NON-BINARY AND GENDER EXPANSIVE YOUNG ADULTS:
PERCEPTIONS OF THEIR LIVED EXPERIENCES WITH GENDER
IDENTITY

by

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THESIS

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DEDICATION

This study is dedicated to my wife- my biggest ally- for her immeasurable love, selflessness, and support, for seeing and accepting me fully, and for furnishing an endless supply of caffeinated beverages. To Maggie, who will always be my favorite cat (apologies to all the other cats I've loved), for her gentle and sweet spirit, and for enduring so many snuggles during this labor of love. To the chosen family who helped me to get this far, who helped me to find the courage to fully inhabit and celebrate my queerness. And most of all, to my non-binary, gender-expansive, and trans siblings, for your fierce determination to live authentically, for your wise and creative voices, and for your unbreakable spirit. It is an honor to be counted as family amongst you, and to have the opportunity to share your stories. May you be liberated to be fully yourselves, and may you experience unequivocal acceptance and love.

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# LIST OF ABBREVIATIONS

| | |
|---|---|
| ACE | Adverse Childhood Experience |
| AFAB | Assigned female at birth |
| BIPOC | Black, indigenous, and people of color |
| CPTSD | Complex post-traumatic stress disorder |
| CT | Complex trauma |
| GBV | Gender-based violence |
| GQ | Genderqueer |
| HRT | Hormone replacement therapy |
| LGB | Lesbian, gay, and bisexual |
| LGBT | Lesbian, gay, bisexual, and transgender |
| LGBTQ | Lesbian, gay, bisexual, transgender, and queer/questioning |
| LGBQ | Lesbian, gay, bisexual, and queer/questioning |
| NBGE | Non-binary and gender expansive |
| PV | Polyvictimization |
| PTSD | Post-traumatic stress disorder |
| SOGI | Sexual orientation and gender identity |
| SGM | Sexual and gender minority |
| TERF | Trans-exclusionary radical feminist |
| TGN | Transgender and non-binary |
| TGNC | Transgender and gender non-conforming |

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**Abstract**

Non-binary and gender expansive (NBGE) young adults face disproportionate rates of violence and discrimination within systemic, interpersonal, and intrapersonal contexts. Extant literature neglects the study of this population and their unique needs and experiences. This phenomenological study sought to answer the question, "what are the lived experiences of non-binary and gender expansive college students ages 18-24?" This study used a convenience sampling strategy with a snowball approach, and recruited college students across the state of Texas. A total of 10 participants were interviewed using a semi-structured interview guide. All participants identified as assigned female at birth (AFAB). 70% of participants were white, and 30% were Hispanic, Latinx, or multiracial. Results were interpreted through the lens of Minority Stress Theory. Thematic analysis uncovered four emergent themes: (a) pressure to conform to a binary, (b) emotional labor, (c) identity-based insidious trauma, and (d) resilience. Unique findings included interpersonal pressure to conform to binary gender roles, impact of gendered socialization on assertion of gender identity, erasure of feminine presenting NBGE identities, and overlapping oppressions in the forms of sexism and transmisogyny. This study corroborated findings in the sparse existing body of literature in regard to forms of oppression experienced by NBGE individuals, and provided recommendations for practice, policy, research, and social work education.

*Keywords:* Non-binary, gender expansive, transgender, minority stress

**Chapter 1**

Introduction

Non-binary and gender expansive (NBGE) individuals are a largely

understudied population. One reason for this dearth in research is the conflation of

sexual orientation and gender identity (Fiani & Han, 2018). The unique experiences

of TGN people are often lost under the larger LGBTQ umbrella. Measurement error

also accounts for the lack of research on NBGE individuals, as the variable of

gender is often limited to binary "male" or "female" options (Fiani & Han, 2018).

This population experiences significant disparities in terms of data concerning

prevalence of victimization and mental health outcomes, versus binary transgender

peers, and research should address this gap.

Transgender and non-binary (TGN) people are disproportionately affected

by violence (Mizock & Lewis, 2008). In the United States, violence against this

population has reached epidemic levels, with the majority of violence occurring in

the South (Human Rights Campaign (HRC), 2019), led by Texas and Florida. This

violence is often fatal, with over 154 victims in the past seven years (HRC, 2019).

Violence can take many forms and can occur over a period of time in a variety of

contexts. TGN people experience higher rates of polyvictimization (PV) than

cisgender lesbian, gay, or bisexual (LGB) peers (Baams, 2018). They have higher

average adverse childhood experiences (ACEs) than LGB peers (Schnarrs et al.,

2019), and they report higher levels of child abuse (Tobin & Delaney, 2018).

This violence and victimization is often linked to gender identity and expression (Tishelman & Neumann-Mascis, 2018; Mizock & Lewis, 2008; Richmond, Burnes, & Carroll, 2012; Singh & Burnes, 2010). Gender nonconformity or atypicality is associated with higher rates of victimization (Gordon & Meyer, 2008; Roberts et al., 2013; D'Augelli, Grossman, & Starks, 2006), and functions as a risk factor for polyvictimization (Sterzing et al., 2017).

These experiences of victimization can occur across developmental phases and contexts (Tishelman & Neumann-Mascis, 2018), and occur more frequently and with greater severity in TGNC people than for cisgender people (Burnes et al., 2016). This victimization can occur within interpersonal, intrapersonal, and systemic contexts (Fiani & Han, 2018; Burnes et al., 2016). Specific types of victimization include bullying (Gordon et al., 2018), familial rejection (Koken, Bimbi, & Parsons, 2009), emotional abuse (Schnarrs et al., 2019), sexual violence, and physical violence (Gehring & Knudson, 2005).

Polyvictimization refers to the cumulative experience of different abusive or adverse events. In general, polyvictimization indicates increased risk for further victimization, as well as higher rates of substance abuse, depression, suicidality, and posttraumatic stress (Sterzing et al., 2017). Extant research indicates TGN mental health outcomes are worse than that of cisgender LGB peers (Lefevor et al., 2019), and within the TGNC population, non-binary and gender expansive (NBGE) individuals experience higher rates of trauma and worse mental health outcomes

than binary transgender peers (Lefevor et al., 2019). The cumulative effects of these experiences of violence result in significant harm (Richmond et al., 2012).

*The United States' Substance Abuse and Mental Health Services Administration* (SAMHSA, 2020), defines trauma as the result of "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening, with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being". Traumatic experiences may include bullying, familial or peer rejection, sexual or physical violence, microaggressions, emotional or psychological abuse, or systemic discrimination, such as healthcare or employment discrimination.

Existing research neglects the unique experience of trauma in NBGE individuals, and furthermore fails to account for the experiences of NBGE youth, who represent an additionally vulnerable population. TGN youth face special challenges. LGBT youth are more likely than heterosexual, cisgender peers to be bullied or physically assaulted (Almeida et al., 2009), and transgender youth are over twice as likely to be taunted or mocked by their family for their identity than cisgender LGBQ peers (Kahn et al., 2002). Many TGN youth face hostile learning environments, including both interpersonal and systemic discrimination and violence (Kahn et al., 2002; Wharton, 2007). A 2017 study on transgender high school students reported they are at a disproportionately greater risk than cisgender students

for violence and victimization, which subsequently places this population at risk for substance abuse and suicide (Johns et al., 2019).

Some researchers have conceptualized the trauma and victimization experienced by TGN people within the framework of complex trauma (CT) (Musicaro et al., 2017; Richmond et al., 2012), acknowledging the aggregative impact of multiple experiences of violence. Discriminatory experiences among transgender adults have been linked with post-traumatic stress disorder (Reisner et al., 2016), even after adjusting for prior experiences of trauma. Others have addressed the experiences of TGN individuals through the lens of the Minority Stress Model (Hendricks & Testa, 2012). This study examined the experiences of NBGE people through the lens of the Minority Stress Model.

There is a dearth in literature on the lived experiences of NBGE youth, including experiences of trauma. As a hidden population, transgender and NBGE youth may be difficult to access. This study aimed to fill this gap in the research by gathering phenomenological, retrospective detail from a nonclinical sample of NBGE young adults, ages 18-24, examining both their past experiences during adolescence as well as their present experiences as emerging adults. This study sought to answer the question, "what is the lived experience of non-binary and gender expansive college students ages 18-24?" The goals of this study were to highlight underrepresented voices, advance the body of research, and help clinicians,

policy-makers, and advocates expand their knowledge to best serve this population.

**Chapter 2**

Literature Review

## Definition of Terms

A variety of terms are used in the literature to describe sexual and gender minorities (SGM). *Gender identity* refers to an individual's perception of their gender, and can be the same or different from the sex assigned at birth. *Gender expression* refers to the external appearance of one's gender identity, which may or may not adhere to societal definitions of masculinity or femininity. *Cisgender* describes an individual whose gender identity aligns with the sex assigned at birth. *Transgender* is an umbrella term describing a category of people whose gender identity differs from that of the sex assigned at birth. *Non-binary* describes people who do not identify exclusively as male or female. Some but not all non-binary people also identify as transgender. *Gender expansive* similarly refers to gender identities that do not fall into binary categories, and may be preferred by some as the term is not conceptualized in juxtaposition of a binary system of classification. Non-binary can be considered an umbrella term, and can encompass identities including genderqueer, Two-Spirit, genderfluid, agender, bigender, and gender diverse (HRC, 2020).

For the purposes of this paper, non-binary and gender expansive (NBGE) will be used to refer to individuals who do not identify exclusively as male or female. This study focused on NBGE individuals, which may include those who identify as transgender; however, not all NBGE individuals also identify as transgender.

The term *LGBTQ* will be used to denote sexual and gender minority classifications, as a broad category encompassing lesbian, gay, bisexual, transgender, and queer/questioning identities. Youth is defined as ages 10-24 (Centers for Disease Control and Prevention (CDC), 2019); adolescence includes ages 12-17 (CDC, 2019); emerging adulthood includes ages 18-24 (Arnett, 2000). This study explored both adolescent and emerging adulthood experiences by engaging participants ages 18-24 in retrospective reflection.

**Theoretical Framework**

The literature reviewed primarily conceptualized the experiences of TGNC individuals through the framework of Minority Stress Theory. This study explored the lived experiences of NBGE individuals through the lens of Minority Stress Theory. Additionally, elements of critical ecosystems theory will be utilized to contextualize these lived experiences.

**Minority stress theory.** Meyer (2003, p. 675) coined the term *minority stress* as an extension of social stress theory, to conceptualize the "excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position". Meyer (1995) proposed that minority stress contributes to a greater prevalence of mental health disorders, and described three processes in which minority stress occurs. *Distal or external stressors* involve external or environmental events that result from the individual's minority status, thus creating overt stress. *Interactive proximal stressors* relate to the individual's anticipation or

expectation that these external stressors will occur, and the resultant vigilance of this expectation. *Internalized proximal stressors* are the minority individual's internalization of societal attitudes, prejudices, and stigma (Valentine & Shipherd, 2018).

Hendricks and Testa (2012) applied this framework to TGN clients. They noted extensive literature on the most easily observable realm of minority stress, that of external events. These experiences included physical and sexual violence, healthcare and employment discrimination, verbal abuse, and harassment (Hendricks & Testa, 2012). One gap they discovered in extant research is the lack of attention to the intrapersonal experience of minority stress, as well as the effect of expectations of discrimination and violence. Further research is needed to examine the impact of these more proximal factors, and to develop tools to address elements of minority stress in transgender individuals. Puckett (2019) applied Minority Stress Theory to NBGE individuals, through a professional lens as a marriage and family therapist, and noted unique experiences of therapy and clinical recommendations for practice with this population. This study added validity to the growing body of research highlighting disparities in experiences of discrimination in the NBGE sub-set of the TGNC population.

Another aspect relevant to the framework of minority stress as applied to TGN individuals is that of *insidious trauma*, which is the "recurring exposure to transphobia and other forms of oppression" (Burnes et al., 2016, p. 76). Or, as Keating and Muller (2019, p. 3) described it, the "continuous traumatic influence of

living with oppression". Transphobia is defined as "individual level as well as social prejudice and stigma against transgenders [sic]… frequently experienced within family, community, and societal contexts" (Nemoto et al., 2004, p. 725). Within the NBGE sub-set of the transgender umbrella, there may be unique stressors related to gender identity that differ from binary-identified transgender individuals' experiences, such as the stigma of living in a society that defines gender as binary and rejects the idea of non-binary gender identities (Tellier, 2018). Thus, it is critical in understanding this population to differentiate this unique population from the wider grouping of the transgender population (Thorne et al., 2018).

Keating and Muller (2018) examined the impact of the experience of minority stress in a sample of LGBTQ+ adults who have experienced trauma, and found that in transgender individuals, transphobia was positively associated with post-traumatic stress disorder (PTSD). They found that chronic adversity such as minority stress can increase the likelihood of the development of dissociative and other posttraumatic symptoms (Keating & Muller, 2018, p. 14). Thus, the literature seems to suggest a link between the experience of minority stress and the experience of trauma, and in cases of chronic and interpersonal minority stress events, may be linked to complex trauma. Finally, in cases of multiply marginalized individuals, such as racial and ethnic minorities, economically disadvantaged, and individuals living with disabilities, these compounding experiences of marginalization may further elevate the experience of traumatic stress symptoms (Richmond, Burnes, & Carroll,

2012). The sections below will detail specific mental health outcomes as well as examples of the types of trauma experienced by the TGN population.

**Critical ecosystems theory.** This theory was developed as a way to contextualize the experiences of individuals within their sociocultural environments and describe their "embeddedness in their environments" (Rothery, 2016). As a fundamentally relational perspective, individuals and their environment are seen as reciprocal forces, engaged in a continuous transactional, interdependent process. This theoretical perspective is relevant to this study in terms of understanding how NBGE individuals experience their gender identity within their relationships with others, with systems, and themselves.

## Types of Trauma or Victimization

In Richmond, Burnes, and Carroll's (2012, p. 45) systematic review of the literature on trauma in transgender clients, they proposed three broad categories of violence: interpersonal (violence between at least two people), self-directed (self-inflicted violence), and collective (violence inflicted by institutions and larger groups of people), which mirrors to some degree the categories indicated in the Minority Stress Model. Of the literature surveyed, a number of specific forms of violence and victimization were indicated (Gordon & Meyer, 2017; Gordon et al., 2018; Johnson et al., 2019; Burnes et al., 2016; Mizock & Lewis, 2008), and subsequently sorted into the aforementioned framework. For clarity, the category of collective violence is

identified as collective or systemic violence. Table 1 represents specific types of victimization or violence as categorized in this tripartite model.

**Systemic Discrimination**

While much of the existing literature neglects to address the unique experiences of NBGE people, there is an emerging interest in this population, represented by recent research on their experiences of systemic discrimination. Goldberg and Kuvalanka (2018) explored the experiences of nonbinary students in higher education, and found that students often faced the burden of educating others on their gender and struggled with the "tension between wanting recognition of their authentic gender and wishing to avoid the scrutiny that came with self-advocacy" (p. 2). Lykens (2018) examined healthcare experiences of NBGE young adults and found that despite their unique healthcare needs, there is a lack of understanding by providers, and they frequently felt disrespected and frustrated in their interactions with healthcare.

Table 1

*Categorization of Forms of Victimization or Violence Experienced by Transgender Individuals*

| | |
|---|---|
| **Interpersonal** | Bullying |
| | Familial/parental rejection |
| | Sexual violence |
| | Intimate partner violence |
| | Intimidation |
| | Verbal abuse or threats |
| | Psychological or emotional abuse |
| | Invalidation |
| | Microaggressions/insidious trauma |
| | Peer rejection |
| | |
| **Self-Directed or Intrapersonal** | Non-suicidal self-injury |
| | Suicide |
| | High-risk behaviors |
| | Internalized transphobia |
| | |
| **Collective or Systemic** | Healthcare discrimination |
| | Discrimination in access to public spaces such as public bathrooms |
| | Employment discrimination |
| | Housing discrimination |

**Mental Health Outcomes**

The relevance of this study is illustrated in part by the impact of traumatic experiences on the mental health of the TGN population. A brief discussion of mental health outcomes follows.

Goldblum and colleagues (2012) focused on the experiences of transgender youth, examining the relationship between gender-based victimization (GBV) and suicide attempts in a subsample of 290 participants. They found that 44.8% of participants reported in-school experiences of GBV, and 28.5% indicated a history

of suicide attempt (Goldblum et al., 2012, p. 468). They concluded that GBV leads to an increased risk of suicide. In general, TGNC individuals have worse mental health outcomes than their LGB peers, including higher rates of posttraumatic stress (Mizock & Lewis, 2008). Violence and discrimination associated with transphobia positively predicts PTSD and poor mental health outcomes (Keating & Muller, 2018). Bockting (et al., 2013) linked transgender individuals' psychological distress with enacted and felt stigma, and pointed to family support, peer support, and pride as mitigating factors (p. 6).

In reference specifically to NBGE youth, research shows they have greater anxiety, depression, and lower self-esteem than binary transgender individuals (Thorne et al., 2018, p. 6). Lefevor (et al., 2019) attributes this disparity to sociocultural factors including lack of knowledge of NBGE experiences and pronouns, limited access to legal and medical resources, and systemic discrimination. They note NBGE individuals experience worse mental health outcomes, and greater rates of suicidality and self-harm than binary-identified transgender individuals. Furthermore, existing research on the broader umbrella of transgender people positively correlates both enacted and felt stigma with psychological distress (Bockting et al., 2013).

**Resilience**

An examination of the impact of traumatic experiences in this population must also include an exploration of strengths and resilience. One resilience trait

consistently represented in the literature is that of social connectedness (DiFulvio, 2011; Gower et al., 2018; Grossman et al., 2006). In multiply marginalized individuals, additional resilience factors may be indicated. Singh and McKleroy (2010) conducted a qualitative study investigating the resilience of transgender people of color who have survived trauma, and identified several resilience factors, including "pride in one's gender and ethnic/racial identity, recognizing and negotiating gender and racial/ethnic oppression, navigating relationships with family, accessing health care and financial resources, connecting with an activist transgender community of color, [and] cultivating spirituality and hope for the future" (Singh & McKleroy, 2010, p. 5). Nicolazzo (2016) examined resilience in transgender college students and observed a pattern of seeking representation, kinship, and community in virtual spaces as a way of "doing resilience". Darwin (2017) similarly observed virtual spaces as significant sites of community for NBGE individuals.

**Prevalence**

TGNC individuals experience higher rates of adversity and victimization than cisgender LGB peers (Mizock & Lewis, 2008). Sterzing (et al., 2017) analyzed a national convenience sample of LGBTQ adolescents (N = 1177), ages 14-19, and found that 40% of participants experienced polyvictimization (PV), at ten or more incidents within the past year. In comparison with a nationally representative sample of youth from the general population, LGBTQ youth experience twice the rate of PV (Finkelhor, Ormrod, & Turner, 2007). This research makes a significant

contribution to understanding this population's experience of PV, delving into 40 forms of victimization in a large, national sample of LGBTQ adolescents. Additionally, whereas some research fails to account for genderqueer identities, Sterzing's study contained a significant sub-sample of genderqueer adolescents ($n =$ 236), a largely understudied population. In terms of limitations, this study used self-report data in a convenience sample, which could result in biased reporting of PV. Additionally, as a cross-sectional study, causal ordering cannot be determined. Nonetheless, this research highlights the prevalence of PV in NBGE individuals, underscoring the necessity of further research to understand their experiences.

In terms of risk for victimization, Schnarrs and colleagues (2019, p. 2) assessed disparities between TGN and cisgender sexual minorities through the lens of adverse childhood experiences (ACEs), and found that TGNC youth are at greater risk for multiple forms of violence than their cisgender LGB peers. Baams (2018, p. 5) assessed cumulative risk of childhood adversity by using statistical analysis, and found that gender nonconformity was associated with higher ACEs. Gordon and Meyer (2008) and Roberts (et al., 2013) also found that gender nonconformity is associated with higher rates of victimization. Thus, the literature suggests the TGN population experiences both a greater risk of victimization and an actual incidence of higher rates of polyvictimization.

## Chapter 3

Methods

### Design

This study utilized a phenomenological approach to explore the lived experience of non-binary and gender expansive young adults ages 18-24. Phenomenology facilitates a detailed examination of everyday experiences, with the goal of determining the meanings people make of their lived experiences. This form of inquiry yields thematic and comprehensive descriptions of particular experiences (deMarrais & Lapan, 2004, p. 56), and is useful when there is a dearth of existing literature on the population of study (Singh & McKleroy, 2010). This approach was chosen as it encourages participants to reflect deeply on events they have already lived through and provide as much detail as possible (deMarrais & Lapan, 2004).

This study explored the experiences of NBGE people through the lens of the Minority Stress Model by asking the question, "what is the lived experience of non-binary and gender expansive college students ages 18-24?" Extant research on this specific population is sparse, and a phenomenological approach with emerging adults sought to understand their experiences as NBGE youth through a retrospective lens, as well as their current experiences as emerging adults. The goals of this study were to highlight underrepresented voices, advance the body of research, and aid clinicians, policy-makers, and advocates to expand their knowledge in order to best serve this population.

**Population/Sample**

The desired sample size was 10 participants, with an outer limit of 20. Eligibility criteria were indicated as follows:

1. Participant must be currently enrolled as a student at a college or university in the state of Texas;

2. Participant must identify as non-binary or gender expansive;

3. Participant must be between the ages of 18-24.

Exclusion criteria were indicated by participants who do not meet all three of the above inclusion criteria. Participants with whom the researcher had a prior personal relationship were also excluded, though there was low probability this would occur.

**Sampling Strategy**

This study used a convenience sampling strategy with a snowball approach. Convenience sampling was chosen due to the simplicity and feasibility of the approach, which draws on readily accessible populations. This study initially focused on the geographic area of North Texas, drawing from three major local universities as indicated below. Due to recruitment challenges precipitated by the COVID-19 pandemic, the study was opened to students at any college or university in the state of Texas, provided participants met the other two eligibility criteria. A snowball approach was chosen as it enables access to hidden or isolated populations. TNGC individuals comprise a hidden and often stigmatized population (Hughes et al.,

2016), and as such, the snowball approach may generate greater participation by referral through in-community members. Atkinson and Flint (2001, p. 1) explain how snowball sampling functions, stating "one subject gives the researcher the name of another subject, who in turn provides the name of a third, and so on". The initial seeds- that is, initial subjects- are typically chosen via convenience sampling, as is the case in this study.

Participants were recruited from a nonclinical sample of students at UTA, UTD, and UNT through a diverse recruitment strategy. As the study was opened up to any college or university in Texas, participants were recruited from The University of Houston (UH) and The University of Texas at Austin (UT Austin). These sites were chosen due to homogeneity of sample, and potential for engagement of the desired population through established LGBTQ+ supportive university programs.

**Online recruitment.** A recruitment flyer, image description text, and letter (see Appendix B) was sent to LGBTQ+ students at UTA via email on the UTA LGBTQ+ listserv, through the Assistant Director of the LGBTQ+ Program at UTA. The flyer, text description, and letter were distributed electronically on Facebook to the UTA LGBTQA Program Facebook page, the UTA School of Social Work Facebook page, and to other non-academic, local, NBGE-supporting organizations as identified in Appendix C. The flyer, text description, and letter were distributed electronically to the UNT Division of Institutional Equity and Diversity via their promotion request website, and to the UTD Galerstein Gender Center.

Additionally, the researcher posted the flyer and image description text on their personal social media pages with general language asking viewers to share the post. Finally, when the study became open to students statewide, the researcher shared recruitment materials with thesis committee members, who distributed to professional contacts in Houston and Austin.

Online recruitment strategies were indicated as the primary means of recruitment due to challenges in accessing this hidden population, efficacy of implementing snowball sampling via social media (Baltar & Brunet, 2011), relevance of social media and email to the emerging adult age group, and predominance of NBGE individuals seeking support and community through online communities (Evans et al., 2017).

**In-person recruitment.** Due to the COVID-19 pandemic, resulting in shelter-in-place and stay-at-home orders, in-person recruitment could not be accomplished.

**Anticipated challenges.** Anticipated problems in recruitment included reluctance to speak with a researcher about gender identity and experiences of trauma, and accessing this hidden population. The call for participants identified the researcher as an in-group member who identifies as non-binary, and this may ameliorate some reluctance. Participants may also be reluctant to discuss their personal challenges, including experiences with oppression and discrimination, and the hope is through rapport building these barriers would be reduced. Additionally,

the intent of using a snowball approach was to engage participants through referral from initial participants as well as NBGE-supporting local organizations, with the hopes that established rapport would generate positive referrals to others in the desired population, and reach potential participants who may not have otherwise learned of the study.

**Human Subjects Protection**

An expedited Institutional Review Board (IRB) process was indicated as the study involved human subjects but did not exceed minimal risk. The IRB application was submitted, and approval obtained prior to any data collection or recruitment. Informed consent was explained to participants, including protection of confidentiality, risks and benefits, purpose of study, and resources available for mental health care. See Appendix D for informed consent document.

In gratitude and respect of participants' time, a $15 Target gift card was provided to each participant upon completion of the interview, funded from the new faculty research start up fund for a thesis committee member. The researcher reported no conflicts of interest. The researcher recognized that discussing experiences of their gender identity and associated experiences may be uncomfortable to some participants, and this risk was mitigated by provision of a mental health resource guide (Appendix E), which included resources specifically geared towards NBGE individuals, as well as general mental health resources. Additionally, as university students, all participants have access to on-campus

counseling services provided through their respective university health programs. Benefits of the study include potential improvements in the lived experiences of the NBGE community by enhancing the knowledge of clinicians, policy-makers, and researchers.

**Data Collection/Measures**

       **Phenomenological Research Procedures.** Phenomenological research follows four main procedural steps. The first step is to determine the research topic (Wertz, 2005). This was determined by personal reflection of interests, and reviewing literature on the experiences of trauma and victimization in LGBTQ+ individuals. This was followed by an increasing focus in each subsequent search, leading to a subset of the transgender population, NBGE individuals. The literature indicated conceptualization of this trauma through the frameworks of Minority Stress Theory and complex trauma. The literature also indicated increased vulnerability for NBGE youth, and all of these findings influenced the focus of the research question. Existing gaps in the literature include a lack of qualitative studies on the experiences of trauma in NBGE young adults and youth, lack of research on the lived experiences of NBGE youth, and limited phenomenological inquiry on lived experiences specific to NBGE emerging adults and youth, rather than the overarching category of TGNC individuals. The research question and purpose indicated in this study sought to fill these research gaps by exploring the experiences of the indicated population through phenomenological inquiry and analysis.

The second step was to identify and select participants. The researcher selected NBGE young adults, ages 18-24, from a non-clinical population consisting of students at any college or university in Texas. This decision was based on three factors: (1) geographic location holds relevance for studying the research problem due to rates of violence against TGNC people in Texas (HRC, 2019) and the proliferation of state and school policies aimed at restricting the rights of TGNC students (National Center for Transgender Equality, 2020); (2) homogeneity of sample; and (3) proximity in age of 18-24 year old individuals to the category of youth, as access to minor participants would not be feasible given the constraints of this study. Initially, three North Texas universities were chosen. Each of these universities selected offers LGBTQ+ supportive programming. UNT and UTD specifically denote gender identity as a protected category in their non-discrimination policy; UTA does not denote this in their policy. As the study was opened to students statewide, the researcher identified similarly affirming university programs at UH and UT Austin.

The final steps involve collecting data through various means of engaging participants with the lived experience of the phenomenon of concern, and analyzing the data. These procedures are detailed in the sections below.

**Procedures and Confidentiality.** The call for participants (Appendix B) indicates interested participants should contact the researcher via email or phone. Once eligibility was confirmed, a mutually agreed upon interview time was

scheduled. Due to the COVID-19 pandemic and the subsequent closure of the campus, in-person interviews could not be completed. Participants completed their interviews through secure Zoom meetings.

Prior to beginning the interview, the researcher obtained informed consent. Due to interviews being completed online, the researcher submitted a modification to the IRB, which was approved, allowing for verbal consent to be obtained. Participants read the informed consent and verbally indicated agreement to participate prior to beginning the interview. Written informed consent forms (see Appendix D) were provided to each participant via email upon completion of the initial interview. The informed consent forms denote the research topic and purpose, time commitment, research procedures, possible benefits and risks, compensation, confidentiality, and contact information.

The researcher gathered data utilizing a semi-structured interview guide, included at the end of this section. Data were recorded via word processing application on the personal laptop of the researcher, which is password protected and inaccessible to any other party. Data were saved and stored on the UTA Office 365 One Drive system. With participant consent, the interviews were also recorded via audio on the researcher's personal computer for transcription purposes, and this audio was uploaded to the UTA Office 365 One Drive system. Data were collected via semi-structured interview, in a one-on-one interview lasting approximately 60-90 minutes. After initial coding, follow up interviews were conducted as needed for

clarification purposes, lasting approximately 30 minutes, and completed via secure

Zoom meeting, approximately one to three months after the initial interview.

Additional demographic information was requested at the conclusion of the initial

interview where information had not been disclosed throughout the interview

process (see Appendix F), to include sex assigned at birth, gender identity, sexual

orientation, racial/ethnic identity, and age. Nine out of ten participants engaged in

follow up interviews. In follow up interviews, participants were asked if they also

identify as trans, and if they had always lived in Texas.

No data collected was individually identifiable. Participants were assigned a

number, and this number was indicated in the data recording. The audio interviews

were transcribed by the researcher. Data will be kept for three years following the

study, in the custody of thesis committee faculty members, as the researcher will be

leaving the university during that time.

**Data Analysis**

Giorgi (2009) and Kleiman (2004) proposed several methods of descriptive

phenomenological analysis. These methods were utilized as follows. The researcher

read and re-read the interview transcript, first seeking to understand the overall

picture, then read with an eye to categorize data into meaningful units. The

researcher then categorized data into 'meaning units', grouping similar items

together. Next, the researcher transformed the meaning units in order to define and

describe the phenomenon, a process also known as 'coding'.

Additional methods utilized included bracketing and analytic memos. Bracketing is a process that suspends one's own belief including prior knowledge of the phenomenon, (Chan, Fung, & Chien, 2013). There is some debate amongst qualitative researchers as to the possibility of fully bracketing or removing the lens one's own lived experiences. Ahern (1999) notes that "total objectivity is neither achievable nor necessarily desirable" (p. 407); nonetheless, the process of bracketing as an exercise in self-reflexivity is designed to enhance objectivity, and so in this sense, while bracketing could not be "achieved" as an endpoint, this researcher engaged in the process of bracketing through reflexive journaling and bracketing interviews. Bracketing interviews were conducted with two different thesis committee members prior to, during, and after data collection. Another process often used in phenomenological research is free imaginative variation, which was originally indicated in the research proposal. However, after further analysis and consultation with qualitative research experts, it was determined this would not be an appropriate method for the subject matter. Thus, in lieu of free imaginative variation, the researcher engaged in analytic memo writing, with the purpose of documenting and reflecting on the coding process, code choices, the evolving process of inquiry, and emerging patterns, categories, and themes in the data (Saldana, 2009). Finally, the researcher engaged in critical analysis, to verify the inclusion of all elements indicated above, utilizing feedback from experts in the field.

**Validity, Rigor, and Limitations.** To increase rigor and enhance validity, the researcher engaged in several strategies common in qualitative research methods. Member checking involves presenting findings to participants for feedback on accuracy of findings in describing their experiences (Armour, Rivaux, & Bell, 2009, p. 104). The researcher provided participants with an opportunity to provide feedback on themes identified from the transcripts, in a follow up call, conducted via a secure Zoom meeting. 90% of participants engaged in follow up interviews, and all of these participants confirmed the findings were representative of their experiences.

The interviews were structured in a way that empowered participants to guide the inquiry process, by asking open ended questions and utilizing the semi-structured interview guide as intended, without rigidity. Peer review was utilized in consultation with committee members due to expertise in this field and experience in research with marginalized populations. The committee also evaluated the structure of the analyses. The researcher reflected on their positionality through audit trails (see Appendix G), bracketing interviews, and assessing the quality of the transcript (Leung, 2015). Finally, the researcher documented detailed memo notes regarding the coding process, including the creative process for identifying codes, as well as the decision-making process in collapsing or merging codes in subsequent rounds of coding (see Appendix H).

To enhance rigor, the researcher conducted coding along with a secondary coder who does not identify as NBGE, obtained through the UTA Research

Assistant program. However, there were a number of issues identified regarding intercoder reliability, including lack of experience with the LGBTQ+ community, lack of experience in phenomenological research, and barriers with the coder's ability to objectively bracket, thus influencing the reliability of the coding. Thus, the secondary coder's findings were excluded from the study.

Open coding, using holistic and descriptive methods, was used to examine general experiences of participants. Specified coding, using focused and elaborative methods, along with codeweaving, was used to examine experiences of discrimination or oppression specifically. The primary investigator made the final decisions on coding, and discussed with thesis committee members. Due to time constraints, a secondary coder with relevant expertise was not attainable, however prior to publication, the primary investigator will collaborate with a secondary coder to enhance rigor.

The research design involves several limitations. First, as intercoder reliability was not attainable, the study relied on the primary investigator for coding, thus decreasing the rigor of the study. Second, the small sample size as well as the non-random method of sampling impact the generalizability of the findings. Additionally, while the homogeneity of the sample may facilitate greater clarity in analysis of common themes, it does exclude individuals with less educational privilege, which may be the result of intersecting factors such as race/ethnicity and socioeconomic

status. Notably, all respondents identified as assigned female at birth (AFAB), an unintended result which increased the homogeneity of the sample.

As a retrospective study, there is also risk of retrospective bias, however the researcher attempted to control for this by engaging emerging adults ages 18-24, with the hope that the proximity to the adolescent age range would help facilitate more accurate recall. In terms of racial makeup, 70% of participants identified as white, 10% identified as Hispanic, 10% identified as Latinx, and 10% identified as multi-racial. Additionally, due to the COVID-19 pandemic, interviews were conducted exclusively via Zoom. Some participants indicated due to campus closures they were residing at home, and some were residing with non-affirming family members. While all participants verbally indicated comfort with proceeding with the interview in their home environment, it is unknown if their environments had an impact on their ability to fully engage in the interview process. Finally, the study relied on self-reporting, and did not utilize validated clinical scales to assess for traumatic stress, and thus may be subject to various biases including acquiescence or social desirability.

**Interview Guide**

The following questions were used as a semi-structured interview guide:

1. Can you describe how you first became aware of your gender identity?

2. How do you see yourself today, in terms of your gender identity?

3. What has been your experience of your gender identity?

a. How has your experience with your gender identity been in larger systems and institutions, such as educational, healthcare, child welfare, or criminal justice systems?

4. How have you experienced your gender identity within the context of relationships?

5. Can you describe any particularly difficult experiences in your life related to your gender identity?

6. How have you experienced strength and resilience in relation to your experience of your gender identity?

**Study Oversight and Qualifications**

The study was supervised by three PhD level UTA School of Social Work faculty, which includes faculty with clinical licensure (LPC-S, LMSW). In addition, the researcher holds a master's degree in Child Advocacy and Policy, certification as a Mental Health First Aid practitioner, and has completed professional trainings in trauma-informed care, microaggressions and biases, cultural competency, and dynamics of child abuse. The researcher also has four years of experience in the child welfare system investigating abuse and neglect, which includes interviewing children and caregivers regarding trauma history. The researcher has experience conducting clinical intake (psychosocial) assessments as well.

**Chapter 4**

Results

**Sample Characteristics**

Of the 16 respondents, 10 met eligibility requirements and chose to participate. All participants identified as assigned female at birth (AFAB), and were enrolled in a college or university at the time of participation. The mean age of participants was 20.5. 70% *(N=7)* of participants identified as White/Caucasian; 10% *(N=1)* identified as Hispanic; 10% *(N=1)* identified as Latinx, and 10% *(N=10)* identified as multi-racial with Hispanic and Native American heritage. Some participants indicated the use of multiple labels for both sexual orientation and gender identity. 90% of participants engaged in follow-up interviews designed to facilitate member checking. Additional variables were identified and clarified in follow up interviews, in relation to participants' geographical location during their key developmental years as well as their endorsement of the additional gender identity label of transgender. Of these respondents, 90% (*N=8)* indicated they had always lived in Texas, and 10% (*N=1)* indicated they had lived in Southern and Southeastern states since early childhood. All of these respondents identified as transgender. Table 2 shows the characteristics of participants.

Table 2

*Characteristics of Participants*

| Variables | Number (N) | Percentage (%) |
|---|---|---|
| Total | 10 | 100.0 |
| Gendera | | |
| Non-binary | 9 | 90% |
| Genderfluid | 2 | 20% |
| Genderqueer | 1 | 10% |
| Gender neutral | 1 | 10% |
| Trans | 8 | 80% |
| Race/Ethnicity | | |
| White/Caucasian | 7 | 70% |
| Hispanic | 1 | 10% |
| Latinx | 1 | 10% |
| Multi-racial | 1 | 10% |
| Sex Assigned at Birth | | |
| Female | 10 | 100% |
| Male | 0 | 0% |
| Sexual Orientationb | | |
| Aromantic/asexual | 1 | 10% |
| Bisexual | 5 | 50% |
| Lesbian | 3 | 30% |
| Pansexual | 1 | 10% |
| Queer | 1 | 10% |
| Questioning | 1 | 10% |

aGender was not a mutually exclusive category

bSexual orientation was not a mutually exclusive category

**Key Findings**

This study sought to answer the question, "what is the lived experience of

non-binary and gender expansive college students ages 18-24?" Participants

described experiences of discrimination, victimization, or adversity, across all three

domains illustrated in Richmond's (et al., 2012) model of victimization (Table 1),

which encompasses interpersonal, intrapersonal, and systemic contexts. Within the Minority Stress framework, participants described both distal and proximal stressors. This mirrors the limited body of research findings specific to the experiences of NBGE individuals. Participants also described sources of resilience, including community connectedness and the importance of chosen family, which is reflected in the literature as well. The data gathered in this research expounds on the existing body of literature and also offers several unique themes, detailed as follows.

The emergent themes identified in this study were: (a) pressure to conform to a binary, (b) emotional labor, (c) identity-based insidious trauma, and (d) resilience. Within these four themes, a total of 13 thematic clusters were identified. These themes, thematic clusters, and the corresponding raw data are represented in Table 3.

**Emergent Theme 1: Pressure to conform to a binary**

Participants described a constant pressure to conform to binary systems and binary roles within relationships. Participants also noted internalized beliefs limiting self-expression to gendered, binary ways of presenting, which interacted with their experiences within binary social structures. Wherein participants did note some affirming elements within these contexts, these will be captured under Emergent Theme 4: Resilience.

**Thematic cluster 1a:  Binary systems.** At the systemic level, a predominant theme was the oppressive nature of binary systems that excluded and erased NBGE

people by virtue of inherently binary structures. These systems exerted pressure to conform to a binary gender, forcing assimilation into binary roles in order to gain access to gendered spaces and activities, to gain membership or belonging within these systems, or to avoid isolation or exile. In healthcare systems, participants described experiences of erasure, discrimination, and ignorance, wherein their identity was not recognized, validated, or known, and they often had to play the role of expert and advocate. Some participants noted more affirming healthcare systems on campus than off campus, underscoring the need for LGBTQ+ affirming university health programs.

In mental health care systems, participants described barriers to access including cost, family belief systems about therapy, lack of affirming or educated providers, and lack of LGBTQ+ providers. Many indicated experiences with providers who had never had an NBGE client before, and struggled with understanding their experiences and providing fully affirming care. One participant poignantly remarked that mental health providers:

> "fundamentally need to understand you as being non-binary… [as] it is… intrinsically related to the way that you conceptualize yourself, and if they can't see how you see yourself, then… I don't think that you're going to get any benefit from talking to… a mental healthcare provider that doesn't understand that." (P8)

This underscores the need for an in-depth understanding of NBGE clients rather than superficial, unsubstantiated claims of diversity and inclusion.

In educational systems, participants described invalidating experiences with classmates, peers, professors, and administrators, barriers in having their gender represented accurately in university databases, lack of uniform institutional support, exclusion from extracurricular gendered activities, and a lack of intersectional representation. Some described a negative impact of unsafe learning environments on their academic performance, social experiences, and career aspirations. Participants also noted experiences in high school were less affirming than experiences in college, and that LGBTQ+ student organizations, as well as strong peer and professor ally relationships enhanced their experiences of inclusion and affirmation.

In religious institutions, participants described outright rejection, implicit and explicit messages on the morality and acceptability of LGBTQ+ identities, and rigid enforcement of binary gender roles. Notably, while the researcher did not explicitly ask if participants had any affirming religious experiences, none of the participants offered any experiences of affirmation within religious systems, and the predominant theme within this context was rejection and discrimination. In the workplace, participants discussed a lack of legal protection from discrimination, transphobic co-workers, and highly gendered environments. Notably, during the course of the study, the Supreme Court of the United States (SCOTUS) passed a landmark decision effectively implementing workplace protections for LGBTQ+ people from discrimination on the basis of sexual orientation or gender identity (SOGI).

**Thematic cluster 1b: Disempowerment.** Within this discussion of systems, which inherently hold power, the theme of disempowerment naturally arises. Wherein some systems implemented programs and policies designed with the intent of inclusion, in most cases, participants characterized these efforts as performative allyship, noting an absence of accountability measures, inadequate execution, and lack of substantive, meaningful support. In terms of power dynamics, participants described a power over rather than power with dynamic, with institutions and systems owning the power to create, implement, and enforce structures that further marginalized NBGE people. These systems limited "reasonable opportunities to exercise agency" (Rothery, 2016, p. 89), and as such, were oppressive. Notably absent in these systems were the voices, agency, and leadership of NBGE people, thus highlighting inequities in power.

**Thematic cluster 1c: Binary relationship roles.** One key unique finding in this study was the pressure to conform to binary roles in relationships. Within romantic relationships, and to some extent, familial relationships, participants described being forced into binary gender roles. In some cases, this evoked a level of dysphoria that led to greater self-discovery of one's gender identity. This also led, in some cases, to withdrawal from or avoidance of romantic relationships or family relationships. Within the familial context, some participants described pressure to conform to a binary role, or being misperceived as a binary gender and thus being invalidated. One participant noted a family member's response to their non-binary

identity: "*it's okay if you're a he, it's not okay if you're a they*" *(P1)*, underscoring a theme of conditional acceptance. Others noted emotional abuse when family members learned of their plans to take medical transition steps.

**Emergent Theme 2: Emotional labor**

Participants described a constant compulsory emotional labor of educating and self-advocating within both systems and relationships, in order to be seen, to be respected, and to be included. From a critical ecosystems theory perspective, this emotional labor represents an imbalance between demands and resources, with much being required of NBGE people in order to obtain the simple dignity of respect. Participants described having to 'come out' continuously, which included educating others on gender and language, correcting others- including authority figures- and a laborious decision-making process which factored in safety, emotional energy, comfort or willingness in being vulnerable, and significance/nature of the relationship.

**Thematic cluster 2a: Educating and self-advocating.** Participants identified a broad societal ignorance of NBGE identities as a common experience, noting interpersonal experiences marked by binary assumptions about their identity, which then necessitated coming out, followed by providing education on the construct of gender and on their own personal gender identity. Participants described this process as repetitive, draining, and ubiquitous, underscoring the cumulative burden of the demand for emotional labor.

**Thematic cluster 2b: Emotional caregiving.** Another unique finding relates to participants' experiences of emotional caregiving expectations in relation to gender role stereotypes and expectations, as individuals who were socialized as female. Participants described emotional dynamics commonly associated with societal expectations of women, such as prioritizing others' comfort and needs, and a fear of inconveniencing others or being burdensome.

**Emergent Theme 3: Identity-based insidious trauma**

In relation to TGNC individuals, insidious trauma is the "recurring exposure to transphobia and other forms of oppression" (Burnes et al., 2016, p. 76). Keating and Muller (2019, p. 3) described it as the "continuous traumatic influence of living with oppression". All participants discussed multiple forms of identity-based insidious trauma.

**Thematic cluster 3a: Expectations of harm.** Meyer's Minority Stress Model characterizes expectations of harm as interactive proximal stressors. Notably, there is little extant research on these stressors within the NBGE population, and data gathered on this factor represents a significant contribution to further understanding the unique minority stress experiences of NBGE people. Participants described expectations of harm informed by previous experiences as well as knowledge of experiences within their community. These expectations led to avoidance of healthcare and mental healthcare systems, modification of gender presentation to conform to a binary presentation in order to achieve safety and

belonging, internalized transphobia, self-avoidance, remaining 'closeted' in some relationships- particularly with family, avoidance of religious institutions, and avoidance of romantic relationships.

**Thematic cluster 3b: Mental health repercussions.** Adverse mental health outcomes described by participants strongly mirrored existing literature, with participants describing suicidality, self-harm, depression, substance abuse, trauma symptoms, and anxiety. Another notable theme observed by the researcher was participants' tendency to minimize the negative impact of their experiences. Some described abusive or traumatic situations while displaying dissonant affective cues and using minimizing language comparing their experiences to others who 'have it worse'. Others described what may be characterized as dissociative tendencies, noting *"I don't realize what I'm going through, and like especially not as I'm going through it"* *(P1).*

**Thematic cluster 3c: Microaggressions.** The data gathered in interviews represent a spectrum of microaggressions, including micro-insults, micro-invalidations, and micro-assaults (Sue, 2010). Microaggressions can be defined as "subtle acts of bias that reflect a structural form of oppression" (Friedlaender, 2018, p. 2), and can be verbal, nonverbal, or environmental. Participants in this study described experiences that aligned with all three subtypes. Misgendering was the predominant microaggression reported, in the form of misuse of pronouns or chosen name and gendered actions or statements that were incongruent with

participants' gender identity. In many cases, participants had previously engaged in repeated conversations regarding pronoun use, and reported others' outright refusal to use their pronouns, or a lack of consistency and effort in learning and practicing correct pronoun usage. Many participants also noted micro-invalidations in the experiences of others making incorrect assumptions on their gender identity, often based on their gender presentation. For some, this led to making changes in gender expression to mitigate others' misperception of their gender and subsequent social dysphoria, even when those modifications in expression felt internally incongruent.

Participants who identified as femme-presenting indicated an ever-present stream of invalidation, both within and outside of the NBGE and LGBTQ+ communities. These participants indicated others' perception of them as "women" led to experiences of sexism, in conjunction with erasure of their non-binary, trans identities, and their co-occurring experiences of transmisogyny. Femme-presenting participants also indicated feeling invalidated within the NBGE community for not adhering to the dominant representation of NBGE people as masculine-of-center in gender expression.

**Thematic cluster 3d: Overt Discrimination and Violence.** Participants identified familial contexts as a frequent site of rejection. While not all participants sought or desired medical transition steps, of those that did, two identified hostility and emotional abuse as a consequence within their family systems. Others described conditional acceptance within family systems, where some aspect of their identity

was accepted or tolerated, but the fullness of their identity was not affirmed. Some participants disclosed experiences of sexual assault or sexual grooming behavior, which they correlated with gender identity or expression. Within peer relationships, participants described being the recipients of transphobic or homophobic insults and other forms of bullying based on their gender identity or sexual orientation. Finally, some participants indicated experiences of in-group exclusion and transphobia within the LGBTQ+ community.

**Emergent Theme 4: Resilience**

In spite of an overwhelming and constant burden of oppression, marginalization, and violence, participants exhibited a number of resiliencies, finding creative and resourceful ways of meeting their universal human needs of affiliation, autonomy, health, and dignity/respect (Rothery, 2016).

**Thematic cluster 4a: Affiliation.** Affiliation is defined as "access to meaningful social roles and relationships" (Rothery, 2016, p. 90). Participants consistently identified affirming social relationships as significant sources of strength and resilience. Additionally, some participants found meaning in using their experiences to help other NBGE individuals, in the form of advocacy, friendship, mentorship, or support. LGBTQ+ student organizations were also identified as a significant social support.

**Thematic cluster 4b: Autonomy.** Autonomy in relation to gender identity can be defined as self-determination, and the freedom to self-identify. Within this

understanding, many participants described their journeys of self-discovery. Social media websites and other virtual spaces served as resources for understanding and defining one's experience of gender, and finding community affiliation, and in this way functioned as an essential resource in meeting multiple universal human needs as captured under the broader theme of resilience. Many participants explored their gender identity through changes in gender expression, and described a sense of empowerment when taking steps to feel more physically and socially congruent, whether through changes in hairstyle, clothing, name, or pronouns.

**Thematic cluster 4c: Health.** Affirming mental healthcare was identified as a significant source of strength and resilience. Participants characterized these providers as exhibiting understanding of NBGE experiences, demonstrating inclusivity in language and documentation, and having intuition and insight into participants' unique experiences of their gender identity. Those who desired medical transition steps such as top surgery and/or hormone replacement therapy (HRT) expressed feelings of congruence and improvement in mental health related to accomplishing these steps.

**Thematic cluster 4d: Dignity and Respect.** This final theme appeared most frequently in the context of relationships with friends. Participants strongly endorsed the significance of chosen family as their primary means of social-emotional support, indicating common characteristics of these friendships were validation, affirmation, and respect. Some participants described individual allies

within their family systems, and individuals within educational systems, who

advocated for them, validated their identity, and positively impacted their sense of

dignity and worth as individuals.

Table 3

*Emergent Themes and Thematic Clusters*

| Emergent Theme | Raw data |
| --- | --- |
| **Theme 1: Pressure to conform to a binary** | |
| Thematic cluster 1a: Binary systems | |
| Healthcare | *I got to experience exactly one time what it's like to have a doctor who knows more than you about… trans experiences* (P1) |
| | *I've basically been erased in every doctor's office that I've been to* (P9) |
| | *I'm actually also chronically ill so I have to see the doctor quite a lot… it's like pretty tough like especially mentally. I feel like I really have to prepare … before and after, with regard to like going to the doctor. Even my primary care provider… I've been continually trying to like advocate for myself within his office. But like it just seems like every time… when I have to come in it's as if the whole staff has… just like forgotten about my identity* (P9) |
| Mental healthcare | *I cannot find a queer therapist, not a single one. It's a big problem for me. And like an affordable queer therapist.* (P5) |
| | *My therapist had never like had a non-binary patient before me. He had had trans male patients but not non-binary. So it was a bit of a learning curve for him. I think pronouns are still kind of a tripping point for him.* (P10) |
| | *I mean when I went in there, I just didn't feel like I could talk about it… it just wasn't feeling like a safe place. I* |

*didn't feel like I was genuinely valid in that spot. I didn't want to open up about those things.* (P5)

| | |
|---|---|
| Educational institutions | *My professor was continuously using my full name. Like, even though I'd asked him privately like hey, can you call me by my name, like just know that that's what I'm comfortable with and he was like, yeah, I'll work on it. But then like next class slip of the tongue… and like he was overlooking like my comfort for his.* (P6) |

*One of the things that I understand but I am also uncomfortable with is specifically like sex segregation in sports and… choir… and so that was a really uncomfortable experience, um, like internalizing that and realizing that I had to put myself in a box in order to do something that I love.* (P8)

*I've been doing some advocacy work to try to and get an 'x' gender marker added to my institution's … identification database… and… there's been like a lot of very explicit push back from faculty and administrators… and it was specifically denied to have an 'x' on it.* (P9)

*It's definitely had an impact on like how much I've been able to learn in a classroom, like classrooms that are more accepting, I learn more... because I don't have to focus on something else that is mentally distressing.* (P9)

| | |
|---|---|
| Religious institutions | *I went to college and saw more diversity, felt seen, all of that, but um, Mormon church? Oh my God, if they even knew, they would like have excommunicated me. My cousin, she's a lesbian, she got excommunicated for being a lesbian… I know that they bullied my cousin for that.* (P5) |

*[The] Pentecostal church has a very like strong belief of what it is to be like a woman and how women should present.* (P6)

*Growing up like in church, it's always been like we don't support like the LGBTQ+ community, like they're wrong, and like… they're sick and stuff like that, you know, so,*

|  |  |
|---|---|
|  | *like you grow up with like this mentality that it's wrong, it's not okay.* (P7) |
| Workplace | *Work is almost always gendered… like customers will always use like ma'am or like that girl who was at the counter like stuff like that. So I kind of kept my mouth shut about gender identity a lot.* (P6) |
|  | *Like even if I said like I use they/them pronouns, I'm non-binary, I hate it when the customers call me ma'am, um stuff like that, like people would still gender me… and then one of our co-workers was like actively like transphobic.* (P6) |
| Thematic cluster 1b: Disempowerment | *It just feels exploitative sometimes… like during pride month, they'll be like… here's the coming out door, good job on you. But what are you doing? Like, what are you doing for the liberation of queer people, you put a door in the middle of the courtyard, great.* (P5) |
|  | *Colleges, I think that a lot of them… they're kind of performative with the way that they acknowledge like non-binary folks, because I remember applying to [university] and being like oh my gosh, like this is so like inclusive… and then like getting onto campus, it's.. been kind of gross learning about like that there are people who are literally like trying to hide trans resources available… and… I feel like a lot of institutions are like they just erase us by nature.* (P9) |
|  | *I did have a conversation with one doctor like, 'hey, like I just wanted to make it clear, like I'm not a woman, and if when we're in private we could just like acknowledge that, like if you could just not use like she/her pronouns too much', and like she's pretty cool about it. But other than that, like I didn't say a word, I just, it didn't feel safe, I didn't feel safe.* (P6) |
| Thematic cluster 1c: Binary relationship roles | *He started to treat me more like- uh, like a girl almost?... I guess like we went from being like two friends to like a guy and a girl.* (P6) |

*I went by 'he' not because I liked it, but because it was more comfortable to people.* (P1)

*Someone has to assume one… masculine role, one feminine role, and the truth is that I love to be both. I love to flow between that, like I like to be like pretty and handsome at the same time.* (P6)

*I feel like that… when I dated men they would see me in a specific role, in a mold I had to fit, and I… had to really re-evaluate why that mold existed and why I felt uncomfortable with it, and I feel like when I dated women, they would take more of the time to understand how I perceived my gender and react to what role I would want in the relationship.* (P3)

**Theme 2:**
**Emotional labor**

Thematic cluster 2a: Educating and Self-Advocating

*So like my identity is like aromantic, asexual, non-binary, and so like if I come out to someone I kind of need three different PowerPoints to like explain.* (P10)

*It's just a lot of work and a confusing conversation and like giving queer 101 lessons all the time gets old.* (P10)

*There was a student… that misgendered me… so I went to my boss like seeking emotional support and it was one of those things that was like, you know, this is an… educational moment for them…. But like why did I have to teach that at my own expense- like at the expense of my sanity?* (P5)

*You tell someone in a professional setting or in any setting, you're really expecting to explain yourself or put your whole self on the table. I don't want to do that, just, these are my pronouns. I don't want to go and you know, alright, let's not dig into my childhood, you know?* (P3)

Thematic cluster 2b: Emotional caregiving

*I absolutely love my family, they're very supportive. But it does take a lot more energy to kind of be yourself in a way that's comfortable for them.* (P3)

*It's feeling like you are inconveniencing someone for not uh, like, following the norm… there's a reminder every single time that I have to correct someone that I am not the typical person in regards to like… gender identity and pronoun use… it's having to feel like I'm inconveniencing them by asking to be respected- that just really hurts.* (P8)

*Being socialized as a woman… I think made me not really want to speak up for myself. So, I'm smiling a lot of times, and I'm having a little bit of trouble because I think even if people are understanding and I don't know that they know how to use they/them pronouns.* (P4)

**Theme 3: Identity-based insidious trauma**

Thematic cluster 3a: Expectations of harm

*I actually forced myself to change the way I walked, the way I talked, everything… just to be more masculine… and to be like a good example of a trans person… I felt like I had to do that… just to be like an ambassador for some reason… just so that people wouldn't hate trans people.* (P1)

*My dad… he's the first place I heard the word 'fag' and he used about every slur in the book around me, not towards me ever because I've never come out to him, and I don't think he would ever use those slurs against me if I came out to him, but you know, enough to put me off.* (P2)

*I feel like I've been avoiding myself… cuz like I grew up in a religious household. So like you know it's a lot of times, it's like they disagree with us? Like I've been trying to like tell myself, like "you're not that" and stuff like that. So I haven't like really thought about it because I've been pushing it away.* (P7)

*When you're in the closet and you're scared that you might one day have to leave your family, that you kind of preemptively pull away.* (P10)

Thematic cluster 3b: Mental health repercussions

*In like high school and before I really struggled with suicidality… definitely a lot of like self-hate and like cutting and things like that… as well as substance abuse… and you*

*know since coming out… I was a lot happier. I didn't want to kill myself.* (P1)

*I just worry about violence… like I worry about men just harassing me at night. And part of it's like that I think PTSD-like hyper-vigilance of like just men at night just being socialized as a woman… I feel like mostly I'm hyper-vigilant about just where I am and who's around me all the time.* (P4)

*I feel like all of these things have played like a large role in my trauma, like it's hard to go out in public, like I mean I was dreading this Zoom meeting because I had to talk to like a new person… it definitely is debilitating… it makes me anxious like all the time.* (P5)

*It feels horrible, because it feels like you're never going to be able to be who you actually want to be for the rest of your life…I feel like I'm never going to come out to my parents… I feel like that kind of like draws like suicidal thoughts, I guess because you're living this life that you can't be who you want to be. So why live it, you know? And that's how I felt, and I've actually… attempted.* (P7)

| | |
|---|---|
| Thematic cluster 3c: Microaggressions | *Since people still see me as a woman… I still face a lot of like women's issues… there's a lot of like… transmisogyny, but like in people seeing me as a woman and me being like completely expressing in a different way than that, I think like I still experience a lot of those oppressions, but…I'm not seen as experiencing them or I might like experience them in a different way because I am transgressing.* (P4) |

*I feel like that's like my biggest concern being a non-binary person, like I'm constantly invalid for being more feminine presenting.* (P5)

*It's invalidating… it hurts, because it's the smallest thing you can do and I make mistakes all the time, I totally recognize that it's difficult to like rework how we gender people, but do you have to tell the same people so many times, like over and over? It feels like they don't care, like it's irrelevant. Like they ultimately see something that's like so*

*central to me and my existence as like an irrelevant factor.* (P6)

*It's been interesting dealing with being able to express myself the way I want but also being recognized the way I want to… I think that's one of the hardest things that I have had to deal with is being able to balance that and find… a way to be comfortable in what I'm wearing but also be comfortable with how other people see me wearing what I want to wear.* (P8)

| | |
|---|---|
| Thematic cluster 3d: Overt discrimination and violence | *He had like very uncomfortably like played with my boobs for a long time and that was something that like, I didn't enjoy, and… I felt like I was making it pretty clear. So I guess you could say that experience was like not entirely consensual on my end.* (P6) |
| | *I started talking to my mom like what if I was? You know? And she told me… I wouldn't be her daughter anymore.* (P7) |
| | *There was [a] range of things from like explicitly… saying like pretty transphobic things to me… the things that really hurt me the most growing up in high school… some of my peers who would basically be like- I'd be like, yeah, like I use these pronouns, and then… he would be like… 'uh, that's too hard, I'm not going to do that'.* (P9) |
| | *I had my top surgery scheduled… and about two weeks before my surgery date, my mom called to tell me that if I went through with it, they would cut off my financial backing… so I had to cancel that… so they will say that they support me transitioning, but you know, actions…* (P10) |

**Theme 4:
Resilience**

| | |
|---|---|
| Thematic cluster 4a: Affiliation | *I got to use my experiences as a strength. Which… even though they haven't wholesale been great… it was something that… changed my perspective on a lot of things.* (P1) |
| | *For the first time I have a friend group that I interact with like pretty much all the time and they all have made like the* |

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*most sincere effort to respect my pronouns and it's really been confidence-boosting.* (P2)

*My last year of college, my roommate and I got randomly paired up, and they were also non-binary, and so being able to connect with somebody and share openly with somebody that… I was living with… that was really empowering being able to see… here is somebody else who's like me.* (P8)

| | |
|---|---|
| Thematic cluster 4b: Autonomy | *I started listening to myself more, listening to like what made me feel good, what didn't make me feel good. And so, I started to realize that I really only like presenting in a very masculine way and really exclusively only wearing menswear. So those are some of the changes that have helped me to realize how I'm most comfortable.* (P4) |
| | *I think it was on Tumblr that I first started to hear about like what, you know, a gender identity is, what it is to be non-cisgender… and kind of piece together, like, I've never quite felt like a woman.* (P6) |
| | *I would say the biggest victory of that is like even… with like the verbal pummeling that I was like getting from my mom and my aunt, I still went through with surgery, and I feel like so much more happy in my body now.* (P9) |
| Thematic cluster 4c: Health | *In the counseling and mental health center, like that was really like the first place that I started to use like they/them pronouns and have people address me that way… so really like the counseling and mental health center opened up a lot of my access to like healthcare and like asserting myself in the system.* (P6) |
| | *I got some counseling services through my university, and they are definitely affirming of that.* (P8) |
| | *I feel like so much more comfortable in my body now… like I can kind of combat…. Social dysphoria, and I don't need to combat like the physical dysphoria anymore.* (P9) |

Thematic cluster 4d:
Dignity and Respect

*I feel like I've often found that like my friends will assert my existence and my presence in spaces where people want to minimize me.* (P6)

*I've had professors who before… I was like really explicit about… I want to know like what pronouns you use, and like stuff like that, and you know, immediately, like I feel… more safe in that professor's space.* (P9)

*My sister [is] so good… she's like the ideal trans ally because like every time that one of my parents like makes a mistake with my pronouns, my… sister will just be like, 'they!' and it's like, oh my gosh, that's amazing.* (P9)

## Chapter 5

Discussion

### Summary of Findings

Participants described experiences of marginalization, oppression, and violence within the context of systems and interpersonal relationships, consistent with existing literature on the NBGE population. From a critical ecosystems perspective, there was an imbalance of both demands and power, yet participants proved to be resourceful in meeting their needs for affiliation, autonomy, health, and dignity/respect. In terms of unique findings, participants described the challenges in navigating relationships wherein they felt pressure to conform to a binary gender role. Even in queer romantic relationships, some participants described pressure to perform a masculine versus feminine dynamic.

Another unique finding that warrants further exploration is participants' description of being socialized as female as interactive with their ability and willingness to assert their identity, take up space, and exist in ways that evoked discomfort for others. All participants who engaged in follow-up interviews *(N=9)* indicated their formative years had been spent in Southern and Southeastern states, with 88% *(N=8)* having always resided in Texas. Cultural norms in the Southern United States may also interact with their socialization as females, in terms of expectations around respect and politeness.

Finally, participants who identified as femme-presenting in their gender expression indicated elevated incidence of misgendering and other forms of microaggressions. For these participants as well as those who indicated they don't "pass" as male, this included a concurrent experience of sexism due to being perceived by others as female, along with erasure of their non-binary trans identity and transmisogyny.

**Limitations**

This study had several limitations. First, as intercoder reliability was not attainable, the study relied on the primary investigator for coding, thus decreasing the rigor of the study. Second, the small sample size as well as the non-random method of sampling impact the generalizability of the findings. Additionally, while the homogeneity of the sample was in some respects a strength in terms of facilitating greater clarity in analysis of common themes, it does represent a limitation in terms of exclusion of individuals with less educational privilege, which may be the result of intersecting factors such as race/ethnicity and socioeconomic status. The sample did not include participants who were assigned male at birth, and lacked racial and ethnic diversity, with only 30% *(N=3)* identifying as non-white, and with zero Black participants.

As a retrospective study, there was also risk of retrospective bias, however the researcher attempted to control for this by engaging emerging adults ages 18-24, with the hope that the proximity to the adolescent age range would help facilitate

more accurate recall. The study relied on self-reporting, and did not utilize validated clinical scales to assess for traumatic stress, and thus may be subject to various biases including acquiescence or social desirability.

Additionally, due to the COVID-19 pandemic, interviews were conducted exclusively via Zoom. Some participants indicated due to campus closures they were residing at home, and some were residing with non-affirming family members. While all participants verbally indicated comfort with proceeding with the interview in their home environment, it is unknown if their environments had an impact on their ability to fully engage in the interview process. Recruitment efforts were also impacted by the pandemic.

**Implications**

This research evokes several key implications for social work practitioners in the realms of practice, policy, social work education, and research, as highlighted below.

**Practice.** Given the limited yet emerging body of research on this population, clinicians should both be mindful of developments in research and should seek out training and development opportunities that center voices with lived experience as NBGE individuals, in order to provide evidence-based treatment. Participants in this study described mental health providers who lacked in-depth understanding of NBGE experiences, including some who otherwise had experience with the broader category of LGBTQ+ clientele. This underscores the need for

specific training and development to serve the unique needs of this population. Broader LGBTQ+ cultural competence trainings may still exclude NBGE experiences, and practitioners should critically assess the inclusivity of such trainings to ensure NBGE experiences are not being erased. Puckett (2019) and Singh (2016) suggest mental health providers critically examine their own experiences of gender, including cisgender privilege where applicable. Cisgender providers should seek to elevate and amplify voices of NBGE people, and participate in trainings led by NBGE practitioners.

Another practice implication brought forth by this study is the need for supportive programming. All participants in this study were enrolled in a university program, and indicated the majority of social support they received was within the context of their universities, whether through supportive peer relationships that began on campus, or through LGBTQ+ university programming. Practitioners should be mindful of gaps in social support for NBGE clients who have less educational privilege and may not have access to these types of supports, and advocate for and develop NBGE-specific programming.

Finally, extant literature and participant interviews indicated online support seeking as a significant aspect of NBGE communities, and in light of the COVID-19 pandemic, there may be more widespread familiarity with and access to online platforms. Practitioners should therefore develop virtual supportive spaces to expand access to supportive networks.

**Policy.** All participants described experiences of systemic discrimination or erasure, which could, in part, be addressed by policy changes. Many participants noted the inadequacy or poor execution of policies designed to foster inclusion. Thus, policy addressing issues unique to NBGE individuals should include plans to maintain systemic change, and methods to ensure accountability, with a focus on upholding and empowering the NBGE individuals who are impacted by said policy. In addition, in light of historical and present-day dynamics of institutional power over and oppression of marginalized voices, the formation of policies should be led by voices impacted by these policies, as a collaborative rather than authoritarian process.

There are several concrete actions recommended in regard to policy, many of which relate to the identified resilience factor of autonomy. First, in the university setting, allied administrators, faculty, and staff should ensure NBGE students are able to select a gender marker that accurately reflects their identity. Many universities restrict gender marker options to 'male' or 'female', thereby enacting systemic erasure of NBGE students. In this vein, some universities lack accessible procedures for students who wish to change their name, and policy should ensure TGNC students are able to select their chosen name with ease. Professors should challenge their own assumptions about gender and establish norms in the classroom on sharing or asking for pronouns. Universities should implement mixed-gender housing options, and ensure there are gender-neutral restrooms in every building on campus. Non-

discrimination policies should specifically include gender identity. Finally, universities should establish committees or workgroups devoted to LGBTQ+ inclusion, with NBGE student voices being afforded a seat at the table in defining policies that affect their lived experiences.

In terms of local and national governmental policy, advocates should work to remove barriers and gatekeeping for TGNC individuals who wish to change their gender marker, change their legal name, or obtain access to or coverage for gender-affirming treatments and surgeries. Currently, only 19 states in the U.S. allow residents to select a gender-neutral 'X' gender marker on state-issued identification (Movement Advancement Project, 2020), and there is no federal legislation in place to address this issue.

**Social Work Education.** Whereas academic literature on NBGE identities is an evolving, emerging field of study, much of the social work education literature erases and excludes this vulnerable population, thus inadequately preparing social work students for practice with this population. Additionally, in consideration of the impact of marginalization on educational and professional opportunities for NBGE people with lived experiences of oppression, attention must be given to the gatekeeping in academia which prevents these voices from being heard. Instructors and program administrators should amplify and include these underrepresented voices in social work curriculum, and seek to support emerging research in this field. Faculty should select supplemental materials that center underrepresented voices

where textbooks with more inclusive perspectives are not available. Cultural competence courses in social work programs should include in-depth instruction on the broad spectrum of LGBTQ+ identities, rather than relegating studies on this population to a single lesson. Participants in this study noted a lack of intersectional representation on campus and in curricula, with white, male, and cisgender voices being amplified. Social work educators should be mindful of this disproportionality and actively work to dismantle these oppressive structures by selecting literature that centers these voices.

**Research.** As previously stated, research on the NBGE population is sparse, though new research is emerging and interest in this area of study continues to gain traction. One factor in the erasure of NBGE experiences in research literature is measurement error. Even within LGBTQ+-specific research, the variable of gender is often limited to binary genders, thus effectively erasing NBGE experiences. Research in this field should also actively seek to amplify Black, Indigenous, and people of color (BIPOC) voices, as an overwhelmingly underrepresented and disproportionately marginalized population. Finally, as illustrated in this study, AMAB voices tend to be underrepresented within the community and within the literature, and future research efforts should seek to address this disparity as well.

**Recommendations**

Future research should seek to address the aforementioned gaps and disparities in representation. Additional exploration is warranted on examining binary

role expectations within interpersonal relationships. Participants in this study described the impact of those expectations within a number of interpersonal contexts, and further study may illuminate the implications of these experiences and clinical recommendations.

Further study is needed on AFAB NBGE individuals in regard to the impact of their socialization as female and their ability to achieve affiliation and autonomy, as this study indicated experiences of in-group exclusion as well as difficulty in asserting one's identity. Geographical context should also be considered. Focused study of femme-presenting NBGE individuals is needed, as they may face unique challenges and heightened erasure in comparison to masculine-of-center NBGE peers. Finally, given participants' descriptions of the mental health repercussions of their experiences of discrimination, future study should assess NBGE experiences using clinically validated scales in order to establish clarity and validity in regard to mental health challenges and experiences of trauma.

**Conclusion**

In keeping with one of the aims of this research, which is to highlight underrepresented voices, this paper will conclude with participants' voices in response to the question, "what would you like for people to hear about your experiences as a non-binary person?"

> *Something that I want people to be able to hear is that one thing I learned about myself-there's no part of your identity that's not professional, and that you feel like you should have to hide to function in an environment or to feel safe or to perform at your highest level. (P3)*

*There's no one correct way to be non-binary and being non-binary is a big step because…
in this culture that focuses on binaries there is no opposite to non-binary. (P4)*

*If I had to say one thing to cisgender people about the experience of being non-binary… it's
not an oddity. It's not a weird thing … like a fetish or like an obscurity. Like it's a very
genuine experience, and I wish that more cisgender people would take the time to question
how they enforce gender without meaning to in everyday life when it comes to using pronouns
about other people that they don't know, when it comes to their partners, when it comes to
their children, especially, … to question what good the enforcement of gender roles is really
doing for them. (P6)*

*There are so many people that are non-binary and gender expansive. And it's a…
formidable force in that regard… I feel like people maybe like try to ignore the existence of
non-binary folks because it's easy and it helps reinforce their ways of thinking, but we're
here, and… we exist- and are actively changing things. (P8)*

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Appendix A

Human Subjects Review Approval Letter

UNIVERSITY OF TEXAS ARLINGTON

4/20/2020

**IRB Approval of Minimal Risk (MR) Modification**

**PI:** Devyn Box
**Faculty Advisor**: Maria Scannapieco
**Department:** Social Work
**IRB Protocol #:** 2020-0482.1
**Study Title:** *Non-Binary and Gender Expansive Young Adults: Perceptions of Their Lived Experiences with Gender Identity*
**Effective Approval:     4/20/2020**

Face-to-face or in-person interactions with human subjects approved within this protocol may only proceed once restrictions are lifted related to COVID-19:
https://resources.uta.edu/research/coronavirus/index.php

The IRB has approved the above referenced submission in accordance with applicable regulations and/or UTA's IRB Standard Operating Procedures. The approved modifications are limited to:

- ☐ Changed compensation from Visa gift card to Target gift card (updated recruitment materials, informed consent, and IRB protocol form)
- ☐ Obtain verbal consent for online study participants.

**Principal Investigator and Faculty Advisor Responsibilities**

All personnel conducting human subject research must comply with UTA's IRB Standard Operating Procedures and RA-PO4, Statement of Principles and Policies Regarding Human Subjects in Research.  Important items for PIs and Faculty Advisors are as follows:

- ☐ **Notify Regulatory Services of proposed, new, or changing funding source**
- ☐ Fulfill research oversight responsibilities, IV.F and IV.G.
- ☐ Obtain approval prior to initiating changes in research or personnel, IX.B.
- ☐ Report Serious Adverse Events (SAEs) and Unanticipated Problems (UPs), IX.C.
- ☐ Fulfill Continuing Review requirements, if applicable, IX.A.
- ☐ Protect human subject data (XV.) and maintain records (XXI.C.).
- ☐ Maintain HSP (3 years), GCP (3 years), and RCR (4 years) training as applicable.

REGULATORY SERVICES | **The University of Texas at Arlington, Center for Innovation**
**202 E. Border Street, Suite 300, Arlington, Texas 76010, Box #19188**
**(Phone) 817-272-3723  (Email) regulatoryservices@uta.edu  (Web) www.uta.edu/rs**

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Appendix B

Recruitment Materials

Recruitment Letter

Hello, my name is Devyn, and I am a non-binary person and a Masters of Social Work student at the University of Texas at Arlington. I am conducting a qualitative research study for my thesis. Through my friendships and professional experiences, I have seen how some people who identify as non-binary or gender expansive have had experiences of discrimination, violence, or victimization due to their gender identity, as well as experiences of resilience and strength. The purpose of my study is to understand the lived experiences of non-binary and gender expansive youth. The goals of this study are to highlight underrepresented voices, advance the body of research, and help clinicians, policy-makers, and advocates to expand their knowledge to best serve this population.

You are eligible to participate in this study if:

(1) You are currently enrolled as a college student at UTA, UTD, or UNT
(2) You identify as non-binary, gender expansive, genderqueer, gender diverse, two-spirit, genderfluid, agender, or any other identity that does not correspond with the gender assigned at birth AND does not fit exclusively under the classification of "male" or "female"
(3) You are between the ages of 18-24

I hope to include 10-20 participants in this research.

Your participation in this study includes approximately 90 minutes in a one-on-one face to face or video facilitated interview with me, which will include questions regarding your experiences as a non-binary or gender expansive person. The interviews will be conducted in a reserved study room at the UTA library and/or a private office in the UTA Social Work building as available. Online interviews via secure Zoom meeting are available for those who are not able to access the UTA campus. Any personal information that could identify you will be removed or changed before data is shared with other researchers or results are made public. In gratitude for your time and participation, you will receive a $15 Visa gift card upon completion of the interview. All participants will resource guide for mental health support as talking about these issues may bring up some uncomfortable feelings If you are interested in participating in this study, please email me at devyn.box@mavs.uta.edu. If you know of anyone who may be interested, please share this information with them.

Thank you for your consideration!

This project was approved by the University of Texas at Arlington Institutional Review Board (IRB). Dr. Maria Scannapieco (mscannapieco@uta.edu) is overseeing this research.

Recruitment Flyers

# Participants Needed for Research Study on Experiences of Non-Binary & Gender Expansive Youth

Do you identify as non-binary or gender expansive? You may be eligible for a study that could benefit your community.

## You May Qualify If You

- Are between 18 and 24 years old
- Identify as non-binary, gender-expansive, or any other identity that does not correspond with sex assigned at birth AND does not fit exclusively under "male" or "female"
- Are currently enrolled as a student at any college or university in the state of Texas

## Potential Benefits

Participating in this study may benefit the non-binary community by highlighting underrepresented voices and providing clinicians, policy makers, and researchers with knowledge to best serve this population.

## Participation Involves

Completing an interview in person or online via Zoom, lasting approximately 90 minutes.

## Location:

UTA School of Social Work
211 S Cooper St, Arlington, TX 76010

Participants will receive a $15 Target gift card upon completion of the study.

## For more information:

Please contact Devyn Box at devyn.box@mavs.uta.edu or supervising faculty, Dr. Maria Scannapieco, at mscannapieco@uta.edu

School of Social Work, University of Texas at Arlington | 211 S Cooper St, Arlington, TX 76010

Non-Binary Trauma Study
Devyn 972-571-4061
devyn.box@mavs.uta.edu

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Devyn 972-571-4061
devyn.box@mavs.uta.edu

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Non-Binary Trauma Study
Devyn 972-571-4061
devyn.box@mavs.uta.edu

# Participants Needed for Research Study on Experiences of Non-Binary & Gender Expansive Youth

Do you identify as non-binary or gender expansive? You may be eligible for a study that could benefit your community.

**You May Qualify If You**

- Are between 18 and 24 years old
- Identify as non-binary, gender-expansive, or any other identity that does not correspond with sex assigned at birth AND does not fit exclusively under "male" or "female"
- Are currently enrolled as a student at any college or university in the state of Texas

**Participation Involves**

Completing an interview in person or online via Zoom, lasting approximately 90 minutes.

**Location:**

UTA School of Social Work
211 S Cooper St, Arlington, TX 76010

Participants will receive a $15 Target gift card upon completion of the study.

**Potential Benefits**

Participating in this study may improve wellbeing of the non-binary community by highlighting underrepresented voices and providing clinicians, policy makers, and researchers with knowledge to best serve this population.

**For more information:**

Please contact Devyn Box at devyn.box@mavs.uta.edu or supervising faculty, Dr. Maria Scannapieco, at mscannapieco@uta.edu

School of Social Work, University of Texas at Arlington | 211 S Cooper St, Arlington, TX 76010

Flyer Image Description Text

[Image Description: A banner consisting of the trans pride flag, non-binary pride flag, and genderqueer flag. Text states: Participants Needed for Research Study on Experiences of Non-Binary and Gender Expansive Youth. Do you identify as non-binary or gender expansive? You may be eligible for a study that could benefit your community. You may qualify if you: are between 18 and 24 years old; identify as non-binary, gender expansive, or any other identity that does not correspond with sex assigned at birth AND does not fit exclusively under "male" or "female"; are currently enrolled as a student at any college or university in Texas. Potential benefits: participating in this study may improve wellbeing of the non-binary community by highlighting underrepresented voices and providing clinicians, policy makers, and researchers with knowledge to best serve this population. Participation involves completing an interview in person or online via Zoom, lasting approximately 90 minutes. Location: UTA School of Social Work, 211 S Cooper St, Arlington, TX 76010. Participants will receive a $15 Visa gift card upon completion of the study. For more information, please contact Devyn Box at devyn.box@mavs.uta.edu or supervising faculty, Dr. Maria Scannapieco, at mscannapieco@uta.edu.]

Appendix C

List of NBGE-Supporting Local Organizations for Recruitment

Resource Center of Dallas

Nu Transgender Movement, Inc.

Trans-Cendence International: Dallas, Fort Worth, Mid-Cities, and Denton chapters

Transgender Pride of Dallas

DFW Trans Kids and Families

DFW Transmasculine and FTM

Black Trans Advocacy - Texas

Appendix D

Informed Consent Form

**INFORMED CONSENT FORM**

**TITLE OF RESEARCH PROJECT**
Non-Binary and Gender Expansive Young Adults: Perceptions of Their Lived
Experiences with Gender Identity

**RESEARCH TEAM**
Devyn Box, School of Social Work, devyn.box@mavs.uta.edu. Faculty advisor: Dr.
Maria Scannapieco, School of Social Work, mscannapieco@uta.edu.

**IMPORTANT INFORMATION ABOUT THIS RESEARCH PROJECT**
The research team above is conducting a research study about the lived
experiences of non-binary and gender expansive young adults. This study is
being done to help us better understand the experiences of non-binary and
gender expansive young adults. You can participate in this research study if you
are a student at The University of Texas at Arlington (UTA), The University of
Texas at Denton (UTD), or the University of North Texas (UNT), if you are
between 18-24 years old, and if you identify as non-binary or gender expansive.

You might want to participate in this study if you want to contribute your
perspective to a scientific study involving non-binary and gender expansive
people. However, you might <u>not</u> want to participate in this study if you are
uncomfortable sharing your personal experiences with a researcher.

This study has been reviewed and approved by an Institutional Review Board
(IRB). An IRB is an ethics committee that reviews research with the goal of
protecting the rights and welfare of human research subjects. Your most
important right as a human subject is informed consent.  You should take your
time to consider the information provided by this form and the research team,
and ask questions about anything you do not fully understand before making
your decision about participating.

**TIME COMMITMENT**
You will be asked to participate in 1 study visit on the UTA Campus in Arlington,
Texas, and this visit will last approximately 90 minutes. Alternatively, if you are
not able to participate in person on the UTA Campus, the interview may be
conducted online via secure Zoom meeting. You will be asked to participate in a
follow up call approximately 1 month after the interview, as an opportunity to

provide feedback, discuss the results of the study, and answer any clarifying questions. This call will last approximately 30 minutes.

**RESEARCH PROCEDURES**

If you decide to participate in this research study, this is the list of activities that we will ask you to perform as part of the research:

1. Read through this Informed Consent and talk with the research team to make sure that any questions you may have are answered; then make your choice about whether to participate.
2. If you agree to participate, you will be asked to complete an interview in person or online with the primary investigator, as well as a follow-up call to discuss the results.

The interview will be audio recorded using the researcher's personal computer which is password protected and inaccessible to any other party. After the interview, the recording will be transcribed, which means it will be typed exactly as it was recorded, word-for-word, by a member of the research team.

**POSSIBLE BENEFITS**

This research may benefit others by contributing knowledge to society and helping clinicians, policy-makers, and advocates to expand their knowledge to best serve non-binary and gender expansive people. This research may benefit you directly by providing an opportunity to share your experiences and discuss the meanings you make of those experiences.

**POSSIBLE RISKS/DISCOMFORTS**

You might experience discomfort during this research study, due to the sensitive nature of discussing your experiences which may or may not include distressing experiences. You will receive contact information for your university counseling center as well as a resource guide with mental health resources affirming to non-binary and gender expansive individuals. The primary investigator is a certified Mental Health First Aid practitioner as well. Remember that you have the right to quit any study procedures at any time without penalty, and may do so by informing the research team.

**COMPENSATION**

You will receive a $15 Visa gift card, provided via email within one week of completion of the interview. In the case of an online interview, you will receive

the gift card via email to the email address you provide. If you choose not to complete all study procedures, you will still receive a $15 Visa gift card.

The Internal Revenue Service (IRS) considers all payments made to research subjects to be taxable income. Your personal information, including your name, address, and social security number, may be acquired from you and provided to UTA's accounting office for the purpose of payment.  If your total payments for the year exceed $600.00, UTA will report this information to the IRS as income and you will receive a Form 1099 at the end of the year. If you receive less than $600.00 total for payments in a year, you are personally responsible for reporting the payments to the IRS.

**ALTERNATIVE OPTIONS**
There are no alternative options offered for this study.

**CONFIDENTIALITY**
The research team is committed to protecting your rights and privacy as a research subject.  All paper and electronic data collected from this study will be stored in a secure location on the UTA campus and/or a secure UTA server for at least three (3) years after the end of this research. The recordings will be kept with the other electronic data in One Drive for the duration of the study.

The results of this study may be published and/or presented without naming you as a participant. The data collected about you for this study may be used for future research studies that are not described in this consent form. If that occurs, an IRB would first evaluate the use of any information that is identifiable to you, and confidentiality protection would be maintained.

While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records as described here and to the extent permitted by law.  In addition to the research team, the following entities may have access to your records, but only on a need-to-know basis: the U.S. Department of Health and Human Services and the FDA (federal regulating agencies), the reviewing IRB, and sponsors of the study.

**LIMITS OF CONFIDENTIALITY**
If you disclose actual or suspected abuse, neglect, or exploitation of a child, members of the study staff will report the information Child Protective Services, Adult Protective Services, and/or a law enforcement agency. If you

report a serious intent to harm another person or yourself, members of the study staff will report the information to the appropriate law enforcement agency.

**CONTACT FOR QUESTIONS**

Questions about this research study or reports regarding an injury or other problem may be directed to Dr. Maria Scannapieco, mscannapieco@uta.edu. Any questions you may have about your rights as a research subject or complaints about the research may be directed to the Office of Research Administration; Regulatory Services at 817-272-3723 or regulatoryservices@uta.edu.

**CONSENT**

By signing this form, you are confirming that you understand the study's purpose, procedures, potential risks, and your rights as a research subject. By agreeing to participate, you are not waiving any of your legal rights. You can refuse to participate or discontinue participation at any time, with no penalty or loss of benefits that you would ordinarily have. Please sign below if you are at least 18 years of age and voluntarily agree to participate in this study.

For online participants, a verbal informed consent form will obtained. The researcher will read the informed consent to participants word for word, and state "You are indicating your voluntary agreement to participate by beginning this phone interview".


_____

**SIGNATURE OF VOLUNTEER**                                                    **DATE**

*If you agree to participate, please provide the signed copy of this consent form to the research team. They will provide you with a copy to keep for your records.*

Appendix E

Mental Health Resources for Participants

**University-Specific Resources**

UTA
303 Ransom Hall or 212 Mavericks Activities Center
Phone: 817-272-3671 or 817-272-1888
Website: http://www.uta.edu/caps/

UTD
Student Services Building, 4th Floor, SSB 4.600
Phone: 972-883-2575
Website: http://www.utdallas.edu/counseling

UNT
Chestnut Hall, Suite 311
Phone: 940-565-2741
Website: http://studentaffairs.unt.edu/student-counseling

**Transgender, Non-Binary, and Gender-Expansive Affirming Resources**

The Resource Center of Dallas
Behavioral Health:
5750 Cedar Springs Road, Dallas, TX 75235
214-393-3640

Gender-affirming Services:
http://www.myresourcecenter.org/what-we-do/community/gender-affirming-services

The Trevor Project
TrevorLifeline: 1-866-488-7368
TrevorText: text START to 678678
Website: http://www.thetrevorproject.org/get-help-now/

**General Mental Health Resources**
http://www.dallasbehavioral.com/resources/helpful-links
http://www.texashealth.org/en/Health-and-Wellness/Behavioral-Health
http://www.mhmrtarrant.org/Services/Mental-Health-Services/Adults
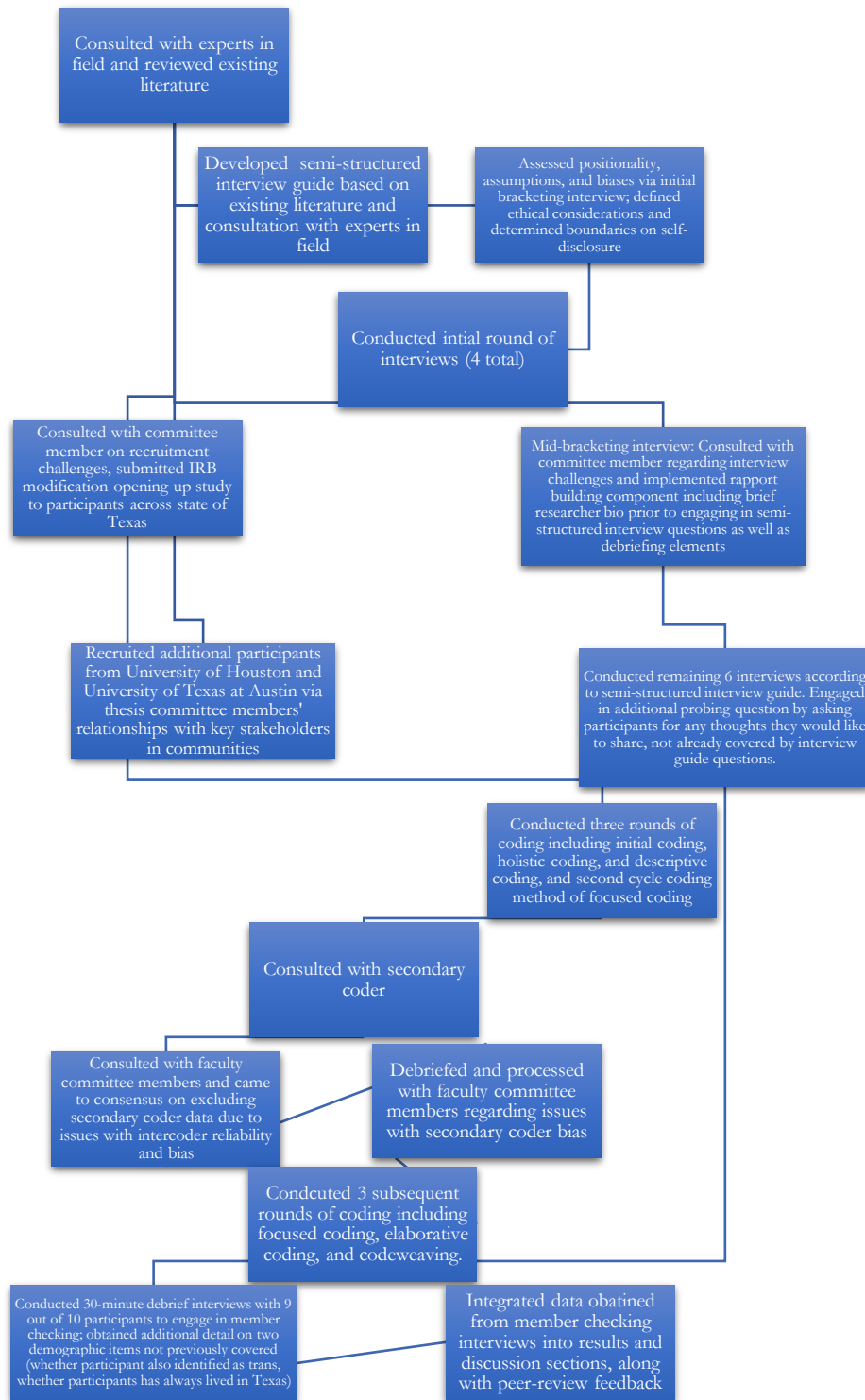http://twloha.com/local-resources/texas/dallas/

Appendix F

Demographic Questionnaire

## DEMOGRAPHIC QUESTIONNAIRE

1. Age

2. Race/ethnicity

3. Sex assigned at birth

4. Gender identity

5. Sexual orientation

Appendix G

Audit Trails

```
┌─────────────────────────┐
│ Consulted with experts in│
│ field and reviewed       │
│ existing literature      │
└─────────────────────────┘

        ┌──────────────────────────┐      ┌──────────────────────────┐
        │ Developed semi-structured│      │ Assessed positionality,  │
        │ interview guide based on │      │ assumptions, and biases  │
        │ existing literature and  │──────│ via initial bracketing   │
        │ consultation with experts│      │ interview; defined ethical│
        │ in field                 │      │ considerations and       │
        └──────────────────────────┘      │ determined boundaries on │
                                          │ self-disclosure          │
                                          └──────────────────────────┘

                    ┌──────────────────────────┐
                    │ Conducted intial round of│
                    │ interviews (4 total)     │
                    └──────────────────────────┘

┌──────────────────────────┐          ┌──────────────────────────┐
│ Consulted wtih committee │          │ Mid-bracketing interview:│
│ member on recruitment    │          │ Consulted with committee │
│ challenges, submitted IRB│          │ member regarding interview│
│ modification opening up  │          │ challenges and implemented│
│ study to participants    │          │ rapport building component│
│ across state of Texas    │          │ including brief researcher│
└──────────────────────────┘          │ bio prior to engaging in  │
                                       │ semi-structured interview │
                                       │ questions as well as      │
                                       │ debriefing elements       │
                                       └──────────────────────────┘

┌──────────────────────────┐          ┌──────────────────────────┐
│ Recruited additional     │          │ Conducted remaining 6     │
│ participants from        │          │ interviews according to   │
│ University of Houston and│          │ semi-structured interview │
│ University of Texas at   │          │ guide. Engaged in         │
│ Austin via thesis        │          │ additional probing question│
│ committee members'       │          │ by asking participants for│
│ relationships with key   │          │ any thoughts they would   │
│ stakeholders in          │          │ like to share, not already│
│ communities              │          │ covered by interview guide│
└──────────────────────────┘          │ questions.                │
                                       └──────────────────────────┘

                    ┌──────────────────────────┐
                    │ Conducted three rounds of│
                    │ coding including initial │
                    │ coding, holistic coding, │
                    │ and descriptive coding,  │
                    │ and second cycle coding  │
                    │ method of focused coding │
                    └──────────────────────────┘

            ┌──────────────────────────┐
            │ Consulted with secondary │
            │ coder                    │
            └──────────────────────────┘

┌──────────────────────────┐      ┌──────────────────────────┐
│ Consulted with faculty   │      │ Debriefed and processed  │
│ committee members and    │      │ with faculty committee   │
│ came to consensus on     │      │ members regarding issues │
│ excluding secondary coder│      │ with secondary coder bias│
│ data due to issues with  │      └──────────────────────────┘
│ intercoder reliability   │
│ and bias                 │
└──────────────────────────┘

            ┌──────────────────────────┐
            │ Condcuted 3 subsequent   │
            │ rounds of coding including│
            │ focused coding,          │
            │ elaborative coding, and  │
            │ codeweaving.             │
            └──────────────────────────┘

┌──────────────────────────────┐   ┌──────────────────────────┐
│ Conducted 30-minute debrief  │   │ Integrated data obatined │
│ interviews with 9 out of 10  │   │ from member checking     │
│ participants to engage in    │   │ interviews into results  │
│ member checking; obtained    │   │ and discussion sections, │
│ additional detail on two     │   │ along with peer-review   │
│ demographic items not        │   │ feedback                 │
│ previously covered (whether  │   └──────────────────────────┘
│ participant also identified  │
│ as trans, whether participants│
│ has always lived in Texas)   │
└──────────────────────────────┘
```

Appendix H

Memo Notes

1. Prior to data collection, I engaged in reflexive journaling based on Ahern's (1999) *Ten Tips for Reflexive Bracketing*. This consisted of reflection on researcher positionality, bias, assumptions, values, potential role conflict, personal experiences, and anticipated barriers.

2. I engaged in bracketing interviews with two different faculty committee members prior to, during, and after data collection. During these bracketing interviews, I identified ethical considerations and determined boundaries on self-disclosure. I also identified strategies in rapport building including sharing a brief overview of my professional background and summary of my identity as a non-binary queer person.

3. During the data collection phase, I kept detailed notes on assumptions, personal processes and reflection on positionality, and pre-coding meaning making. I shared these reflections with faculty committee members.

4. Coding consisted of a first cycle or open coding phase. First, I engaged in holistic coding, wherein I identified broad meanings and compiled these into a single document. Next, I engaged in initial coding, breaking down data from each individual transcript into more discrete parts. Third, I utilized descriptive coding, summarizing portions of each individual transcript into succinct phrases.

5. I then consulted with a secondary coder obtained through the UTA Graduate Research Assistant program. Due to issues with intercoder

reliability, including lack of experience with LGBTQ+ populations, as well as bias, in consultation with faculty committee members, I decided to exclude secondary coder data.

6. I then engaged in second cycle or specified coding, using focused and elaborative methods, along with codeweaving. In focused coding, I identified the most salient themes and began to distill emergent themes and thematic clusters into a more concise form. In elaborative coding, I integrated and distinguished my findings from existing literature. Finally, I used codeweaving to build a cohesive picture of all themes and thematic clusters. I collaborated with experts in the field to help further distill my findings.

7. I conducted follow up interviews with the 9 participants who responded to requests for interviews. These were completed in conjunction with second cycle coding due to time constraints. These interviews consisted of member checking, in which I presented broad themes and unique findings. All participants indicated the analysis of the data resonated with their experiences. Two additional data points were gathered during follow up interviews: (a) participants' endorsement of an additional gender identity label of transgender, and (b) participants' geographical residence during formative years. I decided to obtain this data after consulting with a faculty committee member. The first question was determined in order to clarify how participants identified their gender; the second question was determined

as geographical context was hypothesized to be a potentially significant

variable in understanding participants' interactions within systems,

interpersonal relationships, and intrapersonal experiences.

8.  Finally, I summarized findings based on an integrated perspective using

    existing literature, unique themes identified in this study, and feedback from

    faculty committee members and experts in the field.