

# Risk and Resilience Among BIPOC Trans Youth: An Interpretative Phenomenological Study

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Despite facing multiple forms of discrimination, very little past research has focused on the experiences of risk and resilience for Black, Indigenous, and People of Color (BIPOC) trans youth. To bridge this gap, the present study utilized ecological systems theory to examine the unique experiences of risk and sources of resilience for BIPOC trans youth through qualitative analysis of interviews. In total, 12 BIPOC trans 14- to 24-year-olds participated in an online, semi-structured interview. Key themes from the interviews were derived using Interpretative Phenomenological Analysis. We found four superordinate themes: accessing community connection and fostering belonging; navigating the healthcare system; personal journey with and relationship to gender identity; and others' reactions to gender identity. Participants highlighted various risk (e.g., difficulty finding others who shared their race and gender) and resilience (e.g., having adults who took action to support their gender identity) factors in the various layers of their surrounding environment as well as ways that they wished to be treated (e.g., through others becoming informed about the unique experiences of BIPOC trans individuals). The discussion explores key themes participants raised and highlights implications of the present research for groups such as parents, teachers, and healthcare providers.

**KEYWORDS** BIPOC trans youth; Interpretative Phenomenological Analysis; risk; resilience; marginalization  
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There is limited research available on Black, Indigenous, and People of Color (BIPOC) trans<sup>1</sup> youth. This lack of research restricts our understanding of the well-being of BIPOC trans youth, who are known to be at risk of facing multiple forms of marginalization based on their gender identity *and* race (Purdie-Vaughns and Eibach 2008; Shelton et al. 2018). Toomey et al. (2017) found that out of 125 empirical reports in the US that focused on sexual minority youth of color, less than 10% included trans youth. Also, in a systematic review examining risk and resilience factors and their association with mental health among trans youth, approximately 20% of samples did not provide any demographic information about ethnicity or race (Tankersley et al. 2021). Further, trans youth are often grouped in with lesbian, gay, and bisexual youth in research studies with little focus on issues particular to trans youth (McGuire et al. 2010; Ryan and Rivers 2003; Russell and Fish 2016; Tankersley et al. 2021).

Additionally, prior research on early experiences of trans individuals has been limited (Marshall 2019). It is important to examine the experiences of youth given that adolescence and young adulthood are key developmental time periods marked by identity questioning and exploration when being accepted has a key impact on well-being (e.g., see Choukas-Bradley and Prinstein 2014; Schwartz et al. 2013). Relatedly, researchers have noted that trans and gender diverse youth “are trying to understand who they are, mustering the courage to be their authentic selves, hoping to find acceptance, (sometimes) experiencing discomfort in their bodies, and feeling highly vigilant to peer feedback” (Tankersley et al. 2021, 184).

As it relates specifically to BIPOC trans youth, the limited research available suggests that facing multiple forms of discrimination has a negatively impact. For example, Wilson et al. (2016) found that among trans youth aged 16–24, those who were exposed to high (vs. low) levels of both racial and transgender-based discrimination were at increased risk for symptoms of post-traumatic stress disorder and stress about thoughts of suicide. Also, relative to white trans youth, BIPOC trans youth show higher rates of suicide attempts (Chan, Pullen Sansfaçon, and Saewyc 2022). Beyond knowing about the risks that BIPOC trans youth face, it is also helpful to understand their unique sources of resilience, such that we can, for example, develop better strategies to promote the well-being of BIPOC trans youth rather than continually restating risk factors (Asakura 2016; Shelton 2015; Wagaman et al. 2019).

1 We use the term *trans* throughout the manuscript as an umbrella term to refer to individuals whose gender identity does not align with the sex assigned at birth based on culturally defined gender norms (Egale Canada Human Rights Trust 2017). Thus, the term trans can be used to describe individuals who identify in a variety of different ways across the gender spectrum (e.g., trans woman, trans man, Two-Spirit, nonbinary, agender, genderqueer).

In order to examine risk and resilience factors for BIPOC trans youth in a holistic way, the current study was guided by Bronfenbrenner's (1977) ecological systems theory. Ecological systems theory highlights the importance of examining individuals' interactions with various layers of their environment. In particular, ecological systems theory highlights how someone is influenced by a variety of factors in their environment, including more proximal factors in their immediate environment as well as more distal factors in the broader sociocultural environment around them. Given the current lack of research on BIPOC trans youth, there is a limited understanding of risk and resilience factors for BIPOC trans youth at different levels of their surrounding environment (e.g., experiences with peers and parents, in healthcare settings, with the media). Thus, our study filled an important gap in the literature by further exploring experiences of risk and resilience for BIPOC trans youth at different levels of the environment around them.

## **EXPERIENCES OF RISK FOR BIPOC TRANS YOUTH**

BIPOC trans youth are at risk of experiencing discrimination based on both their racial and gender identities in a variety of settings. For trans youth in general, victimization in their proximal environment at school is pervasive (Day et al. 2018, 2019; Hatchel et al. 2019; McGuire et al. 2010; Reisner et al. 2015), and victimization has been shown to be related to outcomes such as suicidality and substance use among trans youth (Day et al. 2017; Hatchel et al. 2019; Perez-Brumer et al. 2017; Reisner et al. 2015). As it relates to race, some research has shown that racialized (vs. non-racialized) trans youth experience higher levels discrimination, victimization, and lower levels of school belonging (Chan, Pullen Sansfaçon, and Saewyc 2022; Hatchel et al. 2019; Hatchel and Marx 2018). In addition, BIPOC trans youth and adults often experience heightened discrimination and difficulties, such as economic instability, homelessness, community harassment, and being targeted by police, which can contribute to negative mental health outcomes (Bauermeister et al. 2016; Chih et al. 2020; Reck 2009).

Another risk factor deserving of attention involves barriers that BIPOC trans youth face when attempting to directly access care and support (e.g., accessing healthcare; Gridley et al. 2016; Navarro, Johnstone et al. 2021; Veale et al. 2015). Research has shown that accessing gender-affirming healthcare can foster well-being and resilience among trans youth (e.g., Achille et al. 2020; Kuper et al. 2020; Tordoff et al. 2022). At the same time, BIPOC trans youth face stigma in healthcare settings (Goldenberg et al. 2021), and experiences of violence for BIPOC trans youth have been associated with foregone physical health care (Chan, Pullen Sansfaçon, and Saewyc 2022). Additionally, research with those aged 14–65+ has shown that in comparison with non-racialized respondents, racialized trans individuals reported feeling more unsure about whether they would seek gender-affirming care (Chih et al. 2020).

An additional risk factor for BIPOC trans youth is the more distal factor of the political climate surrounding trans rights. In 2023, there have been a record number of 70 anti-LGBTQ laws put into place in the United States, which include laws that ban gender-affirming care for trans youth (Peele 2023). In Canada, where the rights of trans people are protected under Bill C-16, people are nevertheless concerned about “waves of anti-trans activism” (Bellemare, Kolbegger and Vermes 2021, para. 3) and re-

cent legislative changes that dial back rights and protective factors for trans and gender-diverse youth (Bai 2023). This kind of political climate has been shown to have a negative impact trans youth, such as by increasing depression and suicidality (Paceley et al. 2023).

## **EXPERIENCES OF RESILIENCE FOR BIPOC TRANS YOUTH**

Despite exposure to discrimination and marginalization, BIPOC trans youth also show high levels of resilience. Singh (2013) interviewed 13 trans youth of color who identified as resilient. Participants described ways in which they were resilient, including through self-defining their racial/ethnic and gender identities, navigating times when adults asserted power and privilege over them, advocating for themselves within school systems, finding their place within the LGBTQ+ community, and using social media to affirm their identity. Other research found that being connected to a supportive community, having adult and family support, experiencing acceptance, having close relationships with others, being able to use their chosen name and pronouns, and experiencing school belonging were key resilience strategies for trans youth (e.g., Hatchel et al. 2019; Pollitt et al. 2021; Singh, Meng, and Hasen 2013, 2014; Veale et al. 2015, 2017; Wagaman et al. 2019).

### **Community Support for BIPOC Trans Youth**

Some research has shown that inclusive policies and programs related to sexual orientation and gender identity (e.g., presence of Gender and Sexuality Alliance/Gay Straight Alliance club in schools) have positive impacts on trans youth (e.g., associated with increased grades; Greyta, Kosciw, and Boesen 2013; Day, Ioverno, and Russell 2019). However, previous research has found that even when policies and programs are in place to support LGBTQ+ youth, they do not always address issues specific to gender identity and the experiences of trans youth (e.g., bullying that is based on one's gender identity; Allen, Hallack, and Himes 2012; Day, Ioverno, and Russell 2019). Further, policies and programs in place to support youth with diverse sexual and gender identities do not always address the needs of racially diverse youth (Pritchard 2013; Poteat et al. 2015). As a reflection of this, compared with white youth, racial/ethnic minority youth participating in Gender and Sexuality Alliance/Gay Straight Alliance clubs reported lower support and attended meetings less frequently (Poteat et al. 2015). At the same time, some research suggests that racialized trans youth do not experience lower levels of belonging in LGBTQ groups (Fish et al. 2019). Thus, more research is needed to understand the experiences of BIPOC trans youth accessing community and support groups.

## **THE PRESENT STUDY**

Bringing the aforementioned ideas together, the present study examined risk and resilience for BIPOC trans youth within a holistic, ecological systems framework (Bronfenbrenner 1977). In doing so, it fills an important gap in the literature by focusing on the unique experiences of BIPOC trans youth—a group that, despite being at risk of facing marginalization based on multiple aspects of their identity, has received lim-

ited attention in the research literature. Further, the present study focuses on both sources of risk and resilience for BIPOC trans youth, whereas previous research has often focused solely on sources of risk (Wagaman et al. 2019). Also, the present study fills in a gap in the literature by focusing on young BIPOC trans individuals.

The use of a qualitative methodology (see further elaboration of methodology below) in the present study allowed participants' descriptions of their lived experiences to be highlighted and ensured that each participant's own unique words and experiences were centered (Pietkiewicz and Smith 2014; Smith, Jarman, and Osborn 1999; Smith, Flowers, and Larkin 2009). In addition, our approach allowed for great depth of insight into the unique experiences of BIPOC trans youth in their interactions with proximal and distal factors in their surrounding environments (e.g., Callary, Rathwell, and Young 2015), which is helpful for highlighting key areas for future research focused on such youth (e.g., Smith, Flowers, and Larkin 2009). Overall, then, this study aimed to provide critical information for groups such as parents, teachers, and health-care providers about how to best support the well-being of BIPOC trans youth.

## **METHOD**

### **Ethics Statement**

This study was approved by the University of Toronto research ethics board.

### **Participants**

Participants in the present study needed to be 13- to 24-year-old individuals living in Ontario, Canada who were BIPOC and trans (e.g., trans woman, trans man, nonbinary, genderqueer, gender questioning, Two-Spirit, agender, third gender) and could understand, read, and speak English. Participants were mainly recruited through Facebook/Instagram advertisements and contact with community organizations that shared information about our study. Participants who saw information about our study were first directed to an online intake form, which provided information about the study, including information about eligibility criteria. Participants who provided their email address via the intake form were contacted by the first author to schedule an interview.

In total, 14 BIPOC trans individuals took part in an interview for the current study. This sample size was in alignment with the coding method used in the current study, which was Interpretative Phenomenological Analysis (IPA; see detailed description below). IPA studies often rely on relatively small sample sizes in order to focus on nuanced data at the level of individual participants (Pietkiewicz and Smith 2014; Smith, Jarman, and Osborn 1999; Smith, Flowers, and Larkin 2009; Smith and Osborn 2003). As there is no ideal number of participants for an IPA study, IPA samples have ranged from one to fifteen participants, and although larger samples are possible, they are less common (Pietkiewicz and Smith 2014; Smith and Osborn 2003). Thus, our sample size was in alignment with previous literature. Having a sample size on the higher end of this spectrum allowed us to gather data from a range of BIPOC trans youth who differed in their experiences based on factors such as gender identity, ethnicity/race, and age.

Interviews took place between September 2020 and August 2021. Two of the individuals who took part in interviews did not meet age requirements for the study



based on information provided during the interviews and were not included in the final sample. Thus, the final sample included 12 BIPOC trans youth between ages 14 to 24 years, with a median age of 17.50 years and a standard deviation of 3.58 years. Participant demographic information is presented in Table 1. As shown in Table 1, there was a diverse range of participants in the present study, including participants who differed in terms of their families' socioeconomic status and race/ethnicity. Further, our participants had a variety of gender identities (e.g., multigender, genderfluid, agender, trans man). Of note, most of the participants were Asian or Black. The majority of the participants were nonbinary, transmasculine, and/or trans men, and no participants identified as transfeminine or as a trans girl/woman (see Discussion for further commentary).

## **Procedure**

While designing the study, meetings were conducted with a community advisory board, including two BIPOC trans or gender-nonconforming youth/young adults. Members of the community advisory board discussed and provided feedback on the study and the interview questions to ensure that all questions asked were as inclusive and representative as possible. Edits to the study were subsequently made based on community advisory board meetings (e.g., asking if participants wanted to be asked questions related to healthcare, asking a question about one's gender journey).

Interviews were done entirely online given restrictions related to COVID-19. Participants were given the option to take part in an audio only call or a video call, and all interviews were audio recorded. All participants provided informed consent. Requiring parental consent may have biased our sample toward participants with supportive parents/guardians. Further, not requiring parent or guardian consent minimizes the risk of participants being "outed." A recent study with cisgender and trans adolescents waived participant consent for those as young as 14 (Salk, Thomas, and Choukas-Bradley 2020).

Interview questions were asked in a semi-structured format such that all participants were asked the same baseline questions, but the first author asked participants follow-up questions as she saw fit. A list of the demographic questions asked at the beginning of the interview (e.g., "What words do you use to define your gender identity"; Singh 2013) are provided in Supplementary Table S1. Following demographic questions, participants were asked the main interview questions (e.g., "Have you felt welcomed into LGBTQ+ spaces?"; "Whether it be at school, your place of worship, online, with your parents, or any other place, how would you like to be treated so that you feel supported?"), which are included in full in Table S2 in the Supplementary Materials. Participants were asked additional questions added as needed by the interviewer (e.g., "Do you want to talk more about x?"). Questions asked during the main interview addressed how participants' multiple marginalized identities impacted their experiences with peers, family members, school and/or work, healthcare providers, and community. Thus, as per ecological systems theory (Bronfenbrenner 1977), questions were designed to address BIPOC trans youth's experiences with a variety of layers in their environments.

Interviews ranged in length from 17–82 minutes (average of 32.5 minutes). Next, the audio recordings were transcribed and all identifying information provid-

**Table 1. Demographic information**

ID	Pronouns	Age	Area of residence	Religious background	Family socioeconomic status	Highest level of education completed	Words used to define gender identity	Words used to define race or ethnicity
P01	They/them	23	Suburban	Don't have one	Middle class	College diploma	Nonbinary	Black
P02	He/him	21	Suburban	Roman Catholic	Middle class	High school diploma	Male, transmasculine, trans	Southeast Asian, Filipino
P03	They/them	23	Urban	Muslim	Working class	Bachelor's degree	Nonbinary	South Asian, Brown
P04	He/him	18	Urban/suburban	Raised Muslim, Islam	Middle class	High school	Transgender male, masculine terms, regular ordinary guy	South Asian, Pakistani, Canadian, Brown
P05	She/her	21	Suburban	Agnostic	Middle class	High school	Nonbinary. Also accept agender and gender queer	Asian, East Asian, Chinese
P06	He/they	24	Suburban from an urban standpoint, technically more urban	Spiritual	Upper-middle class/middle-upper-middle class	Some college but never finished	Transmasculine, nonbinary, multigender	Mixed-East and Southeast Asian, South Asian
P07	They/them	14	Urban	Grew up Catholic, personally atheist	Working class	Grade 8	Nonbinary, fluid, bigender	Filipino, half Maltese
P08	They/them	16	Urban	Family is diverse but town is Comatic Pagan	Working class	Grade 10	Still figuring out labels, nonbinary	Guyanese, Indo-Guyanese, West Indian
P09	He/him	14	One urban and one pretty rural (but mix of suburban and rural)	Atheist/none	Middle class	Elementary school	Gender fluid, been staying male for a few weeks but changes	Chinese
P10	He/him	17	Suburban	No religious background	Middle class	Elementary school	Transgender man, comfortable using all male/masculine words	Black or mixed
P11	They/them, testing out he	17	Rural	None	Middle/working class	Currently in high school	Nonbinary as an umbrella term but not sure if that is accurate	Mixed, Chinese-Canadian, white something, unsure of white side
P12	He/him	16	Suburban	Buddhist	Middle class	Elementary school	Trans guy, male	Chinese, Chinese-Vietnamese-Canadian

ed by participants was removed. Transcribed interviews were then analyzed in NVivo, version 12.6.0 (2019). Following each interview, participants were given a \$30 eGift card as an honorarium.

## **Data Analysis**

To analyze the transcribed interviews, we used IPA (Smith 1996). IPA is predominately concerned with understanding how participants make meaning out of their lived experiences (e.g., Smith, Jarman, and Osborn 1999; Smith, Flowers, and Larkin 2009; Smith and Osborn 2003). Further, IPA is an idiographic approach that works with a small number of participants who often share similar lived experiences in order to gather comprehensive and nuanced individual-level data about each participant's experiences (Pietkiewicz and Smith 2014; Smith, Jarman, and Osborn 1999; Smith, Flowers, and Larkin 2009). As stated by Smith and Osborn (2003): "The assumption in IPA is that the analyst is interested in learning something about the respondent's psychological world... This involves the investigator engaging in an interpretative relationship with the transcript" (66).

The coding procedure we used in the present study was modeled closely from the procedure presented by Smith et al. (2009). Firstly, each transcript was read and listened to simultaneously. Then, the transcript was re-read again. During these initial stages, coding was done. Specifically, the descriptive (e.g., key words), linguistic (e.g., breaks in speech, laughter), and conceptual ideas (e.g., meaning the participant made of their experiences) brought forth by the participant were coded, which helped the researcher to be fully immersed in the transcript.

Following, the initial codes were reviewed and the first author began coding for emergent themes, which were short descriptions of all the main ideas brought forth by participants during the interviews. Following, all emergent themes were reviewed and grouped into larger thematic categories to create an overall framework for the thematic ideas presented by the participant. These larger, organizing themes are called superordinate themes within the IPA framework. At this stage, not all emergent themes fit under a superordinate theme. This process (i.e., initial coding, coding for emergent themes, coding for superordinate themes) was repeated for each transcript.

The final stage of coding involved looking across all emergent and superordinate themes from each transcript. At this stage, the first author created a master list of the most present/important/poignant superordinate and emergent themes across all transcripts. This stage involved "reconfiguring" and "relabelling" (Smith, Flowers, and Larkin 2009, 79) themes as well as moving themes to a higher level of abstraction in order to find similarities across themes. Not all emergent and superordinate themes from the individual transcripts were captured in the final list. While engaging in this level of coding, only emergent and superordinate themes were retained if they were represented by at least 50% of the participants (i.e., at least 6 participants).

Two different coders engaged in parts of the analytic process. In terms of positionality, the first coder is a white, cisgender woman in her twenties who familiarized herself with the literature on BIPOC trans youth. Based on her identities, she does not have the lived experience of a BIPOC trans person. The other coder is a Black African, queer man in his early-twenties. He has some familiarity with the literature on BIPOC trans youth. He also has lived experience as a BIPOC queer youth.



The first author conducted the interviews and engaged in all the steps of the coding procedure described above. The second author transcribed the audio recordings, listened to/re-read the transcripts, reviewed the emergent and superordinate themes created for each transcript as well as the transcripts overall, and discussed/offered feedback on the emergent and superordinate themes with the first author. The two coders discussed the coding for each individual transcript and the final coding structure.

Both coders also engaged in journaling at various stages throughout the coding process. Journal entries were a space where the coders reflected on how the coding process was progressing and what insights were emerging. In addition, journaling offered a space for the coders to reflect on their own biases, assumptions, and pre-conceptions about BIPOC trans youth (e.g., beliefs about BIPOC trans people's experiences of risk and resilience; see Callary, Rathwell, and Young 2015; Smith, Flowers, and Larkin 2009) in order to minimize any possible impact of the coders' beliefs on the coding process (Larkin and Thompson 2012).

## RESULTS

Four superordinate themes with 3-4 emergent themes within each emerged from the coding, which are described below. Whenever a quote was included below that involved an interaction between the participant and the interviewer, only the participant's words were included. Table 2 includes all the superordinate and emergent themes. Additional quotations are presented in the Supplementary Materials.

**Table 2. Superordinate and emergent themes**

<b>Superordinate: Accessing community connection and fostering belonging</b>
Being or finding a mentor or role model
Feeling represented
Finding connections based on both race and gender
<b>Superordinate: Navigating the healthcare system</b>
Attitudes, policies, and knowledge about gender diversity within the healthcare system
Experiences with concealing or sharing gender identity with healthcare provider
Ways that accessing healthcare is inaccessible
<b>Superordinate: Personal journey with and relationship to gender identity</b>
Coming out process and experiences
Desires for treatment around gender identity
Fostering own self-identity
<b>Superordinate: Others' reaction to gender identity</b>
Exposure to unsupportive and limiting views of others
Having gender identity questioned or invalidated
Ways that others have shown acceptance and respect of gender identity

## **Superordinate Theme: Accessing Community Connection and Fostering Belonging**

Participants described a variety of experiences related to connecting with others and feeling a sense of belonging in the world. Participants discussed how their racial and gender identities impacted their ability to feel connected with mentors or role models, represented, and welcomed into spaces for queer and trans people. Although many participants found that having multiple marginalized identities was a barrier to accessing community connection, some participants also found people and spaces where all aspects of their identity were accepted.

### *Emergent Theme: Being or Finding a Mentor*

Several participants described that a risk factor for finding connection was having difficulties finding mentors or role models who had similar racial and gender identities. In other words, it was challenging for participants to find mentors who were also BIPOC trans people, including those who came from the same specific culture background that they did. As an illustration of these dynamics, P05 said:

it's something at least for me it's kinda hard to find like mentors, whom are also like a transgender uh people of color so person of color so shlll aww it's a bit lacking there from my experiences but you know \*titter\*. –P05

Despite these negative experiences, other participants discussed their successes finding mentors or role models in particular environments, such as social justice spaces and art communities, that served as important avenues to foster resilience and connect with mentors. Further, several participants expressed ways that they personally served or wish to serve as mentors or role models for other people, such as by becoming a teacher or gender therapist. For example, P10 said:

I'm very very interested in helping people and making an impact especially with you know trans kids, trans youth. Uh LGBT youth who don't know exactly where they fit with their identity or themselves. Uh for a while I'm I was considering becoming a gender therapist, so I could offer that support on a professional level. –P10

It is possible that participants in the present study felt even more empowered to mentor others since, as mentioned above, they did not always have access to mentorship from others who shared their identities and experiences.

### *Emergent Theme: Feeling Represented*

Participants discussed how their gender and racial identities were often not represented by others around them, including in the media, which put participants at risk of feeling invisible. In addition to discussing a general lack of representation, participants also mentioned how the representation they have seen of queer and trans people is often inaccurate or stereotypical. As an illustration of this, P11 discussed how nonbinary people are often only portrayed in one way in the media:

Uh you know uh so I think, especially like being nonbinary a lot of uh, a lot of the focus of nonbinary people especially like in media is a assigned female at birth, white uh nonbinary androgenous maybe masc more masculine kind of uh persona uh and uh it's odd because it's it to me at least it feels like a lot more than that. –P11

### ***Emergent Theme: Finding Connections Based on both Race and Gender***

Another risk factor for participants' access to connection was difficulty finding other people or groups that felt inclusive to both their gender identity and race. In a broad sense, several participants mentioned that they found it challenging to connect with others who shared both their gender *and* racial identities. For example, P06 discussed challenges finding others who were queer and Asian:

back when I transitioned I I would not see I wouldn't even see queer queer Asian people let alone queer trans people. –P06

Some participants discussed being able to connect with others, often through community organizations, that were accepting and inclusive to their racial and gender identities, which helped to foster their resilience. For example, one participant said:

there's like a nonprofit organization over there that like um provides services for like the Asian LGBTQ+ community um and that's where I was able to connect with um more people who are like, Asian and um like, transgender, as well as you know like LGBTQ um and uh with LGBTQ identities in general. –P05

However, participants also noted spaces that are inclusive to queer people do not always feel safe and welcoming to them as racialized individuals:

I would say, like LGBTQ+ spaces that are um like explicitly anti-racist um and things like that I've felt safe in but like, generally if if something is like, let's say like something is marketed as like a LGBTQ event then I'm usually like, "oh it's probably, it's probably like a bunch of white people." –P03

### **Superordinate Theme: Navigating the Healthcare System**

Experiences interacting with the healthcare system was another key topic discussed. Participants commented on how healthcare providers often lacked knowledge about trans people and did not have practices in place to support trans people. Also, participants described both positive and negative experiences talking to healthcare providers about their gender identity. Further, many participants reflected on ways that accessing healthcare was inaccessible to them.

### ***Emergent Theme: Attitudes, Policies, and Knowledge about Gender Diversity Within the Healthcare System***

Participants discussed the attitudes, policies, and knowledge that healthcare providers have about trans people. Specifically, a risk factor that hindered the well-being of participants was that healthcare workers and those in other similar professions, such as social workers, had a lack of knowledge about the experiences of trans people. This led participants to feel a lack of support and a desire for healthcare workers to be more informed about these topics. In addition to limited knowledge about the experiences of trans people, participants also noted that healthcare forms are not always inclusive of people who have diverse gender identities that do not match their sex assigned at birth:

So like I feel like especially in terms of like filling out forms and other like administrative um stuff like that it's like um most of many of them don't have they still don't have the third option for gender gender which you can fill in if you're transgender or like or like say like nonbinary

or something like that there they tend to be still like male and female  
ughm so that already says enough frankly about these insti-institutions  
ughm \*chuckle\*. –P05

### ***Emergent Theme: Experiences with Concealing or Sharing Gender Identity with Healthcare Provider***

Given the perceived lack of knowledge that healthcare providers have about trans people, it is unsurprising that several participants in the present study discussed concealing their gender identity with a healthcare provider, unless it felt necessary, out of a fear of their response. The following quotation from P01 illustrates this:

I mostly don't out myself in situations like that unless I am going to like a gender-specific, umm clinic. Like my family doctor doesn't know that I'm trans. I decided to go through like a gender clinic specifically for my trans needs because it's just easier because she's been my family doctor since I moved here and like I don't know how she's going to take it and like how that would work. –P01

Relatedly, participants discussed both a range of positive and negative experiences that they had with sharing their gender identities with healthcare providers, such as being misgendered as well as having their gender identity respected. For example, P08 recalled a positive experience at the dentist:

they used my chosen name and pronouns so I found that to be a particularly good experience it made me feel really good especially for someone who just kinda came out. –P08

It is noteworthy that positive healthcare experiences bolstered participants' resilience and contributed to positive well-being. At the same time, negative experiences and concern were common.

### ***Emergent Theme: Ways that Accessing Healthcare is Inaccessible***

The inaccessibility of gender-affirming healthcare services was a risk factor that was raised several times by participants in the present study. Participants discussed how information about gender-affirming healthcare and insurance can be difficult to access and compile, especially as a young person without support. To illustrate, P01 said:

umm, most of the healthcare I access isn't in my region. Umm, I access the gender clinic [omit] which is fine because it's online now and that's where I work so it's not a huge deal but the majority of the programming, for like support groups or like hormones or any of that stuff is in the city and I live in [omit]. So like yeah I could take the [omit] or drive [omit] to go see it but it's, it is a barrier because it's like do I have the money to do that at the time or do I have the gas and stuff. –P01

Additionally, participants discussed how difficult it was to access gender-affirming healthcare services if they did not live in a major city, which was related to their access to income. In particular, not living in a major city resulted in limited healthcare options; therefore, accessing gender-affirming care required significant transport time and was a financial burden. Also, mental health barriers restricted access to gender-affirming healthcare.

## **Superordinate Theme: Personal Journey with and Relationship to Gender Identity**

Participants also discussed their own personal experiences with their gender identity. Specifically, participants highlighted key moments in their gender journeys, including making decisions about sharing their gender identity with others, and ways that they have fostered their own self-identity. Participants also discussed various ways that they wished to be treated to feel supported.

### *Emergent Theme: Coming Out Process and Experiences*

Several participants commented on their thoughts about disclosing their gender identity with others. Participants talked about their concerns as a result of having close or extended family members, including those living in other countries, who did not hold accepting views about trans people. Also, participants commented on how they had to strongly consider context when deciding to or to not discuss their gender identity with others in their proximal environment (e.g., only talking about gender identity to certain students at school). The stress and anxiety that participants experienced based on these factors was a risk factor for their well-being. As it relates to race, another idea raised was that the coming out process is different for BIPOC LGBTQ+ people. Specifically, P05 said:

it's okay for me to not be out especially if you're like um LGBTQ+ like people of color, um if you're a person of yeah if you're like queer and trans person of color because um because coming out does not uh does not look the same as when frankly when um white LGBTQ+ people come out right? –P05

### *Emergent Theme: Fostering Own Self-Identity*

Participants described how, as they developed their own self-identity and self-understanding over time, they experienced different moments of change and transformation throughout their gender journey. Relatedly, participants' gender journeys were often nonlinear. For example, several participants addressed how their use of pronouns and/or gender identity labels shifted over time as they fostered their own self-identity. As they continued to develop their own self-identity over time, participants' gender presentation changed (e.g., wearing a binder). For example, reflecting on their own gender journey, P09 said:

wearing a binder is super important to me, uh having my nice really awesome short hair which I really like is really important to me and um, I'm looking at starting testosterone soon. –P09

In addition, finding information online about gender identity and expression was an important part of participants' gender journeys. As an example of this, P03 said:

so with like online spaces as well I was asking this question a little bit to um, other queer and trans Muslims um especially around hijab because, it didn't like for myself I was like, "okay if I'm not a women then why am I wearing this thing, on my head?" ... I've been asking that question to other, queer and trans Muslim and, the kinda main themes that came from those conversations was like, "if it's gender affirming



for you, wear it if not then, don't feel like you have to wear it," which made a lot of sense to me. –P03

As illustrated through this quote, participants were able to feel affirmed in their gender identity through seeking out online information, which helped to foster their resilience.

### ***Emergent Theme: Desires for Treatment around Gender Identity***

Throughout the interviews, participants commented on ways that they would like to be treated so that they feel most supported. Firstly, some participants mentioned how they would like others to treat their gender identity as just one aspect of their identity and to be treated just like anyone else. At various points throughout the interviews, participants also mentioned the importance of listening to the stories and experiences of trans individuals in order to promote resilience among BIPOC trans youth. For example, P04 said:

I was like this, is really important because, you know, Black, Indigenous people of color, these trans youth need to tell their stories so hopefully the the next generation doesn't have to go through some of the experiences that we've had to go through. –P04

Additionally, participants also discussed how, in order to feel most supported, others should learn about and respect the unique experiences of BIPOC trans individuals and the intersection of their racial and gender identities. Relatedly, in order to foster their resilience, there should be opportunities to seek mental healthcare for LGBTQ+ individuals, including those for specific racial groups.

### **Superordinate Theme: Others' Reactions to Gender Identity**

In addition to discussing their own personal relationship to their gender identity, participants also talked about ways that others in their lives have responded to their gender identity. Participants shed light on myriad ways that others have and have not shown support for their identity. Participants referenced a range of experiences they have had with others who have displayed unsupportive views, questioned or invalidated their gender, and/or acted in supportive and affirming ways.

### ***Emergent Theme: Exposure to Unsupportive and Limiting Views of Others***

Participants talked about the unsupportive and limiting views of others that they have been exposed to. Notably, many discussed how others, such as family members and teachers, held restrictive and limiting views around gender diversity, which served as risk factors for participants because they caused harm. For example, it was damaging to the well-being of participants when teachers did not intervene in cases of bullying based on gender identity or when parents did not fully accept their child's identity, such as for religious reasons. P06 said:

when they, found out I was still gay and trans after middle school, they put me through what my counsellor called conversion therapy but I was never electrocuted so I can't it it still feels weird to call it conversation therapy but basically they found out that I was still very much queer and trans. –P06

### *Emergent Theme: Having Gender Identity Questioned or Invalidated*

Participants described how their well-being was put at risk through various moments where their gender identity was questioned or invalidated by others. For example, participants noted a variety of instances where others enforced their own gendered views and expectations onto them, such as through gender policing that occurred at school. Notably, one participant discussed how their understanding of gender identity was invalidated by a family member because of their young age. Additionally, a common theme was that participants were misgendered and asked invasive questions about their bodies. For example, P02 and P05 said:

I think par I believe part, it's not a univer of course it's not a universal transgender experience but like part of being like transgender is, frankly, being misgendered almost all the time no frankly no matter what you do. –P05

There was one girl who I wasn't friends with, and like I really didn't like her to be honest but she asked me like a lot of these like invasive questions about, like surgeries and like hormones. –P02

### *Emergent Theme: Ways that Others have Shown Acceptance and Respect of Gender Identity*

Although participants had often been exposed to unsupportive views and had their gender identities questioned or invalidated, they also referenced different moments where others showed acceptance and respect of their gender identity. For example, one parent took their child to get a haircut and a new wardrobe, and this experience was meaningful as it felt gender-affirming. Another participant's guardians had their name changed in the school system. Reflecting on this experience, this participant said:

so I won't get like deadnamed at school- which is nice um I'm really happy about that because I was too scared to ask my Dad to get it changed. –P07

Clearly, having parents who took steps to support their child's gender identity was a source of resilience for participants. Environmental factors, such as having gender-neutral bathrooms at school contributed to feelings of acceptance and respect. For example, P12 commented on their school by saying:

there's some facilities like you know like gender gender neutral bathrooms so I don't really have to go through that. I don't really have to go through the process of like, "oh fuck! Do I have to go into the men's one or the girls' one?" –P12

Several participants also discussed how others getting their gender and pronouns correct made them feel supported. For example, P02 said:

And at one point um, one of my cousins was like 'cause whenever I was there before she would always tell me like, "oh be a good little girl," like, "be a good little girl always" and I was just like "okay" but then like recently when I went home for a like big family reunion, that same cousin came up to me and she was like, "okay be a good boy huh like do, like keep making good choices and, like follow your dreams" and I just felt so like validated. –P02

## DISCUSSION

The present study examined the experiences of risk and sources of resilience for BIPOC trans youth and considered them from an ecological perspective to ascertain important factors at different levels of the environment around them. IPA was used to analyze each individual participant's lived experiences closely and to understand how participants made meaning out of their lived experiences. This study filled an important gap in the literature by focusing on BIPOC trans youth, who are rarely focused on the research literature, as well as by placing a focus on sources of resilience for BIPOC trans youth, which is commonly neglected in the research literature (Wagaman et al. 2019). Through IPA, we found four superordinate themes: accessing community connection and fostering belonging; navigating the healthcare system; personal journey with and relationship to gender identity; and others' reactions to gender identity.

A central risk factor that emerged from the current study was the difficulty that BIPOC trans youth faced in connecting with others in the direct environment around them (e.g., friends, mentors) who shared both their racial and gender identities. Also, participants noted that spaces for queer and trans people often did not feel inclusive to them as BIPOC youth because these spaces predominately included white queer youth. These findings parallel previous research that has found that groups specifically for LGBTQ+ youth do not always feel inclusive or supportive to BIPOC LGBTQ+ youth (e.g., Poteat et al. 2015). Relatedly, past research has highlighted how, for many BIPOC trans youth, the extent to which they feel belonging in spaces for LGBTQ+ youth is dependent upon whether they discuss issues of racism and transprejudice (Singh 2013), and trans people connect more to groups that "resonated with the multiplicities of their own lives" (Stone et al. 2020, 226). Related to the theme of belonging, participants also expressed that feeling represented is important to them, but there is a lack of representation of BIPOC trans people in the media. This finding echoes previous research by Ghabrial (2017), who found that queer people of color felt disconnected from either their sexual and/or racial identities, and some attributed this to not having their identities represented in the media.

Possibly as a product of having limited chances to connect with others who shared their racial and gender identities, participants made meaning out of their experiences by actively seeking out opportunities and spaces for connection, belonging, and mentorship (e.g., connecting to and asking questions of trans Muslim people online) as well as finding information that helped them to understand themselves (e.g., queer theory). This is similar to previous research that found BIPOC trans youth use social media to understand themselves (Singh, Meng, and Hansen 2013). Further, several participants discussed a desire to be a mentor or role model for others, including for other trans youth, thus allowing them to build meaning in their lives through supporting others. These findings reflect previous research that found trans and gender-expansive youth and young adults actively pursued experiences that were missing in their lives (Wagaman et al. 2019).

In addition to having positive experiences of self-discovery throughout the course of their gender journey, participants also described frequent experiences of others misgendering them and having their identities questioned or invalidated. These results align with previous research that found that trans people aged 14–65+

experience high rates of misgendering (Navarro, Lachowsky et al. 2021). Notably, participants also indicated that the process of coming out was particularly complicated for them as BIPOC trans youth as they had to strongly consider the context they were in when deciding whether they wanted to disclose their gender identity. These findings can be understood in light of research that has found that racialized (vs. non-racialized) trans people aged 14–65+ experience significantly more discrimination on a variety of measures (Chih et al. 2020). In a similar vein to the findings from the current study, Ghabrial (2017) found that many queer people of color concealed their sexual identity in either some or all contexts, and several indicated that this was due to their ethnic/racial identity.

In addition, parents or guardians acted as either significant sources of risk or resilience for the participants in our study. Parents or guardians had a notably negative impact on BIPOC trans youth when they did not accept their gender identity (e.g., due to their religious beliefs), which adversely impacted participants' perceptions of support and belonging. By not accepting their gender identity, participants were sometimes forced to conceal their gender identity or move out of their homes. Participants in the present study also expressed how they had to forge their own path when their parents did not accept their identities, such as through finding information about gender-affirming healthcare options and insurance by themselves. On the other hand, some participants recalled how positive and impactful it was when their parents or guardians did support their gender identity. Overall, the fact that parents could be either sources of risk or resilience in the present study is similar to past research, which found that family connections could either have a positive or negative impact on trans youth depending on the specifics of the relationship (Wagaman et al. 2019). These findings also underscore past research that noted the importance of family relationships for the well-being of trans youth (e.g., Veale et al. 2015, 2017). Findings from the current study expand on this work by illuminating the impact of parent or guardian and child relationships among BIPOC trans youth.

Participants discussed ways that accessing healthcare services, a factor in their broader environment, was difficult and inaccessible. For example, participants commented on the general lack of knowledge that healthcare providers tend to have about the experiences of trans people, especially BIPOC trans people, and how this created an environment where they did not always feel safe disclosing their gender identity. These findings align with past research showing a lack of knowledge about trans experiences among healthcare providers (Goldenberg et al. 2021; Navarro, Lachowsky et al. 2021). Participants also mentioned that the gender identity options provided on healthcare forms did not always feel inclusive to them as trans youth. Similarly, past research found that among trans youth, only 25% reported that they were given forms from their primary healthcare provider that were inclusive of them as a trans or nonbinary person, and only 57% reported that their primary care provider used their name, pronouns, or gendered language correctly (Navarro, Johnstone et al. 2021). Lastly, it was noted in the current study that a barrier to accessing gender-affirming healthcare was geographic location. Past research has found similar results, whereby approximately one out of five trans people could not afford to travel to gender-affirming medical care (Navarro, Lachowsky et al. 2021).

Overall, there were many topics that emerged in the current study that seemed particularly unique to BIPOC trans youth. These topics included having difficulties in connecting with others who shared their identities in terms of both race and gender; not feeling included in spaces for queer and trans people; dealing with healthcare providers who lacked knowledge about BIPOC trans people; and experiencing a lack of representation of BIPOC trans people in the media. Also, BIPOC trans youth in the present study discussed having particularly complicated coming out experiences as a result of unsupportive family members and being at the intersection of experiencing discrimination based on both gender and race. It is also worth noting that in the current study, BIPOC trans youth appeared in several instances to have fewer sources of resilience given their multiple marginalized identities. For example, participants discussed how LGBTQ+ spaces tended to not feel welcoming because they were predominately white spaces. Also, an idea brought forth in the current study was that experiences with healthcare providers are particularly negative for BIPOC trans individuals given how they are treated negatively based on both their race and gender. Thus, having multiple marginalized identities seemed to put BIPOC trans youth in the current study at risk of facing negative experiences and reducing their sources of resilience. Overall, the present study provides nuanced detail about the unique experiences of BIPOC trans youth.

### **Implications**

There are many important implications of the present research. As it applies specifically to day-to-day interactions with healthcare workers in their more proximal environment, findings from the current study indicate that it is imperative that doctors and other healthcare providers become informed about the unique experiences of BIPOC trans youth who experience marginalization based on both their race and gender identity. As it relates more broadly to accessing gender-affirming healthcare services, participants highlighted the importance of healthcare forms, including comprehensive gender identity options that capture the range of identities that individuals hold (e.g., not only including “other” as a third gender option). Also, findings from the current study underscore the importance of offering gender-affirming healthcare services in locations beyond major cities and keeping costs associated with accessing care as low as possible (Paceley, Ananda et al. 2021). Participants indicated that it would be helpful if online information about gender-affirming healthcare options were easier to locate and more centralized (Paceley, Ananda et al. 2021). Another implication of the present study is that more mental health services should be created specifically for racialized trans individuals (e.g., specifically for Asian trans individuals), especially given the unique sources of risk and resilience that face different subgroups of racialized trans youth.

In the immediate environment that surrounded them, participants also found it difficult to connect with mentors who shared experiences with them related to both their race and gender. These findings indicate that BIPOC trans youth should be provided with more opportunities to connect with role models (e.g., through community groups, online) in their day-to-day lives. Relatedly, participants noted that they often did not feel safe or included in queer and trans spaces due to their race. Thus, community-level groups in place to support queer and trans youth must do more work to



create spaces that are inclusive of racialized individuals. For example, non-racialized members should educate themselves on racial justice issues, and leaders within the groups should create policies and practices that support racialized members.

In addition, findings indicate that teachers should become educated about the experiences of trans individuals and directly intervene when bullying based on gender identity occurs in the school context. Also, teachers can support trans students by normalizing the use of gender pronouns in their classrooms. Lastly, teachers should ensure that schools have gender-inclusive spaces (e.g., gender-neutral bathrooms).

Participants in the present study also discussed the negative implications and fear associated with knowing that their parents, who often exist in the direct environment around BIPOC trans youth, do not accept their trans identity. For example, participants discussed examples of how parents' lack of acceptance of their child's trans identity was tied to their religious beliefs. It is vital that parents attempt to unlearn negative attitudes they have toward trans individuals and gain awareness that not accepting their child's gender identity can significantly negatively impact their child's well-being, self-worth, and feelings of belonging.

In addition, at a broader societal level, participants mentioned that their gender and racial identities were not fully represented in media, which echoes past research (e.g., Pacey, Goffnett et al. 2021). Therefore, there is a need for increased representation of the specific experiences of BIPOC trans youth in media outlets. Importantly, as indicated in the present study, care must be taken when representing the experiences of BIPOC trans youth to not incorrectly represent or only stereotypically represent their experiences and identities.

There are also several broad implications of the present study related to how BIPOC trans youth want to be treated in general. Firstly, several participants highlighted how they wish others would understand that their trans identity is a part of who they are but not the entirety of them, and how they wish to be treated just like anyone else. Further, people who are not racialized and/or trans need to listen to the stories and experiences of BIPOC trans youth to, for example, gain understanding, awareness, and empathy. Lastly, participants noted that they do not want to be asked invasive questions or feel that their gender is questioned or invalidated when interacting with others.

Based on these findings, future researchers may consider designing interventions focused on teaching others about the unique experiences of BIPOC trans youth to increase understanding and acceptance. One intervention may involve having children watch videos of BIPOC trans youth discussing their unique experiences of having multiple marginalized identities. This intervention idea aligns with research by Flores et al. (2015), which found that as people were more informed about trans people, they had more positive attitudes toward trans people. Another possibility is for future researchers to extend on past research conducted by Broockman and Kalla (2016), which found that attitudes toward trans people were improved when, as part of an intervention, adults were asked to think about a time when they were judged negatively for being different and relate this experience to how trans individuals are treated.

## Limitations and Future Directions

A strength of the current study is that it provides a depth of knowledge about the experiences of youth who were predominately nonbinary, transmasculine, and/or trans men. At the same time, the present study did not capture the unique experiences of transfeminine youth or trans girls/women. The lack of representation of transfeminine youth or trans girls/women is somewhat unsurprising when considered alongside recent data collected from Trans Pulse Canada, which found that in a sample of 991 trans youth, only 12% identified as women or girls (e.g., Navarro, Johnstone et al. 2021). Other studies have also noted that there are more adolescents assigned female (vs. male) at birth when analyzing clinic samples (e.g., Arnoldussen et al. 2020; Sorbara 2019). Thus, given the small sample size of the current study, it was not unlikely that we would not have recruited any transfeminine youth or trans girls/women. Future researchers should seek to represent the unique experiences of BIPOC transfeminine youth and trans women/girls, which may involve deliberate recruitment of this population (e.g., through contacting community organizations specifically for this group). Another limitation of the present study is that the majority of participants were Asian or Black. Thus, our study did not capture the experiences of all BIPOC trans youth (e.g., Indigenous or Latinx/e trans youth). Further research is needed in order to capture the experiences of ethnically/racially diverse trans youth who were not represented in the current research.

The present study chose to focus on participants from Ontario, Canada in order to ensure that all participants lived in a similar environment. Thus, our study did not capture the experiences of BIPOC trans youth in other cultural environments, including those where attitudes toward gender diversity may be significantly more negative (e.g., Kwan et al. 2020; Nabbijohn et al. 2021; Winter, Webster, and Cheung 2008). It would be worthwhile for future researchers to conduct studies among BIPOC trans youth who live in different Canadian provinces or territories, or different countries. In addition, we did not perform analyses that divided participants into separate age groups. In order to more clearly understand age-related differences in experiences for BIPOC trans youth, future researchers may consider honing in on a more specific age group (e.g., 13- to 18-year-olds). Overall, we caution readers from overgeneralizing our findings given that they are based on one-time interviews with a small group of individuals.

## Conclusion

Using IPA, this study explored the unique experiences of risk and sources of resilience for BIPOC trans youth. Participants in the study discussed challenges they faced in finding others, including mentors, who they could connect to who shared their race and gender identities. Participants also discussed experiences they had throughout their gender journey, including moments where they were or were not accepted and supported by others (e.g., parents, friends) in exploring their identity. For example, participants noted unique challenges they faced as BIPOC trans people when discussing their gender identity with family members. Finally, BIPOC trans youth in the current study noted difficulties they faced in trying to access healthcare services, such as having to interact with healthcare professionals who lacked knowledge of trans people. The insights gained from this study raised several implications regarding the practices and behavior of people such as parents, teachers, and healthcare providers.

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