

**Identity Development Among Racially Diverse Transgender and Similarly Gender
Nonconforming LGB Youth**

BY

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THESIS

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LIST OF ABBREVIATIONS

CGNC	Childhood Gender Non-Conformity
EBE	Exotic Becomes Erotic (theory of sexual orientation development)
FTM	Female-to-Male
GID	Gender Identity Disorder
LGB	Lesbian, Gay, and Bisexual
LGBT	Lesbian, Gay, Bisexual, and Transgender
MTF	Male-to-Female
SRS	Sexual Reassignment Surgery

SUMMARY

Several distinct yet overlapping literatures have contributed to understanding the trajectories of gender nonconforming children. However, these often fail to adequately distinguish the experiences of those who share similar experiences of childhood gender nonconformity, but come to self-identify in various ways. To address this gap, transgender identifying youth were matched with non-transgender identifying youth of similar levels of childhood gender nonconformity (N=20, ages 19 to 23, 75% racial/ethnic minority), and developmental semi-structured interviews were conducted. Qualitative data analysis was guided by an ecological framework, which identified the characteristics of the youth's self-understandings (*identity, physical self, self presentation, interests/activities, attractions/behavior*) and the settings (e.g., *school, family, community centers, media*) that they interactively negotiated throughout development. Focus on the self codes revealed multiple related, distinct, and interactive dimensions of gender and sexuality, which also changed over time. These dimensions will be discussed, along with the similarities and differences found across birth sex (male, female) and current gender identity (transgender, primarily non-transgender). Overall, results highlight the complexity and diversity of experience within the transgender umbrella. They also reinforce the importance of youth's exposure to a range of ways of making meaning of one's gender and sexual orientation related experiences, and support a move away from disorder based models of gender variance to those that focus on the supportiveness of the context.

Introduction

Gender nonconformity is a construct broadly defined by interests, behaviors, and self-presentations (clothing, mannerisms) that diverge from those associated with an individual's birth sex. Within psychology, several distinct yet overlapping literatures have contributed to our understanding of the trajectories of gender nonconforming children. These literatures include studies of childhood gender nonconformity (CGNC) and adult masculinity, femininity, and sexual orientation; longitudinal studies of children diagnosed with Gender Identity Disorder (GID); and studies of transgender identity development. However, important gaps exist within each of these literatures, and all fail to adequately distinguish the experiences of those who share similar experiences of gender nonconformity, but self-identify in various ways. Understanding these trajectories of experience, particularly where they converge or diverge, across groups as well as individuals, provides a crucial foundation for both clinical and research work. To address these gaps, qualitative interviews were conducted with racially diverse youth who reported high levels of childhood gender non-conformity, half of whom identified as lesbian, gay, or bisexual and half of whom identified as transgender. Interviews explored the ways these youth reflect on their childhood experiences, conceptualize their current identity, and narrate their process of identity development.

Childhood Gender Nonconformity and Adult Sexual Orientation

Both prospective and retrospective studies have found a robust correlation between CGNC and adult sexual orientation. Bailey and Zucker (1995) conducted a meta-analysis of retrospective studies examining this relationship and found lesbians and gay men recall a greater frequency of cross sex-typed behavior, as defined by toy/activity preference, imagined roles or role models, preference for rough and tumble play or competitive athletics, preference for male

or female friends, cross-dressing, and gender identity. Across 48 studies, the effect sizes were large for both men and women, but larger for men. According to the authors, they are “the largest effect sizes ever reported in the realm of sex-dimorphic behaviors” (Bailey & Zucker, 1995, p. 49). Additional studies continue to provide evidence of this relationship (Cohen, 2002; Skidmore, Linsenmeier, & Bailey, 2006). A related literature has demonstrated that, on average, lesbian women describe themselves as more masculine and less feminine than do straight women, and report greater interest in male typical occupations and hobbies. Conversely, gay men describe themselves as more feminine and less masculine than straight men, and report greater interest in female typical occupations and hobbies than other men (Lippa, 2005, 2008b). Lippa (2008a) demonstrates a strong, direct link between CGNC and adult sexual orientation, masculinity/femininity, and adult occupational interests/hobbies. Taking a different approach, Rieger and colleagues (2008) found that childhood gender nonconformity was more frequent in the home videos of gay and lesbian versus straight individuals, and that this difference remained visible in videos of the same individuals as adults. In general, levels of masculinity and femininity appear to remain relatively stable throughout the life course; exhibiting stability similar to other personality traits (Helson & Moane, 1987; Helson & Wink, 1992). Experimental research has also demonstrated a high overlap between observer ratings of sexual orientation and gender nonconformity, suggesting individuals rely on gender cues when making assessments of an individual’s sexual orientation (Rieger, Linsenmeier, Gygax, Garcia, & Bailey, 2010).

A related, prospective literature has tracked outcomes of children diagnosed with GID as they enter into adulthood and beyond (Bradley & Zucker, 1997; Green, 1987; Zucker, 2008).

GID is a pervasive pattern of cross gender identification and discomfort or sense of inappropriateness of the gender associated with one’s birth sex. According to the DSM IV- TR,

these feelings and behavior can be differentiated from nonconformity to stereotypical sex-role behavior by their pervasiveness, and may be directed specifically towards genitals or other secondary sex characteristics (Zucker, 2010). In addition, such feelings and behavior must result in clinically significant distress or impairment to warrant diagnosis (American Psychiatric Association [DSM-IV-TR], 2000). In their review of the research and clinical work conducted at their Child and Adolescent Gender Identity Clinic, Zucker and Bradley (1995) discuss several important domains of cross-gender behavior and interests seen in children with GID: identity statements, toy and role-play, peer relations, and mannerisms/voice, cross-dressing, anatomic dysphoria, and presence/lack of rough-and-tumble play. Although the majority of children meeting GID criteria in childhood no longer report cross-sex identity through adulthood, most of these individuals appear to develop a gay, lesbian, or bisexual orientation. Green's (1987; 1974) historic, prospective study of gender-dysphoric feminine boys provides the most rich outcome data currently available. His sample contained 66 extremely feminine boys, who all appeared to meet criteria for GID, and 56 matched controls, ranging in age from 4 to 12 years old. These individuals were followed until age 14 to 24, at which point 33 out of 44 of the feminine boys were classified as bisexual or homosexual while only one boy from the control group was identified as bisexual. At the time, only one feminine boy was considering transition. Two more recent reports from a clinic in Utrecht suggest potentially higher rates of transgender outcome, with 21 of 52 and 17 of 74 children persisting in their gender dysphoria (Cohen-Kettenis, 2001; Wallien & Cohen-Kettenis, 2008). A minority of females was included in these studies, which found rates of persistence to be greater than in males. Sex differences also exist in referral patterns; while boys are seen by specialized gender clinics at a higher rate, girls referred for GID tend to display more cross-gender behavior than boys (Zucker, 2004).

These figures shift significantly in reference to adolescents with GID, with the results of several studies from the same clinic suggesting at least half of adolescents go on to seek Sexual Reassignment Surgery (SRS), with an even greater number remaining gender dysphoric (Cohen-Kettenis & van Goozen, 1997; Smith, van Goozen, & Cohen-Kettenis, 2001). In adulthood, GID is almost exclusively diagnosed to facilitate access to sexual reassignment surgery. While also understudied, the small sample sizes and geographical homogeneity of available studies continue to limit researchers' ability to make accurate generalizations regarding prevalence and outcome rates of children with GID as a whole (Zucker, 2004). Nonetheless, the existing data suggest that even for children exhibiting levels of gender nonconformity high and persistent enough to meet criteria for GID, subsequent GLB identity is normative, and more common than a subsequent transgender identity. Interestingly, this pattern appears to reverse following puberty such that retaining one's transgender identity is most common, although research has yet to explicate the factors involved.

Historical Perspectives and Enduring Tensions

Beginning in the late nineteenth century, a discourse surrounding the study of sexual behavior began to emerge with a focus on deviant behavior. The term sexual inversion was initially coined to refer to individuals who experienced attraction to members of their same sex (e.g., Ellis & Symonds, 1897; Von Krafft-Ebing, 1998). Such research essentially conflated sex, gender, and sexual attraction; assuming that sex related differences must be present if an individual is same sex attracted. When early work was largely unable to differentiate homosexuals based on immediate physical features, individuals experiencing same-sex attraction were re-conceptualized as possessing a cross-sex 'essence' and were often referred to as third or intermediate sex (Doan & Bland, 1998). The majority of research into the origins of sexual

orientation continues to focus on biological mechanisms or markers. Such studies often suggest that a combination of genetic predispositions and variations in prenatal sex hormones play a central role in determining the sexual orientation of an individual. Researchers have also attempted to provide evolutionary explanations for such same-sex attraction and behavior. (Bailey & Pillard, 1995; Cohen, 2002). Similarly, a small but growing body of literature has begun documenting differences in brain structure between transsexual and non-transsexual individuals. Reflecting on this literature, Meyer-Bahlburg (2010, p. 465) proposes that transsexuality may be a “central nervous system limited form of intersexuality.” However, among other methodological concerns noted (Herbert, 2008), it remains unclear whether these differences reflect a specifically transsexual identity or gender non-conformity more broadly.

Much less attention has been afforded to the potential pathways and processes that mediate the relationships between biological differences and sexual behavior, attraction, and identity. However, Bem (1996, 2000) has proposed a frequently cited theory of sexual orientation development, termed exotic becomes erotic (EBE), that incorporates both biological predispositions and social constructivist perspectives on sexuality and identity development. For the same-sex attracted, this theory places emphasis on temperament, childhood gender nonconformity, and resultant feelings of differentness. Bem (1996, 2000) argues that these experiences lead children to view same sex others as more unfamiliar or exotic, and that this nonspecific autonomic arousal is transformed into an erotic, romantic attraction as development progresses. Bem (2000) demonstrates that, within a twin sample, the genetic influence on sexual orientation is fully mediated by CGNC. He also cites evidence that most gay men and lesbians report feeling different, often on a gender-related basis, from their same sex peers during both childhood and adolescence (Bell, Weinberg, & Hammersmith, 1988; Newman & Muzzonigro,

1993). While less direct support exists to suggest these feelings of differentness result in increased arousal, experimental evidence demonstrates that generalized physiological arousal increases subsequent erotic arousal (White, Fishbein, & Rutstein, 1981; Wolchik, et al., 1980). Despite its widespread appeal, several important research findings challenge assumptions underlying the model, particularly as it applies to those born female. While EBE theory proposes that CGNC plays a causal role in sexual orientation development, both may be manifestations of the same underlying predisposition. More broadly, the meaning and relative importance ascribed to CGNC has been challenged, along with the discourses, or theoretical frameworks, that support such research.

In his review of this literature, Sandford (2005) argues that such research cannot be removed from the multiple, complex contexts within which individuals are imbedded. As an example, he discusses the masculinization of gay male culture that took place in the 1970s and 1980s, coupled with the emergence of macho and leathermen stereotypes. In her research, Gottschalk (2003) found lesbian women who formed their identities prior to the feminist movement (1950s-1970s) or following the resurgence of conservatism and biological studies of sexual orientation (1980s-1990s) endorsed biological theories of sexual orientation. They placed emphasis on CGNC, along with other early markers, as evidence of the innateness of their sexuality. For lesbians coming out during the rise of feminism (1970s-1980s), CGNC was often conceptualized as a rejection of sex stereotypes and resentment of boys' relative freedom, and these women were more likely to indicate that they chose lesbianism. These findings mirror those of Parks (1999), who further elaborates on how historical influences intersect with geographical and individual factors to shape identity narratives. Effects of the feminist movement are also visible in post-1980s re-conceptualizations of butch identity, and subsequent

differences in individuals' narration of their butch identities. For example, in Levitt and Hiestand's (2004) interviews with butch women, these participants balanced their innately experienced masculinity or 'butchness' with understandings of the socially constructed nature of identity and complexity of gender in such a way that their butch identity reinforced their sense of self without limiting the fluidity and idiosyncrasy of their experiences.

Studies of both lesbian and heterosexual tomboys suggest that these individuals both alternately conflate and differentiate sex, gender, and sexual attraction in their retrospective narratives (Carr, 2005, 2007). While female participants who reported 'rejecting femininity' during childhood were more likely to subsequently identify as lesbian than those who reported 'rejecting masculinity,' both were discussed in relation to gender. However, during adolescence, discussions of 'rejecting femininity' were increasingly intertwined with sexuality for lesbians, but for both groups, often reflected gendered power dynamics and lack of access to male typical activities. In general, rates of gender nonconformity are higher, even normative, in samples of female drawn from the general population. Links between CGNC and adult sexual orientation are also less consistent, and comparatively less research has been conducted with females (Peplau, Garnets, Spalding, Conley, & Veniegas, 1998; Phillips & Over, 1995).

Evolution of Transgender as a Collective Identity

Accounts of individuals living in a gender role other than that associated with their birth sex exist throughout history and across cultures and geographic locations (e.g., Herdt, 1994). Although these individuals were often marginalized, and/or given unique social roles, only more recently have distinct cultural communities and social identities organized around gender variance developed (Lev, 2007). Initially, researchers and clinicians grouped such individuals with homosexuals and others considered sexual deviants. The birth of this field of sexuality

research, briefly discussed earlier, marked the birth of modern sexual identity and identity based organizing. The subsequent differentiation of biological sex from sexuality, evolution of new language and identity labels, and development of medical interventions further forged new ways of conceptualizing experience and organizing community based on such shared experience. Within psychology, the majority of research has focused on the process of identity development for individuals who transition to live ‘full time’ as the other gender, and mainly those whose transitions involve medical intervention (including cross-sex hormones, breast augmentation or removal, and/or genital surgery). A full history and critique of the emergence and institutionalization of transsexual identity, and subsequent transgender identity, is beyond the scope of the present study. However, such knowledge provides a crucial, contextual backdrop for understanding existing perspectives on identity development and will be discussed briefly (Bullough & Bullough, 1998).

In 1952, widespread publicity ensued following the SRS of Christine Jorgensen, who went on to write a popular autobiography detailing her transition (Jorgensen, 1967). This publicity served as an important catalyst and historical marker of the adoption of a transsexual model of gender variance, both by influential physicians of the time as well as subsequently identified transsexuals. Shortly thereafter, in 1966, endocrinologist and sexologist Harry Benjamin’s influential book was published, which summarized his clinical work with over 100 transsexual individuals (Benjamin, 1966). Benjamin was the first to identify transsexualism as a distinct clinical entity best treated by hormone therapy and SRS, and his work provided a foundation for the development of transsexual treatment protocols and standards of care. Despite critics who opposed his approach, gender identity clinics providing such treatment began to open worldwide (Ekins, 2005).

Medical professionals and institutions responsible for pioneering SRS also sought to differentiate ‘true’ transsexuals, who were deemed appropriate candidates for SRS, from others who might seek out the treatment, including erotic transvestites and cross-dressers (Bullough & Bullough, 1998; Lev, 2007). In particular, only transsexual women (born male) who were attracted to men were considered appropriate candidates, and a narrative focused on feeling trapped in the wrong body was expected. Although the medical profession’s early perspectives have since shifted, the transsexual support networks that subsequently developed were strongly influenced by this discourse, and accounts of women actively reshaping their histories for SRS approval have been documented (Hausman, 1995; Lev, 2004). The medical model and accompanying standards of care, along with the DSM diagnosis of GID typically required for SRS, continue to remain central, yet controversial, to the field. Namely, these models have been criticized as institutionalized mechanisms of social control that function to conflate sex and gender and pathologize gender variance (Bullough & Bullough, 1998; Lev, 2005). Medical and psychological professionals’ role as gatekeepers has also been challenged, although efforts are beginning to be made to make the process more client focused (Bockting & Coleman, 1992; Raj, 2002).

Within the last fifteen to twenty years, transgender has also expanded to become an umbrella term applied a diverse group of individuals whose gender identity or expression diverges from culturally defended categories of sex and gender (Fassinger & Arseneau, 2007; Mallon, 1999). However, the exact definition and usage of the term remains elusive, and those that fall under the umbrella self-identify in a variety of ways (Davidson, 2007; Valentine, 2007). Although many have argued that gender variance has played a central role in both the lives of many LGB individuals as well as their struggle for visibility and equality, transgender

individuals' location within larger LGB communities and civil rights movements continues to be negotiated (Devor, 2002; Stone, 2009). Historians, researchers, and activists argue that this in large part due to the increasing separation of sexual orientation and gender identity into orthogonal dimensions. Additionally, assimilationist techniques of LGB inclusion politics often attempt to normalize same-sex attraction through minimizing its connection to gender variance (Lev, 2007). Given the structure of the larger society in which these tensions play out, they also differentially impact individuals of differing birth sex, race and class, which further shape the nature of community and identity involved (Fassinger & Arseneau, 2007; Valentine, 2007).

Conceptualizing Transgender Identity Development

Beginning in the early 1990s, researchers began to document experiences of identity development within certain groups of transgender individuals, with several researchers adapting homosexual identity development models for such use (Bolin, 1998; Devor, 2004; Lev, 2004). The first identity development models themselves emerged in the 1970s and 1980s as a way of conceptualizing the process through which an individual acquires and integrates a homosexual identity. These models share several themes: discovery and exploration of same-sex attraction, comparison to other same-sex attracted individuals, interaction and identification with same-sex attracted individuals, identity pride, and identity synthesis or integration (e.g., Cass, 1984; Coleman, 1982; Troiden, 1979). While many important differences exist between processes of homosexual and transgender identity development, as well as processes of identity development between subsets of the transgender spectrum, these general themes provide a useful framework.

Interestingly, most of these homosexual identity development models referenced CGNC, either as part of a pre-coming out developmental stage, or as an important marker of feelings of differentness, which are subsequently reflected upon and incorporated during the process of

coming out (Coleman, 1982; Troiden, 1979). Childhood feelings of discomfort or difference that involve cross-sex interests, behaviors, and/or identity also play a central role in conceptualizations of transgender identity development. These are essentially the same gender nonconforming behaviors and interests studied within the sexual orientation literature. However, within the transgender identity development literature, and for transgender individuals themselves, they are typically viewed as early indicators of a specifically transgender or transsexual status (e.g., Devor, 2004). For transgender individuals, these feelings of discomfort often heighten during puberty, as individuals often perceive their physical development as foreign and/or disturbing (Lee, 2001; Morgan & Stevens, 2008). While some of these individuals report identifying or viewing themselves as the other sex from their earliest memories, others report coming to this awareness around puberty. Still others report awareness as occurring later in life, or only following exposure to other transgender individuals.

During these early stages of the process, some individuals may adopt other identities, such as lesbian or crossdresser, before coming to identify as transgender (Devor, 2004; Lee, 2001; Morgan & Stevens, 2008). However, these possibilities are largely sex segregated; while tomboy identification is a widely available and largely un-stigmatized option for those born female, femininity in men is often stigmatized and ridiculed, as is cross-dressing (Gagne & Tewksbury, 1998; Schrock, Reid, & Boyd, 2005). In general, associating with both similar and different others appears central to the process of exploring and articulating one's own sense of self. Devor (2004) discusses this process in terms of witnessing and mirroring. Mirroring involves being seen and feeling validated by others that one considers similar to oneself, while witnessing involves having one's sense of self accurately reflected back by others who do not share such similarity. Together, these fundamental, interactive processes reinforce an individual's sense of

self through interactions with others. Without such support, or the ability to seek out similar peers, transition may not take place or may be delayed. Given the importance of these processes, stage models of identity development as a whole have been criticized for their lack of focus on social contexts within which these interactions occur (Bilodeau & Renn, 2005; Hammack, Thompson, & Pilecki, 2009).

As transgender individuals continue to explore their own identities and how they relate to others, their self-narrative evolves to reflect on and incorporate these experiences. The term narrative has been commonly used in reference to one's personal framework for understanding and communicating the past in a way that simultaneously orients, legitimizes, and lends coherence to one's present identity and sense of self (Coher & Hammack, 2007; Mason-Schrock, 1996; Schrock & Reid, 2006). Such narratives typically reflect a core "true self," that, for transgender individuals, exists independently of the physical body, but subsequently to transition, is reinforced by it. However, in order to be intelligible to both the individual and others within society, this narrative must reflect larger sociocultural understandings of what it means to be male or female within society (Gagne & Tewksbury, 1998; Mason-Schrock, 1996). Bolin (1998) herself situates participants' descriptions of their experiences within the context and norms of a specific transsexual support group that offered only two, relatively narrowly defined identity options (transsexual and transvestite). These self-understandings were further bounded by medical guidelines and transsexual autobiographies that provided useful, but potentially limiting frameworks for understanding and communicating difference. For transsexuals, they typically reflected a biological theory of origin and placed particular focus on passing

Several other studies also focus on these norms of transgender womanhood. For example, Mason-Schock (1996) describes several central processes occurring within the structure of a

transsexual support group: modeling of the structure of narratives by older group members and community publications, interactive guiding of newcomers, selective affirmation, and tactful blindness to inconstant or contrasting stories. Similarly, Schrock, Reid, and Boyd (2005) explore the process through which transsexual women dismantle components of feminine movement, speech, and appearance through observation and input from other transsexuals in order to retrain and self-monitor themselves. Participants indicated that early on, this process evoked feelings of inauthenticity, and inevitable mistakes along the way caused shame and embarrassment. Continued practice and increased immersion, however, resulted in increased feelings of comfort, freedom, and authenticity and served to build bonds with other transsexual women. Less research has been conducted with FTM transgender individuals, and within this literature, less focus is placed on collective support and learning the rules of masculinity. These differences are likely to reflect larger gender dynamics, as well as the relative ease of FTM physical transition when compared to that of MTF transgender individuals.

One of the most palpable differences between narratives of transgender and LGB identity development is the physical transition that transgender individuals undergo. The several transgender specific models that have been developed have focused on this transition, as well as the medical and surgical options that can be utilized (Bolin, 1998; Devor, 2004; Lev, 2004). For those individuals and communities that place particular focus on physical transformation, transgender identity (and transsexual identity in particular) becomes defined by a desire for SRS. For example, in her representation of ‘becoming’ among male-to-female transsexuals, Bolin’s (1997) participants described their experiences as ‘being born in the wrong body’ and viewed hormonal and surgical interventions as necessary to achieve normalcy and authenticity. In turn, transsexuality was conceptualized as a temporary condition, and transition was seen as a neo-

puberty mirroring that which is experienced by genetic women. As a crucial defining feature of transsexuality, desire for SRS functioned both to distinguish transsexuals from their transvestite or cross-dressing peers, and to organize the identity narrative. Furthermore, the fourth and final stage of Bolin's model necessitates the rejection of the individual's transgender history to facilitate this embrace of a female identity.

Acknowledging Diversity and Incorporating Context

Although previous research suggests that most transgender individuals appear to construct their identities within the dominant paradigm of sex and gender (e.g., Bolin, 1998; Gagne, Tewksbury, & McGaughey, 1997; Mason-Schrock, 1996), counselors have highlighted a shift away from clients focusing on surgical procedures and "passing" as the opposite sex. They have acknowledged the growing necessity of counselors aiding their transgender clients in exploring alternate identity possibilities beyond male and female (Carroll, Gilroy, & Ryan, 2002). An increasing number of autobiographical works demonstrate the complexity and diversity of transgender experiences and identities (Kane-DeMaio & Bullough, 2006; Nestle, Wilchins, & Howell, 2002; Sycamore, 2006). Together with the organizing and community building made possible by the growth of the internet (Shapiro, 2004), their presence facilitates the expansion of alternate perspectives and possibilities. In order to understand these changes, researchers must be sensitized to the multiple, contextual influences that shape the way transgender individuals represent and communicate their difference to others. However, while these processes are dynamic, this does not imply that they are voluntary, and no one individual or group's experiences should be considered more legitimate than another.

These shifts are visible within participants' identities and experiences across several studies, with some individuals challenging assumptions as to how transgender individuals reflect

on their past, experience sexuality, and construct a post-transition identity. In Gange and colleagues' (1997) study, while most cross-dressers were described as masculine heterosexual men, 5 reported a desire to challenge traditional assumptions about sex and gender rather than to 'pass' as the opposite sex. FTM transgender participants in another study constructed their identity in a way that was accommodating to, and open about, their female pasts; contradicting dominant perspectives on transgender identity formation. Similarly, FTM individuals have reported a post-transition sexuality that includes receptive vaginal intercourse (Bockting, Benner, & Coleman, 2009; Schleifer, 2003). Morgan and Steven's (2008) interviews also suggest multiple perspectives on post-transition identity; one participant reported that he viewed transition as an ongoing, lifetime process of being in tune with his body, one no longer sees himself as transgender but remains an active participant in the transgender community, and another wishes to be read as a genderqueer masculine person or fem man and worries that physical transition will render this identity invisible.

Equally as important as acknowledging such shifts is understanding how they differentially affect particular transgender communities, and interact with other dimensions of identity. For example, new conceptualizations are likely be more readily adopted by individuals earlier on in their process of transition (Fassinger & Arseneau, 2007). Reflecting on the FTM spectrum, Hansbury (2005) discusses genderqueers as a group of individuals who typically do not desire to transition fully in the medical sense, and who often challenge traditional gender norms and expectations. This appears to be the most diverse, fluid, and youngest group within the spectrum, while older transgender men appear the most male typical. Their transsexuality is least visible; they do not typically reveal this history, and they are least likely to be involved in transgender activism. Diamond and Butterworth's (2008) reflect on the experiences of four FTM

spectrum individuals who have adopted various masculine self-presentations, yet often negotiated a space for themselves that combined or fell in-between male and female.

As suggested by several of the studies previously reviewed, femininity remains highly regulated within western societies, and despite several decades of feminist movements, continues to be associated with passivity and weakness (Serano, 2007). Therefore, while underlying processes of identity development may be similar for those born male and female, more proximal, day to day gender presentations must be negotiated on a practical level, as almost all spaces are governed by implicit, gendered expectations (Davis, 2008). Concerns over physical safety, economic security, and social rejection are particularly powerful determinants of the course of transition for those born male (Gagne & Tewksbury, 1998). Many MTF transgender individuals also report, often secretive, cross-dressing during childhood, and research suggests that a subset of MTF transgender individuals is primarily erotically aroused by images of themselves as female (Blanchard, 2005). Conceptualizations of this transgender experience, termed autogynephilia by researchers, have been subject to a number of criticisms from both within and outside the transgender community. Arguably, it remains the most stigmatized identity within the LGBT community, and individuals who share such experiences face the greatest objections as to the legitimacy of their womanhood (Bailey, 2003). Important differences also exist across dimensions of race and class. In general, research has demonstrated important race based influences on individual's exposure to, and internalization of, gender related roles and expectations (McRae & Noumair, 1997). However, less is known about how these dynamics unfold within transgender communities of color (Lev, 2007). What research does exist suggests that these intersecting oppressions place transgender women of color at particularly high risk of HIV infection, homelessness, and violence (Valentine, 2007).

Overall, the emergence of new identities and documentation of experiences suggests a move towards rejecting or reworking gender and sex based norms and assumptions. Such experiences further highlight the dynamic, relational nature of identity. They also implore researchers and clinicians to be sensitive to the multiple societal and cultural networks within which transgender individuals, their experiences, and identities are fundamentally embedded. However, the homogenous sampling strategies utilized by studies within both literatures have made comparisons across groups difficult. In general, few studies have simultaneously explored the experiences of transgender individuals and their LGB peers, particularly those who share similar experiences of CGNC. The majority of studies of transgender identity development are also now over a decade old and all have been conducted with adults, whose experiences with transition fall even further back in time. Studies of youth are notably absent from this literature, but are necessary to further elucidate more recent experiences. Youth are also likely to be still actively involved in the process of identity formation, and experiences may be more salient and less victim to recall bias. By sampling a racially diverse group of youth, the present study aims to increase the diversity of experience represented within the literature, while exploring how two groups typically studied independently (LGB and transgender individuals) reflect on, and make meaning of, similar experiences of CGNC. Therefore, the primary aim of the study is to understand how gender nonconformity is represented in the identity narratives of both transgender and non-transgender LGB youth with similar levels of CGNC.

Methods

Participants and Sample Selection

Participants were recruited from a longitudinal study of a community sample of 246 racial/ethnically diverse LGBT youth, ages 16-20 at baseline. These participants were recruited

using fliers in LGBT youth centers, neighborhoods, and events, e-mail advertisements, and incentivized peer recruitment. During the informed consent process, all participants agreed to be contacted for participation in future waves of data collection. At enrollment, 8% of the sample identified as transgender (N=20).

Extreme/deviant case and stratified purposeful sampling strategies were used to select participants from this larger sample. These two sampling strategies are common to qualitative research, and best matched the aims of the present study (Miles & Huberman, 1994; Patton, 2002). Extreme/deviant case selection was first used to identify participants high on CGNC, operationalized as a rating of 4 or higher a childhood gender nonconformity rating scale (possible values range from 0 to 6, with greater scores indicating greater nonconformity). This cutoff was selected because it corresponds to a rating of gender nonconforming behaviors as having been “often true” and gender conforming behaviors as having been “usually not true.” CGNC was previously measured at enrollment using a common childhood gender nonconformity rating scale (Hockenberry & Billingham, 1987; Phillips & Over, 1995). This rating scale contains 4 questions for those born female ($\alpha = .73$) and 5 for those born male ($\alpha = .70$), with questions assessing toy preference (e.g. as a child I preferred boys’ games and toys (soldiers, football, etc.)), fantasy (e.g., as a child I imagined myself to be male characters, like from books or movies), whether the individual was considered a ‘tomboy’ or ‘sissy’, and playmate preference (e.g. as a child I preferred to play with boys). CGNC scores were computed by taking the mean of these items. This group was then stratified based on whether participants currently identified as transgender or not. For the purposes of sample selection, transgender youth who reported high levels of CGNC (in relationship to their birth sex) served as comparison cases. These youth were then matched with non-transgender LGB youth of the same birth sex who

scored within $\frac{1}{4}$ of a standard deviation of the transgender youth on gender nonconformity measures. An additional quantitative measure assessing current level of masculinity and femininity was also included (administered at enrollment). This measure, the Sex Role Identity Scale, asks participants to rate both how masculine and how feminine they think they are in general, as well as how masculine and feminine their personality is, and how masculine and feminine they “act, appear, and come across to others” (Storms, 1979).

One potential concern with this sampling strategy was that the use of stratified sampling suggests individuals can be reliably classified, and this distinction is theoretically and pragmatically meaningful. Indeed, preliminary analysis demonstrated that several participants’ gender identities fluctuated during subsequent rounds of the study (i.e. initially identified as female at baseline and later as female-to-male). Throughout interviews and data analysis, the research team remained sensitive to this process of self-identification, with the understanding that it is likely to be ongoing for many participants, and that the groups do not necessarily represent a fixed, binary distinction.

Patton (2002) explains that “there are no rules for sample size in quantitative inquiry” (p. 244), rather the appropriate size depends on the aims of the study and phenomenon of interest. Previous qualitative studies of transgender identity have utilized samples of 4 to 45 participants, with an average of around 10 to 20. However, smaller sample sizes (i.e. 4 or 5) often failed to capture a range of experiences, which became more evident in the larger samples. On the other hand, depth of analysis is often sacrificed with larger sample sizes. Therefore, a sample size of 10 transgender and 10 gender non-conforming LGB youth was established for the present study. Within each group of 10, 5 participants with a female birth sex and 5 with a male birth sex were included.

Qualitative Interviews

Participants were interviewed individually by the primary investigator. Interviews were semi-structured, and explored developmental processes related to identity formation and experiences of gender nonconformity. Open ended questions covered topics including participants': 1) sexual orientation and gender identities 2) childhood and adolescent experiences with gender/sexuality 3) experiences during puberty 4) coming out and identity development processes 5) relationships with friends/peers, family, and other LGBT individuals. Follow-up probes were pre-specified to assure that all topics were covered with all participants, while leaving sufficient flexibility for participants to articulate their unique perspectives and experiences.

Protection of Human Subjects

The Institutional Review Board of the University of Illinois at Chicago approved the present study, and all participants were treated in accordance to the guidelines established by the American Psychological Association. To protect study participants' confidentiality, all collected data, including audio-recorded interviews, were identified by subjects' existing study ID number only. Only study staff had access to the audio records, and they were stored on a password protected computer. Once the audio recordings were transcribed and checked for accuracy, the audio files were destroyed. Consent forms and other study materials are kept in a locked file cabinet when not in use.

Qualitative Data Analysis

All interviews were audio recorded, transcribed by study team members, and subsequently reviewed for accuracy by the primary investigator. Atlas.ti was used to manage and code the transcribed interviews.

Given the centrality of interactive processes in identity development, coupled with the descriptive and exploratory nature of the study's aims, an ecological model was used to guide the process of analysis. While ecological models have been adapted to study a diverse array of phenomena, they share a common focus on the interactions that occur between the individual and nested layers of the environment (Bronfenbrenner, 1977). This framework was thus used to identify characteristics of the self (*identity, physical self, self presentation, interests/activities, attractions/behavior*) and settings (e.g., *school, peers, family, community centers, media*) that youth interactively negotiated throughout development. In their commonly referenced ecological model, Trickett, Kelly, and Vincent (1985) further specify that processes of coping and adaptation are central to understanding growth or change over time. The codes *coping response* (strategies used to manage conflicts between self and others) and *developmental change* (positive change in self-understanding or expression) reflect these processes, and were used to capture the development of the youth's sense of self and agency over time. Finally, brief narrative summaries were composed for each participant, which served as a reference for integrating findings from the larger ecological model.

In contrast to grounded theory approaches that focus on identifying themes, I used a content analysis approach to organize the data by topic. These topics (e.g., coding categories) corresponded to variables within the ecological model, and were identified through an iterative coding process. During this process, bi-weekly team meetings were held to discuss new interviews within the context of previous interviews, and identify and refine coding categories. Once transcribed, interviews were randomly selected for more intensive identification of sections difficult to code as well as topics not adequately captured by existing coding categories. Once a full, preliminary codebook was developed with definitions for each coding category, 3

rounds of inter-rater reliability coding were conducted with the primary investigator and 2 study team members. During each round, the first half of one transcript and the second half of another transcript were independently coded by each member. All discrepancies were reviewed and code application and coding categories were refined until 100% agreement was reached. Coding reliability was assessed using the Coding Analysis Toolkit (2010) developed by the Qualitative Data Analysis Program at University of Massachusetts Amherst. During the final round, the kappa (measure of agreement between raters) was .8, which is considered the cutoff to indicate excellent agreement (Hruschka et al., 2004). Subsequently, each coder independently coded a subset of the total transcripts, and any difficult to code sections were discussed together at study team meetings.

Given the present paper's descriptive focus on the intrapersonal processes that reflect how youth have come to conceptualize their identities and navigate the process of identity development, I will now focus exclusively on the self codes (*identity, physical self, self presentation, interests/activities, attractions/behavior*). More specifically, the *interests/activities* code was applied whenever a participant described an interest or activity, including role play and dress up, regardless of whether the participant enjoyed the activity. The *identity* code was applied when participants discussed how they understand, experience, or represent their sexuality or gender, while the *self-presentation* code was applied when participants discussed their actual or desired appearance or mannerisms. *Physical self* was coded when participants referred to their actual or desired physical features, or discussed hormones or SRS (including their desire to undergo these procedures as well as their effects). Lastly, *attraction/behavior* was coded when participants discussed any sexual experiences or described their attraction or lack of attraction to certain individuals or groups. *Developmental process/change* was simultaneously coded

whenever a participant indicated an internally motivated (e.g., not a reaction to other's expectations) shift or exploration of a potential shift in any one of these domains, or an increased comfort with these aspects of oneself. When these self codes interacted with other codes (e.g., both *family* and *identity* were coded), these environmental and interpersonal influences will be summarized briefly.

Once all transcripts were coded, a process of code sorting was conducted with the self codes. First, excerpts within each coding category were categorized by developmental time period (Childhood, Developmental changes associated with sexual orientation, puberty, or gender identity/transition, and Early adulthood (Post-developmental change to present)). The code *developmental process/change* was used to guide this process. In order to facilitate comparisons, excerpts were separately sorted by participant's birth sex (male, female) and identity at time of interview (transgender, primarily non-transgender), such that 4 sets of data were created. Once this process of code sorting was complete, narrative outlines were created separately for each of the 4 groups, which summarized participant's experiences within each code by developmental time period combination.

Results

The average age of participants at time of interview was 21.8 (range of 19 to 23). Of the 10 participants born female, five participants self-identified as Caucasian, two as African American, two as multi-racial (Hispanic and African American, Puerto Rican and African American), and one as Hispanic. Of the 10 participants born male, seven self-identified as African American, one as multi-racial (African American and Caucasian), one as Belizean, and one as Native American. Participants' mean ratings of CGNC, masculinity, and femininity, as well as those of the total sample, are presented in Table 1. Given fluctuations in how participants

indicated their gender over time, final groupings ended up slightly unbalanced (six CGNC females, four transgender males, four CGNC males, six transgender females). As predicted, significant variation existed among groups. Therefore, in order to provide greater context to these youth's discussions of their developmental experiences, their current perspectives on their gender and sexuality will first be reviewed. Then participants' experiences and self understandings will be reviewed developmentally. In order to highlight similarities and differences, the results will be presented by birth sex, with additional comparisons between transgender and non-transgender identifying participants made within each birth sex group. Primarily non-transgender birth sex males will be referred to as CGNC males and primarily non-transgender birth sex females as CGNC females, while transgender individuals born male will be referred to as transgender females and transgender individuals born female as transgender males. Pronouns typically correspond to participant's identities; however, one participant in the transgender male group is referred to using female pronouns to reflect the pronoun she typically uses.

Current Identity

By the time participants reached early adulthood, excerpts coded *Identity* referenced either participant's gender or sexual orientation identity, although several identities combined aspects of both and most participants identified with multiple identities. While participants' descriptions indicated that these identities were a reflection of their internal sense of self or partner preferences, some were also informed by participant's *interests/activities*, *self-presentation*, or relationship to their *physical self*. Most CGNC participants referred to their birth sex when asked about their gender identity without further elaboration.

CGNC females and transgender males

All participants in the CGNC female group identified as female and lesbian, with an additional three identifying as a “stud.” When asked what being female meant to them, some explained that it meant that they weren’t male or trans, or didn’t want to be. Similarly, participants described their lesbian identity as indicating that they are attracted to or date women. One participant specifically commented that identifying as male “would just make me feel like I’m in denial of my sexuality.” Identifying as a stud was most commonly associated with wearing men’s clothes although not being penetrated sexually, being a tomboy, and being more masculine were also included in participants’ definitions. An additional CGNC female no longer identified as a stud because she felt the term lacks a specific definition and she didn’t want to be associated with other studs who were sleeping with men. Another participant who described herself as androgynous stated that she “could be considered genderqueer,” but avoids labels and doesn’t think of things in terms of a gender binary. Of the four transgender males, three identified as transgender, two as male, one as female to male, one as transsexual, three as queer, one as gay, and one as stud (participants often identified as more than one identity). Those that identified as male described it as “I’m not like denying my trans roots I guess but I’m just not gonna focus on it as much,” while the participant who identified as transsexual described it as “part of having altered my body in some way to make it fit more with how I identify.” The latter also described transgender as “the experience of having parents and other people expect you to identify with a gender you don’t” while another explained:

“I know what I am. I know I’m a girl but I just don’t feel like a girl. I feel more so as a man than anything...my body gets confused like my, my mind thinks I’m a boy but my body knows you’re a girl.”

The later participant also identified as a stud and gay, explaining that she doesn't have a preference for male or female pronouns, but goes by female at home. In partial contrast to the other stud identified participants, she described stud as being a mix between a man and a woman. All who identified as transgender made reference to the complexity of the identity, commenting that "gender is a spectrum" or that "trans people are all different...no one of us is alike." Those who identified as queer described not "fitting into a box," not discriminating who they are interested in based on gender, or not wanting to focus on certain identity labels.

CGNC males and transgender females

Within the CGNC male group, all four identified as male, three identified as gay, and one identified as homosexual. One answered that he was male, "unfortunately," explaining that he wants to be a woman and would "switch over" if he has the money, but that he isn't planning on saving to do so. While he later indicated that he would be considered transsexual if he did switch, he doesn't actively identify as such. Another participant said that while he identifies as mostly male, he also sees himself as transgender or female depending on the day: "I have my days like, in my head I'm-it's like two people that lives up there. Like one day I'll feel really masculine, other days I'll feel really feminine." This participant struggled with his desire to be both of these aspects of himself and was hesitant to transition because he wouldn't want to "half-ass do it," also commenting: "At the end of the day I know I am a man and it's all I can ever really be." Participants described their gay or homosexual identity as reflecting their attraction to men, although one commented that he "can't really explain" what the term gay means to him. Among the six transgender females, four identified as transgender, four as female/women, two as transsexual, two as male to female, one as trans, two as gay, one as both homosexual and heterosexual, and one as lesbian. Participants saw transgender as a way to represent their

transition, but also explained this as an individual process: “So it’s not so much you have to get surgery or take hormones, you just have to work towards being yourself, and, and, and embrace the person that you was supposed to be born, in your own eyes.” Similarly, transsexual was described in reference to the physical changes associated with transition, and gay was used to indicate attractions to men, with one participant identifying as “heterosexual because I live my life as a woman, but...sexually I indentify as homosexual because of my anatomy.” Participants who identified as female discussed the identity as reflecting their internal sense of self and/or how they are seen by society. One participant indentified as both a transgender woman and gay man, explaining that in general she prefers being transgender full time, but that she also enjoys the versatility of presenting as male at times and does not have a pronoun preference.

Childhood Experiences and Emerging Identities

Most participants traced their gender non-conforming *interests and activities* and desired *self-presentation* back to their earliest memories, although the meaning they ascribed to them varied, and tended to change over time as they became aware of their larger social meaning. This awareness also appeared linked to the emergence of gender *identity* for some, although such early identities were restricted by lack of information about identity possibilities, and may have been attempts to retrospectively make meaning of one’s experience.

CGNC females and transgender males

Growing up, CGNC females and transgender males reported similar *interests and activities*. Both groups frequently described participating in sports, most commonly basketball, softball, and football. They enjoyed active, outdoor activities such as climbing trees and playing in the dirt and recalled playing with action figures, matchbox, hot wheels, or model cars, GI Joes, Ninja Turtles, and Pokémon cards. All CGNC females and most transgender males indicated that

they rarely or never played with dolls. Several CGNC females recalled pretending to kill, break, or mess up Barbie dolls, and several participants from both groups described how they didn't understand the appeal of feminine toys and activities. Across both groups, several participants reported realizing that these interests and activities were more typical of boys (through observation and feedback from their peers, siblings, and parents) but not thinking much about it during childhood. Others reported that sports in particular weren't seen as male activities. Several were unsure of what they thought about their interests and activities at the time. Two participants described being forced to take dance lessons and one transgender male participant described both enjoying but feeling "weird" about playing Barbies, explaining that he typically had them go on missions or hung them from trees, unlike his sister. However several participants from each group reported enjoying more gender-neutral interests such as drawing, reading, and playing video games, and several CGNC females reported participating in what they saw as feminine activities (e.g., embroidery class, girl scouts).

Within *self-presentation* excerpts, both groups also discussed a childhood discomfort with feminine clothes (dresses in particular) and several reported tantruming when required to wear them, which was typically on special occasions. Three participants specifically enjoyed dressing for school since boys and girls were required to wear the same uniform. When reflecting on their sense of self (*identity*), several participants from both groups recalled identifying as a tomboy. Within their families, several further commented that either they weren't 'socialized as female' or that they were socialized to be the 'man of the house,' perhaps because of their nonconformity or lack of same sex siblings. One CGNC female reported not really identifying as male or female, another explained that 'maybe I just felt like I was more of a boy growing up' because of the male clothes she would wear, and several discussed realizing they were different

than boys (in looks or anatomy) but not questioning it or feeling concerned. Three CGNC females also recalled a period thinking they wanted to be or should be male in late childhood (approximately 8 – 12 years old). During this time one explained she would put a sock in her pants, draw mustaches on her face, and pretend to be her favorite male characters from TV. Another commented that for several years she would imagine and dream of herself as a man or boy, but that she “just got used to [being female],” but wasn’t sure how. Several (but not all) transgender males specifically remembered picturing their future *physical self* as more masculine (facial hair, muscular build), although these images weren’t necessarily of themselves as men. While most participants were able to negotiate compromises between their interests and the expectations or requirements of others, one transgender male in particular faced frequent teasing, and was often mistaken for a boy despite numerous efforts to fit in. Never feeling “fully male or female” he often “begged God to change this,” and commented:

“Being ten or a little older, I had a really hard time imagining that I would do anything other than commit suicide because... I just couldn’t see how I could possibly fit or live in the world.”

CGNC males and transgender females

CGNC males and transgender females also reported similar childhood *interests and activities*, most notably jumping rope and doing hair, makeup, or dressing up. These participants reported being somewhat to not at all interested in sports. Additional interests included drawing, listening to and performing music, cooking, and cleaning. Several reported enjoying video games and playing with action figures and legos, while others specifically disliked these activities. Most transgender females also reported playing with dolls and Barbies, although one reported never playing with dolls. The one lesbian identified transgender female discussed playing with “a

Barbie in one hand, and a GI Joe in the other hand,” explaining that she also enjoyed being active and playing outside, and didn’t agree with categorizing toys or activities according to gender. Most commonly, participants in both groups described not necessarily seeing their interests as girl interests, or that they just thought of such interests as what was most interesting and appealing to them. However, one transgender female reported awareness from a young age that she was interested in girl activities and being unsure of, and wondering if she would continue to do them when she was older.

Within *self-presentation*, both CGNC males and transgender females reported dressing up in women’s clothing as children, most commonly in the bathroom with their mothers’ clothes. During these sessions of dressing up, several transgender females also discussed applying makeup and doing their hair. In general, both groups reported wearing mostly boys’ clothes during childhood, but most were drawn to tighter fitting clothes and eventually began to incorporate feminine or female clothes into their wardrobe. One CGNC male would wrap a sheet around his body and wear it outside, but after people commented that he was “crazy” he stopped. Another participant described how he would watch and then copy the way his mom conditioned her hair, and a third CGNC male would watch female models on TV and copy their walk. For several CGNC males, their feminine interests, mannerisms, and style of dress were later reflected upon as early indications that they were gay. Several times, transgender female participants referenced similar indicators, but would link these to an emerging sense of themselves as females. References to *identity* in childhood were made by one transgender female who would wish on shooting stars that she would be a girl and another who reported “blocking it from [her] head” not knowing it was possible to be transgender (although this was not reflected on as being difficult). A third recalled teasing her sister for having a vagina and linked this to her own

jealousy. This participant also reported fantasizing about being married to a man and carrying a child, and at age 6, wanting to be the pink power ranger so she could date the red power ranger. In general, feminine interests and activities were less accepted by parents and peers than the masculine interests of those born female, and both CGNC males and transgender females commonly described “keeping to themselves” during childhood. For some, this also resulted in feelings of anger, alienation, displacement, and/or inadequacy. As one participant explained:

“I just always felt like something was wrong with me like, I felt like, I’m different...but the thing about me is I didn’t wanna change myself though. I wanted to change everybody else. Which I’m still trying- I’m still battling with that”

Developmental Changes Associated with Puberty and Sexual Orientation

Given the changes associated with puberty, participants increasingly discussed their relationship to their *physical self* when reflecting on this time. Although most reported either having known that it was possible to be gay/lesbian or having experienced some same sex *attractions/behaviors* at a younger age, only around puberty were participants able to make meaning of these attractions and begin incorporate them into a sexual orientation *identity*. Several components of the sexual orientation *identity development* process were shared by all participants: (1) coming into contact with LGB others and gaining knowledge about sexual orientation identities, (2) identity confirming experiences, which typically involved early same sex behavior (3) coming out to others. However, these components were often overlapping, and the order of progression as well as extent to which the context facilitated such procession varied significantly across participants. Although these developmental tasks appeared most salient, they also impacted or interacted with gender related *identity* for some. Some changes in *self-presentation* were also reported during this time.

CGNC females and transgender males

Much variation existed in the way these participants recalled their relationship to their *physical self* during puberty. One transgender male described this as “the worst time of my life” and reported frequently crying in the shower, while another commented “I just looked down and I was like these are inconvenient...those were my thoughts. Umm, that was pretty much it.” Other reactions from transgender males included discomfort with breasts, body shape, and menstruation, and one reported lying about being sexually active to her healthcare provider so that she could obtain birth control shots to stop her period. While several CGNC females didn’t think much about the changes associated puberty, several reported that they were uncomfortable with, or hated their period, but that this discomfort wasn’t necessarily linked to gender. Most reported being uninformed or unprepared for how to manage their menstruation.

Participants discussed intolerant families and communities and lack of information about LGBT individuals were discussed as critical barriers to the process of sexual orientation *identity development*, which served to either delay these processes or make them more difficult (e.g. that being gay is ‘bad’ or not talked about in their neighborhood, school, or even state). Most CGNC females discussed an initial period of dating boys and/or identifying as bisexual. Two stated that they quickly realized that they didn’t want to continue dating boys, while another felt uncomfortable but continued to do so for several years as she felt like there was a “mold” she had to fit into. One participant from each group discussed experiencing a period of depression that lead to a brief psychiatric hospitalization but improved after coming out. An additional transgender male discussed going through a “homophobic” period that he described: “[I was] scared of the unknown so I turned that fear into this weird hatred.” First sexual experiences and relationships were particularly identity confirming, and participants also discussed developing a

sense of self-acceptance or having to be “true to myself” despite the reactions or beliefs of others. The transgender male who identified as asexual described a “process of realizing that other people were sexual and saying mm, that doesn’t match what I’m feeling,” while another described having attractions to men that stayed in “the back of [his] head” since his attractions for women were much stronger. A third transgender male reported that he only developed attractions for men much later once he was on testosterone.

For one CGNC female, the coming out period also led to an experimentation with a new, more masculine *self-presentation* (e.g. cutting off her hair), which was seen as a way to separate from her former self and appear more visibly gay. At the time of interview, she described feeling less pressure to look and act a certain way, and thus described herself as more “versatile.” Another explained that she initially believed that studs shouldn’t be touched sexually, but was able to become more comfortable with this over time. Most participants from both groups also shifted to wearing primarily male clothes during middle school (if they had not already), although one CGNC female continues to wear only comfortable, non-fitted female clothes and some make-up.

CGNC males and transgender females

Of those born male, three of the CGNC males did not report puberty to be a particularly challenging time. In contrast, the participant who disliked being male but was not planning to transition ‘felt confined to a body that was not mine,’ like god played a humiliating joke by making him a boy and ruining his life. Of the transgender participants, one described always having a girl shape growing up and being pleased with her “lower half” in general, while another commented: “I didn’t have like, issues [with my body growing up]...It wasn’t like, ‘oh I hate myself’ its just like, when the time came [to transition], ‘ok, you got to do this so just do it.’ ” A

third explained that she remembered developing a deep voice and experiencing a growth spurt, but wasn't bothered by this because models are tall and she was able to train her voice; however, developing razor bumps were most frustrating given they made it difficult for her to pass.

The processes of sexual exploration and *identity development* (e.g. early same sex sexual experiences, period of identifying as bisexual), as well as associated barriers to these processes (e.g. unsupportive family and peers, lack of information about LGBT individuals), were similar across birth sex. For example, one CGNC male reported being caught and yelled at by his mother when he was kissing another boy when playing house at 7 years old. As he explained, he "was doing gay things," but that it "didn't really dawn on me then." While those born male tended to experience greater teasing and rejection from family and peers than participants born female, and thus experienced greater difficulty with these processes, a wide range of experiences were reported. One participant reported knowing about gay people from a young age and that coming out "wasn't a big deal." In contrast, the participant who appeared to struggle most came from a family where he sensed many of the men including his father were secretly gay, but of the mentality that if you don't have a girlfriend, "you're not a man." Having experienced extreme teasing throughout childhood and after failing to find support from the gay community, he described:

"You're looking for help, and you're looking for guidance and no ones providing it. You come out to the world and you're ridiculed. You know they might as well have stuffed in a bag and threw me in Lake Michigan somewhere, that's how bad I felt back then...I actually went on a suicide hunt you know. I was going to cut my wrists, I was going to hang myself, I did what I called sexual suicide. I slept with man after man after man after

man trying to harm myself. Trying to purposefully catch something that I couldn't get rid of you know and it's I sa- sadly, sure enough I succeeded.”

Another CGNC male participant who also contracted HIV described a similar period where he would “manipulate a situation with someone I'm messing with so that they all hurt me...it's like I prefer that someone else do it than me do it.” In general, the greater difficulties experienced by those born male were also reflected in a stronger emphasis on not caring what others think and learning to stand up for oneself. As one participant described this shift in perspective as “you bite me once, that's fine, you bite me again that's when I'm mean.” Overall, the dress, mannerisms (*self-presentation*), and *interests/activities* of those born male remained a target for teasing and fights with peers, and several commented that their failure to “hassle girls,” sag their pants, or talk in slang clashed with their school or neighborhood culture. However, some reported that the increase in confidence and assertiveness they experienced following coming out lead to a decrease in conflict. For transgender females in particular, dressing up in women's clothes, styling one's hair, and wearing make-up continued or intensified during middle and early high school, although the participant exclusively attracted to women commented she wasn't really really feminine like most transgender girls, so “nobody seen it coming.”

Developmental Changes Associated with Gender Identity and Transition

As all participants became more familiar with a range of LGBT identities, differences in transgender participants' gender identities became more visible. These participants underwent *gender identity development* processes mirroring those of sexual identity development with added components reflecting exploration of, and adjustment to physical transition. Several CGNC participants went through similar phases of identity exploration, but ultimately chose not to transition or identify as transgender. While transgender participants' desired *physical self, self-*

presentation, and appearance to others (as male, female, or transgender) appeared to underlie or reinforce their gender identities and motivations for transition, experiences in these dimensions overlapped somewhat with those of CGNC participants.

CGNC females and transgender males

Transgender males reported first becoming aware of the possibility of transition in college through meeting other transgender students, attending youth groups, watching documentaries, and/or reading autobiographies. Before adopting a transgender *identity* or deciding to transition, these participants discussed a period of joining a sorority as a “last ditch effort at being a girl,” trying to suppress it with religious counseling, or being transphobic followed by a few months of rejecting anything female such as wearing a bra. This first participant further discussed how his fear surrounding the male societal role (e.g., males as aggressors) and worry about becoming like his brother/father kept him from identifying as transgender right away. This latter participant explained that he felt like the impetus to transition hit him overnight and then became somewhat of an obsession. In contrast, the participant who was consistently mistaken for a boy since childhood described realizing that he was getting a mix of male and female pronouns on campus and subsequently reaching a breaking point where he could no longer function as a female: “that’s when I really freaked out about my gender and realized I can’t live like this.” He further explained that dealing with a major health condition caused him to reconsider the pros and cons of transition. In general, adopting a transgender identity and starting to transition was described as a process of finding oneself, being brutally honest, stopping attempts to compartmentalize or deny feelings, and adjusting puzzle pieces to figure out what fit best.

For three of the four transgender males, transition involved taking testosterone. Two received counseling and treatment through a LGBT center, which they described as “a really great experience,” while one experienced greater difficulty. The first therapist he saw decided he wasn’t competent, the second was worried about the client’s mental state given his Autism, and the third wouldn’t write a letter due to the lack of family support until the participant became severely depressed and called a suicide hotline. Several were initially scared to start testosterone because they were unsure of the specific effects it would have on them, and two subsequently described this second puberty as a confusing, “emotional rollercoaster.” In reference to changes in their *physical self*, one participant commented that it took several years to grow facial hair, while another noted quick changes in his voice and facial hair that he wished had occurred more gradually. Two specifically disliked the initial “awkward” or “androgynous” period where they reported looking like a boy or somewhere in-between. Several also discussed the social adjustment of learning how to interact in “the boys club” and being treated as male by others. However, with time participants reported an increased comfort, confidence, and self-assuredness, with the participant who was quoted above discussing suicide in childhood now reflecting: “I do have a lot of worries about my future but I don’t have so many doubts that there can be a future.” At the time of the interview, all three participants were consistently passing for male in their day-to-day lives. While one commented that he is ok with people assuming his identity because it allows people to see other aspects of himself rather than focusing on his gender, two described a tension between this perspective and also wanting to share their history with others and wanting their queer identity to be more visible. None of the participants desired bottom surgery. Although one participant definitely wanted male genitalia he commented “whatever I have now works fine and I’m not going to mess with it just so you know, what? so I can have a penis? Like that’s not

what being male is about.” Similarly, participants also had adjusted enough to their chest that top surgery was not a priority particularly given its cost. In the most extreme case, one participant reported trying to cut off his breasts when young, but that he has since learned that it is how one holds their chest and draws attention to it that matters and that he is now able to see his breasts as male breasts.

In contrast, the transgender, stud identified participant did not discuss a specific transition process (although she is now frequently seen as male), and indicated that she has learned to live with her breasts and isn't interested in making any physical changes, including testosterone as she doesn't want facial hair or anything 'extra.' However, she did report a period of 6 months to a year where she would introduce herself as male, although she is unsure why she did so. The three CGNC females who described a desire to be a boy during late childhood also experienced periods of identifying as transgender or exploring transition in their teen years. These participants described meeting transgender men at a youth group or researching other's stories online and realizing that their interest in transition was not as "serious," that they didn't want some of the changes or risk factors associated with testosterone, or that these changes were too unclear. Although she commented that it was hard to remember what she was thinking at the time, one reported that her main motivations for exploring transition were to have a flat chest and be more accepted by her family. However, after she discussed the process with her aunt, realized how expensive the surgery was, and found her breasts became smaller when she lost weight, her perspective changed. When reflecting on their *identity*, two CGNC females also commented that the term transgender would fit with their experiences, but that they weren't familiar with the term until recently, don't like the term, or don't want to confuse people who wouldn't know what it means. Several also commented that they didn't think there was anything that necessarily

separated their experiences from those of transgender men, except that trans men ‘really just want to be men.’ Several transgender men explained that there were women who were more masculine than themselves or others who felt more comfortable in-between genders, but that their internal sense of self and view of their *physical self* was male.

CGNC males and transgender females

Several transgender women recalled being exposed to drag queens from a younger age but that this identity didn’t fit with how they saw themselves. It was not until they reached high school that most began to meet and become knowledgeable about other transgender women and thus became able to articulate and express their sense of difference (*identity*). However, one did recall feeling “starstruck” “envious and confused” when he first saw a transgender women on the train at age 10. These participants generally reported meeting one or two transgender women at first, with some becoming more integrated into a transgender community or group of friends over time. They typically traced the start of their transition and identification as transgender back to experiences dressing as women (including doing their hair and make-up). One participant described it as her few minutes of bliss where she was able to look at herself like “I look like a girl, like this is how I’m supposed to look.” While these participants primarily discussed meeting other transgender women through friends or while in gay neighborhoods, two researched information and read autobiographies online and one was particularly influenced by a transgender youth worker who made her feel like “my world was changed:” “[without her guidance] I don’t think that I’ll be as strong and as powerful.” Another explained her sister was crucial support throughout transition: “without her I would’ve felt like I’m not a person... like I wasn’t deserving to, you know, be here on earth.”

While one described her change as occurring overnight, most discussed transition as a process of observing other women and improving one's appearance (*self-presentation*) over time, often with the help of hormones. The one participant who identified as a gay man and transgender woman described herself as "anti-medication" (although she reported having silicone injections in her lips), while the rest reported taking hormones that they obtained primarily from illicit sources (a "mone lady" or "gay mother"). Due to financial constraints, several reported periods of going off of hormones, with one explaining she stopped taking illicit hormones because she felt like they weren't affecting her correctly and were "fucking with her head," and that she is currently saving money to visit a doctor. Another described becoming impatient with the length of time required to see changes explaining that she wouldn't be happy being seen as a guy wearing women's clothes. This participant, the lesbian identified transgender female, elected to have several surgeries (breast implants and facial plastic surgery) through financing she never paid back and also received free flowing silicone injections in her hips, butt, and face. While she reported that she heard warnings about such injections she commented: "I would pick like, if it's a short life looking the way I want to look, than a long life of being miserable and unhappy." Other effects of hormones included "break[ing] your body down," making your skin softer and glowing, creation of a female shape and breasts, and feelings of being both relaxed and more emotional. Several discussed an initial confusion, weird feeling, or "rough period" while they adjusted to these effects, with one commenting that she was initially "freaked out" when she started growing breasts. All but one desired breasts, with two explaining that this desire only surfaced after starting hormones. Desire for "bottom" surgery varied. While one participant explained feeling detached and uncomfortable with her male genitalia, she is hesitant to consider surgery because her partners are specifically attracted to her anatomy and tell her not to get

surgery. Another commented that she is probably going to want a female genitalia in the future, but thinks it might be less fun and that her male genitalia is currently the “moneymaker.” In contrast, the lesbian participant explained:

“Where I’m from, in the ‘hood the lesbian girls they have the one girl, that you know, uses a device and the other girl that doesn’t... I just thought of myself as the lesbian that didn’t have to go to the store and buy mine, it was already there, it’s like a permanent strap-on.”

Two reported being comfortable with their genitalia, and one wasn’t initially thinking about getting the operation, but now thinks that it will complete her and allow her to be less worried about safety. At the time of the interview, several transgender women were consistently passing, one was experiencing daily harassment and fights as a result of her difficulty passing, and one was temporarily presenting as male because her financial situation forced her to return home to live with her family who were unsupportive of her transition. Difficulties obtaining housing and employment were also pervasive.

Of the CGNC male participants, in addition to the two participants who expressed ambivalent feelings about transgender identification and transition, one reported a 6 month period of identifying as transsexual and considering transition. This participant discussed wanting breasts and a vagina only during this period where he would frequently dress up “head to toe” and travel to the gay neighborhood to see what reaction he would get or how he felt. He reported that 50% of his decision not to transition was because of the stereotype that all African American transsexual females are sex workers, with “25% of it was medical problems and 25% was probably like just unsure if I would be willing to go that far because once you go that far, you can’t really turn back and still be the same person that you were.” Cost associated with

transition was also discussed as a major disincentive along with the disapproval of important family members, concern over ability to find a job as a transsexual, potential complications or irreversible nature of the procedures, and inability to create fully functional female genitalia. One specifically explained that it would “freak him out” to be female from the waist up and male from the waist down, and that he used to picture himself as a “full fledged woman with working vagina, that wasn’t gonna happen so I’m like forget it,” and that now he occasionally wishes he had a detachable female body. The other participant commented that he has gone through periods of depression over his desire for physical transition and to be seen as a woman and will do it if he ever gets the money, but feels good about himself now.

Beyond Gender Identity: Gender Expression and Sexuality into Early Adulthood

By late adolescence, participants’ *self-presentation, interests/activities*, and overall sense of self as masculine/feminine appeared to reflect a larger dimension of gender expression. This dimension was mostly distinct from one’s *identity*, but tended to inform or reinforce it. When discussing their current *attractions/behaviors*, in addition to the sex of one’s partners, the gender expression of one’s partners and resultant gender dynamics within the relationship or interaction emerged as important components.

CGNC females and transgender males

At the time of the interview, two CGNC females reported seeing themselves as both masculine and feminine had longer hair and reported that gender doesn’t typically come up in their day-to-day interactions. Both reported dating a range of masculine and feminine women, with one commenting that she is most attracted to those who are similarly versatile/androgynous as this fits best with her gender, while the other is “more attracted to a personality than the physical appearance.” The remaining four CGNC female participants viewed themselves as

mostly to very masculine, citing an interest in sports and cars and/or disinterest in cleaning as well as making reference to their masculine clothing and mannerisms. These participants were often mistaken for men or boys in their day-to-day interactions, but reported that this doesn't bother them so long as others are not disrespectful. Several also commented that their friends or family treat them "like one of the guys." All four were fairly exclusively attracted to feminine women (although they discussed other characteristics such as personality as being important), with most stating that they had no interest in dating a masculine woman or stud:

"If I'm going to be attracted to you and you dress like a man like I dress like a man I might as well be attracted to a man cause you're gonna try to strap me and a man got a penis and this is all the same thing to me that's how I think about it"

While they also discussed playing the more stereotypical "male" role in relationships, some commented that the dynamics are more equal and that there are some other differences (e.g., they are more sensitive than men, the sex is different). Variation also existed among the transgender male group, with the transgender stud identified participant reporting attractions to feminine women and the asexual identified participant reporting no attractions or interest in romantic relationships. One transgender male explained that his fiancée's androgyny is a good fit for him and his personality, while another voiced frustration that "pretty much anybody could be on my radar but I'm on pretty much nobody's radar." Two transgender males specifically discussed feminine aspects of themselves or feminine interests such as cooking or becoming an elementary school teacher, which they become more comfortable expressing following transition. The transgender stud commented that while she has almost exclusively 'male tendencies' she has picked up the mannerisms of gay men from hanging out at the city's LGBT center.

CGNC males and transgender females

Most CGNC males saw themselves as moderately to very feminine, although several commented that they also have masculine characteristics, with one describing himself as a “tomboy that is a guy.” Another explained that his masculine and feminine selves feel very separate, but that this could be because his friends would pressure him by saying he either had to be masculine or couldn’t leave the house. While it initially took effort to talk deeper and walk a certain way to please them, this later became automatic, particularly when he was interacting with feminine gay men. Given he is attracted to more feminine men he feels he needs to be more masculine to create a balance, although this feels weird to him. Others commented that they are attracted to more masculine men and typically take on a feminine role in the relationship, which was described as cooking, cleaning, and being a “homebody.” However, two specifically identified as sexually versatile with one participant expressing frustration that others “throw their role at me” and expect him to be the “bottom” commenting that these days “feminine role doesn’t matter anymore.” Of the transgender females, one commented that she is only attracted to straight acting men, one that she is attracted to feminine (mostly gay) men, another that she is attracted to masculine looking men with a balance of masculine and feminine traits, and two described being attracted to a range of feminine to masculine men (with one explaining she is most attracted to an overall person not specific traits, and that she has noticed attractions to females as a female now that she has transitioned). The lesbian identified participant explained being attracted to women that dress comfortably and whom she can play sports with. While these participants wanted to be seen as female in relationships and sometimes reported doing more cleaning and cooking than their partners, several commented that there wasn’t a specific role they played and that they wanted the relationship to feel equal.

Discussion

When the field of sexuality research was founded just over a century ago, same sex sexuality was conceptualized based on an inversion model that essentially conflated sex, gender, and sexuality by assuming that an individual who experiences same sex attractions must possess an opposite sex ‘essence.’ The emergence of a transsexual identity roughly a half century later served to problematize the relationship between sex and gender identity, but largely maintained this conflation. Such individuals were viewed as being born in the wrong body, and following transition, were expected to exhibit a gender expression and sexuality that conformed to the binary model of male and female. In the context of shifting sociocultural norms and increased sociopolitical organizing, succeeding decades have witnessed an increasing articulation of the complexity of experience and identification among LGBT individuals. Researchers attempts to understand these experiences and identifications, although improving, have historically been limited by premature attempts to categorize and essentialize differences and failures to critically examine the cultural assumptions imbedded within research frameworks. Given the continued fragmentation of research on gender non-conforming individuals, present study aimed to descriptively explore the identity development processes of a racially diverse group of LGBT youth who shared similar experiences of childhood gender non-conformity but came to identify in a variety of ways. In doing so, a number of complex, interconnected dimensions of gender and sexuality were revealed. Consistent with existing literature, participants discussed their birth sex, gender expression, gender identity, and sexual orientation as distinct, yet overlapping aspects of themselves (e.g., Carr, 2005; Devor, 1993). Within gender expression, further dimensions of interests and activities, self-presentation (clothing, appearance, mannerisms), and overall masculinity/femininity were found. Related to gender identity, dimensions reflecting one’s

internal sense of self, ideal physical self, and ideal presentation to others were also found. The sex and gender expression of partners as well as the gendered dynamics occurring within relationships emerged as important dimensions related to sexual orientation/identity. Relationships appeared to exist among these dimensions; however, many exceptions existed, even within the relatively small sample size. Additionally, while similarities existed both within and across all groups, important differences were also present. Particularly given the conflicts that CGNC evoked within peer, family, and larger societal contexts, experiences of non-conformity were often central to the youth's gender narratives. However, these were not linked to any one particular gender identity outcome.

In general, childhood ratings of gender nonconformity appeared to capture overall CGNC fairly well, as reflected in participants' discussions of their childhood experiences. Further, this non-conformity appeared moderately to highly stable over time, as suggested by previous research (Lippa 2008a; Rieger, Linsenmeier, Gygax, & Bailey, 2008). In childhood, the interests and activities of transgender and non-transgender participants were nearly indistinguishable. This gender nonconformity was reflected on as inherent or natural, and typically appeared before participants described becoming aware of societal gender roles and stereotypes. Self-presentation, most notably wearing clothing more associated with the other gender, was also important to most participants, although those born male did not have an opportunity to consistently wear female clothes. However, at this young age the participant's conceptualizations of gender were much more limited than in adulthood, as was knowledge of alternate gender expressions and identities. Some did not make much of the ways in which they differed from their gender conforming peers, while others recalled imitating, looking up to, or feeling as if one was the other gender. This appeared to lead some CGNC females in particular to feel more male,

or think that they should be male, as in Carr's (2005; 2007) studies of tomboys. Transgender females expressed the most explicit cross-gender identifications in childhood, perhaps because their interests in female clothing, make-up, and hair were more explicitly gendered. However, participants from all groups had to negotiate their gender non-conformity within family, peer, and neighborhood contexts.

Less clear was which, if any, participants would have met criteria for GID in childhood, although this was not formally assessed. For many participants, behavior and interests were similar to those seen in GID (Zucker, 2004). While a handful indicated some degree cross-gender internal sense of self during childhood, it was unclear whether this was ever voiced to others and whether the severity of associated impairment/distress would qualify for a diagnosis (DSM-TR, 2000). Interestingly, the several participants who experienced severe distress described this as a time where they struggled with how to making meaning of their experiences with gender or were unable to see how these experiences fit within their social worlds. Thus, the clarity of expressed cross-gender identity and the severity of distress experienced by children who meet criteria for GID suggest that they may be a unique sub-group that differ from both the subsequently transgender and non-transgender, highly gender non-conforming participants in the present study. However, the ability to predict early adulthood transgender identification within the present study based on childhood experiences appears equally as difficult as in longitudinal studies of children with GID. Participants' ability to clearly identify and articulate both their sexual orientation and gender identity seemed to rely on their exposure to LGBT others in combination with maturation of: (1) cognitive processes, including the process of comprehending and integrating experiences with more abstract representations of these experiences, (2) affective processes, including exploration and making meaning of one's attractions and emotional

experience surrounding gender (3) social processes, including understanding of how one's experiences fit within the larger social world.

However, not all participants' gender identities conformed to a male/female gender binary. By early adulthood, several gender identity based groupings were visible. First, a small subset of CGNC participants reported no history of questioning their gender identity or exploring alternate identities, although their gender remained non-conforming. A second subset of currently non-transgender identifying CGNC participants described a period of questioning or exploring other gender identities either during childhood, late adolescence, or both. In terms of transition, these participants considered similar factors as transgender participants but identified more disincentives, weighted these disincentives more strongly, or felt less of an overall desire to do so. Factors such as societal or family acceptance or ability to find employment were particularly emphasized for some members of this group. Within this group, several were still struggling somewhat with their conflicted feelings, while the remaining participants appeared content with their decision. Generally, these participants no longer identified or considered identifying as transgender once they rejected the possibility of medical transition, although several described themselves in androgynous terms (e.g., that they could be considered genderqueer or that they are a male tomboy). Of those identifying as transgender, two partially retained the gender identity associated with their birth sex and, at the time of interview, had opted not to take hormones.

For those CGNC individuals who temporarily explored or held a cross-gender identity, particularly during childhood, subsequent rejection of a transgender identity may reflect the development of more complex views of gender coupled with a relative lack of anatomic dysphoria. Consistent with constructivist perspectives, retaining the gender associated with one's

birth sex did not necessarily entail an explicit embrace of this identity or reflect an underlying, inherent ‘maleness’ or ‘femaleness’ that existed beyond one’s physical sex characteristics (Butler, 1990; Newman, 2002). Rather, it appeared to instead reflect: (1) adaptation to the societally imposed disconnect between one’s gender non-conforming interests/self-presentation and those expected based on one’s birth sex and (2) acceptance or lack of active defiance against this ‘default’ gender identity. These processes were aided by participants’ ability to fully express aspects of their gender non-conforming self, which often blurred the boundaries between gender identity and expression. For example, CGNC females often took on ‘male’ roles in relationships and were occasionally too frequently treated as the other gender (e.g., as ‘one of the guys’) and/or ‘mistaken’ for men in their day-to-day interactions. These experiences are similar to those reported by Hiestand and Levitt (2004, 2005) who studied the gender identity development of butch identified women. For African American females participants in particular, the stud identity appeared to be a useful, alterative way of representing both one’s gender expression and sexuality, although a similar identity was not available to those born male. While an increasing number of studies are documenting the complexity of gender within transgender populations (Hansbury, 2004; Morgan & Stevens, 2008) additional research examining this full range of identity and expression are critically needed.

While transgender participants often reflected on their non-conformity in the context of their identity and transition, the sense of inappropriateness felt in reference to the gender associated with their birth sex did not appear to be a result of less flexible or complex views of gender. Consistent with previous research, most transgender participants discussed an internal, cross-gender identity or sense of self that was reinforced, but not determined by their gender expression (ability to express and present themselves in a cross-gender fashion). Ideal physical

self and ideal appearance to others were also important components that appeared to underlie gender identity. However, individual differences in the relative importance of each factor, the relationships between factors, and changes in each factor over time highlight the overall complexity of gender identity. Given the greater barriers transgender women experience when presenting as female, more attention is focused in this area, and experiences being viewed and respected as female appeared particularly identity affirming (Gange & Tewksbury, 1998; Shrock, Reid, & Boyd, 2005). In part due to the relative ease of passing following physical transition, transgender males appeared to focus more on adjustment to their new social role as men and subsequent status as an invisible minority. Thus, the emphasis placed on one's ideal appearance to others varied across individuals. This dimension, termed gender role casting by Nuttbrock and colleagues (2009), was mostly consistent with internal sense of self, but occasionally reflected a desire to be seen specifically as transgender or queer. Across transgender groups, much variation existed in participants' ideal physical selves, which occasionally became more salient following puberty, or shifted following transition. For all participants considering surgery, financial cost remained a major barrier and/or disincentive.

Historically, this sense of inappropriateness of one's birth sex, or the gender associated with this birth sex, has commonly been described as feelings of being born or trapped in the wrong body (Bolin, 1997; Mason-Shrock, 1996). However, some have argued that this is a simplified view; one that functions to conflate the complexities of gender within diverse LGBT individuals (Johnson, 2007; Lev 2004). Our findings shed light on issue by highlighting the ambiguity of such terminology (e.g., 'wrong body'), which could reflect one's ideal physical self, one's internal sense of self, or a combination of factors. For several transgender participants, these factors aligned or were personally emphasized in such a way that being born in the wrong

body was a useful explanation of their experiences, particularly given the need to provide explanation of their transition to non-LGBT individuals. As suggested by previous research, self-narratives emerge developmentally in order to cohesively (1) self-affirm one's sense of self in a way that reflects and makes meaning of one's struggles to do so (2) provide methods of communicating these experiences and sense of self to others (Mason-Schrock, 1996; Schrock & Reid, 2006). For those individuals whose gender identities and expressions were less called into question by others, less of an explicit explanation or narrative was developed. The greatest tension appeared to exist for those individuals whose sense of self combined aspects of male or female, or most visibly challenged the larger society's conflation of sex, gender, and gender expression. However, across all participants, most mentioned gender conforming or gender non-specific traits, interests, and activities, or objected to viewing these in terms of a gender binary. Additionally, most described situations where they became frustrated with others making assumptions based on their self-presentation or identity. More broadly, these experiences help to elucidate the reciprocal relationships between one's sense of self, the need to articulate and affirm this sense of self, and the need to convey this sense of self to others (see Davis, 2008 for a more detailed exploration).

In addition to dimensions of gender identity and expression, important gender related variations existed in partner preference. While some expressed a strict preference (e.g., only attracted to feminine females), others expressed little preference (e.g., explaining that personality was most important). This preference was somewhat related to participants' self-perceived levels of masculinity or femininity, with those who described themselves as being more androgynous tending to indicate less extreme preferences. As such, it appeared to reflect a preferred relationship dynamic or balance between one's own gender and that of one's partner. This

masculine- feminine pairing appeared particularly salient to stud identified CGNC females, which was further reflected in sexual preferences (e.g., top vs. bottom). However, CGNC males appeared more likely than CGNC females to specifically describe themselves as sexually versatile. Several transgender females described experiencing pressure from male partners to use or retain their male genitalia, although their own interest in doing so varied. Interestingly, transgender participants described a range of partner preferences that conformed less to a masculine-feminine binary. While the vast majority of existing literature has defined sexual orientation exclusively based on the sex of individuals involved, several studies of online dating ads have attempted to examine these differences in attraction based on partners' gender expression. One study conducted by Bailey and colleagues (1997) suggests that gay men typically seek masculine partners while lesbians seek feminine looking partners although, consistent with an additional study conducted by Smith and Stillman (2002), this relationship was weaker for lesbians. Bailey and colleagues (1997) suggest that such findings are consistent with EBE theory in that individuals become most attracted to those they felt most different from in childhood. However, in contrast to the present study, they found that masculine lesbians tended to seek masculine partners. Across groups, a significant number of participants identified their sexual orientation in non-traditional ways through identifying as queer, choosing not to identify, or combining several identity labels (e.g., gay and heterosexual). As previously mentioned, a stud identity was also claimed by the majority of CGNC females, but appeared to reflect a more explicitly defined constellation of gender based attributes. As suggested by previous research (Bockting, Benner, & Coleman, 2009; Kuper, Nussbaum, & Mustanski, *in press*), the use of such identities appears to reflect a greater integration of gender and sexual orientation related aspects of the self, as well as a recognition of the complexities and

interrelatedness of these aspects. This was also reflected in a tendency to simultaneously identify with multiple gender identities and/or retain identities that reflected participants' unique histories of gender socialization and/or transition.

Notably, most participants expressed little internally driven 'identity confusion,' as longer delays in the identity development process appeared directly related to unsupportive contexts. The few participants that appeared to be still struggling with aspects of identity development lacked personally relevant models for effectively integrating aspects of themselves, or were not receiving adequate validation of their sense of self from others. Initially, invalidating or rejecting environments functioned to block access to methods of integration and prevent self-expression. Over time, experiences of rejection across multiple environments appeared to lead to a partial internalization of the identity conflict. This also impacted these youth's ability to form healthy romantic relationships and had the capacity to evoke severe emotional distress and suicidality. A growing number of studies support these findings, including Friedman and colleagues (2006) who found that among gay men, peer bullying mediated link between gender nonconformity and suicidality. Similarly, in a large, national sample of LGB youth, Needham and Austin (2010) found parental support either fully or partially mediated the relationships between GLB identity and several negative mental health outcomes including suicidality. However, by the time these youth reached early adulthood, most were able to seek out alternative environments (e.g., school groups, youth clubs) and/or cited a particularly pivotal, supportive relationship (e.g., youth worker, family member) that facilitated the development of a personal resiliency. These findings provide support for what Bockting (2009) has termed a paradigm shift within the field of transgender mental healthcare. This shift is occurring away from a disease-based model, which focuses on a need to correct a perturbation in development, towards an

identity-based model, which focuses on the effects of larger social stigma. Consistent with this latter model, race/ethnicity as well as other demographic characteristics did not appear to directly impact the nature of the underlying identity development process, but reflected important variations in the contexts within which these processes occurred (Bith-Melander, Sheoran, Sheth, et al., 2010).

As a whole, the youth's experiences and identities reinforce the perspectives of a growing number of researchers who have demonstrated how fundamentally intertwined identity developmental processes are with the larger sociocultural context (e.g, Cohler & Hammack, 2007; Hammack, Thompson, & Pilecki, 2008). In comparison to previous studies, participants appeared to have greater access to information about being LGBT as well as greater contact with both similar and different LGBT others, both of which appeared to be a crucial initial prerequisite of identity development. Particularly when coupled with supportive family and peer contexts, these processes began at earlier ages and progressed more quickly. In terms of both gender and sexual orientation, this shift in timing appear beneficial, as longer delays were associated with greater contextual barriers and thus greater distress. However, knowledge of and interaction with other transgender individuals also occurred at a significantly older age, typically after puberty. While transgender participants often discussed an adjustment to transitioning, none experienced regrets. Additionally, associating with a range of LGBT others, primarily in gay friendly neighborhoods, LGBT youth groups, and Online, facilitated exposure to a range of alternate perspectives and possibilities that have historically been unavailable or difficult to access (Lev, 2007). Given these connections were primarily forged within LGBT affirming contexts, and among LGBT individuals themselves, these evolving ways of making meaning of gender and sexuality appear less influenced by external barriers or expectations. This appears to

have lead to an increased recognition of the complexity of gender, sexuality, and identity, which has translated to fewer stereotypes or expectations of what it means to be a certain identity. For example, in partial contrast to some previous studies (Bolin, 1998; Devor, 2004), transgender identity appeared less explicitly linked to a specific progression of hormonal and surgical intervention, or a specific sexual orientation or partner preference. Nonetheless, a minimum of hormone therapy appeared necessary for one to pass and, for most transgender participants, to feel validated in one's gender identity. What remains unclear is whether this increase in diversity within the transgender spectrum is primarily a reflection of a greater number of individuals identifying as such, a loosening of expectations among those who are transgender (e.g., less pressure felt to 'fully' transition), or combination factors.

Regardless of this etiology, adjustment was maximized when youth gained greater exposure to a range of possibilities and freedom to explore and identify in the ways that they felt fit best their personal experiences. This need for such exposure and validation is highlighted in Brill and Pepper's (2008) handbook for families of gender non-conforming and transgender children. Despite such shifts, significant barriers also continue to exist, primarily unsupportive family, school, and neighborhood contexts. Language to communicate gender related differences also continues to appear limited, as participants occasionally experienced difficulty articulating aspects of themselves and primarily relied on stereotypical conceptualizations of gender to do so. Taken together, it remains important to support continued articulation and expansion of gender and sexuality based understandings not only within LGBT individuals and communities, but also within mainstream, heterosexual society. Without the latter, some degree of fragmentation will necessarily exist between how one experiences oneself and interacts with similar others and how one is seen by and interacts within one's day-to-day world. As researchers and clinicians have

shifted to focus on context, school based interventions aimed at promoting peer acceptance with CGNC children have demonstrated promise, as have affirming and supportively focused approaches with parents (Benestad, 2009; Menvielle and Tuerk, 2002; Rosenberg, 2002). On an individual level, more research is needed to explicate how personality and other individual differences interact with stressors and ability to recruit supportive resources and adopt positive coping strategies.

Several important limitations are worthy of consideration. Namely, the small sample size likely restricted the range and diversity of experiences present, and thus is not meant to be representative of gender non-conforming LGBT populations as a whole. While participants within the present study were all gender non-conforming, additional studies are also necessary to explore these dynamics within other LGBT groups. Coming out, for example, may be easier for CGNC individuals since many of their experiences fit with the historically dominant narrative that equates gender non-conformity with LGB identity (Gottschalk, 2003; Rieger, et al., 2010). However, these individuals are also likely to experience less teasing, harassment, and rejection. Given participants' proximity to a large city, they likely experienced greater access to LGBT services as well as greater opportunity to interact with a range of LGBT individuals in LGBT affirming spaces. The present study also relied on retrospective reporting, and thus should be interpreted with caution as such recall is likely shaped in part by one's current identity and self narrative. In light of research demonstrating that important fluctuations in identity, attraction, and behavior continue to occur throughout early adulthood, particularly for certain groups of individuals, additional longitudinal studies are needed (Diamond, 2008; Diamond & Butterworth, 2008). Continued research examining how sociocultural shifts intersect with

personal experiences is also needed, as such shifts remain ongoing and appear to have intensified over the last decade.

Despite these limitations, the present study adds to a growing body of literature documenting the complexity of gender and sexuality within LGBT individuals. Through reflecting on the experiences of individuals who share similar childhood experiences of gender-nonconformity, the present study has further elucidated multiple gender and sexuality relevant dimensions of experience that are simultaneously related, distinct, and interactive. These dimensions were also found to change over time and were shaped by the larger sociocultural context. In spite of such complexity, participants evidenced a remarkable resiliency, and processes of identity development appeared to unfold naturally when in supportive contexts. When conceptualizing research questions, selecting data collection methods, and interpreting findings, researchers should carefully consider the potential implications of these multiple dimensions as well as their complexity. While not all dimensions may be relevant to any single research question, researchers typically include transgender participants within predominantly LGB samples with little discussion of the potential distinctiveness of their experiences, or exclude transgender participants without presenting justification for doing so. The multiple gender identity based groupings found in the present study, along with the similarities in experience that often blurred the boundary between gender identity and expression also represent a significant challenge to the transgender vs. non-transgender distinction. Lastly, frameworks for representing gender identity, orientation, and their development must be able to account for this full range of dimensions, with the recognition that certain contexts may effectively block or distort one's experiences within variety of these dimensions, while participant's life experiences and other aspects of self may interact and inform their experience of these dimensions.

Table 1

Summary of Means and Standard Deviations for Scores on the CGNC, Femininity, and Masculinity Scales as a Function of Participant Group

	CGNC	Femininity	Masculinity
Birth Sex Females			
Total sample	2.95 (1.67)	4.79 (1.79)	3.86 (1.69)
CGNC participants	5.38 (0.59)	2.28 (1.12)	5.56 (1.00)
Transgender participants	5.38 (0.78)	2.25 (0.96)	5.50 (1.04)
Birth Sex Males			
Total sample	3.45 (1.44)	4.17 (1.82)	4.05 (1.68)
CGNC participants	5.20 (0.28)	6.08 (1.20)	3.58 (1.42)
Transgender participants	4.50 (0.50)	6.56 (0.66)	1.33 (0.81)

APPENDIX A

Qualitative Interview Guide

Note: The content of the interview will focus on the issues identified below, but will follow a natural progression based on participant responses. Indented questions are optional and will be used if additional probing is necessary.

“The purpose of this interview is to learn about your experiences with gender and gender nonconformity. If you don't feel comfortable answering a question, just let me know and we'll skip it. All answers are confidential. Your name will *never* be attached to the things you tell me. You can choose not to answer any question by simply saying, ‘I don't want to answer that.’ Also, if you are not sure why I am asking a question or are not sure whether a question applies to your experience, please feel free to interrupt me and ask. Please answer each question as best you can while thinking about your own experiences. There aren't ‘right’ answers or any specific answers I am looking for- I'm interested in what has been true for you.”

How would you describe yourself when it comes to your gender?

How about your sexual orientation?

What do you remember about your childhood experiences in terms of gender?

How were your feelings of gender identity similar or different to those of other boys and girls?

What about your behavior? Interests? Type of friends?

How did your friends/peers and family react to your gender? How did this change over time?

What do you remember about the changes that happened during puberty?

Did puberty change your relationship with your body? If so, how?

Did puberty change the way you thought about your identity?

What was the process of coming to identify as [participant's sexual orientation] like? What was the process of coming out like?

What is the relationship between your sexual orientation and gender?

How did your friends/peers and family react to your sexual orientation? How did this change over time?

How do you explain your own process of transition? What has been important in this process?

(Transgender identified participants only)

Where are you in this process?

How do you see this process continuing over time?

Have you ever considered identifying as transgender or explored transition? Why or why not?

(Non-transgender identified participants only)

What sorts of involvement have you had with LGBT communities?

How have these communities influenced your experiences, or how you think about your gender/sexuality?

Have you used the Internet to find out more information about being LGBT, or to find others who also identify as LGBT?

What role has this played for you?

How would you describe your friends' sexual orientations and gender identities? (e.g., are they mostly LGB, or T?)

Have the types of individuals you have been friends with changed over time?

Have your friends, or their experiences with gender, influenced how you think about your own gender?

What other factors do you think were important in your development as a [sexual orientation/gender identity] individual?

How do you think your experiences compare to those with the same identity? How about those with different identities (e.g, a feminine gay man if participant identifies as a transgender woman)?

What role has your race or ethnicity played in your experiences?

In what ways do you think these experiences would be different for those of a different background?

Is there anything I left out that has been important to you growing up or today?

APPENDIX B

Qualitative Data Analysis Codebook

Note: All bolded words/phrases are codes. Underlined words/phrases are not codes.

Time course:

Puberty (Include any mention to the physical changes occurring around puberty, or anything else participant links to puberty, or discusses in response to a question regarding puberty)

Future (Include future or ideal self/partners)

Self:

Interests/activities

- Any interests or activities discussed by youth (whether or not they enjoyed them)
- Toys, sports, video games, TV/Movies, role play (i.e. house), jump rope, fashion, cheerleading, etc.
- Code dress up play as both interests/activities and self-presentation

Self-concept/image (aspects of the self)

- Can include “I’m not this” statements
- Doesn’t need to be centered on a specific label or identity, but does need to reference how youth makes meaning of self
- ‘Identity’ will overlap with ‘self-presentation’ and ‘physical self’ when these topics are discussed in reference to the youth’s sense of self as male/female, masc/fem, etc. However, youth may also discuss self-presentation or physical self without specific mention of gender/sexuality, in which case ‘Identity’ should not be coded
- If participant is talking about being masculine/feminine without linking this to a specific way of presenting themselves or appearing physically, code this as Identity
 - o Also code Self-Presentation or Physical self if participant elaborates in a way that fulfills these criteria. Still code Identity as well, unless masculinity/femininity is mentioned **ONLY** in reference to these other codes
 - i.e. “I have feminine features” Physical self only
 - i.e. “I act feminine” Self-presentation only

Identity (Gender and sexual orientation specific)

Identity refers to a gender/sexuality related understanding of self, thus description should be internally focused (vs. discussions of others expectations/reactions, etc. to youth’s gender/sexuality)

1. The identity labels youth uses to represent their gender/sexuality
 - Not just mention of being [gender/sexuality related identity/expression], unless youth is explaining that this is the label that fits their experience
2. Youth’s explanations of what it means to them to be [gender/sexuality related self concept]

- What youth sees as related to their gender/sexuality based sense of self (self concept)
 - Including how different aspects fit together (i.e. being feminine and gay)
- Can be range of descriptive (how they wish to appear) and/or meaning based (how they feel)
- Includes:
 - Boundary conditions (youth stating what is /is not part of self concept)
 - Youth-motivated exploration of how this self-understanding fits with others' expectations, roles, societal views (also code relevant individuals/groups)
 - How others inform/relate to youth's understanding of their own self concept (also code relevant individuals/groups)

Self-presentation (clothes, hairstyles/length, make-up, mannerisms, dress up play, references to being effeminate or flamboyant)

Physical self (reference to anatomy, physical features, facial hair OR hormones, silicone injections, SRS)

- Code desire to take hormones or undergo procedures as well as discussions of how hormones/procedures relate to self concept/identity
 - Discussions of physical changes as result of hormones/procedures = Physical self only
 - Discussions of impact of hormones/procedures on sense of self = Physical self + Identity + Developmental change
- Code change in desire, exploration of desire, start (or stopping) of hormones/procedures, and psychological effects as developmental change
 - Do NOT code when youth is only discussing changes attributed to hormones/procedures and not how these impacted their sense of self, or the decision to start
- Code method of obtaining hormones/procedures as Medical/health NOT physical self

Racial identity/race

- Must go beyond mention of race/racial identity to include description or related interaction, etc.

Attractions/behavior

- Can include "I'm not attracted to..." statements
- Can be general statement (i.e. "I'm only attracted to women" "I'm not going to be penetrated") or mention of specific sexual experience or instance of attraction
- Code ambiguous ("I'm interested in..." "I have a preference for...") attractions, unless youth make it clear that the feelings are plutonic/friendship based
- Code discussions of components of attraction, including sex, gender expression, physical features, personality, behaviors, interests, so long as above condition is met
- Code "funny feelings" or other descriptions of emerging attractions
- Include hypothetical or ideal attractions (also code as future)

- Do not code mention of partner/potential partner (i.e. “someone I’m interested in”) unless youth discusses attractions to or behavior with the individual

Developmental process/change (Gender and sexual orientation specific)

1. Indicates an internally motivated shift or exploration of a potential shift in the youth’s self-understanding or self-concept, OR
2. Indicates a shift in behavior or self-expression to be more in line with self-understanding or self-concept, OR
3. Indicates an increase in comfort with self understanding or self-concept
 - May involve retrospective examination (i.e. looking back I was [developmental process]) or a recall of what was going on at the time (i.e. a behavior, feeling, thought that occurred).
 - Can be applied to the future if future self being described will require additional developmental processes/changes to be achieved

‘Coping’ response (Gender and sexual orientation specific)

- Strategies used by youth to manage conflicts between aspects of the self and others/contexts
 - Do not code emotional reactions (these now go under emotional distress), but do code withdrawing or avoidance of people, places, or activities when discussed in reference to conflict between self and others/contexts
 - Is the youth indicating this is something they would say to themselves or do that would allow them to cope or lessen conflict?
- Include perspective/cognitively based strategies such as “I don’t pay them no attention” or “I just know I’ve got to be true to myself”
 - Must go beyond “I dealt with it” or “I got used to it” to give explanation/discussion of *how*, OR situation in which he/she used the strategy
- Coping response infers youth is managing demands of situation/relationship (externally focused) while Developmental change infers change or potential change in the way youth views self (internally focused)
 - Occasionally, demands of others will result in a shift in view of self. If this is in the negative direction, code as Coping Response. If in the positive direction, code as Developmental Change
- Starting, stopping, or changing a coping response should only be coded as a developmental change if it fulfills one of the 3 developmental change criteria (i.e. “I started to attend BYC when parents were unsupportive, which made me feel more comfortable with my identity”)
- Do NOT include efforts of youth to explain the reaction of others (i.e. they reacted that way because they are religious), unless it is tied to a coping strategy, or youth indicates taking this perspective helps them cope

Emotional Distress

- Must involve discussion of negative emotion (sad, depressed, upset, angry, irritable)
- Does not include general difficulties, struggles, etc. unless emotional reaction is discussed

- Negative emotional states must significantly interfere with functioning, and/or appear to have lasted for a period of several weeks or longer

Macro-influences:

Religion

Media (Gender and sexual orientation specific)

- TV, movie, books, internet
- Only code LGBT related, or that which influenced youth's gender/sexuality, otherwise code just as interests/activities (if applicable)

Societal (Gender and sexual orientation specific)

- Generalization that mentions society, people in general (i.e. trans men are invisible in society)
- Needs to be more than a general statement about the world; implies collective judgments, perspectives, or expectations of a generalized group of people (i.e. "all parents would think...", "most people would...")
- Do not include anything with an interaction involving the youth (this would be captured in day-to-day, or family/peers/partners, if specified); what youth is discussing must be exist independent of him/herself

Micro-environments:

3 types:

1. Description of the context (characteristics, atmosphere, youth's feelings about the context)
OR activity/process specific to context
 - i.e. process of applying for a job, description of school group/team
 2. Interaction(s) occurring within the context (*applies to all except Home and Neighborhood-see description*)
 - i.e. "the teachers at school would..."
 - i.e. "during recess the other boys would..."
 3. Discussion of collective group of individuals within a context, OR individual(s) specific to context
 - Teacher(s), boss, neighbor(s), students as a whole
 - i.e. "people at school were ok with it, they didn't give me any trouble"
- If participant mentions context as a descriptor (i.e. "when I was in high school..." "my friend from school/work..." or "when I lived in the group home..."), discussion must meet one of the above 3 criteria to be coded
 - Discussion of characteristics of, or relationship with, friends from school/work/CBO/the neighborhood would be coded only as Friends/Peers
 - Interactions with friends/peers from school/work/CBO would only be coded if they are occurring specifically within the relevant context

Home/Neighborhood

- Description of where youth is living (who youth lived with, where home is located, atmosphere of home, circumstances directly surrounding moving to/from home). Include shelter, group homes, etc.
- Include descriptions of the geographic area surrounding the home that they are living at the time being discussed (i.e. home neighborhood)
- Do NOT code relationships/interactions with parents/caregivers/family, even if these are occurring at home. Only code explicit descriptions of the home. This can include descriptions of the atmosphere, but youth must explicitly tie these to the home (don't infer).
 - Code interactions occurring in home/neighborhood according to relevant individual/group code (or day-to-day if not specified)

Neighborhood-Other

- Include comparisons of neighborhoods or cities if above criteria are met
 - Code interactions occurring in a neighborhood according to relevant individual/group code (or day-to-day if not specified)

School/education

- Include skipping school, or dropping out of school

Job/workplace

- Include discussions of future jobs or mention of (possible or actual) expectancies of potential jobs/employers
 - i.e. “I know if I want to apply to that type of job they can't find out I'm trans”
 - If youth is not yet in the process of applying for job, code as future
- Do not code youth's discussion of need to get a job, or being unemployed (code as financial considerations) unless youth also elaborates on the potential job

Community based organization (CBO)/group

- Any group or organization that provides resources, support, activities, etc.
- If the group/organization is based at a school (i.e. GSA), code this as school/education and not CBO

Relationships/groups of individuals:

3 types:

1. Description of individual(s)/group
 - Characteristics of, relationship with, feelings toward
2. Discussion of interaction with, or activity involving, individual(s)/group
3. Individual/group discussed as having an impact on the youth
 - Start/stopping behavior, shift in perspective, caused self-reflection
 - (must be having an effect on youth, not someone else)

Friends/Peers

- Others at similar developmental age level, or considered a close, non-familial relationship

Romantic/sexual partners

- Descriptions of youth's romantic or sexual relationship partner(s), including dating or 1 time experience
 - o Must mention interaction with partner(s), OR characteristics of partner/relationship that go beyond attractions/behavior OR are partner specific
 - "I've only dated feminine men" would not be coded
- Must be actual past, current, or future individual, or reference to a group of these individuals (i.e. "The men I've dated...", "I tell my partners...")
- Does not include references to broader groups of people ("I only date feminine men", code these under attractions)

Family

- Parents, sibling, other relatives
- Code step-family, but not close friends participant considers 'family'

LGBT individuals

- Don't include romantic/sexual partners
- Include specific individuals as well as references to groups of LGBT individuals
- Can overlap with other relationship/individual codes

Other:

Day-to-day interactions (Gender and sexual orientation specific)

- Must reference interaction(s) involving the youth
- Experiences with public bathrooms, busses, while walking around, in stores, etc., somehow involving youth's gender/sexuality (or perceived gender/sexuality)
- Do not code interactions with family, friends, peers, LGBT individuals

Financial situation/considerations

- Youth's financial situation, concerns, decisions
- Include mention of family's (or other important individual's) financial situation unless it is clear that it had no impact on the youth
- Include mention of costs associated with procedures
- Include economic necessity of finding a job

Healthcare/medical/therapy

- Access to, use of, perceptions of healthcare/therapy services as well as providers
 - o Include informal/illicit means
 - o Also code as CBO if this is where youth is receiving services
- Include discussion of circumstances surrounding how youth obtained hormones/medical procedures

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UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Determination Notice
Research Activity Does Not Involve "Human Subjects"

June 20, 2011

Laura Kuper, BA
Psychology
1007 W Harrison St
M/C 285
Chicago, IL 60607
Phone: (585) 749-5093 / Fax: (312) 413-4122

RE: Research Protocol # 2011-0474
"Developmental Narratives of Transgender and Gender-nonconforming Youth"

Dear Ms. Kuper:

The above proposal was reviewed on June 16, 2011 by OPRS staff/members of IRB #2. From the information you have provided, the proposal does not appear to involve "human subjects" as defined in 45 CFR 46.102(f).

The specific definition of human subject under 45 CFR 46.102(f) is:

Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains

- (1) data through intervention or interaction with the individual, or
- (2) identifiable private information.

Intervention includes both physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes.

Interaction includes communication or interpersonal contact between investigator and subject. *Private information* includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

All the documents associated with this proposal will be kept on file in the OPRS and a copy of this letter is being provided to your Department Head for the department's research files.

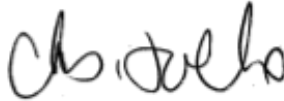
Phone: 312-996-1711

<http://www.uic.edu/depts/ovcr/oprs/>

Fax: 312-413-2929

If you have any questions or need further help, please contact the OPRS office at (312) 996-1711 or me at (312) 355-2908. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,



Charles W. Hoehne, B.S., C.I.P.
Assistant Director, IRB # 2
Office for the Protection of Research Subjects

cc: Gary E. Raney, Psychology, M/C 285
Dina Birman, Psychology, M/C 285

VITA

- NAME Laura E. Kuper
- EDUCATION B.A., Psychology, Vassar College, 2007
- HONORS Graduated with Departmental and General Honors, Vassar College, 2007
- Leadership Rochester Urban Fellow, 2006
- Arc of Monroe County College Scholarship, 2003
- PUBLICATIONS **Kuper, L. E.**, Nussbaum, R., Mustanski, B. (*in press*) Exploring the diversity of gender and sexual orientation identities in an online sample of transgender individuals. *Journal of Sex Research*.
- Clifton, A., **Kuper, L. E.** (2011) Self-reported personality variability across the social network is associated with interpersonal dysfunction. *Journal of Personality, 79*, 359-389. doi: 10.1111/j.1467-6494.2010.00686.x
- Kuper, L. E.**, Greenfield, S. F., Gallop R. J. (2010). Changes in coping moderate substance abuse outcomes differentially across behavioral treatment modality. *The American Journal on Addictions, 19*, 543-549. doi: 10.1111/j.1521-0391.2010.00074.x
- Greenfield S. F., Potter, J. S., Lincoln M. F., Popuch R., **Kuper L. E.**, Gallop R. J. (2008) High psychiatric symptom severity is a moderator of substance abuse treatment outcomes among women in single versus mixed gender group treatment. *American Journal of Drug and Alcohol Abuse, 34*, 594–602. doi: 10.1080/00952990802304980
- PRESENTATIONS **Kuper, L. E.**, Mustanski, B. (2011, September) *Exploring the developmental narratives of transgender and similarly gender-nonconforming youth*. Oral presentation at the annual meeting of The World Professional Association for Transgender Health, Atlanta, GA.
- Kuper, L. E.**, Garcia, S., Mustanski, B. (2010, November) *Identity exportation, coming out, and the Internet: A qualitative study of LGBT youth's experiences*. Paper presented at the annual meeting of the Society for the Scientific Study of Sexuality, Las Vegas, NM.
- Garcia, S., **Kuper, L. E.**, Mustanski, B. (2010, November) *Victimization as a Moderator and Mediator Between Childhood Gender Nonconformity and Current Psychological Distress: Findings from a Longitudinal Study of Urban LGBT Youth*. Paper presented at the annual meeting of the Society for the Scientific Study of Sexuality, Las Vegas, NM.

Greenfield, S. F., Cummings, A. C., **Kuper, L. E.**, Koro-Ljungberg, M. (2010, June) *A qualitative analysis of women's experiences in empirically supported single-gender versus mixed-gender substance abuse group therapy*. Oral presentation at the annual meeting of the College on Problems of Drug Dependence, Scottsdale, AZ.

Greenfield, S. F., **Kuper, L. E.**, Cummings, A. C., Gallop, R. J. (2009, June) *Comparing group process in the single-gender Women's Recovery Group versus mixed-gender Group Drug Counseling*. Poster session presented at the meeting of the College on Problems of Drug Dependence, Reno, NV.

Kuper, L. E., Nussbaum, R. (2008, November) *Gender identity, sexuality, and the transgendered spectrum: In their own words*. Poster session presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Orlando, FL.

Kuper, L. E., Cummings, A., Greenfield, S. F. (2008, May) *Can the Ways of Coping capture coping relevant to substance use recovery? An exploration of utility*. Poster session presented at the annual meeting of the American Psychiatric Association, Washington D.C.

Cummings, A. C., Lincoln, M. F., **Kuper, L. E.**, Gallop, R. J., Greenfield, S. F. (2008, May) *Self-efficacy as a moderator of treatment outcome in single-gender Women's Recovery Group versus mixed-gender Group Drug Counseling*. Poster session presented at the annual meeting of the American Psychiatric Association, Washington D.C., 2008.

Greenfield, S. F., Lincoln, M. F., Popuch, R., **Kuper, L. E.**, Cummings, A. C., Gallop, R. J. (2008, June) *Treatment engagement as a mediator of outcome in the Women's Recovery Group Study*. Poster session presented at the annual meeting of the College on Problems of Drug Dependence, Puerto Rico.

Kuper, L. E., Ittelson, A. D. (2008, April) *Exploring gender non-conformity, identity, and the power of language*. Workshop conducted at the Annual GLSEN (Gay, Lesbian, Straight Education Network) Conference, Boston.

Kuper, L. E., Tugade, M. M. (2008, January) *What explains persistence in stressful activism and volunteerism?: An investigation of resiliency, coping, and attitudes*. Poster session presented at the annual meeting of Society for Personality and Social Psychology, Albuquerque, NM.

Clifton, A., **Kuper, L. E.** (2008, January) *Perceptions of cross-situational personality: A social network approach*. Poster session presented at the annual

meeting of the Society for Personality and Social Psychology, Albuquerque,
NM.