Intersecting Identities: Gender & Sexual Diversity

Sam Martin, PhD

Joshua W. Katz, PhD (Cand)

Daragh T. McDermott, PhD

Intersecting Identities: gender and sexual diversity

Gender and Sexual Minority (GSM) people[1], in particular trans[2] and non-binary[3] people, are often recognized as an oppressed and marginalized community, vulnerable to poor psychological and physical wellbeing – this especially being the case for young people (Rimes et al., 2019). Many of these negative outcomes, it would appear, are the result of the stigmatization which GSM experience. Indeed, research suggests that GSMY experience elevated rates of discrimination and victimization compared to heterosexual and cisgender people on account of their minoritized sexual and/or gender identities (Guasp, 2012; Ellis et al., 2016; METRO Youth Chances, 2016; see also chapter 4). For example, research conducted with GSM aged 16 to 25 in the United Kingdom found that GSMY reported having experienced inordinately high levels of verbal (74%), physical (45%), and sexual (18%) abuse (METRO Youth Chances, 2016). Similar findings were reported by DeSmet et al. (2018) who found that non-heterosexual youth aged 12 to 18 were more likely than heterosexual youth to have been the victims of both offline (27.1% vs. 14.0%) and online (11.6% vs. 7.3%) bullying. Further complicating matters for certain GSM, research has demonstrated how transgender and non-binary people are particularly likely to experience acts of discrimination compared to other cisgender[4] members of the GSM community (Grossman, et al., 2011; Rimes et al., 2019). For instance, research has shown that while lesbian, gay, and bisexual (LGB) young adults living in the UK do experience elevated rates

[1] GSM is used throughout this chapter in place of Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ). This is done in order to acknowledge the multiplicity and diversity of gender and sexual identities. Anyone who does not identify as cisgender and/or heterosexual could consider themselves part of the GSM community.

[2] Trans is used as an abbreviation for transgender in order to denote the diversity of transgender and gender diverse identities (i.e., those whose gender identity or expression is different from their assigned sex at birth; Tebbe et al., 2014).

[3] While individuals who identify as non-binary often fall under the wider 'trans umbrella', the term specifically refers to people who identity with "a fixed gender position other than male or female" (Richards et al., 2017, p. 5). Non-binary people may identify as genderqueer, androgyne, pangender, bigender, genderfluid, agender, neutrois, among many others.

[4] Cisgender is defined as "people who do not identify as trans or who identify with the sex they were assigned at birth" (McDermott et al., 2018, p. 69).

of hate crimes and victimization (33%), trans young adults are even more susceptible to such occurrences (56%; Bachman & Gooch, 2018). This is emphasized by Grossman et al. (2011) who argue that transgender and non-binary youth experience increased levels of prejudice, discrimination, and hateful language on a daily basis.

As has been discussed in chapter 4, such experiences often result in negative outcomes for victims, both physical and psychological. These negative outcomes may be exacerbated for gender minorities. For example, substance use has also been found to be significantly more common among GSM's compared to cisgender sexual minority youth (Reisner et al., 2015). Similarly, Bradlow and colleagues (2017) found that 45% of trans young people had attempted to take their own life compared to 22% of cisgender LGB young persons; worth noting, both of these rates are inordinately high. Such findings are corroborated by other researchers who have demonstrated how trans and non-binary youth may be particularly susceptible to negative mental health outcomes (e.g., Su et al., 2016). Indeed, trans people have also been shown to rate their overall life satisfaction as being lower than that of their cisgender LGB peers (National LGBT Survey, 2018).

While the aforementioned examples of discrimination and their associated health outcomes were by no means meant to serve as an exhaustive list, we wished to provide the reader with a brief snapshot into the often-daily experiences of GSM individuals. Unfortunately, research on gender minorities is sparse compared to that which focuses on cisgender sexual minority individuals.[5] As such, while this chapter will focus on both sexual and gender minorities, where possible, we will highlight gender minorities' discriminatory experiences as well as the associated health implications thereof. Furthermore, this chapter will be broken down into two major sections: first, the various types of discrimination that

[5] Worth noting, research on sexual minorities is not evenly distributed with much more research focusing on the experiences of gay and lesbian individuals. Bisexuals, in contrast, are often excluded from analyses (Alarie & Gaudet, 2013).

GSMY experience will be discussed; and second, we will elucidate upon just a few of the psychological explanations that explain why these forms of discrimination are allowed to perpetuate. In addition, and with respect to both points, critiques of these theories and phenomena will also be provided. Finally, we will conclude this chapter with a note on empowerment.

Forms of Discrimination

In chapter 4, among other chapters, Ellis briefly outlines homophobia, biphobia and heterosexism as different forms of social prejudice which impact sexual minority individuals. In addition to these, it is also important to consider those intersecting forms of prejudice and discrimination which GSMY individuals face, namely transphobia, queerphobia, and cisgenderism.

Transphobia. Hill and Willoughby (2005) define transphobia as an irrational fear of, or emotional disgust towards, individuals who do not conform with society's gender expectations. They further express how transphobia includes feelings of revulsion directed towards masculine women, feminine men, crossdressers, and transgender and/or transsexual individuals. Unlike with traditional conceptualizations of homophobia, Hill and Willoughby (2005) also clarify that their use of the term 'phobia' does not imply the presence of a clinical disorder. However, Morrison et al. (2017) argue that "'transphobia' should be conceptualized in a more comprehensive way—that is, stereotypes, prejudice, and discrimination directed toward individuals that are or are perceived to be transgender" (p. 395). In 2018, McDermott et al. introduced the concept of transnegativity as an alternative to transphobia that accommodates the relationship between affective *and* cognitive components of prejudice. Transnegativity in this context is defined as "any prejudicial attitudes, discriminatory or victimising behavioural action overtly or covertly directed towards an individual because they are, or are perceived to be, trans" (McDermott et al., 2018, p. 70). While trans persons

do experience many of the same discriminatory acts as sexual minorities, trans individuals are also at an increased risk to experience trans-specific forms of discrimination as well. Two such examples are deadnaming and misgendering.

Deadnaming refers to the continued use of GSM (typically trans or non-binary) persons' "names assigned to them in infancy in cases where they have rejected those names" (Turton, 2021, p. 42). Referring to someone using their deadname has been shown to result in feelings of unsafeness, misunderstanding, and/or invalidation (Santos et al., 2021), although the studies conducted on this topic are few. Research indicates that deadnaming is one of the most common forms of bullying that trans and non-binary persons experience. For example, all participants in a study of 169 trans university students attending school in the South-Eastern United States reported having experienced deadnaming (Santos et al., 2021). Further, these students reported that staff used their deadnames in 50% of all interactions. Indeed, even mental health practitioners have been shown to utilize trans persons' deadnames, thus highlighting the widespread prevalence of the practice (Delaney & McCann, 2021). Adding to the issue at hand, many people who use another person's deadname do so unintentionally (Singh, 2020) and repeatedly, even after they have been corrected (sometimes multiple times; Santos et al., 2021). In this way, deadnaming can best be categorized as being microaggressive in nature (Pulice-Farrow et al., 2020). However, deadnaming can also entail expressions of more intentional and/or violent acts of discrimination (Lilienfeld, 2017).

Related to the issue of deadnaming, misgendering serves as another common form of discrimination for trans and non-binary youth. Misgendering in its most common form entails the utilization of inaccurate pronouns that are inconsistent with one's gender identity; however, misgendering also occurs in other situations as well. For instance, misgendering can occur when one is not granted access to a public space (e.g., a bathroom or locker room) on account of their perceived gender identity (McLemore, 2015) or when one is not given the

option to use their preferred gender pronoun(s) on legal (or other) documents (James et al., 2016). According to a study conducted by McLemore (2015) with 115 trans individuals living in the United States, most participants reported having experienced some degree of misgendering, which typically resulted in subsequent feelings of stigmatization. While common for many GSMY, misgendering appears to be most often directed towards genderqueer individuals (McLemore, 2015). Just as with deadnaming, misgendering often leads to negative psychological consequences for victims. For example, in their study of trans individuals living in and around the United Kingdom, McNeil et al. (2012) found that participants who were frequently misgendered expressed lower levels of self-esteem.

Cisgenderism. Related to the concept of 'transphobia', 'cisgenderism' refers to prejudicial ideologies that "[deligitimize] people's own designations of their genders and bodies" (Blumer et al., 2013, p. 267). Rather than an individual attitude, cisgenderism exists as a theoretical perspective that problematizes the categorical distinction between transgender and cisgender, "people who do not identify as trans or who identify with the sex they were assigned at birth" (McDermott et al., 2018, p. 69). Cisgenderism considers trans and non-binary people as 'other' to normative human development and, accordingly, is grounded in notions of transphobia (Ansara & Hegarty, 2012). Today, overt acts of cisgenderism are often challenged in public spaces (McSorley, 2020). However, cisgenderism retains its presence in society as a largely imperceptible process (i.e., as microaggressions), meaning that most cisgender individuals behave in ways that are not always overtly apparent to most cisgender people (Kennedy, 2013). For instance, two of the more common cisgenderist practices include misgendering and pathologizing—a process which only acts to amplify negative attitudes of gender minorities (Riggs et al., 2015). On account of the imperceptibility of and the ease with which cisgenderist acts are enacted, cisgenderism occurs in many domains. For example, family therapy practices often reinforce cisgenderist ideals through the initial

consultation process that patients go through (Blumer et al., 2013); more specifically, physicians frequently assume that their patients are cisgender and, accordingly, do not think to inquire about one's gender identity unless prompted to do so. Similarly, a study conducted by Riggs and Bartholomaeus (2018) found that parents of trans youth tended to espouse cisgenderist views as they felt "a falling from [the] certitude" that is afforded the parents of cisgender youth (p.71). At this point it is also worth noting how academia is not immune to the various forms of GSM-directed discrimination. For example, academic writing has been criticized as being laden with cisgenderist notions. Indeed, a study conducted by Ansara and Hegarty (2014) sought to identify cisgenderist language in psychology articles and manuals; the authors found evidence to suggest that cisgenderism can take many forms in academic literature including but not limited to the conflation of sex and gender (e.g., treating terms like 'man' and 'male' interchangeably) and a general disregard for people's individual preferences with respect to how they want to be addressed (e.g., the opinions of people who wish to be identified using 'they'/'them' pronouns or who would prefer that their names be used in place of pronouns altogether are often ignored). Taken together, all of these cisgenderist acts combine to result in negative psychological consequences for gender minority individuals. According to the Gender Minority Stress Framework, which serves as an extension of Minority Stress Theory (introduced in chapter 4 and to be discussed later), trans and gender diverse persons experience risk factors (e.g., distal minority stressors) and protective factors (e.g., access to affirmative healthcare) that influence their mental and physical health both positively and negatively (Tan, et al., 2019; Tan et al., 2020).

Queerphobia. "'Queerphobia' describes the discrimination experienced by all LGBTQ+ people, including all people who live outside the constraints of cis-heterosexual existences, such as homosexual, homoromantic, lesbian, bisexual, biromantic, trans, pansexual, panromantic, queer, asexual, aromantic, and demisexual people amongst many

others" (Marzetti, 2018, p. 702). Marzetti (2018) expands on this definition by expressing how unlike terms like homophobia, biphobia, and transphobia, "queerphobia operates as an umbrella term" (p. 702). Given this, many of the other forms of discrimination discussed in chapter 4 and here can be said to fall within the category of queerphobia. While little academic literature exists which specifically addresses queerphobic discrimination,[6] that research which does exist suggests that queerphobia is rampant an maye be particularly directed at specific GSM subgroups. For instance, in a study of over 1,000 LGBTQ+ university students conducted by *The Tab*, trans (41%) and lesbian (39%) individuals reported experiencing higher rates of queerphobic discrimination than either gay (33%) or bisexual (30%) persons (Schifano, 2021). To this extent, and as will be discussed later in terms of intersectionality, these disparities highlight how GSM identities are hierarchically ranked such that certain minoritized individuals are afforded more status and power than are others. While all GSM may be discriminated against, certain individuals within this community may be *more* susceptible to prejudice and discrimination. With this being said, these exceedingly high percentages for all groups also highlight how queerphobia is a ubiquitous experience for *all* GSMs.

At the intersection of gender and prejudice

Now that we have provided a brief description of the different types of discrimination which trans and gender diverse people experience, we wish to explore the more prominent psychological theories which shed light on experiences of elevated rates of prejudice and discrimination towards gender minorities. In particular, we will examine how concepts related to gender and queer theory are implicated in these prejudicial attitudes and actions.

[6] Research instead tends to focus on more specific forms of discrimination with more attention paid to those types of discrimination which affect cisgender, gay, and lesbian individuals, for example homophobia.

These theories will be framed such that their implications for mental health are prioritized. In addition, critiques of these theories will be levied when and where appropriate.

Minority Stress Theory. Much of that research which focuses on the wellbeing of GSMs frames discrimination through the lens of Minority Stress Theory. Minority Stress Theory was introduced and defined in chapter 4, but it is helpful to reconsider it again with specific attention paid to intersecting gender minority identities. Minority stress can result from many different types of events or experiences. For instance, minority stress may be the direct result of overt instances of discrimination, or it may result from internalized negative attitudes in response to expectations of negative interactions (Meyer, 2003). In addition, microaggressions and other seemingly subtle forms of discrimination may lead to added levels of minority stress. To this extent, minority stress can result from either macro or micro forces/processes. Furthermore, individuals who occupy multiple minority positions may be susceptible to added minority stress as these stressors tend to compound stress levels rather than offset them (Austin et al., 2013). Thus, coupled with those stressors which all individuals already experience, members of minority groups often find themselves faced with additional stressors compared to those who do not occupy a minoritized position.

As has been suggested in previous chapters, Minority Stress Theory was originally posited in order to better explain the (often) poorer mental health and physical wellbeing of minoritized persons including members of the GSM community (Holman, 2018). Research tends to support the processes laid out by the theory. For example, sexual minority women have been found to experience significantly higher levels of mental health issues and problematic substance use on account of their minority status (Lehavot & Simoni, 2011). Similarly, Goldberg et al. (2019) found that trans college students experienced numerous minority stressors including but not limited to a lack of family support and an institutional culture that was insensitive towards gender minorities (GM). These stressors, in turn, led

participants to experience maladaptive outcomes; indeed, the students in this particular study had dropped out of school (see also Hendricks & Testa, 2012, and Hatzenbeuler & Pachankis, 2016, for further discussion of the impact that minority stressors can have on physical and mental health within the GM community). Worth noting, research focusing on trans gender diverse persons using a Minority Stress Theory framework is relatively novel, although more academics and clinicians are starting to investigate these and other relevant topics (Hendricks & Testa, 2012; Hatzenbeuler & Pachankis, 2016). Taking all of the available evidence into consideration, it is evident that the minority status of GMs has the potential to further cultivate negative outcomes for those who belong to the GM community. And yet, certain scholars have further argued that Minority Stress Theory is insufficient in its attempt(s) to contextualize the negative outcomes experienced by GMs. In particular, it has been argued that the theory may not consider minoritized persons as active participants in their own lives; as well, the very term, minority stress, is actively debated.

While some consider Minority Stress Theory to be a valuable theory in that it directs the conversation away from pathologizing notions of illness and disorder, Wagaman (2015) notes how the theory tends to cast GSM youth as 'victims' who are stripped of their power and agency. Indeed, even Meyer (2003)—who first framed Minority Stress Theory—was conscious of the theory's potential to position minority group members as "passive victims of prejudice" (p. 691). Further complicating matters, Bariola et al. (2017) express how Minority Stress Theory tends to emphasize the negative aspects of GSM youths' mental health rather than highlighting potentially positive aspects thereof. Overall, such trends are not necessarily surprising given the current state of the literature. Indeed, it has been argued that research on GSMY typically approaches persons vis-à-vis a framework of risk, whereby research focuses on GSMYs' vulnerabilities as well as their capacity for coping and resiliency rather than on the more positive aspects of individuals' psyches (Wagaman, 2015). In particular, such

criticisms are prominent with regard to gender minority youth. Lombardi (2001), for instance, recognizes how access to trans-positive healthcare remains limited despite the many forms of social discrimination that trans people face on a daily basis. Worth noting, healthcare settings are not immune to transphobia and cisgenderism either, as highlighted by research conducted by the likes of Blumer et al. (2013). To this extent, the positive aspects associated with holding a trans or non-binary gender identity are rarely expanded upon or even acknowledged by researchers. Russell et al. (2009) further elucidate upon this point when they state that this focus on risk has overshadowed the many ways in which GSM youth are able to develop stable positive identities and enact positive change in their own lives.

Additionally, scholars have also argued that the concept of minority stress does not take into appropriate consideration the effects of ideology and social norms. Riggs and Treharne (2017), for instance, argue that minority stress is not a product of an individual's minority social status; instead, they contend that "'minority stress' refers to how marginalized individuals are stressed by ideologies and social norms which accord them a minority position" (p. 595). More specifically, Riggs and Treharne (2017) contend that ideologies produce stress and that the effects of this stress are different for people with different intersecting identities. To contextualize their thesis in an example, Riggs and Treharne would state that a black lesbian trans woman would experience *different* levels of minority stress than would a cisgender white gay man. This is not to say that the cisgender white gay man does not experience stress on account of his minority status; rather, both individuals experience different levels and types of stress that are unique to their particular circumstances and identities. Given this explanation, layers of stigmatization can be said to 'accentuate' or 'mitigate' levels of minority stress for people with different marginalized identifies. In this way, Riggs and Treharne's version of minority stress can be said to differ from that of multiple minority stress, as highlighted above. Given their position with respect to minority

stress, Riggs and Treharne (2017) introduced the concept of 'decompensation', which prioritizes ideologies and social norms, as an alternative explanation for minority stress. Rather than focusing on minoritized persons' abilities to recover from negative events, the purpose of decompensation is to acknowledge the internal and external resources that are available to people with different marginalized identities for coping with oppressive ideologies "that render one's existence unintelligible" (Riggs & Treharne, 2017, p. 15). Concurrently, decompensation attempts to acknowledge the resources that are afforded to other non-GSM marginalized identities on account of layers of privilege such as being white, middle-class, and/or able-bodied. To use an idiom, Riggs and Treharne (2017) describe decompensation as the "straw that broke the camel's back" (p. 15). In this way, decompensation departs from more 'traditional' research on minority stress and the notion that through coping and resilience, one might be able to better protect oneself from minority stressors. In other words, decompensation emphasizes how society not only marginalizes certain populations but also prioritizes how specific identities are privileged over others (Riggs & Treharne, 2017).

Masculinities and Prejudice. While not necessarily a theory, we wish to next discuss the role that masculinities and femininities play with respect to GSM-directed prejudice and discrimination. Much like with Minority Stress Theory, attitudes towards masculinities have come to serve as an explanation for why GSMs are subjected to discriminatory events. Moreover, masculinities have similarly been critiqued as a source of GSM-directed prejudice and discrimination for multiple reasons. In the following sections we will highlight the role that perpetrators' masculinities and femininities play with respect to discrimination and how these interact with the perceived sex and/or gender of the targets of discrimination.

Prejudice towards GSMs has historically been more commonly attributed to cisgender heterosexual men. Research has found that such men tend to exhibit more anti-gay

prejudice and behaviours as well as less favourable attitudes towards transgender individuals than their female counterparts (Burn, 2000; Jellison et al., 2004; Nagoshi et al., 2008). For example, McDermott and Blair (2012) conducted a cross-cultural study with heterosexual persons living in Canada, the United States, the United Kingdom, and the Republic of Ireland and found that male participants consistently demonstrated higher levels of homonegativity. Similar findings are also presented by Guasp (2012), who found that gay, lesbian, and bisexual youth tended to be bullied by boys at school, and by Nagoshi et al. (2008) whose study revealed that hypermasculinity was highly correlated with both homophobia and transphobia. Given these findings, it would indeed appear that possessing a more traditional sense of masculinity has the potential to lead individuals to discriminate against their peers. However, there are also facets of GSMs' masculinities which may serve as 'risk factors' for such discrimination.

Indeed, research suggests that violating gender norms is one of the key predictors of prejudice for GSMs, in particular for those whose physical appearance and mannerisms are inconsistent with society's expectations of masculinity and femininity (de Boise, 2015; Herek, 2004). Further problematizing issues, heterosexual men's negative attitudes towards gay men have been linked to their need to maintain traditional gender roles (Jellison et al., 2004; Woodford et al., 2012) as well as to their tendency to view homosexuality as incompatible with and/or a threat to manhood (Falomir-Pichator & Mugny, 2009). To this extent, anti-gay sentiment, it would appear, is engrained within our society; indeed, anti-gay sentiment is regularly cited as being instrumental in the organization and construction of adolescent masculinities (Epstein, 1997). Worth noting, in contrast to gay masculinities, trans men have been found to not be concerned with being perceived as insufficiently masculine, although they do acknowledge the power of hegemonic masculinity and express a desire to be seen as men (Green, 2005). As such, acts of discrimination against GSMY tend to take the

form of anti-gay language, which has come to be associated with notions of manhood (Burn et al., 2005; Pascoe, 2005). For instance, Pascoe (2005) found that when boys were called a "fag" by a peer, they interpreted it as a direct attack to their heterosexuality and, by extension, their masculinity. Similarly, a study conducted in the United Kingdom found that the term "gay" is not used by boys to refer to homosexuality but has actually been reappropriated to serve as a signifier that one is not manly (Bridges, 2014).

Given that being gay is often associated with being unmasculine, it should come as no surprise that gay men are often subject to anti-femininity biases (Blair & Hoskin, 2015), sometimes referred to as femmephobia (i.e., "the systematic devaluation of femininity as well as the regulation of patriarchal femininity"; Hoskin, 2019, p. 687) or femiphobia (i.e., "negative feelings toward feminine men"; Miller & Behm-Morawitz, 2016, p. 177; see also Skidmore et al., 2006). As such, in order to avoid being discriminated against on the basis of their sexual orientation, some gay men choose to define themselves as "straight acting"—a less stigmatized group within the gay community (Bishop et al., 2014; Clarkson, 2006; Annes & Redlin, 2012; Sánchez & Vilain, 2012; Taywaditep, 2002). In line with this, gay interview participants in a study conducted by Clarke and Smith (2015) discussed how it is possible to appear "too gay" and, accordingly, spoke to the need to cultivate an authentic appearance that did not 'scream' of being too gay. To this extent, it would appear that some gay men value and, perhaps, feel compelled to outwardly display more traditional forms of masculinity (Sánchez et al., 2010; Sánchez & Vilain, 2012) which can have an adverse impact on a persons identity and sense of mental wellbeing (King et al., 2020).

Such research demonstrates how many cisgender gay men have a vested interest in hegemonic masculinity to the exclusion of 'queerer' forms of manhood such as those associated with being trans, non-binary, and/or feminine. While not necessarily as commonly practiced, these queer forms of masculinity have the potential to be useful in that they offer a

chance to "[scrutinize] those processes through which certain bodies, identities, and desires (and not others) become unmarked, normal, and normative" (Milani, 2014, p. 265). In this way, trans and non-binary individuals are given the opportunity to define their own lives and their own masculinities, which can serve as an empowering experience (Halberstam, 2000). Indeed, the introduction of queer theory into the academic lexicon enabled trans people to understand gender as an unfixed entity (Wozolek, 2019). However, queer theory has also been problematic in that it has impeded the lived experiences and realities of some trans persons (Tauchert, 2002). Specifically, understandings of gender as fluid, unfixed, and advocating for the continuous challenge and disruption of gender was in direct contrast to the ways in which many trans individuals chose to live their lives (i.e., as binary transgender men and women who occupied defined gender categories). In this way, queer understandings of gender can also be disempowering for some (Nagoshi et al., 2012). However, such criticisms also led to increased research efforts being placed on trans-specific issues (Nagoshi & Brzuzy, 2010).

Femininities and Prejudice. Discourses of policing gender extend beyond discussions of masculinities. More recently, queer femininities have found themselves as the focal point of a number of vitriolic and divisive debates surrounding sex and gender, and the rights of trans people. These discourses have been mobilised through coordinated groups of women, often described as trans-exclusionary radical feminists (TERFs). Arguments are made in demonstrations, online, and in the press, the aim of which is to reference women's rights, and seemingly promote women's causes whilst platforming explicitly transphobic messages (Lu & Jurgens, 2022; Pearce et al., 2020). These messages aim to convince others that cisgender women are vulnerable to trans women in female spaces (Hines, 2020).

As well as functioning as a regulatory power over queer masculinities, Hoskin (2019) describes how 'femmephobia' acts to police femininty within queer spaces. She states that

queer and trans women frequently have to negotiate "dominant cultural ideals of femininity to be validated as women" (Hoskin, 2019, p. 11). One of the key ways in which femininity is policed is through 'biological determinism' whereby bodies assigned female at birth come to reference innate traits and characteristics of femininity. Increasingly, gender essentialist and biological determinist discourses of 'womanhood' have been used to discriminate against queer and trans femininities. Trans-exclusionary feminist groups argue that trans women are not 'real' women due to their not being assigned female at birth. Their beliefs place genitals, reproductive organs, and chromosomal and hormonal make-up as the primary identifiers of authentic gender identity (Hines, 2019; Pearce et al. 2020). These beliefs have been weaponised to exclude trans women from female spaces (Hines, 2020).

This brand of gender essentialism is recognised as a deliberate regression from the queer theorists of the 1980s and 1990s who aimed to disrupt and challenge the sex/gender binary (Hines, 2019). Once again, critics argue that instead of focussing solely on biological markers of male and female sex, we should pay more attention to the meaning(s) that society attributes to the categories of male and female (Hotine, 2021). Trans-exclusionary feminism has been described as one example of 'toxic' or 'rigid femininity' that acts to uphold hegemonic, patriarchal systems of gender (McCann, 2020). McCann (2020) states that the concept of rigid femininities "offers a powerful way to understand how some approaches to gender keep us locked in a toxic gendered system" (p. 24).

One of the primary critiques of trans-exclusionary feminism is that it reproduces the neoliberal, gender normative assumptions of women as vulnerable and helpless to predators, instead of challenging hegemonic perspectives that seek to essentialise bodies based on their reproductive function and potential (Earles, 2018). Furthermore, it intensifies the surveillance on women's bodies, for example through bathroom policing practices (McCann, 2020). Indeed, Hines (2020) notes that such policing practices result in more cisgender women being

scrutinised on account of their appearance and in some cases being asked to leave women's toilets because they have been assumed to be trans.

Further critiques of trans-exclusionary feminism talk about the dangerous notion of there being an 'innate' sense of womanhood and how it reproduces racist ideologies. Biological determinism and gender essentialism have historically been weaponised against Black, Indigenous, and women of colour and tend to benefit only those in positions of power (Da Costa, 2021). These strategies of separating bodies and organising them into a hierarchy of authenticity have worked to segregate and subjugate bodies according to race and ethnicity (Hines, 2019). For example, being seen as 'vulnerable' is a position "conditioned by whiteness" (Pearce et al., 2020, p. 681) as Black women are often stereotyped as being dangerously masculine (Patel, 2017). This gender-essentialist logic is now being used to subjugate trans women.

In this way, Da Costa (2021) describes trans-exclusionary feminism as a 'white feminist' discourse. The discourses reproduce white imperialist gender hegemonic, patriarchal power relations that primarily serve "white, cis-straight, wealthy western women" (Da Costa, 2021, p. 317). Such white feminist groups "attempt to organize feminist politics around their particular experiences, and, as a result, exclude and marginalise 'women of difference' from and within feminist spaces." (p. 317). Findings have shown that despite critiques of trans-exclusionary feminism there is evidence of transphobia among some lesbian cis women (Worthen, 2022). However, contrary to the messages espoused by trans-exclusionary women's groups, recent statistics still show that women are more supportive of trans people than are men (Morgan et al., 2020).

A Note on Empowerment

Given the number of young individuals now identifying outside of the traditional categories of heterosexual and homosexual (Diamond, 2008; Savin-Williams, 2006;

Thompson & Morgan, 2008; Vrangalova & Savin-Williams, 2010), we wished to conclude this chapter by speaking to the opportunities that queer identities afford those who identify with them. Schwenke (2010) writes how "empowerment starts and is rooted in authenticity and societal acceptance of those of us with 'variant' gender identities—in other words, finding some space to acknowledge our humanity and worth" (p. 188). This can be accomplished in multiple ways. First, GSMs may choose to embrace their minoritized identities. Research with trans participants has shown how possessing a strong sense of pride in oneself and one's trans identity can serve as a protective factor against traumatic life events (Singh & McKleroy, 2011). Second, people outside of the GSM community can choose to actively support and respect GSMs. Findings from a study of sexual minority women and gender diverse persons found that support from allies led to feelings of empowerment and hope for GSMs (Riggle et al., 2018). Taken together, creating spaces of empowerment leads to better physical and mental health outcomes for GSMs. Indeed, studies have demonstrated how empowered GSMs are more likely to receive adequate HIV care (Sevelius et al., 2021) as well as to experience less suicidal ideation (Tucker et al., 2018). In summary, empowering GSMs has been found to provide them with the tools to better deal with various forms of discrimination (Mizock & Mueser, 2014).

Furthermore, most participants found that the strongest sense of support was derived from identifying as part of the feminist community. However, several participants emphasized that this support came specifically from trans-inclusive feminist groups. Worthen (2016) has also argued that transgender and feminist communities share a common rejection of hetero-cis-normativity, or the system of beliefs that places greater value on cisgender and heterosexual identities. Lessons learned from feminist therapy, in particular, may be useful in counselling non-binary individuals. Feminist therapy focuses on oppressive sociocultural

forces and power differentials, and may incorporate narrative approaches, thus enabling clients to freely share their lived experiences (Goethals & Schwiebert, 2005; Laird, 1999).

Conclusion

In this chapter, we discussed the various forms of discrimination that GSMs are subject to, with particular emphasis placed on the mental health experiences of GSMY. We then provided brief descriptions of some of the psychological explanations which describe why GSMs are victimized. Finally, we noted the importance of empowerment with respect to GSMs. While much of that research which exists on GSMs adopts a problem-based lens, we wish to conclude by highlighting how GSMs are a resilient community that would benefit from more strengths-based research.

References

Alarie, M., & Gaudet, S. (2013). “I don’t know if she is bisexual or if she just wants to get attention”: Analyzing the various mechanisms through which emerging adults invisibilize bisexuality. *Journal of Bisexuality, 13*(2), 191-214. https://doi.org/10.1080/15299716.2013.780004

Annes, A., & Redlin, M. (2012). The careful balance of gender and sexuality: Rural gay men, the heterosexual matrix, and “effeminophobia”. *Journal of Homosexuality*, 59(2), 256-288. https://doi.org/10.1080/00918369.2012.648881

Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologizing and misgendering children from 1999 to 2008. *Psychology & Sexuality, 3*(2), 137-160. https://doi.org/10.1080/19419899.2011.576696

Ansara, Y. G., & Hegarty, P. (2014). Methodologies of misgendering: Recommendations for reducing cisgenderism in psychological research. *Feminism & Psychology, 24*(2), 259-270. https://doi.org/10.1177/0959353514526217

Austin, S. B., Nelson, L. A., Birkett, M. C., Calzo, J. P., & Everett, B. (2013). Eating disorder symptoms and obesity at the intersections of gender, ethnicity, and sexual orientation in US high school students. *American Journal of Public Health, 103*(2), e16-e22. https://doi.org/10.2105/AJPH.2012.301150

Bachman, C. L., & Gooch, B. (2018). *LGBT in Britain: Trans report*. Stonewall. https://www.stonewall.org.uk/lgbt-britain-trans-report

Bariola, E., Lyons, A., & Lucke, J. (2017). Flourishing among sexual minority individuals : Application of the Dual Continuum Model of Mental Health in a sample of lesbians and gay men. *Psychology of Sexual Orientation and Gender Diversity, 4*(1), 43-53. https://dx.doi.org/10.1037/sgd0000210

Bishop, C. J., Kiss, M., Morrison, T. G., Rushe, D. M., & Specht, J. (2014). The association between gay men’s stereotypic beliefs about drag queens and their endorsement of hypermasculinity. *Journal of Homosexuality, 61*(4), 554-567. https://doi.org/10.1080/00918369.2014.865464

Blair, K. L., & Hoskin, R. A. (2015). Experiences of femme identity: Coming out, invisibility and femmephobia. *Psychology & Sexuality, 6*(3), 229-244. https://doi.org/10.1080/19419899.2014.921860

Blumer, M. L. C., Ansara, Y. G., & Watson, C. M. (2013). Cisgenderism in family therapy: How everyday clinical practices can delegitimize people's gender self-designations. *Journal of Family Psychotherapy, 24*(4), 267-285. https://doi.org/10.1080/08975355.2013.849551

Bradlow, J., Bartram, F., Guasp, A., & Jadva, V. (2017). *School report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017*. Stonewall. https://www.stonewall.org.uk/system/files/the_school_report_2017.pdf

Bridges, T. (2014). A very "gay" straight? Hybrid masculinities, sexual aesthetics, and the changing relationship between masculinity and homophobia. *Gender & Society, 28*(1), 58-82. https://doi.org/10.1177/0891243213503901

Burn, S. M. (2000). Heterosexual use of "fag" and "queer" to deride one another: A contributor to heterosexism and stigma. *Journal of Homosexuality, 40*(2), 1-11. https://doi.org/10.1300/J082v40n02_01

Burn, S. M., Kadlec, K., & Rexer, R. (2005). Effects of subtle heterosexism on gays, lesbians, and bisexuals. *Journal of Homosexuality, 49*(2), 23-38. https://doi.org/10.1300/J082v49n02_02.

Clarke, V., & Smith, M. (2015). "Not hiding, not shouting, just me": Gay men negotiate their visual identities. *Journal of Homosexuality, 61*(1), 4-32. https://doi.org/10.1080/00918369.2014.957119

Clarkson, J. (2006). "Everyday Joe" versus "pissy, bitchy, queens": Gay masculinity on StraightActing.com. *The Journal of Men's Studies, 14*(2), 191-207. https://doi.org/10.3149/jms.1402.191

Da Costa, J. C. R. (2021). The "New" White Feminism: Trans-Exclusionary Radical Feminism and the Problem of Biological Determinism in Western Feminist Theory. In K. Carter & J. Brunton (Eds.), *TransNarratives: Scholarly and creative works on transgender experience*, (pp. 317-334). Women's Press.

de Boise, S. (2015). I'm not homophobic, "I've got gay friends": Evaluating the validity of inclusive masculinity. *Men and Masculinities, 18*(3), 318-339. https://doi.org/10.1177/1097184X14554951

Delaney, N., & McCann, E. (2021). A phenomenological exploration of transgender people's experiences of mental health services in Ireland. *Journal of Nursing Management, 29*(1), 68-74. https://doi.org/jonm.13115.

DeSmet, A., Rodelli, M., Walrave, M., Soenens, B., Cardon, G., & dDe Bourdeaudhuij, I. (2018). Cyberbullying and traditional bullying involvement among heterosexual and non-heterosexual adolescents, and their associations with age and gender. *Computers in Human Behavior, 83,* 254-261. https://doi.org/10.1016/j. chb.2019.02.010

Diamond, L. M. (2008). *Sexual fluidity: Understanding women's love and desire*. Harvard University Press.

Earles, J. (2019). The "penis police": Lesbian and feminist spaces, trans women, and the maintenance of the sex/gender/sexuality system. *Journal of Lesbian Studies, 23*(2), 243-256. https://doi.org/10.1080/10894160.2018.1517574

Ellis, S. J., Bailey, L., & McNeil, J. (2016). Transphobic victimisation and perceptions of future risk: A large-scale study of the experiences of trans people in the UK. *Psychology & Sexuality, 7*(3), 211-224. https://doi.org/10.1080/19419899.2016.1181669

Epstein, D. (1997). Boyz' own stories: Masculinities and sexualities in school. *Gender and Education, 9*(1), 105-116. https://doi.org/10.1080/09540259721484

Falomir-Pichastor, J. M., & Mugny, G. (2009). "I'm not gay…. I'm a real man!": Heterosexual men's gender self-esteem and sexual prejudice. *Personality and Social Psychology Bulletin, 35*(9), 1233-1243. https://doi.org/10.1177/0146167209338072

Goldberg, A. E., Kuvalanka, K. A., & Black, K. (2019). Trans students who leave college: An exploratory study of their experiences of gender minority stress. *Journal of College Student Development, 60*(4), 381-400. https://doi.org/10.1353/csd.2019.0036

Green, J. (2005). Part of the package: Ideas of masculinity among male-identified transpeople. *Men and Masculinities, 7*(3), 291-299. https://doi.org/10.1177/1097184X04272116

Grossman, A. H., D'Augelli, A. R., & Frank, J. A. (2011). Aspects of psychological resilience among transgender youth. *Journal of LGBT Youth, 8*(2), 103-115. https://doi.org/10.1080/19361653.2011.541347

Guasp, A. (2012). *The school report: The experiences of young gay people in Britain's schools*. Stonewall. https://www.bl.uk/collection-items/school-report-the-experiences-of-young-gay-people-in-britains-schools

Halberstam, J. (2000). Telling tales: Brandon Teena, Billy Tipton, and transgender biography. *a/b: Autho/Biography Studies, 15*(1), 62-81. https://doi.org/10.1080/08989575.2000.10815235

Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: Research evidence and clinical implications. *Pediatric Clinics of North America, 63*(6), 985-997. https://doi.org/j.pcl.2016.07.003.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clines: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice, 43*(5), 460-467. https://doi.org/10.1037/10029597

Herek, G. M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality Research & Social Policy, 1*, 6-24. https://doi.org/10.1525/srsp.2004.1.2.6

Hill, D. B., & Willoughby, B. L. B. (2005). The development and validation of the Genderism and Transphobia Scale. *Sex Roles, 53*(7-8), 531-544. https://doi.org/10.1007/s11199-005-7140-x

Hines, S. (2019). The feminist frontier: On trans and feminism. In T. Oren & A. L. Press (Eds.), *The Routledge handbook of contemporary feminism* (pp. 94-109). Routledge.

Hines, S. (2020). Sex wars and (trans) gender panics: Identity and body politics in contemporary UK feminism. *The Sociological Review, 68*(4), 699-717. https://doi.org/10.1177/0038026120934684

Holman, E. G. (2018). Theoretical extensions of Minority Stress Theory for sexual minority individuals in the workplace: A cross-contextual understanding of minority stress processes. *Journal of Family Therapy & Review, 10*(1), 165-180. https://doi.org/10.1111/jftr.12246

Hoskin, R. A. (2019). Femmephobia: The role of anti-femininity and gender policing in LGBTQ+ people's experiences of discrimination. *Sex Roles, 81*(11-12), 686-703. https://doi.org/10.1007/s11199-019-01021-3

Hotine, E. (2021). Biology, Society and Sex: Deconstructing anti-trans rhetoric and trans-exclusionary radical feminism. *Journal of the Nuffield Department of Surgical Sciences*, 2(3).

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anagi, M. (2016). *The report of the 2015 U.S. transgender survey*. National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Jellison, W. A., McConell, A. R., & Gabriel, S. (2004). Implicit and explicit measures of sexual orientation attitudes: Ingroup preferences and related behaviors and beliefs among gay and straight men. *Personality and Social Psychology Bulletin, 30*(5), 629-642. https://doi.org/1177/0146167203262076

Kennedy, N. (2013). Cultural cisgenderism: Consequences of the imperceptible. *Psychology of Women Section Review, 15*(2), 3-11. https://www.academia.edu/5112152/Cultural_Cisgenderism_Consequences_of_the_Imperceptible

King, T. L., Shields, M., Sojo, V., Daraganova, G., Currier, D., O'Neil, A., ... & Milner, A. (2020). Expressions of masculinity and associations with suicidal ideation among young males. *BMC Psychiatry, 20*(1), 1-10.

Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of Consulting and Clinical Psychology, 79*(2), 159-170. https://doi.org/10.1037/a0022839

Lilienfeld, S. (2017, June 23). *The science of microaggressions: It's complicated*. Scientific American.

Lombardi, E. (2001). Enhancing transgender health care. *American Journal of Public Health, 91*(6), 869-872. https://doi.org/10.2105/ajph.91.6.869

Lu, C., & Jurgens, D. (2022, July). The subtle language of exclusion: Identifying the toxic speech of trans-exclusionary radical feminists. In *Proceedings of the Sixth Workshop on Online Abuse and Harms (WOAH)* (pp. 79-91). https://doi.org/ 10.18653/v1/2022.woah-1.8

Marzetti, H. (2018). Proudly proactive: Celebrating and supporting LGBT+ students in Scotland. *Teaching in Higher Education, 23*(6), 701-717. https://doi.org/10.1080/13562517.2017.1414788

McCann, H. (2022). Is there anything "toxic" about femininity? The rigid femininities that keep us locked in. *Psychology & Sexuality, 13*(1), 9-22. https://doi.org/10.1080/19419899.2020.1785534

McDermott, D. T., & Blair, K. L. (2012). 'What's it like on your side of the pond?': A cross-cultural comparison of modern and old-fashioned homonegativity between North American and European samples. *Psychology & Sexuality, 3*(3), 277-296. https://doi.org/10.1080/19419899.2012.700032

McDermott, D. T., Brooks, A. S., Rohleder, P., Blair, K., Hoskin, R. A., & McDonagh, L. K. (2018). Ameliorating transnegativity: Assessing the immediate and extended efficacy of a pedagogic prejudice reduction intervention. *Psychology & Sexuality, 9*(1), 69-85. https://doi.org//10.1080/19419899.2018.1429487

McLemore, K. A. (2015). Experiences with misgendering: Identity misclassification of transgender spectrum individuals. *Self and Identity, 14*(1), 51-74. https://doi.org/10.1080/15298868.2014.950691

McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). *Trans mental health study 2012*. https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf

McSorley, K. (2020). Sexism and cisgenderism in music therapy spaces: An exploration of gender microaggressions experienced by music therapists. *The Arts in Psychotherapy, 71*, Article 101707. https://doi.org/10.1016/j.aip.2020.101707

Merriam-Webster. (n.d.). *Queer Theory*. Merriam Webster. https://www.merriam-webster.com/dictionary/queer%20theory

METRO Youth Chances. (2016). *Youth chances: Integrated report*. Metro. https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Intergrated%20Report%202016.pdf

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674

Milani, T. M. (2014). Queering masculinities. In S. Ehrlich, M. Meyerhoff, & J. Holmes (Eds.), *The handbook of language, gender, and sexuality* (pp. 260-278). John Wiley & Sons, Inc. https://doi.org/10.1002/9781118584248.ch13

Miller, B., & Behm-Morawitz, E. (2016). "Masculine guys only": The effects of femmephobic mobile dating application profiles on partner selection for men who have sex with men. *Computers in Human Behavior, 62*, 176-185. https://dx.doi.org/10.1016/j.chb.2016.03.088

Mizock, L., & Mueser, K. T. (2014). Employment, mental health, internalized stigma, and coping with transphobia among transgender individuals. *Psychology of Sexual Orientation and Gender Diversity, 1*(2), 146-158. https://dx.doi.org/10.1037/sgd0000029

Morgan, H., Lamprinakou, C., Fuller, E., & Albakri, M. (2020). *Attitudes to Transgender People*. Equality and Human Rights Commission. https://www.equalityhumanrights.com/sites/default/files/attitudes_to_transgender_people.pdf

Morrison, M. A., Bishop, C. J., Gazzola, S. B., McCutcheon, J. M., Parker, K., & Morrison, T. G. (2017). Systematic review of the psychometric properties of transphobia scales. *International Journal of Transgenderism, 18*(4), 395-410. https://doi.org/10.1080/15532739.2017.1332535

Nagoshi, J. L., Adams, K. A., Terrell, H. K., Hill, E. D., Brzuzy, S., & Nagoshi, C. T. (2008). Gender differences in correlates of homophobia and transphobia. *Sex Roles, 59*, 521-531. https://doi.org/10.1007/s11199-008-9458-7

Nagoshi, J. L., & Brzuzy, S. (2010). Transgender theory: Embodying research and practice. *Affilia: Journal of Women and Social Work, 25*(4), 431-443. https://doi.org/10.1177/0886109910384068

Nagoshi, J. L., Brzuzy, S., Terrell, H. K. (2012). Deconstructing the complex perceptions of gender roles, gender identity, and sexual orientation among transgender individuals. (2012). *Feminism & Psychology, 22*(4), 405-422/ https://doi/10.1177/0959353512461929

National LGBT Survey. (2018). *National LGBT Survey: Research report*. Government Equalities Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721704/LGBT-survey-research-report.pdf

Pascoe, C. J., (2005). 'Dude, you're a fag': Adolescent masculinity and the fag discourse. *Sexualities, 8*(3), 329-346. https://doi.org/10.1177/1363460705053337

Patel, N. (2017). Violent cistems: Trans experiences of bathroom space. *Agenda, 31*(1), 51–63. https://doi.org/10.1080/10130950.2017.1369717

Pearce, R., Erikainen, S., & Vincent, B. (2020). TERF wars: An introduction. *The Sociological Review, 68*(4), 677-698. https://doi.org/10.1177/0038026120934713

Pulice-Farrow, L., Gonzalez, K. A., & Lindley, L. (2020). 'None of my providers have the slightest clue what to do with me': Transmasculine individuals' experiences with gynecological healthcare providers. *International Journal of Transgender Health*. https://doi.org/10.1080/26895269.2020.1861574

Reisner, S. L., Pardo, S. T., Gamarel, K. E., Hughto, J. M. W., Pardee, D. J., & Keo-Meier, C. L. (2015). Substance use to cope with stigma in healthcare among U.S. female-to-male trans masculine adults. *LGBT Health, 2*(4), 324-332. https://doi.org/10.1089/lgbt.2015.0001

Richards, C., Bouman, W. P., & Barker, M. -J. (2017). Introduction. In C. Richards, W. P. Bouman, & M. -J. Barker (Eds.), *Genderqueer and non-binary genders* (pp. 1-8). Palgrave Macmillan.

Riggle, E. D. B., Rostosky, S. S., Drabble, L., Veldhuis, C. B., & Hughes, T. L. (2018). Sexual minority women's and gender-diverse individuals' hope and empowerment responses to the 2016 presidential election. *Journal of GLBT Family Studies, 14*(1-2), 152-173. https://doi.org/10.1080/1550428X.2017.140853

Riggs, D. W., Ansara, G. Y., & Treharne, G. J. (2015). An evidence-based model for understanding the mental health experiences of transgender Australians. *Australian Psychologist, 50*(1), 32-39. https://doi.org/10.1111/ap.12088

Riggs, D. W., & Bartholomaeus, C. (2018). Cisgenderism and certitude: Parents of transgender children negotiating educational contexts. *Transgender Studies Quarterly, 5*(1), 67-82. https://doi/org/10.1215/23289252-4291529

Riggs, D. W., & Treharne, G. J. (2017). Decompensation: A novel approach to accounting for stress arising from the effect of ideology and social norms. *Journal of Homosexuality, 64*(5), 592-605. https://doi.org/10.1080/00918369.2016.1194116

Rimes, K. A., Goodship, N., Ussher, G., Baker, D., & West, E. (2019). Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use and victimization experiences. *International Journal of Transgenderism, 20*(2-3), 230-240. https://doi.org/10.1080/15532739.2017.1370627

Russell, S. T., Muraco, A., Subramaniam, A., & Laub, C. (2009). Youth empowerment and high school gay-straight aliances. *Journal of Youth and Adolescence, 38*(7), 891-903. https://doi.org/10.1007/s10964-008-9382-8

Sánchez, F. J., & Vilain, E. (2012). "Straight-acting gays": The relationship between masculine consciousness, anti-effeminacy, and negative gay identity. *Archives of Sexual Behavior, 41*(1), 111-119. https://doi.org/10.1007/s10508-012-9912-z

Sánchez, F. J., Westefeld, J. S., Liu, W. M., & Vilain, E. (2010). Masculine gender role conflict and negative feelings about being gay. *Professional Psychology: Research and Practice, 41*(2), 104-111. https://doi.org.10.1037/a0015805.

Santos, T. C., Mann, E. S., & Pfeffer, C. A. (2021). Are university health services meeting the needs of transgender college students? A qualitative assessment of a public university. *Journal of American College Health, 69*(1), 59-66. https://doi.org/10.1080/07448481.2019.1652181

Savin-Williams, R. C. (2006). Who's gay? Does it matter?. *Current Direction in Psychological Science, 15*(1), 40-44. https://doi.org/10.1111/j.0963-7214.2006.00403.x

Schifano, I. (2021, June 25). One in three LGBTQ+ students have experienced discrimination and queerphobia at uni. *The Tab*. https://thetab.com/uk/2021/06/25/one-in-three-lgbtq-students-have-experienced-discrimination-and-queerphobia-at-uni-211509

Schwenke, C. (2010). Empowerment and transgender. *Development, 53*(2), 187-190. https://doi.org/10.1057/dev.2010.9

Sevelius, J., Chakravarty, D., Neilands, T. B., Keatley, J., Shade, S. B., Johnson, M. O., & Rebchook, G. (2021). Evidence for the model of gender affirmation: the role of gender affirmation and healthcare empowerment in viral suppression among transgender women of color living with *HIV. AIDS and Behavior, 25*(1), 64-71. https://doi.org/10.1007/s10461-019-02544-2

Singh, A. A., & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology, 17*(2), 34-44. https://doi.org/10.1177/1534765610369261

Singh, K. (2020, December 3). *What is deadnaming and why is it harmful? Everything you need to know about deadnaming and why you shouldn't do it*. Fashion Magazine. https://fashionmagazine.com/flare/what-is-deadnaming-elliot-page/

Skidmore, W. C., Linsenmeier, J. A. W., & Bailey, J. M. (2006). Gender nonconformity and psychological distress in lesbians and gay men. *Archives of Sexual Behavior, 35*(6), 685-697. https://doi.org/10.1007/s/10508-9108-5

Su, D., Irwin, J. A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D. A. R., & Coleman, J. D. (2016). Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals. *Transgender Health, 1*(1), 12-20. https://doi.org/10.1089/trgh.2015.0001

Tan, K. K. H., Schmidt, J. M., Ellis, S. J., & Veale, J. F. (2019). Mental health of trans and gender diverse people in Aotearoa/New Zealand: A review of the social determiants of inequalities. *New Zealand Journal of Psychology, 48*(2), 64-72. https://doi.org/10.3390/ijerph17082862

Tan, k. K. H., Treharne, G. J., Ellis, S. J., Schmidt, J. M., & Veale, J. F. (2020). Gender minority stress: A critical review. *Journal of Homosexuality, 67*(10), 1471-1489. https://doi.org/10.1080/00918369.2019.1591789

Tauchert, A. (2002). Fuzzy gender: Between female-embodiment and intersex. *Journal of Gender Studies, 11*(1), 29-38. https://doi.org/10.1080/09589230120115149

Taywaditep, K. J. (2002). Marginalization among the marginalized: Gay men's anti-effeminacy attitudes. *Journal of Homosexuality, 42*(1), 1-28. https://doi.org/10.1300/J082v42n01_01

Tebbe, E. A., Moradi, B., & Ege, E. (2014). Revised and abbreviated forms of the Genderism and Transphobia Scale: Tools for assessing anti-trans* prejudice. *Journal of Counseling Psychology, 61*(4), 581-592. https://doi.org/10.1037/cou0000043

Thompson, E. M., & Morgan, E. M. (2008). "Mostly straight" young women: Variations in sexual behavior and identity development. *Developmental Psychology, 44*(1), 15-21. https://doi.org/10.1037/0012-1649.44.1.15

Tucker, R. P., Testa, R. J., Simpson, T. L., Shipherd, J. C., Blosnich, J. R., & Lehavot, K. (2018). Hormone therapy, gender affirmation surgery, and their association with recent suicidal ideation and depression symptoms in transgender veterans. *Psychological Medicine, 48*(14), 1-8. https://doi.org/10.1017/S0033291717003853

Turton, S. (2021). Deadnaming as disformative utterance: The redefinition of trans womanhood on *Urban Dictionary*. *Gender and Language, 15*(1), 42-64. https://doi.org/10.1558/genl.18816

Vrangalova, Z., & Savin-Williams, R. C. (2010). Correlates of same-sex sexuality in heterosexually identified young adults. *Journal of Sex Research, 47*(1), 92-102. https://doi.org/1080/00224490902954307

Wagaman, M. A. (2015). Changing ourselves, changing the world: Assessing the value of participatory action research as an empowerment based research and service approach with LGBTQ young people. *Child & Youth Services, 36*(2), 124-149. https://doi.org/10.1080/0145935X.2014.1001064

Woodford, M. B., Silverchanz, P., Swank, E., Scerrer, K. S., & Raiz, L. (2012). Predictors of heterosexual college students' attitudes toward LGBT people. *Journal of LGBT Youth, 9*(4), 297-320. https://doi.org/10.1080/19361653.2012.716697

Worthen, M. G. (2022). This is my TERF! Lesbian Feminists and the Stigmatization of Trans Women. *Sexuality & Culture*, 1-22. https://doi.org/10.1007/s12119-022-09970-w

Wozolek, B. (2019). Implications of queer theory for qualitative research. In Oxford Research Encyclopedia of Education. doi.org/10.1093/acrefore/9780190264093.013.735