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## Between cornfields and Kinfolk: Identity management among transgender youth in Midwestern families and communities

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### Abstract

Transgender and gender diverse (TGD) youth face high rates of discrimination and victimization in their communities and families that contribute to elevated rates of behavioral health concerns. While the individual links between community and family environments and well-being for this population are clear, how these environments work in unison remains unclear. Furthermore, the methods TGD youth use to manage their identities in these environments are not well understood. We address this gap by exploring the overlap between community climate and familial treatment of TGD identities and the methods TGD youth use to manage their identities in these environments. Semi-structured qualitative interviews were conducted with TGD youth ( $n = 19$ ) in two Midwestern U.S. states. Thematic analysis was used to develop categories that represent the phenomena being investigated and to understand relationships between categories. Findings depict overlap about TGD people between three components of community climate and family members that shaped the treatment of TGD youth. Furthermore, community climate toward TGD people influenced identity management through the availability of proximal resources. Four methods of identity management emerged from the data: emotion work, educating, connections, and generativity. Findings are discussed in the context of current literature, and recommendations are made for future research and practice with TGD youth.

### Keywords

community climate; family; gender diverse; identity management; transgender

### INTRODUCTION

Transgender and gender diverse (TGD) youth are often targets of victimization and discrimination in their social environments, including families, schools, and communities (Hendricks & Testa, 2012). Transgender youth include adolescents and young adults whose gender identity is not congruent with their sex assigned at birth, whereas gender diverse

youth do not identify as cisgender (one whose gender is consistent with their sex assigned at birth) or transgender boys or girls, resisting the male–female gender binary. TGD youths' experiences of discrimination and violence are associated with increased rates of mental and behavioral health concerns, including depression, substance use, eating disorders, and suicidality (Connolly et al., 2016; Reisner et al., 2015; Toomey et al., 2018). TGD are not inherently more likely to face challenges because due to their identities. Rather, the social environment in which TGD youth are situated is directly related to how they will experience discrimination and victimization and consequent mental and behavioral health concerns (Hendricks & Testa, 2012). Research highlights the individual importance of community and family environments on the well-being of TGD youth (Bariola et al., 2015; Pacey et al., 2019, 2020; Ryan et al., 2010), but the intersection of these environments has not been extensively studied. Additionally, the available research on TGD youths' environments overwhelmingly focuses on the direct relationship between social environment and health, overlooking important population-specific processes such as identity management.

Identity management refers to how TGD people manage the visibility of their gender within various social environments (Brooks, 2016; Fredriksen-Goldsen et al., 2017; Lance et al., 2010). The social environment is formative to how TGD youth manage their identities through the amount of safety it provides. Legate et al. (2012) found lesbian, gay, and bisexual (LGB+) adults are more likely to be out in environments that are supportive and visibility is associated with positive psychological well-being (i.e., high self-esteem, low depression, and anger). However, visibility has a complex relationship with well-being since low-to-no visibility can be simultaneously psychologically harmful while also providing a protective factor against violence. Pachankis and Bränström (2018) found concealment of identity to be associated with lower life satisfaction for LGB+ people in countries where their identity is highly stigmatized but protective of even worse life satisfaction than being completely visible.

Research has not examined identity management strategies among TGD youth based on the compounding relationship of their family and community environments. In fact, research focusing on the community-based experiences of TGD youth is woefully underrepresented in the broader scholarship (Pacey et al., 2020). Research exploring the interplay between community and family environments and how these environments shape the way TGD youth manage their identities is critical to understanding well-being outcomes for this population.

### **Community environment**

Community is an important social environment impacting the well-being of TGD youth (Pacey, 2016). Research exploring TGD and LGB+ youth has primarily focused on community size, comparing differences between very urban and very rural communities with less research on other aspects of community such as geographic region or community climate. It is well-established that TGD youth in rural communities face disproportionate rates of victimization and poor mental health outcomes when compared with TGD youth in urban communities (Pacey et al., 2017, 2019; Palmer et al., 2012). Simultaneously, TGD and LGB+ people also report strengths of nonmetropolitan communities, such as deeper

connections to other LGB+ community members, organizations, and activities (Oswald & Culton, 2003).

Expanding our understanding of community as a critical social environment for TGD youth requires exploring factors beyond community size, such as regional variations and community climate. TGD youth growing up in the Midwest and Southern U.S. experience higher rates of discriminatory rhetoric and victimization than TGD youth growing up in other parts of the country (Kosciw et al., 2016). Related qualitative research explores factors impacting TGD youth's experiences in these communities, through a mechanism known as community climate (Paceley et al., 2020). Community climate is defined as the level of support or hostility for TGD people in a community (Oswald et al., 2010). A supportive community climate is characterized by the presence of inclusive policies, supportive attitudes and ideologies, TGD-affirming resources and support, and visibility of other TGD people (Johns et al., 2018; Paceley et al., 2020). Supportive climates, especially a supportive religious climate, are associated with lower rates of alcohol use and decreased sexual risk-taking among LGB+ youth (Hatzenbuehler et al., 2012). Alternatively, a hostile community climate is characterized by negative attitudes toward TGD people, enforcement of a gender binary, anti-transgender or exclusionary policies, and a lack of affirming resources (Paceley et al., 2020). Hostile communities are associated with high rates of victimization, depression, and anxiety (Paceley et al., 2019). Recent findings suggest that LGB+ and TGD youths' perceptions of community climate are a better predictor of depression and anxiety than community size (Paceley et al., 2019).

### Family environment

Perhaps the most proximal and influential environment to TGD youth health is the family (Snapp et al., 2015), yet there remain limited investigations into how the family (e.g., family dynamics, processes, relationships) influences the lived experiences of TGD youth (Andzejewski et al., 2021; Newcomb et al., 2019). Much of the research on the family environment of TGD youth have been conflated with LGB+ youth experiences and hyper-focused on how family acceptance and rejection of a youth's sexual or gender identity are related to their mental health. Empirical research highlights the detrimental impact of family rejection, such as psychological distress, self-harm, and substance misuse (Bariola et al., 2015; Grossman & D'Augelli, 2007; Ryan et al., 2009), while family support and acceptance of gender identity are associated with positive health outcomes, such as higher life satisfaction and fewer depressive symptoms (Johns et al., 2018; Ryan et al., 2010; Simons et al., 2013).

Researchers have recently attempted to complicate these narratives of acceptance vis-à-vis rejection: conceptualizing TGD youth experiences in families as more nuanced and ambiguous (Andzejewski et al., 2021; Catalpa & McGuire, 2018). Theoretical and empirical work suggests that research characterizing families as either affirming or rejecting oversimplify the family environment for TGD youth. A recent qualitative study on family support among TGD youth found most participants received general support (e.g., housing, advice) from their families, but gender-specific support was less common (Andzejewski et al., 2021). TGD youth balance their need for affirmative family support with their desire

for family connection, even when those connections produce harm and hostility toward their gender identity. Recent research demonstrates that, among TGD adults, the most common family experience is one with equal parts support and rejection (Allen, 2020), and that these ambiguous environments are the most harmful to the health of TGD participants—even above outright rejection.

In a recent review on the influence of families on LGB+ and TGD youth health, Newcomb et al. (2019) suggested that, in addition to acceptance, support, rejection, and disengagement among families, researchers should also consider how other family processes shape the positive development and health of youth. For example, researchers have yet to explore whether parental monitoring and authority granting may be unique or complicated for TGD youth. Still, the field is limited by the lack of research on how TGD youth in the Midwest manage their identity within their families, particularly in relation to the communities they reside.

### Identity management

Identity management is commonly thought of as the strategies employed by LGB+ and TGD people to regulate the level of visibility of their stigmatized identities (Brooks, 2016; Fredriksen-Goldsen et al., 2017; Lance et al., 2010). Brooks' (2016) qualitative study with Black lesbian and transgender women found identity management strategies concerning sexual and gender identity helped participants maintain connections to their Black community. Visibility of identity, including concealing identity completely, is the most studied identity management strategy; however, other strategies include educating on identity-related issues, emotion work, bonding over other shared identities, and positive and negative identity appraisals (Brooks, 2016; Fredriksen-Goldsen et al., 2017). Importantly, identity management strategies, particularly concealing identity, are related to behavioral health outcomes (Fredriksen-Goldsen et al., 2017; Goffnett et al., 2021). While completely reducing the visibility of identity may be protective, it also reduces sincerity, conferring psychological stress that may be managed through health behaviors, such as substance use and self-harm (Goffnett et al., 2021). To date, identity management strategies have yet to be explored among TGD youth specifically.

Social environmental conditions, particularly hostility, necessitate identity management to preserve safety, and well-being (Brooks, 2016). The social environment is vital to identity visibility as it facilitates the experiences of discrimination and victimization that undermine safety (Brooks, 2016; Fredriksen-Goldsen et al., 2017; Goffnett et al., 2021). The social environment also facilitates visibility through the inclusion of identity-specific resources and supportive people (Fredriksen-Goldsen et al., 2017; Goffnett et al., 2021). TGD youth in unsupportive or hostile communities or families are at higher risk of experiencing unsafe environments and possess less access to supportive resources and people. Given that families are nested within communities, it is essential to explore these contexts together rather than separately. It remains unclear how TGD youth manage their identities in within their families and how identity management is shaped by their communities. This knowledge is useful for understanding the policy and programming needs of TGD youth at community and familial levels (Johns et al., 2018). This study aims to address the following research

questions: (1) What perceptions do TGD youth have of their community climate as it relates to their family? (2) How do TGD youth conceptualize family and its treatment of their gender identity? (3) How do TGD youth manage their identities within their Midwestern families and communities?

## METHODS

This study utilized qualitative, community-based methods to explore the relationship between community and family and how TGD youth manage their gender identity within these contexts. In-depth interviews were conducted with TGD youth in two Midwestern states. Semi-structured interviews asked participants to share identity-related experiences in their family and community (e.g., what do you hear people say about your identity in your family/community?). Interviewers utilized probes to gain deeper information on and related coping strategies. Three authors are queer, cisgender adults in social work, family science, and public health. Though our queerness provides adjacency to the study, the voices of the youth advisory board were essential in centering our study in the needs and expertise of TGD youth.

### Sampling and participants

Recruitment advertisements were placed on social media sites and emailed to schools, TGD organizations, and general community-based organizations (e.g., a library). Eligibility criteria was established in partnership with the transgender youth advisory board and included (1) identifying as transgender, nonbinary, genderqueer, agender, gender questioning, or in any other way not cisgender; (2) were between 13 and 24 years of age; (3) lived in one of two Midwestern states in the U.S.; and (4) provided assent/consent to participate. Although the experiences of young adults likely differ from that of adolescents, the advisory board and researchers felt it was important to the study to increase diversity of identity and experience given that early recruitment efforts revealed primarily white transmasculine youth. Parental consent was waived by the Institutional Review Board (IRB) due to the risk of harm for TGD adolescents required to come out to their parents to participate in research (Taylor, 2008). All eligible participants were interviewed in-person or via video chat between September 2017 and October 2018. Participants received a \$20 gift card for their contributions.

The study included 19 participants who identified their gender as transgender man/masculine ( $n = 8$ ), nonbinary ( $n = 8$ ), or transgender woman/feminine ( $n = 3$ ). Fourteen were white, with 4 multiracial and 1 Black participants and 1 Mexican participant. Ages ranged from 15 to 22 ( $M = 18$ ). Participants lived in a range of community sizes including urban ( $n = 4$ ), mid-size ( $n = 7$ ), and rural ( $n = 8$ ). All participants identified their own pseudonyms and shared their pronouns with the interviewer. The results of this study should be understood within the underrepresentation of non-White and transgender women/feminine participants.

### Interview procedures

Interested youth contacted the research team via email or social media. After assessing for eligibility and sharing the consent/assent form, participants were given the option to complete the interview in-person at the place of their choosing or via video chat. Youth provided verbal consent/assent prior to the interview. Interviews were audio recorded with permission from participants and lasted about 60 min. Interviews were conducted by the first two authors using a semi-structured interview guide that was modified throughout the process to attend to feedback from the youth advisory board and to include emergent themes from the data analysis.

### Transgender youth advisory board

This study benefited from the expertise of a transgender youth advisory board that reflected the broader study eligibility criteria. Nine youth were selected based on their interest and to maximize member diversity in terms of race/ethnicity, gender identity and expression, and community size. Members were an average age of 18 and were nonbinary ( $n = 4$ ), transgender man/masculine ( $n = 3$ ), and transgender woman/feminine ( $n = 2$ ). Three were white and the remaining members identified as multiracial (Black or Native and White;  $n = 2$ ), Asian ( $n = 2$ ), Black ( $n = 1$ ), and Latinx ( $n = 1$ ). The board met monthly via video chat to discuss protocols and analysis. All members received \$20 per meeting they attended. As with the larger study, parental consent was waived by the IRB.

### Data analysis

Thematic analysis was used to sort and code the data into themes (Braun & Clark, 2006) pertaining to TGD youth managing identity with attention to family and community environment. We used prior research from this study conceptualizing community climate among TGD youth in the Midwest to guide our analysis (see Pacey et al., 2020). Thus, our analysis focused on discussions youth had about the overlap between family and community climate. Thematic analysis is useful in sorting large amounts of qualitative data into thematic codes and categories to describe phenomena. Transcripts were coded independently by two members of the research team using Dedoose (Sociocultural Research Consultants, 2018). The coders read transcripts to establish familiarity and engaged in the process of initial coding. They repeated this process and began identifying superordinate codes as categories for many smaller codes. The data were then re-coded using the new superordinate/subordinate code structure and continually refined up to the writing process when a final set of themes were created. The two coders met regularly throughout the data analysis process to discuss the codes and ameliorate incongruences. The remaining members of the research team reviewed the final set of themes and provided feedback based on their understanding of the data to increase rigor.

## RESULTS

Transgender and gender diverse youth used various methods to manage the visibility of their gender identity within their families and communities. These methods were conceived from participants' evaluation of their family members' ideology and treatment of TGD people and the available resources and climate of their community. Furthermore, identity management



strategies are situated within the overlapping relationship between community climate and family as perceived by youth. The first superordinate theme, Community Climate and Family, has three subordinate themes that document the way community climate relates to family treatment of TGD youth in the Midwest. The second superordinate theme, Family Environment, has three subordinate themes that portray the construction of family, supportive and hostile behaviors exhibited by family members, and the way treatment has changed over time. The first two sections contextualize the final superordinate theme, Identity Management, and its four subordinate themes.

### **Community climate and family**

The original conceptualization of community climate toward TGD youth in the Midwest had four components (Paceley et al., 2020). However, our analysis of the way community climate relates to family revealed only three salient components: ideology, visibility, and resources. Participants described parallels and direct relationships between these components and family member treatment of their gender identity. Many participants perceived their community to possess both supportive and unsupportive components; similarly, many youths discussed family treatment as mixed and dependent on family member.

### **Ideologies**

Youth discussed a range of ideologies directly or indirectly related to their gender identity. Some participants described their community as close-knit but distrustful of novelty. Alex shared, “I live in a community where cows outnumber people, and if I were to live there for 80 years, I would maybe stop being seen as the new person.” Chriss related this aversion to the unfamiliar to the experiences of TGD people: “Most people around here are very close-minded. They don’t accept anything different than the norm. And if you’re any different, they will single you out.” This ideology was perceived as being hostile toward TGD people and predominantly rooted in religious ideology.

Blake discussed religion in his community and his family’s ideology regarding TGD identities: “I live in a really small town, a Christian community...my dad isn’t [supportive], neither are my grandparents on that side. I hear a lot of, ‘You’re going to hell’.” Youth, particularly those in small towns, perceived religion to create a negative climate toward their gender identity and constrict identity management. However, youth living in college towns and urban areas encountered both positive and negative religious ideology. “I know the churches in town are friendly, like one is for the LGBTQ+ Youth Center, and then my friend’s church [sponsors] the gay-straight alliance,” Benton shared his experiences with religion in his college town.

Participants discussed other forms of ideology that shaped their community climate—mostly in hostile ways—including unjustified scientific rhetoric and gender normativity. Shay said people in his community believe, “being trans isn’t real, like you are born male or female,” and that he received messages from his dad that “you wouldn’t be able to be [transgender] without doctors.” Elliot described gender normative ideology as carryover from an older generation: “The way that people express themselves now is different. It feels like it’s

changing a lot, and there are people who are just not quite used to it.” Communities had a mixture of traditional and progressive ideology where traditionalism equates to gender normativity and progressivism is open to a gender spectrum.

### Visibility

Youth discussed the ways TGD visibility—or lack thereof—related to their family’s treatment of their gender identity. Alex said in his community, “transgender identities are just not discussed.” Consequently, Alex shared that he was unable to discuss his gender identity within his family. Benton juxtaposed his rural hometown community with the college town where he now resides: “[in my hometown] you will see confederate flags, you will never see a gay pride flag. In [new town], you will see a gay pride flag.” Benton told us he was kicked out of his home by his parents, which prompted him to move in with his grandma, who is more supportive of his gender identity. Other youth discussed sexual minority and TGD family members as visibility that created broader familial acceptance. Blake told the researchers, “On my mom’s side of the family I have a lot of LGBT cousins,” and named this as a reason his family is supportive.

### Resources

Youth discussed gender-affirming health care and churches as being relevant to familial treatment. Many participants relied on their guardian’s insurance, which complicated their access to gender-affirming care. “[M]y dad is in the military, so I do a lot of my medical stuff on base, and they’re very not accepting of LGBT people,” Elijah told interviewers and discussed how this disrupted general medical care, much less gender-affirming treatment. Elliot felt having to rely on his parents’ health insurance to receive gender-affirming health care created tension: “I know it affects [my parents], because it’s their health insurance and that they have to take me to [appointments] and consent...but ultimately, I don’t think that I should [have to] explain things to them...I just want them to trust me.” Elliot displays a reverence for his parents’ support but acknowledges that support comes with attachments that sometimes invalidate his agency in identity development. Youth above the age of 18 had the option to pursue gender-affirming health care without consent while still utilizing parental health insurance. Tyra approached her health care in this manner but faced negative repercussions: “[my parents] wanted to talk [after finding out]...and it was a huge ordeal because they wanted to know how much it was going to cost them because it was on their insurance.” In the aftermath, Tyra decided to pay for her treatment to avoid further conflict with her parents.

Churches were another resource embedded in the community related to participants’ identities and treatment from their families. Many youths discussed giving up or changing their religious practices due to their church’s treatment of TGD people. However, some youth maintained attendance because of their parents. Kyle shared, “I do go to church for [my mom] and for family dinner...cuz’ I do care about them a lot.” Even though Kyle no longer holds religious views, he maintains a connection to this community resource for his family. Some participants had negative experiences related to church and family. Chriss’ family viewed the church as a way to exorcise transness, telling him, “you need to go back to church and get [being transgender] out of your system.” Similarly, youth discussed



experiences of discrimination through their sustained practice at local churches, but in one instance, Norah's mom fought back: "my mom called that church and said, 'Your youth pastor discriminated against my son, and he's a disabled LGBT person.'" Thus, the church was a community institution that many participants still connected to beyond religious ideology related to family treatment and identity management.

### Family environment

**Family construction**—Youth in this study constructed family in complex ways. Participants discussed their guardians, siblings, grandparents, aunts and uncles, and cousins when asked about family. Given the multiple pieces, participants rarely discussed family as having an overarching climate toward TGD identities (e.g., uniformly hostile or supportive). Instead, they partitioned their families into members who exhibited support and affirmation and those who were hostile and rejecting. Peter demonstrated this dynamic in their narrative: "My extended family certainly doesn't have any clue. The only person that is even mildly supportive would be my grandmother...[and] my siblings." Support that varied across family members meant youth lived in homes with both supportive and hostile members. Cassidy lives with her "adopted dad, biological mom, and 2 brothers," all of whom are supportive except her little brother who, "did not agree" with Cassidy's identity. Due to mixed experiences among family members, some participants restructured their living situation to be with supportive family members exclusively. Joseph described his dad as hostile toward his identity leading to reduced interactions: "I barely see [my dad], but like I chose my family. My family is like my brother, my sister, my mom. That's it. And that's like all I need." Participants above the age of 18 had more agencies in selecting where they lived, and many had moved to live with supportive people or on their own.

**Family evolution**—In addition to treatment changing by family member, youth discussed the ways it changed over time. Many of the youths' narratives contained stories of family members who were once hostile or intolerant but later became supportive. Tyra's relationship with her mother highlighted this dynamic: "it's been a gradual process, and my mom is still uncomfortable at times, but she's gotten a lot better. She is really good about my name and pronouns." Family member evolution toward support was important and often resulted from identity management methods employed by participants, such as educating. However, past mistreatment appeared to stay rooted in participants' internal model of their family members. Blake discussed how his father's past mental and emotional abuse toward his transmasculine identity shaped his present well-being: "being in [my family's] house, the memories and everything...even going there visiting my mom stresses me out."

**Family behaviors**—Participants reported an array of behaviors by their family themed as generally supportive or generally hostile, and these experiences did not appear to vary significantly by community. General supportive behaviors included affirming identity, advocacy and public support of TGD people, and small gestures. The use of correct names and pronouns from a family member was the most common form of affirming identity. Cassidy shared, "[my grandmother] still goes out of her way to ensure that all my family calls me their daughter or their sister." Additionally, participants reported supporting identity expression as a form of affirming behavior. Noel discussed how their mother and sister

executed this, “my sister [and mom] help me bind. They’ll just accept me as whatever name I ask for of the day.” Relatedly, advocacy and public support by family members were forms of affirmation. Blake shared the positive feelings associated with public acknowledgment of his identity from his mom: “Online [my mom] calls me her son, it’s awesome.” Finally, the youth discussed family members with a willingness to learn and correct themselves as a gesture of support. For example, Noel shared, “my stepdad’s kind of old fashioned. But learning about me, he got a lot better with it throughout the years. Which is really him kind of changing his views.” Willingness to correct oneself when using the wrong names, pronouns, or language was a significant supportive quality, as Tyra discussed what she said to her mom, “I’m just asking you to use these pronouns...I get you’re going to fuck up. It’s going to take time. I’m not asking you to be perfect.” Youth rationalized the challenge family members have with using different names and pronouns than the familiar and even demonstrated compassion for the journey.

General hostile behaviors included verbal victimization, shunning, policing identity, and public rejection of TGD identities. Verbal victimization was the most common hostile behavior reported by youth.

There’s a lot of negative language being thrown around. A lot of language that I’m not entirely sure [my mom] regrets, but she definitely meant it when she said, ‘You know you’re not my kid anymore. I never loved you. I never cared about you.’

Peter’s mother verbally victimized them while simultaneously engaging in another hostile behavior, shunning, which occurred when a family member cut themselves off from the participant because of their gender identity. For example, Tyra reported shunning after disclosing her identity to her parents: “my mom didn’t talk to me for four-and-a-half months...and my dad and I don’t really have a relationship.” Policing involved enforcing rules that restricted participants’ identity development. Benton shared, “[my parents] weren’t happy with [my identity]. They didn’t want me to tell anyone. So like, no Internet or talking to my friends for a while.” Furthermore, Benton reported parental policing of his identity caused a disconnection from his local community. In some instances, hostile treatment by one family member led some participants to question the legitimacy of support from other family members. After experiencing victimization from her brother, Cassidy felt “really ashamed to say that I am trans because it made me think that my entire family was just going along with the ride and [their support] didn’t matter in the end.” Family member treatment of participants’ gender identities elicited identity management strategies that supported their development and well-being while navigating precarious family and community situations.

### **Identity management**

The multifaceted construction of the community and family and varying behaviors exhibited by family members created complex family systems that required youth to employ an array of identity management methods. Four distinct identity management methods were employed by participants within their families and communities: (1) emotion work, (2) education, (3) connections, and (4) generativity. These techniques were used by participants to retain their identity and continue its development around family members, especially those exhibiting hostile behaviors.

**Emotion work**—Emotion work is an attempt by participants to placate the emotions of family members by manipulating their own emotions and identity expression. Emotion work helps participants balance nonconfrontational connections to their family members, especially those that are hostile, with retaining facets of their own identity. Tyra lamented, “If I wanted to wear a bra [around my grandparents], I had to wear a sweater that was baggy enough over it that you couldn’t see.” For some participants, emotion work involved completely concealing their identity from family members to maintain nonconfrontational connections. Noel shared, “on one side of my family [I conceal my identity]. I told them I’ve grown out of [being transgender] now, which sucks, but it helps me be safe.” Out of all methods, emotion work appeared to cause the most strain on participants’ well-being, despite having protective qualities. However, for some participants, emotion work created a space for familial support to develop. Kyle expressed excitement that for a recent holiday, his mom gifted him masculine clothing and situated this behavior in the context of her past behaviors: “[my mom] knows how much I like my clothes to present who I am and sometimes she’ll tell me to change...but she’s getting there. She’s very supportive at times.”

**Education**—For some youth, reducing the visibility of their identity and consequential loss of sincerity was impractical; so, they attempted to change the perspective of family members by educating them. Candy (LNC) detailed the extensive efforts that go into educating:

I wrote a five-page letter that I read to [my dad] to tell him all about different things... for example, one of the [topics] was medical transitioning and if you start feeling a sense of loss. I know that’s a common thing for a family. If he had difficulty with name and pronouns, that was also okay.

Educating involved predicting gaps in knowledge and redressing those gaps. Information commonly included the importance of names and pronouns, different methods of transitioning, and normalizing family members’ feelings and mistakes. Educating was used with the intention of creating more supportive spaces. Tyra exhibited this through disclosing her gender identity to her parents: “My family doesn’t have the largest desire to be socially aware...So I wrote this novel of a letter to my family [about my identity].” Youth who employed education demonstrated outstanding effort and diligence in forming and disseminating their content.

**Extrafamilial connections**—Another method that participants used for identity management was to create connections outside of their family that were supportive of sincere identity expressions. Extrafamilial connections include virtual resources, proximal resources of the community (e.g., identity-specific resource centers), supportive individuals, and families of choice. Not all participants had identity-related resources in their communities, particularly those in rural areas, so virtual resources, such as social media, became vital to forming connections with supportive others. Alex, who was not out to any family member, shared, “most of my social life was through the Internet because I find acceptance there.” Virtual resources formed connections to other TGD people and helped participants develop and express their identities. Despite the availability of virtual resources, participants still cherished their proximal resources, and those in small and rural communities highlighted a need for more. When asked what would improve their

community's treatment of TGD people, Norah stated, "more community resources." Youth in large communities discussed the importance of representation in extrafamilial connection. "The facilitator for [LGBTQ Center] youth group is Latino. And having someone like that...is really helpful and makes me see that [I'm] not the only one," Peter shared while discussing inclusion in community resources. These extrafamilial connections validated participants' identities that they did not always receive from their families and instilled hope.

**Generativity**—Advocating for and supporting other TGD youth through building resources and social advocacy was a method that participants used to develop their own identity. Whereas extrafamilial connections are about establishing personal support, generativity is about creating resources that are missing. Youth discussed generativity in two contexts: online and in their local communities. Online included developing support groups through social media and sharing uplifting stories, educational pieces, and current events centered on the TGD experience. Alex runs two online groups specific to TGD youth to create safe spaces and provide resources: "we give support where we can, and we give them links to suicide hotlines and trans hotlines and stuff like that." In local communities, this included starting gender-sexuality alliances in schools, advocating for change to school policies and practices, and developing identity-specific support through established resources, such as LGBT+ centers and churches. Benton, who developed two support groups for TGD youth in his community, said, "It gave me something to do. It gave me hope. Because I didn't have anyone to talk to in my family or at school. I didn't have a safe place, so I made it myself." Generativity was a way for participants to give back to their community while developing positive feelings about their identity.

## DISCUSSION

We investigated TGD youth identity management within Midwestern families and communities, attending to the relationship between community and family environments and how, in unison, these environments influenced identity management. To our knowledge, we are one of the only studies to examine the overlapping relationship between family and community for this population, finding that community visibility of TGD people, identity-related resources, and ideology toward TGD identities related to family member treatment of participants. We also demonstrate four identity management strategies employed by TGD youth to navigate family member and community.

Our findings suggest three components of community climate—ideology, visibility, and resources—are related to family member treatment of TGD youth through the way the invoke hostility or support of TGD people. Community ideology toward TGD people—especially hostile ideology—was assumed by many of the participants family members. Interactions between microlevel environments, such as family and community, are influential to development and well-being (Bronfenbrenner, 1992). Few studies have examined the interconnectedness of microlevel environments in relationship to TGD youth. Kosciw et al. (2009) examined geographic region and community characteristics relationship to school climate toward LGB+ and TGD youth, finding that rural communities and communities with lower education are associated with hostile school climates. Our findings document community level variables related to family member treatment.

The study we used to guide parts of our analysis documented four components that shape community climate; however, we found only three components relevant to family. The fourth component—policy—may not have emerged due to lack of knowledge or family member comfortability discussing policy. Research shows that apart from family, TGD youth are knowledgeable and comfortable discussing policy that affects their community and individual well-being (Paceley et al., 2020). While participants did not discuss policy in context of community and family, some youth did discuss policy while employing education as an identity management strategy.

Transgender and gender diverse youth in our study did not discuss a monolithic family climate (i.e., one that is entirely hostile or supportive), but instead focused on treatment by family member. Our findings coincide with recent research that depicts families as complex with mixed treatment of TGD family members (Allen, 2020; Catalpa & McGuire, 2018). The current study documents general supportive and hostile treatment that has been established in the literature and shown to affect behavioral health (Hendricks & Testa, 2012; Ryan et al., 2009, 2010). Our findings encourage a more nuanced perspective of family as both sources of support and stigma in future behavioral health studies. For example, apologizing and correcting oneself using incorrect names, pronouns, and language was a significant gesture. We also observed changes in family support across time, which is consistent with recent research on parental acceptance of LGB+ children. Huebner et al. (2019) found parents aware of their child's sexual identity for more time reported less difficulty with acceptance. Our study finds in addition to the passage of time, TGD youth work to cultivate support from family members through identity management strategies.

Transgender and gender diverse youth in this study used four methods to navigate their nonmetropolitan families: emotion work, education, extrafamilial connections, and generativity. Other studies have documented these as qualities of resilience (Asakura, 2017; Singh et al., 2015). Our study extends their conceptualization by attaching these factors to identity management; these methods helped youth express and develop their identities while maintaining connections to family members, particularly those intolerant or hostile. Emotion work was used by youth to balance their gender identity with nonconfrontational connections to family members that might lead to ambiguous and inconsistent relationships detrimental to health (see Allen, 2020). We further contextualized these identity management methods within community, showing that, while many of the small metropolitan and rural communities offer few-to-no proximal resources, youth still find ways to express and develop their identities. Particularly profound was the work done by youth to *create* spaces in their communities where they and other TGD youth can find support.

## Limitations

This study provides novel findings on identity management among TGD youth that should be understood within the context of their limitations. First, the qualitative nature of the study, including small sample size, limits the generalizability of our findings. Although we aimed to capture a more diverse gender and racial sample through modified sampling methods and collaboration with a youth advisory board, our sample is still predominantly

white TGD men/masculine. Thus, our findings may speak more to the experiences of this population. While we did not notice major differences in our data concerning our research questions, other research finds TGD women and people of color do have unique experiences and heightened safety risks that may modify our findings (Flores et al., 2021). The sample's age range is broad and spans across the U.S.'s legal boundaries and cultural norms that delineate adolescence from adulthood. Among the sexual minority population, researchers have documented developmental differences between adolescents and adults that shape their identity-related experiences (Goldbach & Gibbs, 2017). However, it is common in the literature to collapse adolescents and emerging adults together as "youth," and we did not observe any significant differences based on age. The gender and racial diversity of the sample was enhanced by increasing the age limit to include young adults, an important aspect of these types of studies.

## Implications

The findings of our study have important research and practice implications. Future research should continue examining the relationship between community and family environments toward TGD people and their compounding influence on identity and health. Research should consider individual family member treatment of TGD youth and the impact it has on their development and health as opposed to treating the family as a homogenous unit. Future research should also continue to investigate identity management methods that emerged in this study in relation to health outcomes and family processes.

Practitioners working with TGD youth and their families should help TGD youth make connections to other TGD people, either online or in person. Furthermore, practitioners can lift the burden of education from youth and provide direct education to family members. This approach has been taken with the Family Acceptance Project with LGBT+ adolescents and is considered a best practice for reducing self-harm and suicidality (Ryan, 2010). Practitioners should unpack emotion work; while research suggests emotion work is a self-preservation method, it may carry behavioral health consequences (Goffnett et al., 2021). Finally, practitioners and advocates can support TGD youth in their communities by establishing proximal resources, such as LGBT+ centers, TGD-inclusive healthcare, and supporting youth in advocacy efforts.

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