10% experiencing sexual assault in the past year), 54% experienced intimate partner violence at some point in their lifetime, and 16% reported being stalked (compared to 6% in the general U.S. population; James et al., 2016, pp. 198, 207). As a result of their gender identity or expression, in the year prior to taking the survey, 14% of respondents reported being denied equal treatment or service, 54% reported experiencing verbal harassment, and 9% reported being physically attacked (James et al., 2016, pp. 200-203).

Other studies have also found that TGNC people are at an increased risk for experiencing nearly every type of victimization. In a systematic review of United States data, Stotzer (2009) stated that “all surveys have found evidence that sexual violence is shockingly common.” The authors ultimately concluded that the most accurate statistic for unwanted sexual activity among transgender people is approximately 50% (p. 172; see also Clements-Nolle et al., 2006; Garofalo et al., 2006; Lombardi et al., 2001). A more recent study using the National College Health Assessment Data-II demonstrates that transgender people were more likely than cisgender people to experience every type of violence examined – including sexual assault, intimate partner violence, and several types of physical violence (Griner et al., 2017). Furthermore, the most recent Washington, DC Trans Needs Assessment Report found that 74% of those surveyed had been verbally assaulted, and 42% had been physically assaulted (Edelman et al., 2015). The report also adds that trans-feminine people of color have the highest risk of assault, with 62% of

Black transfeminine individuals reporting physical assault compared to only 14% of Black transmasculine individuals (Edelman et al., 2015, p. 10). Further, in a study that compared cisgender sexual minority and transgender victimization, Langenderfer-Magruder et al. (2016) found that transgender people experienced significantly higher rates of intimate partner violence when compared to their cisgender, sexual minority peers (20.4% vs. 31.1% of transgender respondents reported IPV; p. 863). Finally, the 2017 National School Climate Survey conducted by the Gay, Lesbian, & Straight Education Network (GLSEN) found that 59.5% of transgender youth felt unsafe because of their gender identity. The report also found that 59.1% reported verbal harassment, 24.4% reported physical harassment, 11.2% reported physical assault, and of those who reported to the staff, 60.4% stated that school staff did nothing or told the students to ignore it (Kosciw et al., 2018, pp. xvii-xx).

The Theoretical Approach to Interpersonal Victimization

Because victimization is so prevalent among TGNC people, there is a great need for theoretical explanations for such high rates of victimization. There are many possible models that have been or may be used to understand interpersonal victimization patterns among the general population which could possibly also apply to TGNC peoples' victimization experiences. However, because it is not possible to integrate all existing criminological and victimological theory, this dissertation will focus primarily on two theoretical models which are most relevant to this study: the Routine Activities/Lifestyle Exposure Theories (RAT/L) and Minority Stress Theory (MST). RAT/L is one of the most commonly used theories for understanding victimization in general, and MST is designed specifically for understanding minorities' experiences. This dissertation argues that MST best explains why TGNC people may engage in risky behavior, while RAT/L helps to place that risky behavior in the context of exposure to

victimization. Further, according to the literature, strong social support has the potential to decrease that risky behavior or can contribute to healthy coping strategies for ultimately reducing revictimization risk. Given that TGNC people are known to have close, tight-knit communities (and existing literature suggests that these communities are important to their overall well-being), there is room to explore the role of social support in this group (Barr et al., 2016).

The Routine Activities/Lifestyle Exposure Theories

As previously mentioned, RAT/L are perhaps the most widely known and commonly tested theoretical frameworks for understanding victimization risk. The two theories were proposed during approximately the same time period. Routine Activities Theory was originally intended to be a macro-level theory to explain greatly increasing crime rates (particularly for interpersonal and predatory crimes), despite the fact that conditions that were “supposed to cause violent crime [had] ... generally improved” (Cohen & Felson, 1979, pp. 588-589). In their foundational work, Cohen and Felson (1979, p. 589) argued that these “paradoxical trends” were due to fundamental changes in the daily or “routine” activities of a person’s life (p. 589). They further argued that, for crime to occur, a convergence of three factors must exist: a likely (or motivated) offender, a suitable target (for the offender), and the absence of a capable guardian (to protect the suitable target from the offender; Cohen & Felson, 1979, p. 590). They wrote that, if any one of those factors did not exist, interpersonal crime theoretically could not occur – and in the social context of the original theory, Cohen and Felson (1979, p. 589) argued that day-to-day life had fundamentally changed such that those three factors were more likely to converge (hence, the large increase in victimization rates during that time period). Further, the authors argued that while the lack of any one of those factors was theoretically enough to prevent the occurrence of crime, they also argued that even “modest social trends can contribute to some

relatively large changes in crime rate trends” with increased confluence of suitable targets and the absence of capable guardians (Cohen & Felson, 1979, p. 604).

At the micro level, Hindelang et al. (1978, p. 241) argued that one’s “lifestyle” could increase an individual’s risk for victimization. “Lifestyle,” in the original work, refers to so-called “routine daily activities, both vocational activities (work, school, keeping house, etc.) and leisure activities” (Hindelang et al., 1978, p. 241). According to Hindelang, our various achieved and ascribed statuses in society come with role expectations that alter our routine activities – for example, children are not generally expected to work (Hindelang et al., 1978, p. 242). In terms of victimization risk, one’s role expectations might translate to lifestyles that carry higher risk for victimization. For example, on college campuses, routine activities that consist of a large number of students who do not know each other very well, being in close proximity to each other, and engaging in certain behaviors like binge drinking could theoretically lead to higher rates of sexual violence (Cass, 2007). To better capture both the macro-level and micro-level factors that could contribute to victimization risk, criminologists and victimologists frequently combine the lifestyle exposure theory and the routine activities theory (i.e. particularly risky “routine activities” might make a target more “suitable” by exposing them to criminal opportunity; Miethe et al., 1987).²

The combined framework is tested widely across a variety of criminological contexts, including sexual violence (as mentioned above; Cass, 2007) cybercrime (Leukfeldt & Yar, 2016; van Ouytsel et al., 2018), stalking (Reyns et al., 2016), violent victimization (Henson et al., 2010), and school violence (Popp & Peguero, 2011). As it pertains to gender, Hindelang et al. (1978, p. 242) originally argued that certain individual characteristics come with certain role

² It is worth noting that some theorists see the two theories as fundamentally distinct; most notably, Pratt and Turanovic (2016).

expectations, cultural norms, or otherwise expected behaviors – the specific example used in the original work is that being unmarried comes with the role expectation that less time is spent at home, which could potentially increase a risk of victimization outside of the home (for instance, at bars). Gender also comes with role expectations, and the authors wrote that those gendered behaviors an individual engages in (such as the type of job one has or whether or not one goes to a bar) may or may not expose them to an “opportunity” for criminal victimization (Hindelang et al., 1978, p. 121).

Some scholars have historically suggested that the impact of those demographic characteristics (such as gender) would no longer matter once other factors (such as having a delinquent lifestyle) were considered (such as Jensen & Brownfield, 1986, cited in Henson et al., 2010). More specifically, one primary concern is whether gendered victimization patterns exist because different genders have inherently different lifestyles (which then leads to victimization), or because different genders participate in different activities which are then perceived as gendered lifestyles (Henson et al., 2010, p. 304). For instance, Henson et al. (2010) found that gender moderated the effects of delinquent lifestyles on victimization and Popp and Peguero (2011) found that gender was related to victimization risk among adolescents by interacting with extracurricular routine activities. Similarly, Reyns et al. (2016) found weak (but statistically significant) support for the hypothesis that some predictors of stalking victimization (i.e. certain social contexts, such as going to bars and pubs) are gendered. These and other analogous studies demonstrate not that gender has a direct effect on victimization risk, but that gender has an indirect effect on victimization risk by altering one’s social context (which is what was originally suggested by Hindelang and his colleagues).

RAT/L and LGBTQ+ Victims

To date, tests of the two individual models (RAT and lifestyles) or the combined model (RAT/L) in the context of LGBTQ+ victimization are lacking, and those studies that do exist only examine the experiences of LGBQ³ people. For example, Stacey and Averett (2016, pp. 27-28) examined the perceptions of homophobia among older lesbians (over the age of 51) through the lens of routine activities theory. The study found that these women had certain risk factors for and protective factors against homophobia in their routine, daily lives. The key finding regarding these factors in this study is that family members could be both a protective factor and a risk factor – if participants had other gay or lesbian family members, family was a protective factor against homophobia. Otherwise, being out to one’s family generally increased the odds of experiencing homophobia. This is because being lesbian (or perhaps being LGBQ or even, more broadly, LGBTQ+) comes with certain behavioral expectations associated with one’s role in society – for instance, how “out” a person is determines whether or not they engage in behaviors that could expose them to risk, such as going to gay bars or drinking more with their LGBQ friends (Stacey & Averett, 2016, p. 24).

Stacey and Averett’s (2016, p. 24) findings are in line with previous studies that suggest a link between routine activities and “prejudice-motivated” violence. Tewksbury et al. (1999) argued that because of increased media coverage around LGBQ people at the time of their publication,⁴ LGBQ people and their “routine activities” could be in position in society that is uniquely vulnerable to hate crime victimization. They found that women (and particularly older,

³ Please note that LGBQ, in this section, stands for lesbian, gay, bisexual, and questioning, and explicitly excludes TGNC people because of the context of the studies in this section.

⁴ In just one example, Matthew Shepard was notoriously beaten, raped, tortured, and left to die in October 1998, which garnered national media attention and polarized political messaging surrounding LGBQ people. For a more detailed overview and analysis of the infamously “anti-gay” political climate at that time, see Franke-Ruta (2013).

white women) were more likely to fear victimization, and that those who had experienced police discrimination were more than twice as likely to fear being victimized (Tewksbury et al., 1999, p. 132). Further, they found that those respondents “who experienced prior police discrimination [were] almost 8 times more likely to report being verbally abused as a result of their sexual orientation” (Tewksbury et al., 1999, p. 133). Finally, they found that older lesbian women (which, as previously noted, had the highest fear of victimization) had the lowest risk of physical attack, and that closeted respondents were less likely to experience physical attacks (Tewksbury et al., 1999, p. 135). The authors argue that, from these findings, one can conclude that those who do not successfully “manage their sexual orientation” increase their risk of victimization by making themselves more easily perceivable as gay or lesbian and, consequently, making themselves more suitable targets for victimization (Tewksbury et al., 1999, pp. 136-137).

In another example, a recent study by Snyder et al. (2018, p. 5) examined the risk of interpersonal violence (IV) among LGBQ college students and mentioned that certain variables were included because they were “common predictors of IV from the lifestyles-routine activities framework,” but the study is not presented as a test of the theoretical framework. Even though the paper does not test the framework, Snyder et al.’s study is still explicitly informed by the theoretical framework in that it views victimization through the framework of risk and protective factors. The authors found that LGBQ individuals (both male and female) were far more likely to have experienced IV within the past 12 months, even controlling for so-called “lifestyle characteristics” (alcohol use, binge drinking, drug use, sex partners, relationship status, and Greek membership; Snyder et al., 2018, pp. 10-11). They conclude, therefore, that “risk may not be evenly distributed across LGBQ students and that risk varied across different categories of sexual orientation,” or perhaps, that certain students were more or less likely to be seen as more

suitable targets “due to the activities that they engage in” (Snyder et al., 2018, pp. 11-12). They note that their findings are in line with Waldner and Berg (2008, p. 273), who also concluded that engaging in certain activities (such as participating in gay/lesbian organizations) can increase one’s risk of anti-gay victimization, presumably because it “eases the perpetrator task of identifying a suitable target.”

In general, tests of the RAT/L framework have found that risk factors for interpersonal victimization (i.e. not just among LGBQ people) include, among many other factors, drinking alcohol and binge drinking (Fox & Sobol, 2000), substance use (Barnes et al., 2007), frequent partying (Cass, 2007), risky sex (Messman-Moore et al., 2010), disability status (Bones, 2013), and a history of previous victimization (see also Henson et al., 2010). Studies also find that transpeople are more likely to engage in each of those behaviors. As evidence, Horvath et al. (2014) report a high prevalence of substance use, risky sex, and poor mental health among TGNC people, Newcomb et al. (2019) report similar findings across both TGNC youth and adults, and Warriar et al. (2020) find a higher prevalence of neurodevelopmental disabilities (such as autism) among TGNC people.⁵ In addition to being more likely to have risk factors that are linked to victimization, there is also an inherent risk for victimization that is associated with TGNC status (for instance, the risk for hate crime victimization; Waldner & Berg, 2008). Therefore, the combination of engaging in risky behaviors, plus the inherent risk associated with being TGNC could explain their particularly high risk for victimization.

⁵ Although disability status (including neurodevelopmental disorders such as autism) and TGNC status are not inherently correlated, there is a body of literature to suggest that there may be some significant correlation between having a diagnosis of gender dysphoria and having a diagnosis of autism spectrum disorder (Glidden et al., 2015; Warriar et al., 2020). “Gender dysphoria” is the clinical “diagnosis” for the feeling of gender incongruity that is often experienced by TGNC people, although not all TGNC people experience gender dysphoria in the same way (American Psychiatric Association, 2013). Other studies outside of clinical literature also find a high prevalence of disability status among transpeople (up to 58% in a Scottish survey; 28% in the USTS; see James et al., 2016; McNeil et al., 2012).

Research that examines gender non-conforming or nonbinary peoples' risks for victimization within the RAT/L framework are uncommon. For instance, Johnson et al. (2016) used nationally-representative data of college students and found that transgender students were more likely to experience certain types of victimization when compared to cisgender female students in the sample. The paper itself tests the RAT/L framework along with the Minority Stress Theory framework for sexual orientation, and the authors did include transgender people in their reported results. However, the authors note that the number of transgender respondents was low at only 39 and warranted further investigation – thus, how their findings relate to the experiences of TGNC people is unclear. Small sample size is a common problem with national-level data because if less than 1% of the total population is estimated to identify as TGNC, nationally-representative data sets will always have a small sample size relative to the total group sampled (Flores et al., 2016).

Although direct tests of the RAT/L framework for LGBTQ+ people are uncommon, outside of the RAT/L framework, there are many studies that examine risk and protective factors for LGBTQ+ people, and those studies can then be interpreted through the RAT/L lens. However, again, a significant weakness of studies that examine risk and protective factors for LGBTQ+ people, particularly when those studies are explicitly conducted within the framework of RAT/L, is that those studies typically do not include transgender or gender non-conforming people. In other words, studies that examine LGB peoples' risk factors for victimization are far more common than studies which examine TGNC peoples' risk factors for victimization. When studies report that they are about LGBTQ+ people as a whole, they frequently leave out TGNC people – put differently, these studies assume that TGNC peoples' experiences are able to be combined with LGBQ peoples' experiences. For example, the previously mentioned study by

Stacey and Averett (2016) on older lesbians and their risk factors for homophobia made absolutely no mention of the possibility that gender non-conforming lesbians (such as androgynous, masculine-of-center, or “butch” lesbians) might have inherent risk factors associated with their gender expression or, in some cases, their gender identity. In an autoethnographic study, Riggle (2018) noted that she had been repeatedly targeted with negative actions (such as harassment) in women’s public restrooms simply because of her non-conforming presentation. She notes that she exists in a separate category from both LGBTQ people and binary transpeople – she does not share the same experiences as cisgender lesbian women, nor does she share the same experiences as a transgender person who identifies as male or female (Riggle, 2018, p. 485).

Similarly, studies that examine nonbinary, genderqueer, or otherwise gender non-conforming peoples’ risk for victimization are rare, and when they do exist, they are often flawed. Rimes et al. (2019) found that, in a sample of binary and nonbinary transgender 16-25-year-olds in the United Kingdom, over half of the participants identified as nonbinary. The authors found a stronger link between sex assigned at birth (SAAB) and victimization risk rather than gender identity and victimization risk. The study found that both binary and nonbinary transpeople who were AFAB experienced a higher risk for childhood sexual abuse, while AMAB transpeople were more likely to experience physical assault related to being LGBTQ+ (Rimes et al., 2019, p. 230). A strength of Rimes and colleagues’ study is that their sample consists of only TGNC youth and compared the participants’ SAAB with their gender identity in order to determine who should be included in the sample as nonbinary (2019, p. 232). This strategy avoids issues regarding conflicting language: in other words, language participants may use to identify themselves may differ from the language the researchers may use to understand the

participants' identities – an issue which may be more common among youth, who are likely still learning the language to describe their identities. However, overall, there is a significant lack of high-quality (and especially well-funded and nationally-representative) research on the needs and experiences of all nonbinary peoples' experiences with victimization. For instance, a report by the National Institute of Medicine (Graham et al., 2011) calls for more work on experiences that may impact the health of a diverse range of non-cisgender identities – such as people who identify as two-spirit rather than transgender (a term used by some Native American people; Wilson, 1996).

The Minority Stress Model

As mentioned, empirical tests of the RAT/L framework using samples of LGBQ people are not common and studies using a RAT/L infrequently include TGNC people (and are subject to other problems such as small sample sizes). Rather, a model that has been more commonly used to understand LGBTQ+ victimization is the minority stress model (sometimes called Minority Stress Theory, or MST). Developed by Meyer (1995, 2003), the original model argues that LGB people have a high prevalence of mental health concerns due, in part, to stress associated strictly with being a minority. According to the framework, stressors unique to minority people can include stigma, discrimination, or even the fear of stigma or discrimination and are “additive to general stressors that are experienced by all people” (Meyer, 2003, pp. 1, 4). Furthermore, the stressors are also “chronic” (that is, they exist over a long period of time) because they are related to social and cultural structures (Meyer, 2003, p. 4).

The MST framework also divides minority stressors into two main types. Meyer (2003, p. 5) writes that minority stressors range from distal to proximal, in which distal stressors are “objective stressors that do not depend on an individual's perceptions or appraisals” (such as

stressful events and conditions), and proximal stressors are “more subjective and related to self-identity” (such as internalized homophobia⁶). Meyer explains the types of stressors as existing on a continuum – for example, expecting a stressful event can be a distal stressor if it does “not depend on an individual’s perception or appraisal,” but if the expectation is of a stressful event due to one’s minority status, it can be a proximal stressor (Meyer, 2003, p. 5). In writing of MST later, Meyer (2015, pp. 209-210) clarified that proximal stressors “are transmuted through socialization and experienced by the person through internalizing social processes.” In other words, in the example of internalized homophobia, the original message of homophobia comes from a socialized message about LGB people, which an individual then internalizes.

Although the original framework was developed to apply to lesbian women, gay men, and bisexual people, Meyer and other scholars have since adapted the theory for use with other minority groups, such as racial minorities (Wei et al., 2008), multiple minorities (such as LGBT people who are also racial minorities; Balsam et al., 2011) and TGNC people (Hendricks & Testa, 2012). For the latter, specific stressors that might be associated with being TGNC include “alarmingly high rates of discrimination, violence, and rejection related to their gender identity or expression” even when compared to (cisgender) LGB people (Hendricks & Testa, 2012, p. 462) a point which has already been expanded on in other areas of this dissertation. There is also recent literature to support the idea that the “internalized transphobia, anticipated stress, gender identity concealment, and gender dysphoria” that TGNC people frequently experience as a direct result of their minority status also fits the criteria for a minority stressor (Lindley & Galupo, 2020).

⁶ “Internalized homophobia” refers to an LGB individual who internalizes negative messages about themselves and their relationships. Balsam and Szymanski (2005, p. 260) explain that some examples of internalized homophobia might include stereotypical beliefs about lesbians, such as a belief held by a non-heterosexual woman that lesbians are particularly violent (which could be exacerbated by a history of violent same-sex relationships).

MST is not, by itself, a theory about victimization. Instead, it is a psychological theory about the process by which minority groups experience greater stress than non-minority groups. The theory can be used to understand increased victimization risk among minority groups by connecting minority stress to risky coping strategies to stressors, and by then connecting those risky coping strategies to victimization experiences. For instance, to connect minority stress to risky coping strategies, Hamilton and Mahalik (2009, p. 137) found a link between gay men's perceptions of health risk behaviors (such as substance use and risky sex) and their negative experiences related to their sexual orientation (which was used as a measure of minority stress). Hatzenbuehler et al. (2008, p. 460) similarly reported that internalized homophobia and discrimination experiences were associated with risky sexual behavior and risky substance use behavior. Each of these coping strategies is associated with victimization risk – for instance, Davis et al. (2002) outline several decades' worth of literature elaborating on the increased risk of interpersonal victimization when individuals engage in substance use and certain sexual behaviors (a list of 33 items, including indiscriminate sex, mixing drugs and/or alcohol and having sex, having sex without a condom, going to bars alone, and so on).

Fewer studies exist that attempt to connect MST to risky coping behaviors and risky coping behaviors to victimization in the same study. For instance, Balsam and Szymanski (2005, p. 258) found that in abusive lesbian relationships, minority stress (measured as internalized homophobia and discrimination) was associated with lower relationship quality and both intimate partner violence perpetration and victimization. In a more recent study, Edwards and Sylaska (2013) reported a similar finding in college students: minority stress (including internalized homophobia and being forced to conceal one's sexual identity) was associated with an increased risk of both intimate partner violence perpetration. In the first study, Balsam and

Szymanski (2005, p. 265) write that these minority stressors mattered mainly if they occurred outside of the relationship – if the stressors occurred very recently or within the relationship, they did not impact relationship quality. The authors explained that it is possible that the lesbian couples in the study were possibly “better equipped to cope with experiences that happen outside of the dyadic relationship than with internal beliefs” (Balsam & Szymanski, 2005, p. 265).

Edwards and Sylaska (2013, p. 1727) noted that their findings were similar to Balsam and Szymanski’s (2005) findings, but did not further interpret this pattern.

Finally, although studies that connect MST to risky coping behaviors and risky coping behaviors to victimization specifically within a transgender sample are less common, the support for MST among TGNC people is strong, and the logic that connects MST to victimization risk is still sound. For example, Kolp et al. (2019) found that minority stress was associated with poor sleep patterns, which was then associated with an increased risk of sexual victimization. The authors do not present any explanation for why this might be the case, but they do explain that the relationship between poor sleep and increased victimization risk could go in either direction – either poor sleep could somehow lead to higher victimization risk, or victimization experiences could lead to poor sleep (Kolp et al., 2019, p. 693). For instance, it is possible that poor sleep is a poor coping strategy for minority stress associated with being transgender, which could then increase the individual’s risk for victimization by impairing judgment and causing them to engage in further risky behaviors. However, it is also possible that victimization led to poor sleep (e.g. as a result of trauma), and this poor sleep is unrelated to minority stress or to the coping strategies for minority stress.

The Argument for the Combined RAT/L and MST Model

Although the RAT/L is not the only theoretical framework for understanding victimization, it is perhaps among one of the most commonly used for understanding interpersonal victimization. Furthermore, even though RAT/L is infrequently tested in the context of TGNC peoples' victimization experiences, there is a large amount of conceptual support for the theory in the existing empirical literature – the theory simply states that certain roles or social contexts come with a risk for interpersonal victimization, and TGNC people hold a unique social context that one might reasonably assume also comes with a risk for interpersonal victimization.

Following this logic, a combined theoretical approach with both RAT/L and MST could prove helpful in better understanding the risk for TGNC peoples' victimization experiences: minority status comes with its own social role in its unique social context that may carry risk for victimization. MST helps to explain that perhaps this social role comes with stressors that lead to risky coping mechanisms, that further increase victimization risk, and may ultimately create a cycle of repeated victimization.

Reducing Minority Stress and the Role of Social Support

If there is a connection between minority stress and victimization risk (which the existing literature seems to suggest), then in order to ultimately decrease victimization risk in TGNC people, two possible ways to reduce victimization risk include either reducing minority stress in the first place, or introducing strong, positive coping strategies for minority stress. In the original MST framework, since minority stressors are partially socially-based and “beyond the individual,” one important key to coping with minority stress lies in having strong social support networks (Meyer, 2003, p. 4). In fact, Meyer (2003, p. 6) wrote extensively in support of the idea

that positive group association is an essential protective factor against minority stress and is key for building resilience against future minority stress (see also Frost & Meyer, 2012).

Studies consistently support Meyer's original theorizing about the importance of social support, particularly informal social support networks such as friend groups. For instance, Doty et al. (2010) found that when LGB youth had LGB friends who were supportive of them, the youth were less likely to experience stress related to their sexuality status. More recently, Verelli et al. (2019) found that participants who perceived greater social support from their personal support network were less likely to experience psychological distress from negative media messages about same-sex marriage while Australia voted to legalize same-sex marriage.

Research specific to TGNC people also supports the idea that social support is helpful for coping with minority stress. For example, Budge et al. (2013) found that social support was not only negatively associated with distress variables, but it was also negatively and indirectly related to avoidant coping. In other words, strong social support was not only associated with reduced minority stress but was also associated with reducing negative coping strategies for minority stress. Further, Pflum et al. (2015) found that general social support was negatively associated with depression and anxiety for trans-female spectrum participants⁷ in the study (although the study does not measure whether that depression and anxiety is associated with minority stress). Finally, there is evidence to support the idea that informal social support can play a role in either preventing polyvictimization (i.e. repeated victimization) when that support is positive, or perpetuating polyvictimization when that support is negative; DeKeseredy et al. (2019) found that having negative peer support (particularly peers who are abusive) makes polyvictimization more likely.

⁷ The phrase trans-female spectrum is used by Pflum et al. (2015, p. 282) to refer to those who identified as women, transwomen, genderqueer assigned female at birth, and intersex identifying as women.

Formal Social Support

In cases where TGNC people might not have access to informal social support – such as in rural areas or in cases where they are not out to friends and family and are, therefore, unable to connect with other TGNC people – there is a chance that formal social support (such as from physical/mental health professionals or police officers)⁸ could play a stronger role in TGNC peoples’ ability to cope with stressors in one of two ways. First, it could reduce minority stress in the first place, since minority stress often comes from systemic stressors like perceived discrimination in healthcare settings or perceived police insensitivity. Second, it could function in the same way that informal social supports function by helping them to cope with other minority stressors (such as political climate, inadequate family support, job instability, victimization, and so on).

There is literature to support this idea. For example, there is research available that shows that TGNC people perceive medical professionals as stigmatizing. As just one example, Kosenko et al. (2013) found that transgender patients were highly sensitive to mistreatment (such as displays of discomfort and gender insensitivity) by healthcare professionals in their interactions with those professionals. Additionally, in a review of the recent literature, Lerner and Robles (2017) reported that significant barriers to care for TGNC patients include concerns over healthcare providers’ knowledge of TGNC peoples’ needs or the anticipation of bad experiences with healthcare providers. It is worth noting that these perceptions are not unfounded – the 2015 USTS found that “one third of TGNC people who saw a healthcare provider in the past year reported having at least one negative experience related to being transgender” (James et al.,

⁸ Although formal social support can come from an innumerable number of places other than the police and medical/mental health professionals, these two examples are used in this dissertation because they are key forms of social support in ultimately addressing TGNC peoples’ victimization experiences (i.e. medical/mental health professionals and their role in responding to physical/mental trauma, police in responding to the crime).

2016, p. 10). Furthermore, having negative experiences with healthcare professionals is a barrier to seeking mental health treatment (Shipherd et al., 2010), and high proportions of TGNC people report “unmet needs” related to their mental health which could be related to this anticipated mistreatment, or to the lack of access altogether (Simeonov et al., 2015).

If TGNC people perceive medical professionals as stigmatizing and unable to address their needs, it logically follows that TGNC people will also be unlikely to turn to those medical professionals if they experience victimization (which can often result in physical health concerns such as HIV/AIDS, STIs, or physical trauma). In the case of victimization, there is an abundance of literature that shows that victims’ service providers such as rape crisis centers and domestic violence shelters play a critical role in better outcomes for victims of crime (not only in terms of their mental and physical health, but also in navigating the legal system; see Campbell et al., 2001). However, even these types of services are sorely lacking for TGNC people; there is literature to suggest that not only are victims’ services largely unequipped to address the needs of TGNC people, but furthermore, when TGNC people do seek out these services, they receive consistently unequal treatment (Rodriguez et al., 2017; Seelman, 2015).

In the example of police officers, there is also a wealth of research to show that TGNC people are distrustful or even fearful of the police. For instance, Owen et al. (2017) found that LGBT people perceived the police to be unfair towards racial and ethnic minorities and towards LGBT people, with participants believing that the police were more likely to mistreat TGNC people. Furthermore, this mistrust of the police is consistent over time; Briones-Robinson et al. (2016, p. 1688) found that “even in years following progressive policy reforms,⁹ LGBT bias

⁹ The authors of this study specifically examined perceptions before and after the passage of the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act in 2009, which was previously mentioned in footnote 4. As was mentioned there, for more information about this act and the harsh anti-LGBT political climate at the time, see Franke-Ruta (2013).

victims continue to perceive the police as biased.” Much like the poor perceptions of medical/mental health professionals, the poor perceptions of the police are not necessarily unfounded; the 2015 USTS found that 58% of the participants reported mistreatment by the police in the past year (James et al., 2016, p. 16).

Since TGNC people have a high likelihood of distrusting the police and a high prevalence of mistreatment by the police, it would logically follow that they are unlikely to report to the police. However, the findings in this area are mixed. For instance, Langenderfer-Magruder et al. (2016, pp. 863-864) found that there was “no statistically significant association between gender identity and reporting [intimate] partner violence to the police.” This is consistent with more recent literature that finds that LGB people are not any more or less likely to report victimization to criminal justice agencies (but are more likely to report to mental health service providers and some informal sources; Felix et al., 2020).

It is also worth noting that the reporting of intimate partner violence is “low in general,” and that Langenderfer-Magruder et al. (2016, p. 864) had several findings related to intimate partner violence that conflicted with national-level findings; for instance, they found lower prevalence rates for intimate partner violence among LGB people and no differences between transmen, transwomen, or GNC individuals. By contrast, there is an abundance of qualitative literature to suggest that TGNC intimate partner violence victims (such as those described in Bornstein et al., 2006, p. 172) would not reach out to the police because they believe that the police would not “treat them respectfully, believe them, or offer them protection.” Although cisgender victims of intimate partner violence may sometimes have similar concerns that cause them to avoid the police (Felson et al., 2002), given all of the evidence that TGNC people are especially susceptible to mistreatment by the police, this area of the literature warrants further

investigation into the “unique processes that play out for transgender survivors” of intimate partner violence (Guadalupe-Diaz & Jasinski, 2017, p. 788).

In both of these cases, although TGNC people generally perceive medical professionals and police officers poorly, the fact remains that these types of formal support are key to addressing victimization and, under the combined RAT/L and MST framework, could possibly prevent it from reoccurring (while having bad experiences with these formal supports is akin to being traumatized all over again; see Campbell, 2008). Medical professionals such as specially trained forensic nurses (e.g. Sexual Assault Nurse Examiners, or SANEs) have documented positive effects on sexual assault victims that include better recovery and emotional well-being (Fehler-Cabral et al., 2011). Further, the literature consistently shows better mental health outcomes for victims who receive adequate mental health care following a trauma (Ghafoori et al., 2014). Finally, when police receive training for addressing sensitive crimes, victims are more likely to report positive feelings and cases are more likely to be brought to prosecution (Kinney et al., 2007). There currently exists a movement to include LGBTQ+ liaisons in police departments and to take other steps to address implicit bias in police officers, such as through cultural sensitivity trainings (although many researchers note that there is still significant room for improvement in these programs; see Israel et al., 2014).¹⁰

MST posits that when formal social support mechanisms provide these kinds of so-called “group-level resources” for minority people, they increase “the group’s ability to mount self-enhancing structures to counteract stigma (Meyer, 2003, p. 7).” For instance, if one possible source of minority stress is an experience of targeted violence, but TGNC people believe the police to be supportive allies, then in this example, the police could be able to provide a social

¹⁰ As explained by Dwyer (2019, p. 407), there are significant challenges associated with trying to standardize creating respectful ways to work with LGBTQ+ communities because “best practice [...] does not exist.”

structure that helps TGNC people to cope with that particular stressor, such as by referring TGNC people to resources for coping with victimization (a practice linked with increased satisfaction with the police among the general population; see Tewksbury & West, 2001). By contrast, when minority people experience barriers to these kinds of resources (for instance, if the formal support mechanisms engage in discriminatory practices), then regardless of their own personal coping abilities, they may be “vulnerable to adverse health outcomes” (Meyer, 2003, p. 7). For example, if the police are not receptive to or are unsupportive of a TGNC person reporting an instance of targeted violence and consequently do not connect them with other resources, one potential adverse health outcome may be that the TGNC person could engage in harmful coping strategies to cope with the victimization experience since they were not exposed to resources that would promote helpful coping strategies. If that harmful coping strategy is one that also perpetuates further victimization risk according to RAT/L – such as substance use – then the TGNC person may enter into a cycle of perpetual victimization that does not get addressed by the criminal justice system.

Gaps in the Existing Literature

This dissertation fills two main gaps in the existing literature on theoretical reasons for TGNC peoples’ high victimization risk. First, as repeatedly noted in this dissertation, research on TGNC peoples’ victimization experiences is lacking. However, even when that research exists, it predominantly focuses on binary transpeoples’ experiences. In other words, very little research exists that explores the victimization experiences of the wide range of diverse gender identities and expressions that fall under the broad transgender umbrella including, but not limited to, genderqueer and nonbinary transpeople.

Second, as previously stated, research that specifically focuses on theoretical reasons for TGNC peoples' experiences is lacking. More specifically, studies within the RAT/L framework that examine TGNC peoples' risk are uncommon, and studies that use MST do not often make the connection between minority stress and victimization specifically for TGNC people.

Additionally, although there is some literature to show that TGNC people generally have strong informal social support networks but tend to perceive certain formal social supports poorly (such as the police and medical professionals), there is room to explore the connection between the roles of formal and informal social support and coping with stressors, or with victimization.

Similarly, there is a need for theoretical elaboration. Although it is well-established that TGNC people have a high risk for a wide variety of different types of interpersonal victimization and that this demographic has an unusually high number of risk factors for interpersonal victimization, far less is known about why that might be the case. Since RAT/L (which is one of the most well-tested theories for explaining interpersonal victimization) is infrequently tested in this context and, especially, since a combined theoretical approach with RAT/L and MST is especially uncommon, there is room for exploring these two strong theoretical models within a group that experiences disproportionately high rates of victimization.

The Present Study

The present study addresses these two gaps in the literature in two key ways. First, this study centers on the experiences of TGNC people through semi-structured, qualitative interviews of their experiences. Further, the sample is diverse enough to capture a wide range of perspectives – there are nearly equal amounts of MTF, FTM, and nonbinary transpeople in the sample. By centering on transgender peoples' experiences and purposefully including nonbinary transpeople in the sample, this study fills a significant gap in the literature since the bulk of

existing literature on TGNC peoples' victimization experiences is either about LGBTQ+ people as a whole or is about binary transpeople.

Second, this study uses a grounded theory approach to the interviews that allowed the participants' narratives to drive the interview process. This approach allows for a more comprehensive examination of their lived experiences and allows for the detail necessary to elaborate on the RAT/L and MST frameworks, consequently allowing for a clearer connection between those theories and victimization risk. By allowing participants' narratives to drive the interview process and to drive the theorizing, this study is able to provide insight into the role that formal and informal social supports play in coping with minority stress, and this study points to one process by which participants' social support networks may ultimately contribute to their exposure to victimization and potentially increase their victimization risk.

Finally, this methodological approach allows for participants to disclose types of victimization that are not traditionally explored in detail – for example, in addition to intimate partner violence and sexual violence, the participants in the study discussed harassment or discrimination in gendered public restrooms. The present study addresses two key research questions: first, how does exposure to victimization manifest itself in the lived experiences of TGNC people? Second, how do TGNC people cope with victimization and other negative stressors in their lives?

III. Methods

Recruitment and Participants

The present study uses qualitative interviews of adults who self-identified as transgender, including people who identified as genderqueer and nonbinary. After IRB approval was secured, between September 2017 and October 2019, 56 participants were recruited via purposive and snowball sampling techniques. First, advertisements for recruitment (see Appendix A for the social media memo and Appendix B for the advertisement flier) were posted in queer-friendly Facebook groups and fliers were widely distributed through Facebook, college campuses, and via email to individuals who were receptive to the project. All original Facebook posts were made from the author's personal Facebook profile, and posts with advertisement information were made public and shareable (where possible) for maximum visibility. Additionally, upon completion of the interview, interview participants were asked to share the advertisement with any friends who might be interested in an interview. Because of the recruitment strategy relied heavily on social media and word-of-mouth, participants were located from all over the United States, though most participants came from two main states: Georgia (28) and Indiana (12). The remaining participants' home states can be found in Table 1.

Fifty-six total participants were interviewed over the 26 months that the study was active. Four total participants were omitted from the final sample (for a total *N* of 52). One participant was omitted because the recording failed during their interview and the transcription could not be completed. For the other three interviews, the participants were friends with each other and expressed significant concern over anonymity. Because they did not want their interviews recorded, no transcript could be made. As a result of the combination of their concerns over anonymity and the lack of a consistent transcript, these three interviews were removed from the

final sample. Eighteen participants were recruited in 2017, three participants were recruited in 2018, and 31 participants were recruited in 2019.

Ages of the participants ranged from 18 to 65, with the average age of 29.5. Participants were a mixture of students and non-students: 14 were undergraduate students, three were graduate students, five were unemployed, and three were retired. Those who were employed and not in school worked in a variety of different fields (shown in Table 1). Of note, five worked in the medical field, five worked in IT, and two worked in law enforcement. Of the final transcribed sample, 32 were AFAB and 20 were AMAB. Eighteen of the AFAB participants identified as binary transmen (FTM), and 14 of the AMAB participants identified as binary transwomen (MTF). The 20 remaining participants identified as nonbinary – either queer-feminine (Q/F), queer-masculine (Q/M), or queer nonbinary (Q/NB). Thirty-nine participants were white, six were black, and the remaining seven fit into other nonwhite racial and ethnic categories. Participants, their gender identities, SAABs, and other demographic information is also summarized in Table 1.¹¹

¹¹ Participants who identified as queer-feminine or queer-masculine were explicitly asked if they considered their gender identities to be binary or nonbinary. All participants who considered themselves queer-feminine or queer-masculine stated that they identified as nonbinary. Therefore, when summarizing the number of binary and nonbinary transpeople in the sample, the researcher included queer-feminine and queer-masculine people in the nonbinary category. However, the distinction between queer-feminine and queer-masculine people remains in Table 1 and in the text because the participants' identities carried enough meaning for them that it warranted making the distinction.

Table 1. Sample Characteristics

Pseudonym	Interview Date	#	SAAB	Gender Identity	Age	Race/Ethnicity	Job Sector¹²	State
Vanessa	9/16/2017	1	AMAB	MTF	24	W	IT	Georgia
Nick	9/19/2017	2	AFAB	FTM	25	W	Medical	Utah
Matt	9/18/2017	3	AFAB	Q/M	23	B	Athlete	Georgia
Alex	9/28/2017	4	AMAB	Q/F	24	W	IT	Georgia
Kat	9/11/2017	5	AFAB	Q/NB	19	W	Undergraduate	Georgia
Marc	10/11/2017	6	AFAB	FTM	21	W	Undergraduate	Georgia
Sam	9/24/2017	7	AFAB	FTM	26	W	Medical	Georgia
Jesse	9/12/2017	8	AFAB	Q/F	19	W	Unemployed	Georgia
Mike	9/25/2017	9	AFAB	FTM	24	B	Graduate	Georgia
Michael	9/20/2017	10	AFAB	FTM	22	W	Human Services	Georgia
Xan	10/10/2017	11	AFAB	Q/NB	21	W	Undergraduate	Georgia
Pat	10/25/2017	12	AFAB	FTM	22	W	Undergraduate	Georgia
Elijah	9/23/2017	13	AFAB	FTM	24	W	Graduate	Georgia
Phillip	9/22/2017	14	AFAB	FTM	24	B	Blue Collar	Georgia
Sally	10/5/2017	15	AFAB	Q/NB	33	W	Human Services	Utah
Robin	10/26/2017	16	AMAB	Q/F	24	B	Athlete	Georgia
Ari	11/1/2017	17	AFAB	Q/NB	23	W	Undergraduate	Georgia
Tim	11/10/2017	18	AFAB	FTM	25	W	Law Enforcement	Georgia
Jennifer	9/28/2018	19	AMAB	MTF	20	Russian	Sales/Retail	Georgia
John	8/30/2018	20	AFAB	Q/M	20	B	Undergraduate	Georgia
Ty	9/6/2018	21	AFAB	Q/M	18	B/W	Undergraduate	Georgia
#22 omitted: The recording for this interview failed and was excluded from the interview.								
James	1/29/2019	23	AFAB	Q/M	20	W	Undergraduate	Indiana
Taylor	1/29/2019	24	AFAB	FTM	19	W	Undergraduate	Indiana
Fitz	2/1/2019	25	AFAB	FTM	19	W	Undergraduate	Indiana
Bryan	2/8/2019	26	AFAB	FTM	20	W	Undergraduate	Indiana

¹² Participants' exact job titles were purposely obfuscated in order to better preserve their privacy.

Richard	2/8/2019	27	AFAB	FTM	20	W	Undergraduate	Indiana
Meryl	1/12/2019	28	AMAB	Q/F	65	W	Retired	Indiana
Lynette	3/7/2019	29	AMAB	MTF	42	W	Law Enforcement	Indiana
Jackie	3/4/2019	30	AMAB	MTF	51	W	Human Services	Indiana
Mary	3/11/2019	31	AMAB	MTF	23	W	Graduate	Indiana
Amanda	3/12/2019	32	AMAB	MTF	63	W	Retired	Canada
Caroline	3/12/2019	33	AMAB	MTF	61	W	Medical	Georgia
Erica	3/12/2019	34	AMAB	MTF	41	W	Human Services	Minnesota
Dorothy	3/13/2019	35	AMAB	Q/F	32	W	Sales/Retail	Indiana
Elaine	3/15/2019	36	AMAB	MTF	55	W	Medical	Indiana
Monica	3/15/2019	37	AMAB	MTF	42	W	Human Services	Indiana
#38, #39, and #40 omitted: These three participants initially agreed to an interview but did not want their interviews recorded. They later expressed worries over anonymity and thus, their transcripts were excluded from the sample.								
Janice	9/11/2019	41	AMAB	MTF	27	W	IT	Georgia
Jason	9/17/2019	42	AFAB	FTM	23	W	Sales/Retail	Georgia
Alisha	9/17/2019	43	AMAB	MTF	28	W	IT	Georgia
Avery	9/19/2019	44	AFAB	FTM	39	Indigenous	Unemployed	Washington State
Ryan	9/19/2019	45	AFAB	Q/M	26	B/W	Unemployed	Georgia
Lana	9/19/2019	46	AMAB	Q/F	30	W	Medical	Georgia
Ximena	9/22/2019	47	AMAB	Q/F	21	Mexican	Undergraduate	Arizona
Brooklyn	9/22/2019	48	AFAB	Q/NB	22	W	Unemployed	Georgia
Martha	9/24/2019	49	AMAB	MTF	37	W	IT	Georgia
Perry	9/24/2019	50	AFAB	Q/NB	20	W	Unemployed	Georgia
Liam	9/25/2019	51	AFAB	FTM	40	B/Korean	Human Services	Wisconsin
Quinn	9/26/2019	52	AFAB	Q/NB	26	W/Native	Sales/Retail	New York
Riley	9/26/2019	53	AFAB	Q/NB	18	W	Undergraduate	New York
Henry	9/26/2019	54	AFAB	FTM	24	B	Sales/Retail	South Carolina
Diana	10/3/2019	55	AMAB	MTF	57	W	Retired	Ohio
Jacob	10/3/2019	56	AFAB	FTM	40	W	Human Services	Washington State

An Overview of the Grounded Theory Approach

As explained by Charmaz (2006, p. 2), the grounded theory method is a “systematic, yet flexible guideline for collecting and analyzing qualitative data to construct theories ‘grounded’ in the data themselves.” Because themes, codes, and categories are not preconceived by the researcher in the grounded theory approach, this allows the data (i.e. the participants’ lived experiences) to later drive the analytical process and the theory construction. As such, in the grounded theory approach, the process for data collection and the process for data analysis process are frequently tied together.

Charmaz (2006, pp. 5-6; citing Glaser & Strauss, 1967) explains that there are several key components to grounded theory in practice. First, the data must be collected and analyzed simultaneously, and the analytic codes and categories must be derived from the data and not from preconceived hypotheses. In practice, this means using the constant comparative method (CCM) during both data collection and data analysis (Boeije, 2002; Glaser & Strauss, 1967). In the CCM, the first and second transcripts are coded independently of each other for major themes. The codes from the second transcript are then compared to the codes from the first, and codes are merged, added, reframed, or removed as necessary. Then, the third transcript is first coded independently of the first two before similarly comparing its independent codes to the revised codes from the first and second transcripts. The process continues until all transcripts are coded, having been constantly and methodically compared with each other. Grounded theory as it was originally conceptualized calls for the CCM to be used not only during data analysis, but also data collection. Therefore, as transcripts are coded (and as early as the second interview), the interview protocol should change to adapt to patterns that arise in the data. Following this

systematic approach to the data allows for “theory development during each step of both data collection and analysis” (Charmaz, 2006, p. 5).

The next component of the grounded theory approach (as conceptualized by Charmaz, 2006, p. 6) is “sampling that is aimed toward theory construction [rather than] population representativeness.” This type of sampling technique is referred to in practice as reaching the point of “theoretical saturation,” or the point at which fresh data “no longer sparks new theoretical insights, nor reveals new properties of [...] core theoretical categories” (Charmaz, 2006, p. 113).

The final component of the grounded theory approach is “conducting the literature review after developing an independent analysis” (Charmaz, 2006, p. 6). This type of approach allows themes and categories to arise without preconceived notions from the researcher. The present study is framed as an elaboration of the RAT/L and MST, but that theoretical framework was applied after interviews were conducted, transcribed, coded, and analyzed. This post hoc approach to the literature benefits the study because it allowed participants’ lived experiences to drive theorizing, rather than expecting pre-existing theory to explain the participants’ lived experiences.

Interview Protocol and Procedure

All interviews were conducted by the author. The interviews ranged from 35 minutes to 120 minutes long, and participants who agreed to an interview were given the option to interview in-person (n=2) or over the phone (n=50). Before each interview began, the interviewer went through the informed consent protocol. If the participant verbally agreed to the informed consent, the interview commenced and was recorded. The interviews were semi-structured in that the interviewer kept a list of questions to serve as “prompts,” but participants were told that the

interview should feel more conversational than structured (see Appendix C for the list of questions).

In practice, this meant that although interviews generally started and ended the same way, during the bulk of each interview, questions were not always worded exactly as they were written in the protocol. Some participants did not answer certain questions (because those questions never came up during the interview), some participants spent more time on some questions over other questions, and questions were not necessarily always presented in the same order. Furthermore, consistent with the CCM and the grounded theory approach, several questions (more specifically, those related to the police and those related to coping with stress) were added to the protocol after the first interviews were conducted. Even if certain questions were only infrequently relevant to participants' narratives, those questions were never removed from the original protocol, but over time, many questions and prompts were added to the protocol. As such, the interview protocol shown in Appendix C is the final protocol, not the earliest version of the protocol. This semi-structured interview technique is consistent with the grounded theory approach to qualitative methodology because it allows participants' individual narratives to drive their interviews, rather than assuming that the interviewer can accurately capture the participants' lived experiences through preconceived questions.

Data Analysis

Most (n=44) interviews were manually transcribed by the author using the Express Scribe transcription software, while the rest (n=8) were transcribed using an independent transcription company. All interviews were coded and analyzed by the researcher using NVivo 12. Names, precise locations (other than the state the participant lived in), and other identifying information (such as schools attended, names of employers, and so on) were either replaced with pseudonyms

if they were relevant to the participants' story or (more often than not) they were redacted from the transcripts entirely. Participants' exact jobs and job titles were obfuscated by categorizing them into broad job sectors, and categories for job sectors were determined by the author.

As previously mentioned, once interviews were transcribed, they were coded and analyzed through the grounded theory approach, using the CCM. To demonstrate how grounded theory informed data collection and analysis in the present study, this section presents some examples of data analysis from the data. The protocol in Appendix C shows that participants were asked a range of questions about their positive and negative life experiences, including experiences they may have had with formal and informal support sources (such as therapists and doctors). These questions fell under three broad topics: transitioning, positive and negative experiences, and coping with stress. Questions about transitioning included questions such as, "Are you out yet?", "Where do you get your hormones?", or "How did you find a doctor to help you transition?" if those questions were applicable. These questions allowed participants to elaborate on steps they took towards transitioning, or their decision-making process in deciding whether or not to transition. These questions often allowed participants to explain their experiences with certain forms of social support (e.g., therapists and doctors) without direct (or with only minimal) prompting from the interviewer. For nonbinary participants, this allowed participants to better explain their gender identity or why transitioning may not carry the same meaning for them, and to also explain their experiences (or lack thereof) with those same forms of social support. For participants who did not, are not, or will not transition, prefacing by asking, "Are you out yet?" allowed them to further explain some of the difficulties associated with their lived experiences that still ultimately led to other questions within the protocol.

Questions about positive and negative experiences included questions such as, “What is the worst experience you have ever had as a transgender person?” or “Do you generally feel safe?”. These questions were asked primarily for participants to volunteer information about victimization experiences without being directly asked about victimization experiences. Asking questions in this way is in line with previous literature that suggests that victims of crime do not always identify with the word “victim” and, as such, they may not disclose victimization unless they are asked behaviorally-specific questions (see Fisher et al., 2010). Negative experiences were often (but not always) followed up with questions about coping with stress. For instance, if the participant explained that the worst experience they ever had as a transgender person involved experiencing harassment in a public restroom, the interviewer often followed up with some variation of, “How do you cope with stress like this on a day-to-day basis?”

For questions about coping with stress through formal support sources, although this line of interview questioning sometimes began directly with, “Have you ever talked to a therapist?”, the interviewer frequently asked this question as a result of something else the participant said. For example, in interview #52, Quinn (the participant)¹³ had spent some time talking about a time they were charged with driving under the influence (DUI). The interviewer then asked, “[Do] you consider yourself to have an alcohol problem?” to which Quinn responded that they did not, but that they were very stressed at the time of the DUI. The interviewer then asked, “Do you feel a lot of day-to-day stress in your life or [do you] have trouble coping with stress?” to which the participant responded that they were often stressed and that they had been diagnosed with bipolar disorder and an anxiety disorder. At this point, the interviewer was able to ask a

¹³ As previously mentioned, all names in this dissertation are pseudonyms. Pseudonyms were chosen intentionally in that the participants’ pseudonym was meant to align as closely with the participants’ gender identity as possible. For instance, Quinn is nonbinary, and Quinn is a gender-neutral name.

version of the question on the protocol, “What do you do to manage those issues? Do you see a therapist?”

Predictably, the participants’ responses to this and other lines of inquiry varied; thus, if a participant had never seen a therapist, the interviewer generally moved on to another line of questioning. Sometimes, the participant might say that they wished they had access to a therapist, which prompted further questioning from the interviewer about the participants’ circumstances. If the participant mentioned some other form of formal or informal support that was not specified in the protocol, the interviewer asked follow-up questions about it. For example, many participants expressed that they went online for informal support (such as on Instagram, reddit, Tumblr, or support forums). Although a question about going online for support is not included in the protocol, if a participant mentioned going online, the interviewer followed up with more questions. In Interview #19, Jennifer stated that she had two Instagram accounts (one where she was out and one where she was not). The interviewer then asked her, “Do you use any other websites for support like Tumblr, reddit, or anything like that?” and Jennifer responded that she did not, but that she loved Instagram because of how easy it was to find real people to talk to and to learn how to pass better or to take further steps towards socially transitioning.

Throughout each interview and regardless of the topic being discussed, the interviewer was careful to word questions in a way that asked about behaviors rather than using technical terms. In talking about negative life experiences (which was usually prompted by the question, “What is the worst experience you have ever had as a transgender person?”), many participants confided that they had been victimized, though they rarely directly stated that they were a victim of a crime. In line with previous findings that victims of crime (particularly violent crimes such as rape or sexual assault) sometimes do not acknowledge that their experience was a crime (or

that they do not consider themselves victims; see Fisher et al., 2010; Wilson & Miller, 2016; Wilson et al., 2018), participants were asked behaviorally-specific questions. For instance, several participants who mentioned abusive behaviors in their existing or previous relationships were asked some variation of, “When you dated that person, did they ever go through your text messages or try to keep tabs on you?” Participants were also asked to elaborate further on any identified behaviors. For instance, “How else did they keep tabs on you? What would happen if they saw a text they didn’t like?”

If participants mentioned that they experienced some kind of victimization, they were asked whether or not they went to the police and they were asked if they would go to the police if something happened to them now. For example, in interview #6, Marc described a situation in which his ex-partner threw a glass at him during an argument. Once he finished his story (and he explained, unprompted, that he did not ever tell anyone the full extent of the victimization experience because he wanted the relationship to get better), the interviewer asked, “Do you think that [...] if you were in a relationship now and your partner started abusing you¹⁴ again, would you go to the police?”

If participants stated that they had no victimization experiences (and consequently, no interactions with the police to report a crime that happened to them), they were asked about their broad perceptions of victimization within the TGNC community, the role of the police in the TGNC community, and their own perceptions of the police. As an example, if they had no interactions with the police, participants were asked about a range of hypothetical scenarios: “If you went to the store and someone used a slur, what would you do, or would you call the police?” or “If you were leaving the store and someone attacked you, what would you do or

¹⁴ It is worth noting that, in this specific instance, the interviewer did us the phrase “abusing you” because Marc described the relationship as “abusive” independently of prompt or interpretation from the interviewer.

would you call the police?” Participants were also asked about their perceptions about crime and criminality in general and were specifically asked about fear of crime and things they did to curtail their own fear. In the above hypothetical scenario, participants were asked, “How likely do you think something like that would be to happen?” If a participant indicated that they had been a victim of something, they were asked, “Would you do anything differently if it happened again [i.e. call the police or not]?”

As previously mentioned, the intent for each interview was for the individual interviews to feel like a conversation rather than an “interview.” For example, one of the first questions all participants were asked was about coming out to family, friends, or other important people in their lives. In interview #8, Jesse said that they were not out yet and that they “have tried to come out to people in the past but it hasn’t really worked out.” When the interviewer asked for clarification on what “it hasn’t really worked out” meant, Jesse said that they had never formally come out to anyone, but that Jesse was confronted after school about their identity and held at gunpoint. In this example, Jesse was never actually asked if they had ever been a victim of a hate crime or any other type of crime – rather, Jesse volunteered this information to explain why they are not out. However, if a participant never volunteered information in this way, the interviewer prompted with indirect questions about victimization such as, “What is the worst thing that’s ever happened to you?” or “Has anyone ever physically hurt you or tried to hurt you?”

To highlight how the CCM was used in analysis, in the previous example involving the participant Jesse who was held at gunpoint, the event was initially coded as “negative experience.” At first, this broad code was used to include a wide variety of negative experiences not discussed in this dissertation (such as trouble coming out to family and friends or being ostracized by the LGB community). After several comparisons with other transcripts, the parent

code “negative experience” was still kept, but a sub-theme of “negative experience” was created and coded as “victimization.” Jesse’s story is also an instance of “violent victimization,” which is a subcode within “victimization” (some participants experienced non-violent victimization, such as discrimination, verbal harassment, or emotional abuse).

As previously mentioned, the CCM can be used not only during the analysis, but also during the data collection or interview process. To highlight how the interview protocol evolved over time, consider interview #14, Phillip. Although Phillip’s interview is #14, the interview numbers were not assigned in the order that interviews took place, but rather, in the order that interviews were scheduled. As such, chronologically, Phillip was the sixth participant to be interviewed, and the second participant who was Black. During his interview, Phillip described a time at which he was presenting in a masculine way (i.e. he had short hair and was binding his chest), but did not consistently pass as male because he was not taking hormones and was otherwise early in his transition. Thus, Phillip was still using the women’s restroom. During this time of his life, Phillip went to a public restroom in a mall and while there, he was assaulted by a woman (who hit him repeatedly with her purse). In response to the commotion, Phillip was ultimately escorted out of the bathroom and the mall by the police. The interviewer asked if the assailant was White, to which Phillip responded that she was, and then Phillip digressed into another story about racist harassment that was unrelated to his gender identity or expression. The interviewer backtracked to the first scenario and asked Phillip, “Do you think the thing with the white lady and the purse happened to you because you are Black or because you are trans?” and he responded, “The two are not mutually exclusive. I don’t know.”

It was only after conducting Phillip’s interview and comparing it to previous interviews that the protocol changed to include two questions: “Why do you think this happened to you?” in

response to a described negative experience, and “Do you generally feel safe?” Furthermore, although the interviewer had asked a couple of questions about the police to prior interview participants (most notably, Jesse’s interview took place before Phillip’s), police and interactions with the police were not originally at the forefront of the interview protocol. Consequently, the protocol was further modified to include the question, “Would you report (this experience or a hypothetical experience) to the police?”

Reflexivity

The example above with Phillip illuminates the need to address reflexivity in this qualitative project, particularly in the presentation and interpretation of the findings. Olesen (2007, p. 423) defines reflexivity as “the manner and extent to which the researchers present themselves as imbedded in the research situation and process,” and the author explains that reflexivity is a key component of feminist qualitative research. Further, as Lumsden and Winter (2014, p. 14) note, reflexivity is “a means of acknowledging and further emphasizing the co-construction of knowledge and understanding that occurs between researcher and their participants.” The interview with Phillip demonstrates the need for reflexivity during data collection and analysis because had the interviewer not been reflexive during the process of comparing early interview transcripts, a significant portion of the participants’ lived experiences would not have been captured. The interview with Phillip also demonstrates the need for reflexivity when presenting the results. The intent of this paper is to give voice to those participants’ lived experiences and to accurately and respectfully contextualize their social worlds in academic literature. This should come with an understanding that the researcher’s own social context may often differ dramatically from the participants’ contexts, and that the

production of knowledge in this paper is a result of one person's interpretation of another's lived experiences.

IV. Results

The findings of this study are organized according to the theoretical propositions implied by the RAT/L and MST frameworks. First, MST holds that minority status is inherently associated with minority stress, which then leads to negative emotions as a response to that stress (Meyer, 1995, 2003). The negative emotions can then lead to negative behaviors as coping strategies for that stress. The first section of results titled “The MST Chain” serves to demonstrate the utility of MST in understanding that negative behaviors can sometimes exist as a direct consequence of negative emotions in a sample of TGNC people.

Second, according to MST, positive social support should be able to reduce not only negative emotions (for instance, by building resiliency), but also reduce negative coping strategies. The second section titled “The Role of Social Support” presents evidence in support of both positive formal and informal social support and their role in promoting emotional well-being in the participants. Further, this section also provides evidence to show the harm that negative, formal social support can sometimes cause by increasing both negative emotions and negative coping strategies. Finally, this section also provides evidence to show that, while informal social support is largely perceived as positive due to the tight-knit nature of the TGNC community, even when the informal support is perceived as positive, it can still be harmful due to the mechanism by which these informal support networks sometimes mutually experience harm.

Third, as was outlined in the literature review, there is a logical connection through the literature that can be made between negative behaviors as coping strategies (as described by MST) and victimization risk (as described by RAT/L) because these negative coping strategies can further expose TGNC people to risk for victimization. Therefore, the third and final section

of results titled “Victimization” first presents evidence to show that victimization experiences were pervasive among the participants sampled. Then, this section presents evidence to support the connection between negative coping strategies and exposure to further victimization risk. Finally, the section presents evidence to support the possibility that participants’ informal social support networks could also contribute to normalizing victimization experiences within the TGNC community.

The MST Chain

Minority Stress

According to Meyer, stressors that are unique to minority people exist in addition to the stressors that are experienced by all people. The existing literature proposes that minority stressors exist on a continuum from distal to proximal stressors, “with proximal stressors referring to stressors that are transmuted through socialization” and distal stressors referring to “life events, chronic strains, everyday discrimination,” and so on (Meyer, 2015, p. 209). Proximal stressors include systemic stressors, stigma, and stressors related to conflicts between the dominant culture and TGNC peoples’ own lived experience (because their lived experience may at times clash with the norms of the dominant culture; Meyer, 2003, pp. 1, 3-4). The TGNC people in this study were no exception in reporting both proximal and distal stressors, and while every participant had at least one story to tell about experiencing minority stress, these stressors and the emotional responses to those stressors ranged in form and perceived intensity.

For instance, in interview #1, Vanessa explained that she “accidentally” went stealth¹⁵ at her male-dominated workplace. She said, “People have said things about me having kids and I’m

¹⁵ For a transgender person, “going stealth” refers to passing as their gender identity to such an extent that no one realizes that they are transgender. In Vanessa’s case, going stealth meant that no one suspected that she was a transgender woman, but rather, assumed that she was a cisgender woman.

like, ‘Hah! I wish.’” When the interviewer asked what she did in response to these types of comments, Vanessa responded,

I mean, I dunno. I feel like a bad transperson for not, like, fighting every single thing all the time [...] It just feels like the thing that I should be doing: to fight for transpeople so that people know transpeople exist and that we’re just normal people, but like, more than anything – when I leave this job, I just wanna say, “Oh yeah, by the way, I’m trans.”

As such, in Vanessa’s experience, she reported feeling negative emotions as a direct response to the cultural expectation that women should have children even when some women (e.g. transwomen) physically cannot. Vanessa did not describe this instance as an act of discrimination or as a microaggression; rather, the stress in this example existed because Vanessa had to conceal her TGNC status in her workplace and, as a result, she felt “like a bad transperson.” Because this feeling is transmuted through socialization and then internalized, it meets the criteria for a proximal stressor (Meyer, 2015, pp. 209-210).

In addition to cultural stressors, systemic stressors also contributed to minority stress and subsequent negative emotions. For example, in interview #6, Marc stated that he felt “unsafe” in the political climate at the time of his interview (while President Trump was in office). When the interviewer asked Marc what contributed to feeling unsafe, he stated,

Well, there’s just more and more rights that are taken away. [...] Bills are being taken away and rights for trans workers are going away that protect them from getting fired. And I know already in the state of Georgia, they don’t have any protection. [...] Also,] as we’re seeing, more and more people come out with very extreme views like the Charlottesville and all that, they feel like they have a platform now and [...] I feel like

more and more people are resorting to violence because [the] last year wasn't exactly the year for trans people.¹⁶

Participants also described certain internal experiences, such as gender dysphoria, in such a way that they might also be considered proximal stressors. For example, in interview #13, Elijah explained that he struggled greatly to understand his gender identity before he came out as transgender. He said,

I had kind of made this bargain with myself. Like, I knew I was not going to be able to be a woman, like to grow up to be a woman. So I was like, 'Okay, well, that means you either have to come out or kill yourself.' [...] I ended up coming out about a month later to my parents.

As another example, during interview #28, Meryl said that she did not come out for many years because she "was really afraid of being 'othered.'" She went on to explain that she was so afraid of coming out or transitioning because she was afraid of the possibility of being 'othered,'¹⁷ and she was afraid of being violently victimized. She spent time explaining in the interview that she was trained in martial arts and boxing in order to make the point that she did not think she was particularly likely to be violently victimized, but that the possibility of violence was "still playing in [her] mind." When the interviewer asked her why she decided to transition if she was so afraid of the possible outcomes, she explained, "I really didn't think I had any other avenue to take. I was getting to the point where I was feeling a little bit suicidal."

¹⁶ Marc's reference to Charlottesville is a reference to the Unite the Right rally that took place a few months prior to his interview (which was largely perceived as a white supremacist rally; Heim, 2017). Marc's reference to "the last year" not being the year for transpeople is likely a reference to his perception of the political climate since President Trump took office in January, nine months prior to Marc's interview (a timeline of events is available at National Center for Transgender Equality, 2021).

¹⁷ "Othering" refers to the theoretical social process of regarding one identity or social position as the norm and another social position as the "other," or the "abnormal." See Jensen (2011).

These internalized experiences such as dysphoria or the fear of negative experiences that did not happen are consistent with recent quantitative literature that suggests those experiences can be conceptualized as proximal stressors (Lindley & Galupo, 2020). Many participants also reported distal stressors, such as experiencing discrimination directly, which also led to negative emotions as a consequence of that type of stressor. In one notable example, during interview #12, Pat explained that he registered for a swing dancing course as an undergraduate. The course required that students sign up in advance for either a male or female dancing role, so Pat signed up for a male role and emailed the instructor in advance to explain his situation (he is AFAB and, at the time, was not on hormones but had socially transitioned). He said the instructor never responded to his advance email, but on the first day of class, Pat recalled,

She pulls me outside of the classroom before I signed the [attendance] roll, and she's like, [...] "I'm going to have to use leads and follows [instead of "men and women"]. [...] I have been teaching for forty plus years and I'll never be able to teach my class the same way because of you."¹⁸ [...] I tried to move away [...] and I was like, "No, please let me leave." [...] She kept just like, stepping in front of me, and she was like, "Well maybe we can work with something, have you had any surgeries?"

Pat stated that he began to cry and kept trying to leave. He added that the last thing she said to him before he "physically jogged away from her" was, "'No, I'm not going to let you leave so you can go tell the [University Newspaper] that I was harassing or that I discriminated against you.' So, like, she was self-aware of what she was doing." Pat then paused briefly before adding, "And so I got on the bus and I called my girlfriend I was super upset."

¹⁸ Pat's inflection during this portion of the interview (along with context from the rest of his story) made it clear that the instructor made these statements in a hostile way.

Negative Emotions as a Consequence of Minority Stress

Participants often experienced negative emotions in response to minority stressors without directly making the connection that the negative emotions are a consequence of the minority stress. For example, in interview #4, the interviewer asked Alex if cishet¹⁹ people had been receptive to their gender expression (as Alex is nonbinary and presents androgynously²⁰), to which Alex responded,

I mean, cishets are never really, like, you know, agreeable in the first place. [Alex laughs] I don't normally get any issue. I – I am terrified... I mean, I'm not terrified of going out in public, but it's always just that constant thought of, people are going to stare, people are going to look, and I feel... well, I'm not gonna say I've gotten over it, 'cause people are creepy, like, cishets are creepy.

Alex described having a negative emotional response to even the idea of a minority stressor taking place, or the belief that other people will stare at them in public. Other participants also described this type of stress in response to a perceived stressor that had not actually taken place; for instance, in interview #36, Elaine said that she often went to a local mall but was careful to avoid large groups of men. She added that she had “never physically been threatened yet, [...] but I also still worry about that,” and that she often had “nightmares of me just laying on the pavement bleeding.”

As another example of negative emotions in response to minority stress (even when those stressors are not directly apparent to the participants), in interview #7, Sam (AFAB) explained

¹⁹ “Cishet” (pronounces sis-het) is slang for cisgender, heterosexual people. It is sometimes used as a slur. The interviewer used the word cishet to mirror Alex’s language in earlier portions of the interview.

²⁰ To present androgynously is to present in such a way that someone would not be able to tell if one is male or female.

that when he sought documentation from a therapist to be able to physically transition,²¹ the therapist said that he needed to live “as a man” for a few years before she would write a letter for him to seek hormone therapy. Sam said that he went to get a new therapist because he felt that he could not truly live “as a man” without the hormones. When the interviewer asked why he felt like that, Sam said,

I was scared about how people would perceive me because I’ve always been – you know, you just see all the bad stuff in the news and everything and it’s like, I get that little thing in the back of your head like, ‘It’s going to be shitty if you try to do this, it’s going to be shitty if you try to do [that],’ and it just kind of overwhelms me sometimes.

Negative Coping Strategies as a Consequence of Negative Emotions

Participants coped with these types of negative emotions in a variety of different ways. Some participants did engage in certain types of coping strategies that could be characterized as positive because they decreased that negative emotional response – for instance, Sam cut his hair in a more masculine way, took steps to transition at work, and worked with his therapist to address his mental health more generally. However, negative coping strategies were more prevalent among those who were interviewed. Thus, in this section, evidence is presented to show negative coping strategies as a consequence of negative emotions (which is consistent with MST; for instance, see Hatzenbuehler et al., 2008).

In interview #3, Matt explained that while he was still presenting as female, he played sports as part of an athletic scholarship on his college campus. As a result of questioning his

²¹ In the United States, the dominant trajectory for transgender people who wish to acquire surgeries and/or hormone therapy is called the “gatekeeper model.” This means that for a majority of transgender people in the United States, they must acquire several letters from their therapist and sometimes a doctor in order to “qualify” for hormones or surgery. Before they will write these letters, many therapists often require that their transgender clients socially transition and present as their “desired” gender for a certain period of time. Budge (2015) elaborates further on this process.

gender identity while his college education funded him to play on the women's track team, Matt explained that he was undergoing extreme emotional turmoil. He said,

Well, my girlfriend had been living with me and, you know, I had had this internal conflict that had gotten so bad that I had started drinking and, um, just going down a really self-destructive path and we ended up fighting a lot and it was just bad. So, she decided to move out and at that moment, when all her stuff was gone and she was literally gone out of the apartment, I just wanted to leave the earth. I didn't want to be alive anymore. It wasn't suicidal, I just didn't want to be here.

In the context of MST, Matt's story shows a clear progression between experiencing minority stress over his athletic scholarship and the gendered sports teams, negative emotions (just short of suicidality) as a consequence of that stress, and a negative coping strategy in the form of drinking that interfered with his romantic relationship.

Many participants described negative coping strategies for negative emotions throughout their interviews. For example, when the interviewer asked Alex what they did to cope with stress, they said,

Interesting question because normally when I get stressed out, I just disassociate to be honest. But I guess when I get stressed, I do stupid, not stupid stuff. I binge watch Netflix or sleep because I used to [...] get black out drunk, but I don't do that anymore so that's a good thing.

Substance use was a common theme for coping with stress and was not only limited to alcohol use. In interview #21, Ty said,

I can't really afford [marijuana] right now, but I do still smoke it. I also drink alcohol from time to time, but not that often. [...] I definitely smoke marijuana [when] I'm

stressed. [...] I just sit here and think, "I need to smoke a blunt right now." I don't think that I'm dependent upon it even though I'm using the word 'need' because I don't freak out when I don't have weed, I just use it when I do have it.

Many participants also reported using substances, particularly alcohol, to help them come out to people they cared about because the idea of potentially being rejected by the person in question caused stress. For instance, in interview #31, Mary explained that she wanted to come out to one of her good friends who was conservative. Mary described him as "from rural Kentucky, a Trump supporter before he was even the Republican candidate, [...] let's say, red flags." Mary said that she prepared herself to lose him as a friend, drank alcohol one night, and came out to him.

In interview #28, Meryl, who did not come out until she was in her late 50s, struggled significantly with her gender identity when she was younger, and used a variety of substances to cope. She said,

I was an IV drug user when I was a junior in high school. I was using IV drugs. [...] Things were bad. I started off with a little bit of pot. That didn't do any good, so I went on to acid, Mescaline and things like that. That I liked a lot better. That took me out of the reality of things and then I got turned on to what we called crystal back then, which is what they call meth I guess now. Crystal and coke, [...] I always shot coke. [...] I think most of the drug use was due to me dealing with puberty. I didn't like these things that were happening to me but at the same time if I didn't embrace them, fully embrace them, and be masculine, then I was going to be 'othered,' and that I didn't want. That was just too much.

Although substance use was the most common form of negative coping (with almost every participant mentioning substance use as a coping mechanism at some point during their interview), other negative coping strategies were described by the participants, such as risky sexual behaviors. For example, Marc explained that he often “used sex as a way to get over everything,” and went through a period of intentional celibacy to try to address his mental health. Similarly, in interview #20, John said that while he was trying to come to terms with his identity, he engaged in risky sexual behavior. He said,

When I was in middle school, like seventh and eighth grade, I was a thotty²². [...] I know that’s super young. I was so young. But all my friends were in high school because of my brother, and I was like, having so much sex in middle school. It was so bad.

In another interview (#32), Amanda (who came out in her 50s) explained that she also engaged in risky sexual behavior in order to cope with the stress associated with trying to understand her sexuality in the context of her gender identity. Amanda said,

sex for me was just a requirement. It was nothing that I ever really wanted to do. It was something I felt I had to do. But I never really, it was never really pleasurable or exciting. [...] I was actually bisexual for a couple years. Even at that, it was still not an emotional, pleasurable thing with sex. Still follow along with it was what was expected, what a male was supposed to do. [...] I ventured down some very strange, bizarre, weird roads, trying to figure out what I was, mostly in the kink world. I didn’t know where I fit, I just could not figure where I fit. I dabbled in all kinds of whatever struck my fancy for the day, kind of thing.

²² “Thot” is a slang term for a sexually promiscuous person, usually a woman. It is often used as an abbreviation for “that ho over there.”

The Role of Social Support

As previously mentioned, according to MST, positive social support should be able to reduce not only negative emotions or mitigate the effect of minority stress, but it should also reduce negative coping strategies. Social support can come in the form of formal social support (which is called “group-level coping resources” in the MST; Meyer, 2003, p. 6) or informal social support (which is similarly called “individual-level coping resources” in the MST; Meyer, 2003, p. 6). In this section, evidence is provided to show how social support can be both positive and helpful, negative and harmful, and positive but harmful (the latter of which contrasts with MST).

Positive Formal Social Support

In the case of formal social support, the key proposition for MST is that formal social support mechanisms are able to reduce minority stress because they should theoretically be able to provide resources that protect minorities from the negative consequences of minority stress (Meyer, 2003, p. 6). The participants in this study described three main types of formal social support mechanisms that helped to mitigate the effects of minority stress: therapists, doctors, and, infrequently, the police.

Therapists

Previously, Sam’s (interview #7) story was shared to show negative emotions as a result of minority stress. Although Sam’s first therapist was not positive for him (because he felt that it would not be possible to meet her requirements before she would write him a letter in support of hormone therapy), Sam explained that his next therapist was far more helpful – so helpful, in fact, that the therapist suggested that he stop going to therapy. However, Sam said, “I still want to talk to her every once in a while because [...] I’m still going through emotional changes and

stuff [due to the testosterone].” It was clear from Sam’s consistent, casual references to this second therapist that she was a key piece of social support for him.

When participants had access to therapists, by and large, they reported feeling supported. For example, earlier, Matt (#3) explained being so emotionally distressed that he was just short of suicidal. When the interviewer asked him for clarification on what happened next, Matt said that after his breakup, he went to his coach, explained all of his worries about his scholarship and explained the alcoholism. Then, the coach

contacted my trainer and the trainer brought me to the [campus] counseling center the next day. The therapist was a counselor I spoke to. She was very open, very receptive. Um, I didn’t feel discriminated against when I talked to her. She treated me like a normal human being. It was fantastic. [...] I saw her for about a year.

As another example, in interview #23, James explained that he went to a therapist at his mother’s suggestion, adding that her suggestion was,

my main motivation for [going]. But I think at first, I was just kind of there to get HRT²³ and to get my letter of recommendation. But then as I had more sessions, I realized there were more things to unpack and to talk about outside of my trans identity and more of my personal life. I’m still going. I’ve been going for about six months now since August of last year. So I really enjoy it. It’s a really formative and very enriching experience for me. I’m really glad that I started going.

When the interviewer asked James what his life might have been like had he not been able to see this therapist, he added,

²³ HRT stands for hormone replacement therapy. In James’ case, since he is AFAB, this likely refers to testosterone. For AMAB people, this typically refers to a combination of testosterone-suppressing hormones as well as estrogen or progesterone.

I think it'd be pretty bad. It'd be a little bit worse. I think because my therapist is highly trained in trans issues, fortunately, so they also lead up a trans support group I'm going to this coming week. [...] They're just really supportive, and a person I needed in a very fickle time, a very important time in my life. It was great timing, I guess.

Doctors/Physicians

Additionally, although not all participants had a desire to physically transition (by taking hormones and/or having surgery), when participants did have that desire, therapists were often directly responsible for connecting interview participants with doctors who were gender-affirming and to whom the participants could turn for hormone prescriptions and surgery referrals. Although doctors and physicians did not necessarily always provide participants with direct emotional support in the same way that a therapist might, according to Meyer (2003, p. 6), having these so-called group-level social structural factors are important for creating social environments in which minorities do not feel stigmatized (thereby reducing the impact of minority stress in the first place). As an example of this effect, in interview #15, Sally stated that they were especially impressed with their doctor going above and beyond to support Sally not only during their transition, but to serve the trans community as a whole by educating the medical community. Sally said,

I mean, I'm telling you, [my doctor] is – I have never had an experience with a healthcare provider like her. She recently just came back from [a medical conference ... in which] she was one of the presenting surgeons, and she used a lot of my pictures in speaking to other surgeons. So, she really is doing her due diligence as far as trying to establish best practices for trans patients, and over at [hospital], through a myriad of conversations in other things, she has now been able to start a thing where surgeons of all different

departments meet once a month and talk about best practices for trans individuals and situations they run into and how can they make the hospital more safe and more friendly for trans patients. So, she's fabulous.

Although very few participants in this study had any kind of surgery, several had been on HRT, at least for a short period of time during their lives. It is also worth mentioning that Sally's experience is somewhat of an outlier, as participants' experiences with doctors and other medical providers were generally mixed in terms of the effects they had on the participants' emotional well-being. For example, many participants felt privileged if they were able to access healthcare too easily. In interview #43, Alisha described herself as an upper-middle class person who had access to good medical services, and she added,

I have access to a therapist, a psychiatrist, and a very, very trans-friendly primary care physician who prescribed me hormones when I just said, "I'm trans." He just asked for a letter, and my therapist pulled it out the next day and sent it to him. It was super quick and easy.

Thus, in Alisha's case, her primary care physician was an important form of social support for her since he was quick to provide her with hormones with minimal gatekeeping, which had an ultimately positive effect on her emotional well-being. Alice said, "Just having access to those healthcare services, and being able to talk about it with a mental health professional and being able to just have all of that support is incredible."

In another interview, #41, Janice explained that she was originally prescribed hormones from a doctor in a rural area and described it as a situation that was "slightly above [the] black market" in that the doctor prescribed hormones without doing blood tests or other tests for general healthcare. She explained that, at the time, she "just wanted hormones," and did not care

about the rest of her health. However, just prior to the interview, Janice had moved to a large urban area with specialists who were more capable of managing her care. It is also worth noting that Janice did not reflect on either of those situations unfavorably – in the case of the rural doctor who did not do any other tests to assess Janice’s health, she felt that hormones at the time were beneficial enough to her mental health to outweigh costs to her physical health. Further, in the case of the urban doctor who was more qualified and ran other tests, Janice was able to afford these tests through her insurance and she understood the need for those extra tests.

Police

Only two participants stated that they viewed the police favorably. All other participants viewed the police either neutrally or unfavorably, even when they had no direct experiences with the police. One of the participants (Caroline, #33) said she would “absolutely” call the police in the event of a hypothetical victimization situation, and added, “I have a lot of respect for police officers. They have a tough job.” The other participant who viewed the police favorably (Jesse, #8) had a positive experience with the police. Jesse was held at gunpoint as a result of their gender expression. Jesse explained that while they were in high school, rumors circulated about their gender identity based on their gender expression. Another student at the school approached Jesse, and

they were like, ‘this area that you live in is all Christians. You’re going to hell,’ and was like ‘you should be killed for this,’ and then pulled out a gun and said, ‘I will kill you myself for this,’ and I was freaking out, didn’t know what to do. I just kind of stood there. [...] I honestly thought I was going to die.

Jesse then explained that at some point, one of their friends called the police who arrived quickly since the police station was close by. Jesse also added, without prompt, “I feel kind of

blessed they were there to kind of protect me in a way. They held that person back.” Jesse digressed from the police to talk about the other students in the school, and then passively mentioned that the police were informed that the incident was because of Jesse’s gender expression. Thus, the interviewer asked for clarification, “How did you feel about the police’s reaction to the situation?” to which Jesse responded,

I think they did a good job. [...] they were like, ‘Honestly we’re just glad we separated you two because we were afraid you were going to die.’ [...] But they did handle it really well, they just didn’t care, in the good way. They didn’t care what the situation was, they were just there to help.

When the interviewer asked Jesse if they would ever feel comfortable contacting the police if something ever happened to them again, Jesse said,

Yeah, I would now that I know they wouldn’t care what I was, they were just there to help me, like I would feel comfortable in immediately calling the police. [...] And seeing how they handled it, now I know that no matter what it is, they’re here to protect us.

Finally, Jesse explained that their experience with the police was so positive that Jesse even felt safer in their day-to-day life. Jesse said,

I do feel a little safer. I still kind of am a little paranoid about going outside and I’m afraid I’m going to get hurt because of who I am, but I am a little safe knowing that there are people out there that will protect me wherever I go, and if I do need them, they are there in an instant.

For those participants who viewed the police neutrally, while some were truly neutral towards the police (and said, for instance, that they did not know enough about the police to comment), many viewed the police warily or with general apprehension, but still somewhat

positively. For example, when the interviewer asked Mary (#31) if she would report a hypothetical victimization experience to the police, she said,

Yeah. [...] I've never been the victim or even closely adjacent to a victim, so I do not personally know, but [...] because I am white and come from a middle-class background and I am perceived as female by almost everyone that I meet, and all my identification cards are female, I wouldn't have any concern going to the police. [...] I know a lot of the issues that I've heard about among transwomen that have issues with the police are people of color and transwomen where they live in a state that makes it basically impossible for them to get their gender marker updated on their legal documents.

Thus, although Mary stated that she “wouldn't have any concern” going to the police, she made this statement with the disclaimer that she was only able to feel comfortable going to the police given what she perceived was her relatively privileged position in society. As another similar example, after she recounted an incident of being verbally harassed, Jackie (#30) was asked if she would go to the police after another hypothetical victimization experience. She said,

It depends on where I was. Here in my hometown, since I know the police chief, personally, and [...] I know our police force has gone through cultural training for LGBT and trans, I would feel comfortable calling the police here. If I was doing an event in [small town, midwestern state], I don't know. I may be less likely to, only because of stories and hearsay, or not knowing people.

Jackie's apprehensiveness towards the police is especially interesting because Jackie spent a large portion of her time working for a non-profit organization that conducted trans-specific cultural sensitivity trainings for police officers. In the context of MST, the stories above are especially interesting because the police are a group-level social structure that have the

potential to provide important resources to TGNC people, particularly given their high rates of crime victimization. Yet, even when the participants have little or no experience with the police, they still sometimes remain ambivalent towards them, at best.

Negative Formal Social Support

As was previously stated, one of the key propositions of MST is that group-level social structures can provide an important benefit to minorities' ability to cope with minority stress (Meyer, 2003, p. 6). Since minority stress can sometimes come from a misalignment of minorities' lived experiences and the values that the dominant culture holds (Meyer, 2003, pp. 3-4), it also follows logically that if those group-level social structures (for instance, formal support mechanisms) are fundamentally contrary to TGNC peoples' needs, then those formal support mechanisms could increase negative emotions rather than ameliorate them. The participants' narratives in this study are consistent with this line of reasoning and, again, three key formal social support structures are presented as evidence: therapists, doctors, and the police.

Therapists

Although generally speaking, the participants found therapists to be helpful, there were several instances in which therapists were perceived as negative. For instance, in interview #19, Jennifer said that one of the worst experiences she ever had was her first experience with a therapist. She explained,

When I first came out to my mother, she sent me to a child behavioral therapist. [...] It was a male, Christian, therapist. A child behavioral therapist. So, he didn't even know what the fuck he was talking about. He asked me a bunch of questions and I answered them. He brought my mom back there and he told my mom, right in front of me, 'Based

on my diagnosis, I do believe it's because of his²⁴ youth and impressionability that he is feeling this way. But I do believe at some point this will go away.'

Jennifer also explained later in the interview that she tried to see another therapist more recently as an adult. Although the second therapist was not blatantly harmful like the first one, Jennifer explained that the therapist was also not particularly helpful. Jennifer said, "Occasionally, if shit gets really bad and I just need to talk to somebody, I'll pay a hundred dollars to see her for an hour. [...] It's definitely not a long-term help."

As another example, in interview #9, Mike explained that even though his first experience with therapy was not particularly helpful, he still had enough faith in therapists to seek out other therapists who were more helpful. He said,

[In] high school, my mom put me in therapy for some family situations that didn't have anything to do with [being transgender]. One was overly concerned with how I identified as like sexuality wise. I didn't really identify as anything, so I think that's what she was hyper focused on. [...] She actually breached confidentiality a couple of times. [...] Well technically she didn't break it because I was under the age, but at the same time, it broke [my trust and] it just destroyed our relationship. She would run and tell my mom what I would say, like every time, and my mom wasn't exactly the friendly type with what I'd say. [...] But] I've had [a few therapists] since her, and they've all been decent and nice and just trying to focus on what I wanted to focus on and that's about it. I haven't had any bad experiences outside of the first one.

²⁴ Jennifer is an AMAB transwoman who uses she/her pronouns. She intentionally used male pronouns here (and used an exaggerated emphasis on them when she spoke) to quote the child psychologist who misgendered her.

Doctors/Physicians

Previously, the point was made that therapists sometimes were responsible for directing participants to gender-affirming doctors who would be willing to prescribe hormones or make referrals for surgery. However, just because these gender-affirmative physicians are willing to help TGNC people acquire hormones or surgery, this does not necessarily mean that these physicians are also well-qualified to do this. In one notable instance, Vanessa (#1) mentioned that she and another interview participant, Nick (#2),²⁵ went to the same doctor for HRT while they were in college in a rural area, along with a few other TGNC people who were also from this area. When the interviewer asked if that doctor was the only gender-affirmative physician in the area, Vanessa responded,

Well, he's the only guy that we knew of. Most of us found out - well, [Nick] had a lot more testosterone going through his system than he needed and like, I was really under my dose. (The interviewer asks, "How did you guys figure that out?") Going to new doctors when we moved.

Janice, who was previously mentioned in the section above, was from the same rural area as Vanessa and Nick, and also mentioned the same doctor. Janice stated that, while in college, she was part of an "informal support group" of TGNC people that regularly met at each other's houses. Among other things, Janice stated that they regularly discussed things such as "how hormones are going for each other, and what doctors. I mean, the one doctor that everybody went to in [city] wasn't amazing." When the interviewer asked Janice why people in the area continued to go to him knowing that he "wasn't amazing," Janice responded,

²⁵ It is worth noting that the interviewer did not break confidentiality here. The TGNC community is quite small and tight-knit – Vanessa and Nick both referred each other to the interviewer to participate in the research project and both mentioned each other repeatedly throughout their respective interviews, but the researcher was careful to neither confirm nor deny having interviewed either one of them to each other.

That was the one, I guess, that people were told to go to. I mean, the [campus] counseling center, just because he was the only one of the few people that would actually do it, and I mean, I didn't really realize [not having regular blood tests done] was such a big deal until I actually went to a different doctor.

It is also worth bringing Nick's perspective forward since the author had the opportunity to interview both Nick and Vanessa. Nick's interview took place after Vanessa's interview. The interviewer asked Nick, "How did you find a doctor to help you with the hormones?" and he responded that originally, his therapist gave him the name of the physician who was also mentioned by Vanessa. The interviewer followed up with, "How was that doctor?" and Nick said,

Um, fine. He - he was not an endocrinologist or specialist of any kind. He was just a family practice guy who happened to be "hip." Like the biggest comparison I can give it to is like people who were aware of the AIDS epidemic and were actually trying to help people with AIDS, you know what I mean? It kind of felt like that – like it was a secret that he did that, that he did hormone therapy.

Most importantly, when taking Vanessa's, Janice's, and Nick's perspective in their context with each other and from their own perspectives, although the experiences with the doctors could be viewed as negative experiences (because so many of the doctor's practices were not safe for the participants' overall physical well-being), these participants did not describe their experience with the doctor as "negative." For instance, although Janice said that the doctor "wasn't amazing," she said she went back to the doctor because it was an "I need hormones" sort of thought, and so I didn't really care where they were coming from."

Further, even though Vanessa's second-hand account of Nick's experience with the doctor painted the doctor in a negative light, Nick explained that he felt that the physician was only trying to help – in fact, Nick never mentioned any of the difficulties that Vanessa said he had with having the wrong hormone dosage (and for confidentiality reasons, the interviewer never mentioned what Vanessa said about his experience). Rather, Nick identified a separate issue. He explained that when he moved across the country and needed to find a new physician for HRT, he relied on an online community on Tumblr for advice on gender-affirmative physicians. At the time of the interview, he had one appointment with a doctor he found through that online community, and he said, "I'm not gonna go back, I don't think, because they kind of scammed me." He then explained that this physician was an OB-GYN with a transgender son who was an advocate for transmen's reproductive health, but that her office repeatedly misbilled him for services – for example, Nick wanted an STD screen on one occasion and an HIV test on a separate occasion. In both instances, they also charged him for a blood count for hormones (thus greatly increasing the price of the services he received), and told him that because he was transgender, he needed to have these hormone tests done even when he was only having routine bloodwork done for issues unrelated to being trans.

Janice, Nick, and Vanessa's accounts of the difficulty in finding high-quality medical providers speaks to a much larger systemic issue with healthcare for TGNC people, which had a direct consequence of justifying receiving bad (albeit well-intentioned) healthcare in exchange for the necessary hormone treatment. In interview #34, Erica explained it best,

It's hard to find doctors who'll take my insurance, and [...] it's a decent insurance, it's really good actually, and yet [...] if I call up a doctor or go on the computer to schedule something and say, "I'm looking for a doctor to do hormone treatment," then they're like,

"Sure, we're more than happy to do that," because they're thinking I'm a ciswoman who wants birth control or wants hormone replacement therapy because they're going through menopause. [...] But if I say, "Hey, I'm a transwoman, I'm looking for hormone replacement therapy," even though it's managed almost exactly the same way, they aren't willing to prescribe that. It's really frustrating, it's really hard. [...] And my doctor, who is a fantastic doctor, was the first up to say, "I am not an expert in this field, I am just willing to learn." And he's a really good doctor and he knows a lot but he even... it's really frustrating. I'm working on getting gender confirmation surgery. [...] First, there's a limited number of doctors who can do it. [...] I have to get letters of support from a psychiatrist, letters of support from therapists. And then finding therapists and psychiatrists who are willing to write the letters, it's a pain in the ass and it's really frustrating. It should not be this difficult.

Thus, even though doctors have the potential to provide a valuable source of structural support for TGNC people in that they have the ability to reduce the impact of minority stress, in many cases, not only are doctors inaccessible to participants but sometimes (particularly in rural areas), the potential harm to their physical well-being may negate the potential benefit to their emotional well-being.

Police

It was previously stated that only two participants viewed the police favorably. Some participants did view the police neutrally in that they felt that they did not have enough information to comment on the police, and a few had apprehensive but positive feelings towards the police. However, most participants perceived the police negatively, and in many cases, they felt very strongly about their negative feelings towards the police.

For several participants, their negative feelings toward the police existed because they have negative experiences with the police. For instance, previously, Phillip's (#14) incident with the police in a mall restroom was mentioned. Phillip's story with context is,

So, before I started testosterone, I was binding beforehand. I was already being seen as male, so when I went to use the bathroom, I still used the women's bathroom because I wasn't passing all the time – just enough of the time to get by, but there was one incident that happened when I was in the bathroom and this lady saw me and just started hitting me with her purse and the police came and asked what happened and the security guard was there and I was like at a mall I think, somewhere probably in Georgia, and she just started hitting me with her purse, hitting me in this bathroom and I was trying to wash my hands, minding my business not bothering her didn't say anything to her but it didn't matter police officer came in and escorted me out like I was the perpetrator.

Phillip also described several other instances of being pulled over by the police. He stated that although he had a “clean” driving record (with no tickets, violations, or accidents), he has a long history of traffic stops. Predictably, Phillip was distrustful of the police. Later in the interview, he explained that his ex-wife was abusive, and that “she hit [him] all the time.” When the interviewer asked if he would ever consider reporting her to the police, he said no, and added that

inviting the police into my living space as a black transgender male in the domestic violence situation, in the south, there's not enough Bibles printed for that. Just no, it's bad enough that I get pulled over for driving while black.

As another example, when asked if she would call the police if she felt unsafe, Ximena (#47) laughed and said,

Fuck no. Fuck the police. [...] The police have never been my friends [because of] the color of my skin. I always get racially profiled by cops all the time. [...] They're always dicks to me and I feel like using the police is just a shitty decision because I feel like if I felt unsafe in that scenario and I called the police, it would get worse for me and that they actually wouldn't help anything.

When the interviewer asked Ximena if she had ever had any interactions with the police, she said,

Yeah. Every interaction I've had with a cop made me feel like they were fucking idiots. [...] One time there was a medical emergency at my house and a crap load of cops showed up before the ambulance did and trespassed onto my property without announcing themselves as police. [...] They had flashlights on me ready to draw their guns. [...] My dog tried to bite one of them and [...] they all shot my fucking dog.

It is also worth noting that both Phillip and Ximena are racial/ethnic minorities – Phillip is Black, and Ximena is Latina. While both Phillip and Ximena had negative experiences with the police that could account for their poor perception of the police, it is likely not possible to identify the exact source of their discomfort with the police as purely due to their TGNC status or purely due to their race. It is worth revisiting Phillip's statement that was first quoted in the section on reflexivity. That is, when the interviewer asked Phillip, "Do you think the thing with the white lady and the purse happened to you because you are Black or because you are trans?" Phillip responded, "The two are not mutually exclusive. I don't know."

With that in mind, even white participants and participants who had no experiences with the police also had negative perceptions of the police. In fact, perhaps most strikingly, most of the participants who had negative perceptions of the police did not actually have any negative

experiences with the police. For example, after the interviewer asked her about a hypothetical victimization situation, Erica (#34) said,

Hypothetically speaking, if I'm being chased or whatever and I can call the police, I probably would because the worst thing they're going to do is come and shoot me, but that's probably better than being burned alive behind a dumpster like some lady in Baltimore.²⁶ [...] To be honest, it's not so much because I'm trans and it's not because of how the police have interacted with me. Every interaction I have had with the police has been very positive. I'm white, which I think that can't be ignored. But I see too many cases, and granted this was on the news and whatever, where people of color are killed, and the cop not only gets away with it, but their fellow police officers stand up for them.

Thus, although the police (like doctors) have the potential to be a valuable source of social support, for many of the participants, the police were actually a source of significant minority stress, even when the participants had no direct experience with the police. Therefore, this fear of the police meets the criteria for a proximal minority stressor since in some cases (such as in Erica's story) in that the fear was due to the expectation of a stressful event, plus the "internalization of negative societal attitudes" towards the police (Meyer, 2003, p. 5).

Positive Informal Social Support

In MST, Meyer (2003, p. 6) explained that a key resource for "protecting minority members from the adverse mental health effects of minority stress" includes group solidarity and cohesiveness. The participants in this study reported largely positive, close ties with their friend groups and with online communities, which is in line with recent literature to suggest that for

²⁶ This reference likely combined the notorious deaths of two separate transwomen. One reference is likely to Yazmin Shancez, who was found burned to death behind a dumpster in Florida in June 2014, and the other reference is likely to Kandy Hall, who was found murdered in a field in Baltimore during the same month in 2014 (Duffy, 2014a, 2014b).

TGNC people, community connectedness can protect against depression and anxiety (Pflum et al., 2015).

Friends

All interview participants reported being generally more comfortable around their LGBTQ+ friends compared to their non-LGBTQ+ (cisgender, heterosexual) friends. The TGNC people in this study also felt well-connected to other TGNC people. For instance, it was previously stated that Janice was part of an “informal support group,” in which individuals discussed a particular doctor in the rural area. She said the group was started because although the campus had a student organization for LGBTQ+ people and the campus also had therapeutic support groups for LGBTQ+ people provided through the counseling center, TGNC people in the area felt that they needed a more exclusive space just for transpeople. She said,

We had this trans, queer meetup support group sort of thing where we all got together like once every other week or once every week for a while, and just talk about trans things, and how we were all doing. That was kind of how I got to know a lot of my friends that are trans, from back then. [...] We run into each other on campus, and it just was more of a, let's sit out and talk and know that we're not that weird.

Several participants from the same geographic area (several of which referred each other to the interviewer to participate in the study) mentioned the same group, such as Nick. He spoke highly of this “informal support group,” and even expressed something akin to grief when he had to move away from that rural area to a much larger urban area. He said,

I have never felt, like, that same community that I felt [there]. I think part of it, honestly, I think part of it is because there's just so many people and I don't really understand how to get involved.

Establishing these trans-friendly spaces is consistent with Meyer's (2003, p. 6) original logic that transpeople "counteract minority stress by establishing alternative structures and values that enhance their group." Other participants described similar instances of forming communities where communities previously did not exist. For instance, in interview #16, Robin explained that while they were in college, they often went to LGBTQ+ workshops and conferences all around the southern United States. Since Robin was able to network with individuals from all over the area, Robin helped contribute to forming a pride march in the area that was geared more specifically towards queer and trans people.

Notably, one cluster of participants came from a midwestern university and explained that many of them currently or previously lived on the same floor of a campus residence hall that was described as queer-friendly. The first participant to describe this dorm, Taylor (#24), was not asked about his living situation; instead, he was asked an entirely different question: "Do you generally feel safe?" to which he responded,

At the beginning of the year I felt very safe because I live on a floor of queer people. We had our own space, we went everywhere together. And we still go [everywhere together], like, we never leave alone.

In Taylor's case, having access to this safe, queer-specific space on his campus during his first year of college was very helpful for his overall well-being. Other participants from the same floor expressed the same sentiment. For instance, Fitz (#25) explained that he transitioned and started hormones when he was very young. Consequently, he passed so well that other queer people often called him "the jock." "So," he told the interviewer, "it's been really nice to be around all these people who are like me."

Taylor clarified later in his interview that non-LGBTQ people were recently invited to live on the floor, and that the experience has shifted in the extreme opposite direction. When he explained that the floor of queer people that he lived on made him feel safe, he also explained that at the time of the interview, he currently felt less safe because

our school recently has had an issue where two of the dorms got closed down due to mold, and so these are the dorms that had the business kids in them, the business students. And so they got moved into our dorm, into our lounges and our spare rooms. And they're not great. They like to call us 'it.'

This example illuminates not only the value of having a queer-specific space, but also the harm that can exist by not having that space. Furthermore, Taylor also emphasized the need not only for an LGBTQ+ space, but also for a trans-specific space. Taylor explained that the floor was recently appointed a new live-in resident advisor (RA) who was a cisgender gay man. Taylor said that the RA held an all-floor meeting (before the business students were moved in) and

he kept talking about females and our periods and women and our ... he kept calling them female hygiene products. And talking about how gross girls are and stuff. [...] He was talking about how he didn't want to see pads and tampons in the bathroom, and talking about how 'us women' [said with emphasis] need to wrap our pads and stuff. It's like okay, we went and counted how many trans men were on this floor once. And in every single room, there's at least one trans person. Except for in two rooms there's not. Two rooms on the entire floor there's not a transperson in them. So a floor of at least half transpeople, he was saying these things.

Online Support

Overall, when these kinds of trans- or queer-specific spaces existed, they were largely portrayed positively by participants. However, for many participants, making friends could prove challenging for a variety of reasons. For instance, when the interviewer asked Jennifer (#19) where she met other transpeople, with a sarcastic laugh, she said, “Definitely all through the internet, have you ever been to [southern city]?” Jennifer also explained that she was not yet out at work and was not out to most of her family or friends. Consequently, she said that she has two Instagram²⁷ accounts. When the interviewer asked her if she felt like she was living a “double life,” Jennifer said,

I have an Instagram of me dressing up and all that stuff, but I haven’t actually fully... I’m not full-time²⁸ yet. [...] I have two Instagrams, I use that one the most. When you asked earlier [about] living a double life, that’s kind of – you can literally see both lives through both of my Instagrams. I definitely primarily use the femme one even more.

For Jennifer, Instagram helped her to cope with the stress associated with being unable to socially transition in other areas of her life (such as work). However, she said she also used Instagram to meet other people, stating that she tried to find people on Instagram “and hope that they’re willing to talk to me. If they are, awesome, then I’ve made a friend I can talk to about shit.”

Several other participants also mentioned using social media in a similar way. As another example, in interview #5, Kat mentioned that they used Instagram to post pictures of themselves in

²⁷ Instagram is a social media platform in which users primarily post photos, usually (but not always) associating their accounts with their “real” names.

²⁸ Going “full time” means to present as the preferred gender all the time. Some transpeople who are not out yet will only dress as their gender identity in safe places (such as on a separate Instagram account, in Jennifer’s example).

male cosplay.²⁹ Kat explained in their interview that they identified as gender fluid or nonbinary, but that they were still “figuring out their own identity,” and that they were experimenting with a more masculine gender expression through cosplay. Kat said that when they told their parents about their male costumes, their parents “started saying how stupid it was and how girls can’t look like guys.” However, Kat also added that other people who are more receptive to cosplay – such as others in the online cosplay community – have

said stuff to validate me without even knowing because I would show them a cosplay of my character and they would say how I did look like a little boy and anything else and, um, even though they don’t know that’s what I identify with.

Thus, for Kat, their online community was a way to address the stress of their day-to-day life and the lack of support from their parents. Furthermore, Kat also described a similar separation of their online presence because they explained that they took measures to make sure that their Tumblr³⁰ was more private than their Instagram, actually blocking their mother from Tumblr to ensure that she could not see the content Kat posted to Tumblr. In this way, for both Jennifer and Kat, these online platforms also allowed them to exercise clear control over their presence.

Other participants also explained that they used the internet to seek social support, but not necessarily in the same way one might use social media. For example, in interview #34, Erica (who was 41 at the time of the interview) explained that she first came to terms with her gender identity by reading and posting on online forums.³¹ She said that for most of her life, she

²⁹ “Cosplay” (a slang for “costume play”) is a popular hobby that involves dressing in custom-made costumes that portray characters from movies, TV shows, books, video games, or other popular media.

³⁰ Tumblr is a social media platform in which users primarily make short blog posts using text or images, usually (but not always) using an anonymous username.

³¹ Forums are generally anonymous social platforms that primarily involve longer text-based posts. Although many online forums still exist, they are less popular, and are largely precursors to more modern social media platforms.

buried those feelings [of gender dysphoria] and thought I was alone and nobody else in the entire world felt this way, that I was some kind of freak. So it wasn't until the internet³² [...] that I started looking more into things and going, oh wow, I'm not the only person in the world like this. [...] There's a word for what I am and other people identify with that word too.

Thus, rather than using social media, Erica used online forums (precursors to more modern social media platforms such as Instagram and Tumblr) to network with other TGNC people or to read about their experiences, and as a way of understanding the stress she felt as a result of her gender dysphoria. Elijah (#13) described a similar experience of going onto online forums and meeting people who felt similarly and identifying with their experiences in a way that he was unable to do in the non-online world. He said, "I'm sure I knew about transgender people but I didn't really realize they were people in real-life and not, like, Jerry Springer headlines and things."

Further, for many of the participants, an important draw to using online spaces as a means of social support was that online spaces allowed them to create uniquely exclusive spaces. For example, when the interviewer asked Xan (#11) how one should go about meeting other transpeople, Xan said

I have this friend that I got pretty drunk with one night. [...] He had convinced me to download OkCupid.³³ [...] I didn't want to search for anybody, and he's like, '[...] you don't have to hook up with people, but you can meet people, it's cool.' [...] And I thought this was really freaking cool, on OkCupid they have options for gender and it's

³² In the spirit of reflexivity towards Erica's experiences, she stated later during her interview that, "To be fair, I was on the internet back in '95 when I was 20 or so, but I wasn't looking for these things."

³³ OkCupid is primarily known for being a dating website and app.

like, every gender in the binary and out of binary that you can provide. It was amazing. I was like holy shit, I can put nonbinary on there, it was cool. And it hides certain people from being able to see me. So I [...] hid anybody that identified as heterosexual from being able to see me. [...] Three people hit me up that were in my area. I ended up hanging out with one of them and ending up meeting the other two by coincidence because they were all hanging out that night.

Positive Informal Social Support as Harmful

According to Meyer's (2003, p. 6) original framework, if individual-level group structures (such as informal social supports) are positive, then they should "protect minority members from the adverse mental health effects of minority stress." Theoretically, if minority members are protected from the adverse mental health effects of minority stress by being a part of strong informal support networks, the effects of group cohesiveness, group solidarity, support satisfaction, and self-acceptance should mitigate negative effects of the systemic issues that often result in minority stress (Meyer, 2003, p. 6). As was shown in the previous section, participants did have tight-knit communities which, by and large, were portrayed by the participants as supportive. However, there were several instances in which although the participants' support networks were positive (in other words, they led to positive emotions or better mental well-being), these same informal social support networks were also capable of leading to negative emotions.

Positive Informal Social Support and Negative Emotions

In interview #4, Alex explained to the interviewer that they had a tight-knit support network that started when they were in college that contributed to a feeling of group solidarity and cohesiveness. Alex said of the queer community at their school,

everyone was very much for wanting to have a safe space for everybody who was on the queer spectrum. They created these spaces even if they were in a public space. If there was one queer person, there was also five other queer people with them to create these spaces. [...] You never saw a gay person walking on campus alone.

Although in this instance, Alex was describing their queer community from college, at the time of the interview, it had been several years since Alex graduated. They clarified later in the interview that they still rely on many of their queer friends from college because their new location is “totally devoid of queer people.” Regardless, it is clear from Alex’s description above that their queer friend group is a strong, positive informal social support network in that it contributed to creating those safe spaces for Alex and for other queer people. However, a consequence of being part of a marginalized community such as the queer community is that when one member of the community experiences harm, the other members of the community hear about it and, in a way, they all share the consequences of that harm. For example, when the interviewer asked if Alex would ever report a hypothetical victimization experience to the police, they said,

I’m not really comfortable around the police in general, just because like – like, the way transpeople, especially transwomen of color are treated by the police? These are my friends, it’s just – it’s hard for me to talk to someone who’s actively – I feel as though they’re actively against our community. I don’t know if I would have gone to the police unless I was physically assaulted. But then again, even then, I don’t know if they would take it seriously or not.

Alex specifically mentioned the harm experienced by their friends as the source of Alex’s discomfort with the police. When questioned further, Alex clarified that they did not have any

first-hand experience with either the police or victimization – but Alex still empathized with the harm experienced by their friends to such an extent that it impacted Alex’s own emotional response.

Other participants also cited their friends’ experiences with the police as their primary source of fear. In interview #54, the interviewer asked Henry to explain to her why he would not want to go to the police if something were to happen to him. Henry laughed and responded, “Well, let’s see. I’m black, and I’m queer, and I’m trans, so absolutely fucking not.” The interviewer followed up by asking if there was something specific he expected might happen, and he said,

Yeah, I’d probably be worried [that] they would charge me with something, or somehow it would be my fault what happened, or I would like somehow incriminate myself for something else. [...] I’ve heard a lot of stories about people who have called the cops and then the cops end up either sexually harassing them or sexually assaulting them as a way to find evidence. Like, "I’m going to search you or whatever." And it becomes something completely different than that. And I’m just not here for it.

When the interviewer asked Henry for clarification on where he heard these stories, he said, “I’ve heard a lot through online stuff and chat rooms and stuff like that. I’ve also met some people who have worked with people who these things have happened to.” Again, Henry’s story presents an instance in which although his community is an important source of social support for him and he perceives this social support as positive, being part of the community meant that he also felt the consequences of the harm to other members of his community.

As one final and notable example, three participants told the same second-hand story about a negative interaction between the local police and a transperson in the local community.

Though the three participants did not name each other (and due to confidentiality reasons, the interviewer did not name participants to the interviewees), each of the three participants independently explained that they had attended the same university during approximately the same time period. Marc (#6) shared the story with the interviewer first by saying,

I had a friend who thought someone was trying to break into his apartment. He's a transguy and he called the police, as one does when they think someone is breaking into their apartment. So, the police get down there and figure out that it's my friend's roommate. The roommate had lost their key and their phone was dead or something. So anyway, when the police figured out that it wasn't anything serious, they noticed my friend's driver's license, and the gender on the license is wrong and then my friend obviously doesn't look like his picture anymore. So, the police ended up taking him down to the station and questioning him. Nothing happened because he didn't actually do anything, but it was still scary. I mean, I wasn't there, it was scary to hear about.

Pat (#12) also shared an almost identical version of the story, except Pat did not say that the individual in the story was taken to the police station. Instead, Pat said that "He ended up getting harassed by the police and accused of lying about something [...] because his gender marker and his name didn't match what he told them." Further, one more participant (Robin, #16) also shared the same story with the interviewer, but added that, "The police were called but actually ended up taking the transgender man to jail for a night, or maybe they just questioned him, I don't know."

The main point with each of these three stories is that for all three participants, the event in question did not actually happen to them and of those three participants, none of them had notable interactions with the police themselves. In the rural area described by all three of the

participants, the community was so tight-knit that it is easy to see why fear could be transmitted so easily, and how the harm was dispersed even to individuals who did not themselves directly experience the harm.

Victimization

In order to connect minority stress, risky coping strategies, and social support with increased exposure to victimization risk, it is important to first establish that victimization was pervasive among this sample of participants. Most participants experienced some form of victimization during their lifetime, and a wide variety of victimization types were described by the participants. For example, in addition to the previously mentioned instances of discrimination and harassment, many participants described instances of childhood abuse (such as physical and sexual violence), histories of drug use and subsequent neglect from their parents, experiences with bullying while in school, and experiences with stalking. As just one example, in interview #10, Michael said that another student once broke his finger on the bus when he was in high school. At the time of the incident, Michael was presenting as a self-described “butch”³⁴ lesbian. He said,

Some kid tried to sit in the seat next to me and I told him that there wasn't space, [and] that I didn't want to sit with him because there was plenty of other space and then his friend came up and said, 'If my friend wants to sit with you, he'll sit with you,' and then he smashed my hand with this thing on top of the bus seat. [...] There was also a point in time later on after that with the same kid passing me a note that said, 'I want to take you home so I can rape you.'

³⁴ A butch lesbian is a lesbian woman who presents in a more masculine way, but generally does not identify as TGNC.

It is worth noting that, although Michael did not say that he was targeted by the student due to Michael's gender identity or expression, there is literature to suggest that any victimization among TGNC people (whether targeted or not) still leads to a higher stress response (Hatchel et al., 2019). With that in mind, although all victimization has the potential to lead to a stress response, there is evidence to suggest that targeted victimization could be linked to a higher prevalence of stress among minorities (Burton et al., 2013; Toomey et al., 2010).

The participants in this study experienced a high prevalence of targeted victimization (and generally speaking, were able to easily differentiate between targeted victimization and non-targeted victimization). Several examples of targeted victimization have already been presented in other contexts (for instance, Jesse, who was held at gunpoint). As another example, in interview #16, Robin explained that they were walking across the parking lot at their apartment complex to pay their rent. Robin explained earlier in the interview that they preferred to present androgynously – although they had long hair, they alternated between women's clothing and men's clothing. On the day of their experience with targeted victimization, Robin said,

I was wearing basketball shorts and a crop top, my normal wear, and this guy, one of the landscaper people, runs at me with a branch and screams, "Act like a man." [...] This is in [...] broad daylight, and there were other people there. So the people he was working with were also there. They kind of laughed and I just looked... I was like "Seriously?" and they all walked away.

In the RAT/L framework, individuals' demographic characteristics come with role expectations, which then come with lifestyle behaviors that may sometimes expose them to risk for victimization (Hindelang et al., 1978, pp. 242-243). More specifically, Hindelang et al.

(1978, p. 245) writes that “there are high-risk times, places, and people – this implies that lifestyle differences are associated with differences in exposure to situations that have a high victimization risk.” The two examples above present instances in which participants’ demographic characteristics exposed them to victimization risk. For instance, in Michael’s story, although at the time of the victimization he was not out as trans, his unique social position as a perceived woman likely contributed to his victimization (since he received a note from the same individual threatening to rape him). In Robin’s story, their social position as an androgynous individual (who was apparently perceived a male) ultimately led to their experience with targeted victimization.

Another social context that is unique to TGNC people and that predisposes them to victimization risk is the public, gendered restrooms. One such example was previously presented of Phillip, who was assaulted by a woman in a mall restroom and ultimately escorted out by the police. As a second example, Jason (#42) explained that he went to a gay pride parade in a large, urban city and went to a men’s restroom. Jason said,

Yeah, it was by a guy who was wearing... It said gay. You know, they hand out stickers there, self-identifying stickers. He had a sticker that said gay. It was another gay man, and he yelled at me for being in the men’s room.

In another interview, Perry (#50) explained that when they were in high school (and tried to come out as trans), the teachers and school administration would not allow them to use either the boys’ restrooms or the girls’ restrooms, instead insisting that Perry go to the nurse’s office to use the unisex restroom. When Perry had to take a high school gym class, they had no choice but to use the girls’ locker room because the nurse’s unisex restroom was too far away to be reasonable. Perry said,

[The teachers] wouldn't let me just go and change in a bathroom stall. I had to change in a room full of girls, [and] they would pick on me, they would harass me. They would hide from me and go, 'Ew, they're looking at me,' and just act like I was a predator. But I didn't make the choice to be in that room and if I didn't change clothes for gym, I got 10 points deducted from my grade or 10% deducted from my grade, it was one or the other. It was a really uncomfortable situation to not be allowed to just go to a bathroom stall and just change my clothes.

In fact, victimization and other negative experiences in public restrooms were so common that participants often said that they have had something bad happen to them in a restroom, but they could not recall one specific experience. For example, Jason (#42) was able to recall that one specific instance of restroom harassment at gay pride, but then added,

I've had things here and there at restaurants, or things where people will look at me, or huff and puff about me being in there or something, but nothing so verbal and scary as what happened at gay pride.

Coping Strategies and Exposure to Victimization

There is a wealth of literature to suggest that victimization experiences are linked to negative emotions, such as trauma in the context of post-traumatic stress (e.g. Figley, 1988; Sansen et al., 2015). In the case of the TGNC people in this study, these negative emotions can be conceptualized as consequences of distal minority stressors (which is supported by empirical literature; e.g. Dworkin et al., 2018). In this section, evidence is presented to establish that the practical consequence of negative coping strategies for negative emotions can sometimes be exposure to further victimization risk because of how those negative coping strategies alter individuals' lifestyle behaviors.

Many of the participants in this study had coping mechanisms that were tied to victimization risk. For instance, the evidence previously presented above established that substance use and risky sexual behaviors were common coping strategies for the TGNC participants in this study, and there is already empirical literature that establishes these types of coping strategies as risk factors for victimization because they alter individuals' social context, thereby predisposing them to risk (Fox & Sobol, 2000). However, unique to this study is the role of TGNC peoples' community in normalizing and perpetuating these risky social contexts as coping strategies for negative emotions. For example, Fitz (#25) explained that he often felt stressed because he felt like a "zoo animal," since he often felt that being trans "is really hard for anyone else to get." When the interviewer asked Fitz (#25) how he handled stressors like those related to feeling like a zoo animal, he said

I've just sort of always been a stressed-out person. I don't really deal with it all that much. I guess I occasionally go out to parties. I wouldn't say I have the healthiest coping mechanisms for stress.

When the interviewer asked him for further clarification about these parties, he added that he usually goes to parties thrown by his intramural sports team, and he brings his other friends who are TGNC with him to those parties. Furthermore, he also added that, when possible, he generally prefers to go to parties thrown by his gay friend since those on his sports team made homophobic comments to his gay friend – making it clear that he preferred to provide informal social support to his gay friend by engaging in what Fitz himself said was not "the healthiest coping mechanism for stress."

As another example, in interview #31, Mary explained that she used parties as a way to experiment with gender non-conformity before she came out as trans. She said that when she was

first coming to terms with her gender identity, her family and her close friends at the time were not supportive, so she spent a lot of time going to parties, especially themed parties. She said

basically like any party that there was a theme, I would always, or nearly always, take the like, quote, unquote, female-expected version. So like, when there was a Golf Bros and Tennis Hoes, I wore a tennis skirt and women's tank top and stuff. And like every Halloween I was a female to some degree.

Thus, Mary used parties as a way to cope with gender dysphoria (which the literature supports as a proximal minority stressor; Lindley & Galupo, 2020).³⁵ Even though for participants like Mary and Fitz, parties could be a way to cope with stress, other participants chose not to engage in parties because they felt that parties were unsafe (a perception which is in line with literature to suggest that parties are associated with risk for victimization; e.g. Jouriles et al., 2020). For example, Mike (#9) explained that he had never been victimized, but he had one friend in particular who was victimized frequently. When the interviewer asked Mike why he thought their experiences were so different, Mike said,

He's more in the light and he's, from what he said he's really into partying, that's another thing. But honestly being a grad student I don't have a life I have school and work so I don't go out and do stuff, I think that's a lot of the case.

In some cases, there was a clear, direct connection between certain coping mechanisms and actual victimization experiences (as opposed to the risk for victimization). Not all of these coping mechanisms were necessarily negative coping experiences, but regardless, they created the opportunity for participants to be victimized.

³⁵ It is worth noting that, at the time of the interview, a little over a year had passed since Mary started transitioning, and she stated, "I don't think that I really get stressed too much anymore, at least not related to being trans at all. I feel so much more free."

For instance, previously, Kat (#5) explained that they engaged in cosplay to experiment with gender nonconformity (or, alternatively, as a way to cope with gender dysphoria). Xan (#11) also explained that they used cosplay in order to experiment with gender non-conformity, and that they spent time with other TGNC people when they attended cons.³⁶ However, Xan explained that going to cons often carried a risk of being victimized. They explained,

I had one person who kind of like attached their self to me recently at a con. It was just really weird and awkward because they are also nonbinary and we kind of connected on that level, but they were really touchy feely and it made me really uncomfortable. [...] They just pretty much were constantly in my personal space and like, the con that we went to was [...] very crowded, and they were literally behind me, like touching me, like, behind me the entire time. So, I felt really nervous because I didn't really know them that well.

The interviewer then asked Xan if they knew why this individual was doing that, and Xan responded,

They definitely thought that I was attractive, and they definitely knew and respected that I did not feel that way about them, but we were also drinking a lot that con and I feel like they weren't realizing how intrusive they were being until afterwards when I [told them]. And I definitely do think they are awkward because I don't feel like they have a lot of social experience from what I've gathered. I think I actually met them for the first time on OkCupid now that I think about it.

³⁶ "Cons" is short for popular culture "conferences." For example, Comic-Con is a well-known conference for comic fans, and BlizzCon is a well-known conference for fans of the multi-billion dollar video game company Blizzard Entertainment. Cons are notorious gathering points for cosplay hobbyists.

Victimization as Normalized

In addition to the role that informal social support systems sometimes played in perpetuating risky contexts, informal support systems also played a role in normalizing harmful experiences. Xan's experience above is one example of this – Xan justified a clear instance of harassment by saying that the individual did not “have a lot of social experience,” and had previously mentioned that Xan and the individual were “connected” due to their shared nonbinary identity.

Previously, in interview #9, Mike explained that he had one friend in particular who Mike thought was susceptible to victimization because he partied more than Mike did. Just prior to that, Mike was asked if he felt that his experiences differed greatly from the experiences of other transpeople. He said,

I can kind of compare what I go through to what one of my other friends who identifies as trans goes through as his, he gets like verbally assaulted or misgendered and physically assaulted occasionally and that's another thing I see from him, but I don't recognize or associate with my own process, but I know that happens to a lot of people.

In this example, Mike was detached from the victimization experience as Mike himself had never been victimized, but Mike also casually – and almost dismissively – mentioned his friend who was “occasionally” verbally and physically assaulted in order to make the point that it “happens to a lot of people.”

Especially common was normalization of victimization experiences in the context of intimate partner violence. For example, Elijah (#13) described a clear pattern of violence in a prior relationship in which his ex-boyfriend would control his behavior by preventing him from

seeing his other friends and would invade his privacy by reading his text messages. When the interviewer asked Elijah if this relationship was abusive, Elijah responded

It had a lot of the abusive elements and it kind of became more so over time. It was one of those [relationships] where consent was very grey throughout the relationship and that made for messy scenarios. I struggle with calling it abusive and I don't know if I could articulate fully why. Sometimes I am able to call it abusive and other time not. I think it depends kind of what else I've seen in the universe recently. A lot of the whole "other people have it worse." But there was definitely problems and an unhealthy dynamic that I am now very cautious to avoid.

Although it is a common response for victims of intimate partner violence to blame themselves or otherwise minimize their experiences (for instance, Felson et al., 2002; Kennedy & Prock, 2018), most notable for the participants in this study is the unique way of normalizing abusive queer relationships or minimizing their harmful experiences in these relationships.³⁷ For example, Elijah explained that although he spoke to a counselor at the time that he was in the relationship, he never went to the police because he felt that "the complicated nature of the gender breakdown of our relationship would become a thing," even though he also acknowledged that the queer nature of the relationship "really was not a factor for what I was going to report about."

In another example, Marc (#6) explained that he was in a relationship with a woman who was both physically and emotionally abusive. When the interviewer asked Marc if he had ever told anyone about the woman, Marc said,

³⁷ In this context, a queer relationship refers to a relationship that is not between two cisgender, heterosexual people. For instance, many of the transmen in this study identified as lesbian before coming out as trans, would date a woman while still identifying as lesbian, but would come out as trans while dating this woman. Thus, for many of the participants, this type of relationship would be considered queer as it did not fit any other predefined label.

I never really told family about it. They just knew that she was very, let's say, I don't like using these terms, but like a crazy girlfriend. My other friends definitely understand because we have all been there.

Marc identified the relationship as abusive, and further implied that his other friends (who he previously identified as being mostly queer) had all also had similarly abusive relationships. Thus, Marc's victimization experience was normalized by his informal social support mechanisms.

As another example of this type of normalization of victimization within the community, James (#23) explained that he once dated a woman with, as he called them, "anxiety problems." The interviewer asked James if it was a good relationship, and he said,

I hesitate to even really call it a relationship. I don't know. It wasn't a great relationship, but not because it was abusive. It wasn't her fault she was like that. She just had a lot of mental health issues – PTSD, depression, anxiety, a bad family life. So it wasn't a great relationship, but I guess it wasn't a bad "first" relationship, if you could call it that.

The interviewer followed up by asking James for an example of something she might have done in the relationship, and the following exchange took place:

James: Yeah. One time she threw a glass at my head.

Interviewer: What? Was she aiming for your head?

James: I don't know, but that's what she missed. It hit the wall behind me. She was mad about something. Oh, I was visiting and got a text from another girl.

Interviewer: Were you cheating?

James: No, but that's what she was worried about. Like I said, she had a lot of anxiety and other issues.

Interviewer: So what happened with the glass?

James: Well, nothing. She said, "Look what you made me do. You know I have trust issues, I'm trying to get better," and so I cleaned it up because I felt guilty.

Interviewer: Why did you feel guilty?

James: Because I knew she had trust issues and anxiety. In a way, it was sort of my fault – I shouldn't have been texting another girl while I was there.

Interviewer: Did she ever do anything else like that?

James: Sometimes. She got jealous a lot, it was part of her anxiety. I mean, I caused a lot of it.

Interviewer: What do you mean by –

James: - [interrupting] I mean, I know what you're thinking, but it's really not that bad. Lots of people have it way worse than me. My ex was a good person, she just had some mental health issues. Plus, I was young. It was nice to meet someone to date, even if I think I might be asexual or want to focus more on myself right now. She did try to get better too. It was just hard for her with so much going on.

In this exchange, James was protective of the relationship with his ex to the extent that he defended abusive behaviors to the interviewer – even when the interviewer never actually used the word "abuse" to James.

As one final example of how normalization of victimization experiences took place, in interview #17, Ari explained that they wished they were more androgynous, but felt that they could only manage to present more feminine. The interviewer then asked Ari if they had ever been misgendered in a restroom, and Ari said

No, which is you know, [stuttering] that thing where you're like I'm not being confronted for not sitting in here but also sometimes I wish, I don't know. I wish I was androgynous. [pause] I wish that that was a question, or if it was possible to happen like that. I know it's a horrible thing to want, it's not fun for people who actually experience it.

The interviewer then asked Ari if they felt that this kind of experience would validate their identity, since Ari explained that they felt like they could not achieve an androgynous presentation. Ari responded,

Yeah. I understand logically why my brain wants it, but I'm like also aware that it's not ideal and it's not something I should wish for and I realize that people who experience it, it's upsetting obviously.

Thus, to Ari, the experience of being targeted in a public restroom is so normal or expected for TGNC people that, to Ari, it was almost akin to a rite of passage. Other participants who had limited experiences in bathrooms also expressed similar sentiments. In another interview, John (#20) explained that he went into a women's locker room in a gym and said that there were

all these, like, feminine girls and their workout gear, and I look like this. I felt like I stuck out like a sore thumb, and that was like the first time it's ever happened. And honestly, it's uncomfortable, but it's also kind of validating.

The interviewer asked John for clarification on what he meant by that, and he clarified that

if I stick out enough, I feel like something should happen. Like if I go into a bathroom, and I look like a “trans person,” in quotes, like I don’t like saying that, but if I look trans, then I feel like somebody might say something or give me a look or like do something, and that would be validating.

Thus, similar to the feelings described by Ari, John felt that the negative emotions or the minority stress associated with using the women’s gym was so normal to his lived experience that he felt that it further validated his identity.

Earlier in this section, Perry’s (#50) experiences with gendered locker rooms in their high school were shared. Perry described a long history of struggling in high school, in part, because of the frustration with the restroom situation, but largely due to an overall climate of transphobia at the school. Without breaking confidentiality, the interviewer mentioned that a few other participants wished they had bad experiences in restrooms, and asked Perry what they felt about that sentiment. Perry said

I’ve actually heard a lot of trans people say that before and I think that goes back to the I’ve had it worse, so I deserve this more. I think a lot of trans people feel like as much as it’s a bad part of being trans that they’re not fully living being trans if they’re not dealing with transphobia, if they’re not dealing with hate and they feel that because they can’t relate to the people they do want to support.

V. Discussion

Summary of Findings

The findings presented in this dissertation demonstrate that participants experienced significant minority stress, negative emotions as a consequence of that stress, and they then engage in negative coping strategies (such as substance use and risky sexual behavior) to deal with that stress. Further, while participants have extensive informal social support networks that should have mitigated some of the minority stress that they experienced, the evidence presented in this study suggests that those otherwise positive social support networks could, instead, perpetuate minority stress and negative emotions because the TGNC community was tight-knit enough to share the emotional burden of harm to other members of the community, even if that harm was not experienced first-hand. The findings in this dissertation also show that these otherwise positive informal social support networks play a role in perpetuating the fear of police, which this dissertation proposes meets the criteria for a proximal minority stressor due to the stress associated with expecting a negative experience with the police.

Additionally, if these informal support mechanisms could lead to an increase in minority stress, negative emotions, and negative coping strategies, then the implied consequence is that TGNC people could further be exposed to risk for victimization if those negative coping strategies also alter their lifestyles (as is the case with attending parties or engaging in substance use with informal social supports). Evidence is also presented in this dissertation to show that participants in this study experienced a wide range of victimization types, including targeted and non-targeted victimization, which the literature has already shown can lead to negative emotions. Finally, evidence is shown to support the idea that participants' victimization experiences are normalized, in part by their informal support networks.

Discussion of Findings

This dissertation fills two main gaps in the existing literature on TGNC peoples' high victimization risk. First, the study centers on the experiences of TGNC people and specifically includes both binary and nonbinary transgender people in the sample to capture a wide range of perspectives. Further, due to the grounded theory approach to both the interview process and the theorizing, the study was able to gain insight into the minority stress process and the process of exposure to victimization risk for the TGNC people sampled, while also exploring types of victimization that are not traditionally examined (that is, as victimization in public restrooms).

Minority Stress and the Victimization Process

A strength of this study is in its ability to illuminate the process by which minority stress can potentially translate to a greater risk for victimization. Although literature was presented to show the logical possibility of minority stress leading to an increase in victimization risk by combining the MST and RAT/L frameworks, there is currently no other study that explains a potential process through which those frameworks could function together to explain the high prevalence of victimization in this high-risk demographic.

The findings in this dissertation show one possible path to exposure to victimization that starts with the experience of minority stress. The TGNC participants in this study described both proximal and distal minority stressors that had been examined in previous literature, including cultural stressors, stressors related to the political climate at the time of the study, experiences with targeted discrimination and harassment, and gender dysphoria. Further, the findings in this study support the idea that both victimization experiences and the fear of the police can also be conceptualized as distal or proximal stressors because of their ability to promote minority stress. Regardless of the source of the minority stress, the participants consistently described negative

emotions as a direct consequence of that stress, and they also described negative coping strategies in response to those negative emotions. Although the coping strategies varied for each of the participants, negative coping strategies pervaded their narratives, especially substance use and risky sexual behaviors.

The negative coping strategies described by the participants are relevant to understanding the risk for victimization because of how these types of coping strategies can further expose them to victimization risk by creating further opportunity for victimization. For example, in addition to substance use and risky sexual behaviors, the participants also described attending parties to cope with minority stress, which empirical literature supports is associated with a risk for victimization (e.g. Jouriles et al., 2020). Cons involving cosplay were another social context that were unique to the participants in this sample – several participants described dressing in cosplay and attending cons to cope with gender dysphoria, and one participant’s experience with cons showed the possibility for exposure to victimization risk while at cons. In this way, cons can also be framed as a risky coping strategy for coping with the negative emotions related to minority stress.

The Role of Social Support

Thus, one path to reducing TGNC peoples’ victimization risk through these theoretical frameworks is through reducing either minority stress or the emotional response to minority stress. The empirical literature on MST explains that one key to addressing this is by creating strong formal and informal social support structures. According to Meyer (2003, p. 6), formal social support is meant to promote structural factors that reduce the impact of minority stress in the first place, for instance, by creating social environments in which minorities do not feel stigmatized.

The three main types of formal social support mechanisms that participants in this study identified are therapists, doctors, and the police. Most notable in the findings was the level of trust participants placed in therapists and doctors, even when therapists and doctors caused harm. For instance, those participants who had bad experiences with therapists were willing to continue to seek out new therapists until they found one who was supportive. Further, when several participants spoke of a rural doctor who did not provide high-quality care to trans patients (by skipping necessary blood tests while providing hormone therapy), none of those participants expressed hostility towards the doctor in hindsight. In fact, one participant even likened the doctor to doctors during the AIDS epidemic, who worked in secret with the best intentions (even if the outcomes were ultimately imperfect).

The participants trust in therapists and doctors existed in stark contrast to their level of trust in the police. Although a few participants did view the police favorably and several participants did view the police neutrally, many participants had deeply unfavorable perceptions of the police, with some being so deeply distrustful of them, that the participants stated they would not go to the police even in life-or-death situations. These findings are not surprising given national-level findings. For example, the 2015 USTS found that TGNC people are almost twice as likely (58%) to experience mistreatment from the police as they are from healthcare providers (33%; James et al., 2016, pp. 93, 185). Further, the USTS found that 57% of respondents reported being uncomfortable asking the police for help, while only 23% reported that they avoided seeking health care because of the fear of mistreatment due to their identity (James et al., 2016, pp. 98, 188).

When taken in the context of national-level findings, what is notable of the qualitative findings in this dissertation is that even when participants have no interaction with the police,

they are still distrustful of the police. Further, a key concern with the perceptions of these types of formal supports is that doctors, therapists, and the police each play very different roles in potentially helping people cope with minority stress in that, while trans-friendly healthcare professionals have the capacity to create social environments where TGNC people do not feel stigmatized (and, therefore, do not feel that particular type of proximal minority stress in the first place), the police also have that capacity, plus the capacity to reduce the impact of distal stressors (for instance, by properly addressing victimization experiences).

The findings from this dissertation also show that informal social support has the capacity to change the perception of formal social support. In the case of the police, when participants had no first-hand experience to support their belief that the police should not be trusted, they instead pointed towards their informal social support structures as evidence of the potential for harm from the police. Thus, although a key proposition of MST is that informal social supports should reduce the impact of minority stress, the qualitative findings from this study point to the potential for informal social supports to actually increase a negative emotional response to minority stressors by perpetuating the expectation of stressful events³⁸ from formal social supports, especially when considering that informal social support structures were usually small enough to reinforce each other's experiences.

Of further interest is that many of the participants often turned to the internet to seek informal social support when that support was not readily available in offline spaces and, in a few cases, cited things they saw on the internet as evidence for their distrust in the police when they did not have first-hand experiences available. Although the fact remains that the 2015 USTS did find a high prevalence of mistreatment by the police (so the distrust is not totally misplaced;

³⁸ MST literature supports the idea that the expectation of a stressful event is a proximal minority stressor (Meyer, 2003, p. 5).

James et al., 2016, p. 185), there is a distinct possibility that the experiences on the internet may reflect the worst experiences (because people may not share neutral or good experiences), such as particularly horrific interactions with the police, and may skew TGNC peoples' expectations of the police. There is also the possibility that social media algorithms may skew towards articles that generate more user engagement, such as negative articles that reaffirm existing fears or biases (for instance, see DeVito et al., 2017; Peterson-Salahuddin & Diakopoulos, 2020).

The Culmination of these Factors and Exposure to Victimization Risk

According to the propositions in MST that were outlined in previous sections, both formal and informal social support should ultimately help TGNC people, and informal social support structures are especially important because they can establish “alternative structures and values that enhance their group” in the absence of adequate formal social support structures (Meyer, 2003, p. 6). However, the findings from this study show that TGNC peoples' informal social support structures, possibly due to their closed, tight-knit nature, have the potential to contribute to the harm experienced by the community as a whole by perpetuating the distrust of the police, in absence of any direct experience with the police. Not only does this mean that TGNC people do not benefit from the social structure that the police have the potential to provide, but also that many victimization experiences will not be addressed by the criminal justice system – and there is literature to suggest that, in some cases, police intervention may reduce the likelihood of revictimization experiences (for instance, see Ariel & Sherman, 2012; Cho & Wilke, 2010).

Moreover, there is the added issue of informal social supports perpetuating risky coping strategies for emotions, such as substance use and partying. In other words, not only is there the possibility that informal supports perpetuate minority stress by exacerbating fears of the police,

but there is also the possibility that informal supports can perpetuate the use of risky coping strategies for the emotions that are a result of that stress in the first place.

Another possibility is that members of the TGNC community all internalize and normalize the harm done to other members of the TGNC community, regardless of whether or not the individuals have themselves experienced that kind of harm. In his recent book on intimate partner violence in TGNC relationships, Guadalupe-Diaz (2019, p. 27) wrote that transpeople live in what can be described as a “trans antagonistic” culture, an overtly hostile and oppositional social environment that regulates, polices, and maintains recognition of only two genders. As part of everyday life, these openly hostile climates are normalized and internalized. This pattern of the normalization of trans antagonism contributes to the vulnerability of trans individuals by making it more likely that they will stay in harmful relationships.

In other words, he notes that structural factors that disempower TGNC people could increase their vulnerability to abuse by normalizing abusive behaviors. Although Guadalupe-Diaz’s passage refers specifically to TGNC people who normalize abuse in intimate partner relationships, the logic can also apply to normalizing other negative experiences, such as the experiences in public restrooms, and the perception of several participants that such experiences were a validation of their identity, similar to a rite of passage.

As such, the findings from this study outline several possible informal social support mechanisms that could increase exposure to victimization. These informal social support mechanisms could increase both minority stress and the negative emotions associated with minority stress, along with the negative (or risky) coping strategies for those emotions. Further, for better or for worse, these informal social support mechanisms may have the capacity to

change the perception of formal support sources that could help to address victimization (such as the police, doctors, or therapists). Finally, informal social support mechanisms may even contribute to normalizing victimization experiences themselves.

These findings also point to one possibility for the high prevalence of revictimization in the TGNC community. There is already a wealth of literature to show the general pattern of revictimization, in that experiencing one form of victimization is a risk factor for future victimization (see, for example, Roodman & Clum, 2001; Walker et al., 2019). The literature on revictimization risk among transgender people is sparse, but recent literature suggests that LGBTQ+ people as a whole may be at an increased risk for revictimization (DeKeseredy et al., 2020; Kaasa et al., 2016, p. 17). There is also some recent evidence to suggest that transpeople experience a higher rate of revictimization when compared to cispeople, even if those cispeople are LGB (Fraine, 2018; Sterzing et al., 2017), and other literature also suggests a high prevalence of revictimization among TGNC people in general (with over 40% of TGNC people experiencing lifetime revictimization; Sterzing et al., 2019).

Most notably, DeKeseredy et al. (2020, p. 5) found that nearly half of the LGBTQ+ people surveyed who had negative peer attachments were revictimized, where negative peer attachments refers to having attachments to peers who themselves engage in abusive behaviors (DeKeseredy et al., 2019, p. 281). The findings in this dissertation support the idea that having certain informal social support networks may contribute to revictimization risk, even if those informal support networks are otherwise helpful, because those informal social support mechanisms may contribute to normalizing victimization experiences and may perpetuate exposure to further risk. For instance, most of the participants in this dissertation experienced victimization (ranging from experiences unrelated to TGNC status to instances of targeted

victimization). However, all participants did experience minority stress and negative emotions, which were frequently followed by negative coping strategies that could expose them to risk for further victimization. If participants' informal social support networks are then also contributing to victimization risk by exacerbating minority stress and perpetuating further risky coping strategies, then TGNC people may continue to be exposed to opportunities for victimization and, consequently, may continue to experience a high prevalence of victimization risk.

Implications for Future Research

Binary and Nonbinary Transpeoples' Experiences

As was previously mentioned in literature review, the scholarly work that is inclusive of nonbinary peoples' experiences is lacking, and the literature review outlined the need for studies that are inclusive of this perspective. Just over one-third of the sample in this dissertation identified as nonbinary, with the remaining two-thirds nearly evenly split between binary FTM and MTF transpeople. The relevant finding in this area was that binary and nonbinary transpeoples' narratives were very similar. For instance, both binary and nonbinary transpeople described similar minority stressors, responses to minority stress, and coping strategies. They also shared similar social contexts (i.e. friend groups and online support networks), and they had similar victimization experiences (including targeted victimization). Finally, their informal social support networks were structured similarly, and both binary and nonbinary transpeople had similar views of formal social support, especially the police – unfavorable attitudes toward the police were common among both binary and nonbinary participants.

Although this study found no major differences in the narratives of binary and nonbinary transpeoples' experiences as they related to the concepts in this dissertation, this does not imply that their lived experiences should be merged together, or that the experiences of nonbinary

transpeople should not be examined outside of the context of binary transpeoples' experiences. Indeed, the USTS (James et al., 2016) did report several differences between binary and nonbinary transpeople; for instance, the USTS found that nonbinary transpeople who were AFAB were often more likely to experience several different types of victimization (such as sexual assault; p. 205), while nonbinary people in general were more likely to experience other types of victimization compared to binary transpeople (such as harassment in public places; p. 214). Although these types of conclusions about patterns and prevalence are not able to be derived using the qualitative data in this study, there were no relevant findings in the narratives that would possibly explain these kinds of disparities in victimization. Therefore, this is an area that still warrants further exploration, both quantitatively and qualitatively, and perhaps with larger, more diverse sample sizes for the latter.

Measuring Victimization among TGNC People

The findings from this dissertation also highlight the need for better ways of measuring victimization and fear. Among victims of certain types of crimes, there is a phenomenon in which the victims do not acknowledge that their experience was a crime. For example, instead of referring to certain experiences as “rape” or “sexual assault,” victims who otherwise meet objective criteria for rape/sexual assault may instead describe their experience as a “miscommunication” (referred to as victim unacknowledgment in sexual violence literature; Wilson & Miller, 2016). Victims of intimate partner violence are known to engage in similar patterns of minimization, justification, or self-blame for their experiences (for instance, see Felson et al., 2002; Kennedy & Prock, 2018; Minto et al., 2020). This dissertation builds upon this literature by documenting this pattern in a sample of TGNC people, and noting some instances of the language used by some TGNC participants when minimizing or normalizing

their experiences with intimate partner violence (a pattern which Guadalupe-Diaz, 2019 also noted in his book on transgender intimate partner violence).

Taken in the context of the existing literature, this dissertation supports the need for better ways of measuring victimization in this community, especially victimization that takes place within their informal social support circles (such as intimate partner violence between two TGNC people) because some participants in this study demonstrated that some types of abuse were so normal that participants were unwilling to label it as abuse. Perhaps most striking was the instance of James stopping the interviewer in the middle of asking questions about an instance of intimate partner abuse to state, “I know what you’re thinking, but it’s really not that bad.” Given that there is existing literature to suggest that sexual minorities are more likely to understand what abuse is when compared to non-sexual minorities (Wilson & Newins, 2019), there is a possibility that when responding to surveys, victims may recognize that certain questions may be asking about abuse (even if those questions do not include words like “abuse” or “victim”), and those survey respondents may then choose to not answer those questions or may even lie on those surveys. However, there is a great need for further research in this area, especially in the context of TGNC peoples’ lives.

Similarly, there is a need to be inclusive of a wide variety of different victimization types and contexts when studying TGNC peoples’ experiences with victimization. For example, this dissertation highlighted victimization experiences in public restrooms and in cons – two areas for which the victimization literature is sparse. Further, the findings of this dissertation highlight that a wide variety of different experiences can still have the same impact on emotional reactions as victimization experiences. Notably, even when participants did not have any kind of negative interaction with the police, they still described a minority stress response to the possibility of

those interactions taking place, and they still concluded that they would not go to the police under most circumstances as a result the fear of a possible negative interaction. Thus, if the participants in this study are experiencing the harm from other TGNC peoples' victimization experiences and are then reacting to that harm as if they had experienced the harm first-hand, then it would have implications not only for violence prevention and intervention, but also for movements to increase cultural sensitivity among police officers. Regardless, each of these areas is understudied, and further research is needed to generalize these findings.

The Role of Online Social Support

Participants were quick to identify the difficulties in finding informal social support, especially when those participants lived in rural areas. Consequently, many participants turned to the internet to find informal social support networks. Even when participants did have in-person informal social support networks, they still mentioned using online mediums for finding more support, including exploring their identity or alleviating gender dysphoria. There is empirical literature to show that online social support may have a stronger positive effect for LGBT people as a whole (Ybarra et al., 2014), and the findings from this dissertation show the specific mechanisms by which online social support may be positive for TGNC people more specifically. However, more research in this area is needed to explore the exact effects of online support on minority stress and how it may shape victimization risk, specifically in the context of TGNC peoples' experiences and especially in the context of social network sites that rely on algorithms to engage with users. Also worth noting is that when victimization takes place online, it also carries harmful consequences much like offline victimization (Hinduja & Patchin, 2007). If existing literature suggests that TGNC people are more likely to utilize online spaces for social

support, then this creates yet another opportunity for TGNC people to be exposed to further victimization – which is another area for further research.

Theory Testing

Finally, the grounded theory approach to the participants' narratives highlights the need for theoretical elaboration rather than brand-new theory construction to understand TGNC peoples' experiences with and exposure to victimization. In fact, perhaps most striking is that the RAT/L and MST frameworks are versatile enough to potentially explain the experiences of high-risk demographics like TGNC people, despite the fact that these frameworks were not originally meant to describe TGNC people and are less often tested in these populations. Because the literature testing either MST or RAT/L among populations of TGNC people is in short supply; yet, the evidence from participants' narratives in this dissertation supports the propositions from both frameworks. This dissertation highlights the need for MST and RAT/L theory testing in this demographic.

Further, although the literature review proposed a logical argument for using both MST and RAT/L together to better understand TGNC peoples' high risk for victimization, there is currently no study that combines these two frameworks in the way outlined by this dissertation. The evidence presented in this dissertation shows a need for further exploration of this kind of theoretical integration, as well as for theory testing to generalize the findings or to identify more areas for further research.

Implications for Prevention and Intervention

LGBTQ+ people have notoriously cohesive communities (Frost & Meyer, 2012; Gray et al., 2015; McConnell et al., 2015). In the MST framework, strong social support networks – such as these cohesive or otherwise “tight-knit” communities – are theorized to be helpful because of

their ability to “protect minority members from the adverse mental health effects of minority stress” (Meyer, 2003, p. 6). Meyer goes on to explain that these cohesive environments are beneficial to minorities because their environments should help them adapt to minority stressors (Meyer, 2003, p. 6). For example, Gray et al. (2015) found that, in a community of gay, Latino immigrants, participants identified strongly with their communities and linked their informal social support networks to their personal well-being and resilience.

The participants in this study were no exception in describing not only the cohesiveness of their informal social support networks, but also the high value of those support networks to their mental and emotional well-being (even if the argument was made that, at times, the support could be misguided). In this case, it may be worthwhile to direct outreach and education efforts towards TGNC people to teach the community less risky coping strategies for minority stress responses. With a community that is already strong and cohesive, even small efforts at providing resources such as therapeutic support groups, queer-friendly therapists and medical providers, and even queer-friendly victims’ advocacy could go a long way, given that the TGNC people in this study were especially trusting of therapists and doctors. Furthermore, the TGNC people in this study also emphasized the value in their online social support networks. Thus, especially in rural areas and given that TGNC people already had an inclination towards going online, one potential avenue for addressing the high need for resources might be in using innovations such as Telehealth for connecting therapeutic interventions and victims’ services from larger, urban areas into high-need rural areas (Gray & Hassija, 2015).

However, the data from this dissertation also point to one possibility that in the TGNC community, these informal social support mechanisms may sometimes contribute to minority stress not only by exacerbating existing stressors (such as by contributing to the fear of the

police), but also by potentially promoting harmful behaviors (such as substance use) as coping mechanisms for minority stress responses. In a recent qualitative study by Felner et al. (2020), several LGBTQ participants noted that a “norm” for many LGBTQ+ people involved coping with stress by, for example, going to gay bars and engaging in alcohol use, or going to a party and using drugs (and there is a growing body of quantitative literature that also shows this pattern, at least in LGB people; for instance, Demant et al., 2018). Notably, one of the participants in the Felner study mentioned that they would be “overjoyed” if their friends wanted to go on a hike instead of to a gay bar (Felner et al., 2020, p. 117). As such, there is a need for creative intervention strategies that replace risky coping strategies for minority stress (such as partying, substance use, and risky sex) with healthier coping strategies.

Additionally, if informal social support networks have the capacity to prevent TGNC people from accessing formal social supports (such as the police), even with no first-hand experiences with the police, this speaks directly to the need for intervention in this community. Indeed, existing literature supports the idea that peoples’ perceptions of their social supports and the effects of anticipated bias are powerful. For example, Walker et al. (2017) found that older adult TGNC people with larger social support networks and higher levels of confidence in their healthcare providers were more likely to perceive that they were aging successfully, which implies that there may be a benefit in ensuring that TGNC people have positive informal social supports to protect them from the possible effects of bias or anticipated bias. Though similar literature does not exist for the impact of anticipated bias on TGNC people and their interactions for the police, the qualitative findings in this dissertation demonstrate the possibility that there is a high need for outreach to change TGNC peoples’ perceptions of the police so that they are able to access criminal justice services when they have been victims of crimes.

It is also worth noting that there is an extensive history of police mistrust among TGNC people that dates back decades, and famous negative interactions between the police and TGNC people (such as the Stonewall Riots of the 1960s³⁹) are immortalized in the “collective memory” of LGBTQ+ people as a whole (Armstrong & Crage, 2006; Dwyer, 2014). Further, the high prevalence of TGNC people who currently report disrespectful treatment by the police continues to contribute to TGNC peoples’ negative perceptions of the police (James et al., 2016, pp. 185-186). Therefore, it is not enough for TGNC people to assume the responsibility of changing their community’s perception of the police, but rather, there is significant work to be done by police officers and other law enforcement agencies to change these communities’ perceptions of them. This is a task that goes far beyond cultural sensitivity training and may even require efforts towards fundamental shifts in police culture. Dwyer (2019, p. 407) writes,

Lots of police recruit training is about following a set process, being guided by a piece of legislation, and filling out forms to ensure procedures have been followed. Working with LGBTQ communities in respectful ways is not a set process. It is not standardisable. We cannot teach police recruits about a set process or standard procedure to go through to ensure ‘best practice’ with LGBTQ people, because this does not exist. Every interaction between police and LGBTQ people is different, influenced by multifarious factors and political issues, and what it means to do a good job in these interactions is hard to pin down.

³⁹ The Stonewall riots refers to several violent confrontations in the late 1960s outside of the Stonewall Inn in New York City. These riots were one of many other violent uprisings that took place throughout the 1960s all over the country. The Stonewall riots took place specifically in response to a history of police raiding bars frequented by LGBTQ+ people and arresting them while New York had a criminal statute authorizing “the arrest of anyone not wearing at least three articles of gender-appropriate clothing” (Encyclopaedia Britannica, 2020).

Although the task is daunting given the current state of TGNC and police interactions, efforts to improve these interactions must exist, including outreach and advocacy by criminal justice agencies, along with developing evidence-based practices for cultural sensitivity trainings that do work. A community such as the TGNC community that experiences astonishingly high rates of victimization, that normalizes victimization, and that does not trust the police to help them is a community that desperately requires intervention.

Limitations

It is important to also note that there were, of course, participants who had healthy coping mechanisms, participants who had no victimization experiences, and participants who trusted the police. Peoples' lived experiences are not one-dimensional, and the lived experiences of TGNC people as a whole are no exception. All of the findings presented in this dissertation warrant further exploration (both quantitatively and qualitatively), with the ultimate goal of understanding why victimization is so high in a community that represents less than 1% of the total population, such that this victimization can be prevented and so that structural support for this community can be implemented to improve their emotional well-being. Moreover, as a qualitative study, this dissertation is not a true test of existing theory, but rather, it is an exploration of theoretical mechanisms for further testing. Additionally, due to the semi-structured nature of the interviews and the grounded theory approach to interview data collection, the interview guide was thin on certain probes on several key topics, such as those of social support. Future qualitative studies in this area should have more detailed interview guides on those topics.

There were also limitations to the sample. The sample skewed white, and the average age of the participants was young. Many of the participants were either college students or were

gainfully employed and represented a perspective that is more privileged than the average TGNC person's perspective (given that there is a disproportionately high prevalence of poverty and homelessness among TGNC people, especially transpeople of color; James et al., 2016, pp. 12-13). Additionally, although some clusters of participants came from rural areas and some came from urban areas, this does not mean that their experiences accurately reflect the experiences of all TGNC people who live in rural or urban areas.

Conclusion

Theoretical literature on transgender and gender non-conforming (TGNC) peoples' victimization experiences is sparse. The goal of this dissertation was to contribute to this gap in the literature by analyzing qualitative interviews of 52 TGNC peoples' lived experiences. This dissertation shows the possibility of using the Minority Stress (MST) and the Routine Activities/Lifestyle Exposure (RAT/L) theories to understand the disproportionately high rates of victimization within the TGNC community. Further, this dissertation calls for further research to test these theories in samples of TGNC people, and it calls for targeted outreach and advocacy efforts to improve both the access to and quality of formal and informal social support mechanisms to better address victimization.

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Appendix A: Social Media Memo

Below is a short advertisement that was copied and pasted to queer-friendly Facebook groups from the author's personal Facebook profile. The post was made public and shareable so that anyone who saw the post could choose to post it on their own Facebook page or could share it to other Facebook group. Along with this memo, the Advertisement Flier in Appendix B was also attached.

Hello! I am looking to interview 100 people who identify as transgender, gender non-conforming, or any other trans*-spectrum identity to talk about passing, transitioning, and other experiences you've had (positive and negative) with your identity. Interviews will be anonymous and will take about 60-90 minutes. They can be in-person or over the phone. If this sounds like you, text, call, or email Shanna Felix (she/her):
sfelix3@student.gsu.edu // (276) 415-0471

Please note that email is not a secure medium – the best way to ensure confidentiality is to call or text.

Appendix C: Interview Protocol

- Do you work/are you a student? How do you identify? What do you look like?⁴⁰ How old are you? What pronouns should I use?
- Tell me about your transition and coming out process.
 - Are you out to your family? Why/why not? If so, how did they take it?
 - What do you do for fun? (cons, cosplay, drag, etc.)
- Negative experiences
 - Have you ever been mis-gendered in a bathroom?
 - What's the worst experience you've ever had as a transgender person? Do you think you have ever been targeted specifically because of your gender identity?
 - (if victimization) How has your perspective changed because of this? Do you look at people or places differently?
 - Why do you think this happened to you? Would you call it a **hate crime**? Why or why not?
 - Do you generally feel safe? Can you think of a time in which you've felt unsafe?
 - Would you report (this experience or a hypothetical experience) to the police? Why/why not?
 - Has being trans changed your perspective on the police?
- Inter-community reactions
 - How has the rest of the transgender community reacted to your transition?
 - How do you feel around other transgender people?
 - How have lesbian/gay/bisexual/etc. people reacted to your transition?
 - Do you hang out more with LGB, transgender, or straight/cisgender people?
- Transitioning
 - Where do you get your hormones, binders, etc.?
 - How did you find a doctor to help you transition?
 - Have you ever talked to a therapist? Were your therapists receptive?
- What has dating as a transgender person been like for you?
 - Has anyone threatened to out you as transgender?
- Do you think there's a lot of domestic violence within the LGBT community?
- What are your political views? What are your religious/spiritual views?
- What kinds of things do you do to cope with stress?
 - Do you do drugs/drink alcohol?
 - Have you ever seen a therapist?
 - If no stress – why do you think your life isn't as stressful?
- How do you think your experience compares to the “average” transperson's experience? Vs. transman/woman (opposite)?
 - How is your life different from the younger/older generation?

⁴⁰ This question (or some variation of this question) was often asked because a majority of the participants were recruited online and the interviews were conducted over the phone. The interviewer hoped to gauge whether the participant presented as masculine, feminine, or androgynous.

Vita

Shanna Natalia Felix-Highsmith is a first-generation college student who was born in Moca, Puerto Rico on January 20, 1992. She graduated from Brantley County High School in 2010. She holds a bachelor's degree in psychology and a master's degree in social science from Georgia Southern University. Her most notable work experience includes six years as a victim's advocate at the Statesboro Regional Sexual Assault Center.

Shanna's most recent first-authored publication is titled "Lesbian, gay, and bisexual victims' reporting behaviors to informal and formal sources" and appears in *Sexuality Research and Social Policy*. Her most recent first-authored publication prior to that is titled "An evaluation of a Court-Appointed Special Advocates (CASA) program in the rural south," and appears in *Children and Youth Services Review*.

Her current permanent address is 1901 Miller Street, apt 3., La Crosse, WI 54601.