Psychology of Sexual Orientation and Gender Diversity

Transgender and Gender-Diverse Students' Experiences of Gender Minority Stress, Financial Burden, and Resilience in Graduate School

Haylie J. Virginia and Abbie E. Goldberg

Online First Publication, September 30, 2024. https://dx.doi.org/10.1037/sgd0000767

AMERICAN PSYCHOLOGICAL ASSOCIATION

Psychology of Sexual Orientation and Gender Diversity

ISSN: 2329-0382

https://doi.org/10.1037/sgd0000767

Transgender and Gender-Diverse Students' Experiences of Gender Minority Stress, Financial Burden, and Resilience in Graduate School

Haylie J. Virginia and Abbie E. Goldberg
Department of Psychology, Clark University

This study explored the complex family, financial, gender minority, and educational stressors to which transgender, nonbinary, and gender-diverse (TGD) graduate students are exposed and examined the factors (i.e., interpersonal, institutional, and community) that may buffer the impact of stress within a sample of 30 TGD graduate students. Through reflexive thematic analysis of semistructured interview data, we documented several key themes: the intersection of general and gender-specific financial stress, family support and stress, and community resilience. The findings demonstrated that TGD students were often subjected to gender-related stressors (i.e., affording gender-affirming care) and general financial stressors (i.e., academic debt) while pursuing graduate school, which in turn could impact or impede their ability to focus on their education, particularly when lacking family, community, and structural supports. TGD students drew on varying sources of community support (i.e., TGD support groups, faculty, and trans-competent medical and mental health providers in university health centers) to bolster resilience. The findings have implications for higher education administrators and mental health practitioners, particularly those who interface with TGD students and graduate students specifically.

Public Significance Statement
Our findings indicate that higher education institutions should adopt inclusive health care policies, train university counselors to be trans-informed, and ensure trans and gender-diverse support and social spaces for graduate students specifically.

Keywords: graduate student, transgender, gender diverse, resilience, gender minority stress

Within the United States, at least 5% of young adults younger than the age of 30 years identify as transgender, nonbinary, and gender-diverse (TGD), and at least 1.6% (i.e., over five million people) of the overall population identify with a gender identity that is different than their sex assigned at birth (Brown, 2022). TGD individuals are increasingly the targets of state and local gender-based attacks through anti-trans legislation, which has negatively affected TGD individuals' mental health (Horne et al., 2022; Hughto et al., 2021).

In the specific context of TGD individuals attending institutions of higher education, TGD undergraduates and graduate students are not only exposed to rising anti-trans sentiment and legislation at the state and local level but also face high levels of discrimination on campus (e.g., limited access to inclusive housing and restrooms, misgendering), which may contribute to negative psychological outcomes (Knutson et al., 2022). Even prior to recent increases in gender-based discrimination (Horne et al., 2022), TGD undergraduate and graduate students experienced heightened and intersecting stressors navigating the cisnormative institution of higher education as compared to their cisgender peers. For example, TGD undergraduate students tend to drop out of universities at higher rates, report higher rates of mental health diagnoses, and tend to feel more ostracized than their cisgender peers (Goldberg, 2019; Goldberg, Kuvalanka, & Black, 2019).

The current exploratory study investigates the complex family, financial, and educational tensions to which TGD students are exposed and examines the factors that may mitigate the impact of stress (e.g., community resilience) of TGD graduate students. In doing so, our goal is to illuminate ways that practitioners and administrators can facilitate positive graduate school experiences and success among TGD individuals—an understudied and underserved population.

Transgender College Students

TGD individuals are increasingly visible and present within institutions of higher education (Goldberg, 2019). Our literature review primarily focuses on trans college students because very limited research addresses the specific experiences of transgender graduate students (but see Goldberg, Beemyn, & Smith, 2019; Goldberg, Matsuno, & Beemyn, 2021; Goldberg, McCormick, et al., 2021; Knutson et al., 2022). In a recent nationally representative survey on the experiences of lesbian, gay, bisexual, and transgender (LGBTQ) undergraduate and graduate students, more than half of trans students reported mental health challenges for all or most of their time in college (Conron et al., 2022). Notably, TGD students are less likely to attend college and also appear more likely to

Stephanie Budge served as action editor.
Haylie J. Virginia https://orcid.org/0000-0001-5990-9022
Correspondence concerning this article should be addressed to Haylie J. Virginia, Department of Psychology, Clark University, 950 Main Street Worcester, MA 01610, United States. Email: hvirginia@clarku.edu

leave college (i.e., drop out or transfer) than cisgender students (Goldberg, Kuvalanka, & Black, 2019). Further, in the 2015 U.S. Transgender Survey, nearly one-quarter of trans students who were out in college were verbally, physically, or sexually harassed, and 16% reported leaving school because the harassment was so significant (James et al., 2016).

Although much of the limited research aggregates trans college students with their cis lesbian, gay, and bisexual peers, research demonstrates that the stressors experienced by TGD people on the basis of gender identity and expression are not necessarily the same as those experienced by cis lesbian, gay, and bisexual people (Budge et al., 2020; Renn, 2007; Siegel, 2019). They may, for example, experience lower levels of familial support and greater mental health burdens even prior to coming to college compared to their cisgender sexual minority counterparts (Schnarrs et al., 2019). Further, within the context of higher education, there is evidence that the experiences of binary and nonbinary trans students vary within and across institutional climate with respect to available supports and perceived climate (Siegel, 2019). For example, some work suggests that nonbinary undergraduate and graduate students face more microaggressions and more frequent instances of misgendering (Goldberg, Kuvalanka, Budge, et al., 2019), although notably, positive campus climate may buffer nonbinary students from minority stress by contributing to their sense of belonging (Budge et al., 2020). These findings underscore that even within TGD communities, experiences are nuanced—and a one-size-fits-all approach to supporting trans students is not in universities' or TGD students' best interests (Siegel, 2019).

Transgender Graduate Students

TGD graduate students face different stressors and experiences than (a) trans undergraduate students and (b) cisgender graduate students. Like TGD undergraduates, they face systemic and interpersonal stressors on campus and beyond but also face the challenges of navigating graduate school, which is associated with more independence and fewer supports than undergraduate education. They share the stressors and challenges of graduate school with their cisgender graduate student counterparts but navigate graduate school with the added stressors related to their minoritized and stigmatized gender identity (Beemyn & Goldberg, 2021; Goldberg, Matsuno, & Beemyn, 2021).

Specifically, a growing body of research on TGD graduate students indicates that they experience routine stressors (i.e., academic fit and financial worries), but they also face chronic stress in relation to their gender identity, which has implications on their mental health and retention in higher education (Goldberg, Kuvalanka, & Dickey, 2019). A 2022 survey by the Williams Institute reported that LGBTQ graduate students were nearly four times more likely than non-LGBTQ graduate students to report mental health challenges (O'Neill et al., 2022). While research on the experiences of graduate students is limited, existing work indicates that (a) trans graduate students are uniquely dependent on their mentors for support and resources, (b) faculty and staff are often perceived as unsupportive (i.e., not trans-affirming or informed), and (c) misgendering by peers and faculty impacts trans students' sense of belonging and well-being, which may impede their academic success and degree completion (Budge et al., 2020; Goldberg, Beemyn, & Smith, 2019; Goldberg, Kuvalanka, & Black, 2019, 2021). With respect to other gender minority stressors, TGD graduate students who elect to socially or medically transition are faced with navigating this process while also navigating their academic endeavors, with the potential to impede TGD students' academic progress and career planning.

Notably, a study conducted by Goldberg, Beemyn, and Smith (2019) demonstrated that, amidst multifaceted institutional and interpersonal barriers, the presence of trans-inclusive policies and supports (e.g., gender-inclusive restrooms, nondiscrimination policies, and ability to change one's name on campus records) contributed to TGD graduate students' sense of belonging, bolstered resilience, and positively impacted their perception of campus climate. Other factors that contribute to the success and resilience of TGD graduate students include the existence of TGD-specific spaces, support groups, and communities, although literature suggests that not all TGD graduate students find these spaces and contexts to be inclusive and/or helpful (Goldberg, 2019).

The mental health experiences of TGD graduate students warrant consideration, given that they may present to university counseling enters with higher acuity and more severe concerns than their cisgender peers (Goldberg, 2019; Platt, 2020). For example, Platt (2020) found, in a sample with both undergraduate and graduate students, that TGD students' risk of suicide was nearly three times higher than their cisgender peers and that nearly two-thirds of TGD students who presented to their university counseling centers had considered suicide, while a staggering 25% had previously attempted suicide.

While the extent of documented mental health concerns for TGD students is notable, TGD students often report negative encounters when seeking mental health care with their university's counseling services (Goldberg, Kuvalanka, Budge, et al., 2019). TGD students have described the experiences of explicit invalidation of their gender identity, failure by therapists to use their affirmed name and pronouns, therapists assuming their gender identity is the root of their mental health concerns, and therapists' avoidance of their trans identity—practices that can negatively impact TGD students' mental health and academic functioning (Goldberg, Kuvalanka, Budge, et al., 2019). TGD students who reported positive experiences with university counseling centers named trans-competent and trans-informed providers as instrumental to their academic endeavors, success, and well-being (Goldberg, Kuvalanka, Budge, et al., 2019). Taken together, these data demonstrate that TGD students' experiences and mental health are influenced by multifaceted stressors, both institutional and interpersonal, that warrant and could benefit from institutional intervention.

Financial Burden of TGD Students

Little has been studied related to the specific financial stressors faced by TGD students in general, and much less with respect to TGD graduate students, despite emerging evidence that this is a salient concern for this population in particular. Specifically, there is evidence that TGD students experience higher levels of financial need than cisgender students (Stolzenberg & Hughes, 2017). Stolzenberg and Hughes (2017), in examining data from the Cooperative Institutional Research Program, reported that 19% of TGD college students, as compared to 12% of the national sample overall, reported major concerns about their ability to finance college, such that some were unsure of whether they would be able to complete their education. Further, financial concerns faced by

TGD students have been reported to be 50% higher than the nationally normed sample (Stolzenberg & Hughes, 2017). Significantly, TGD individuals often come from families who report lower income, which suggests that regardless of parental validation and familial support of one's gender identity, financing college may be of particular concern for TGD students (Stolzenberg & Hughes, 2017).

TGD individuals may also face unique expenses pertaining to health care (e.g., gender-affirming hormone therapy) during the phase of life when they are most likely to be in graduate school. Specifically, emerging adulthood—a period of time encapsulating college and graduate student education—is typically a developmental period that can encompass further gender exploration and transition by virtue of having more autonomy over health decisions and access to gender-affirming care (Murray, 2018). For many TGD people, quality of life improves after they transition, highlighting the significance of gender-affirming care to well-being (Baker et al., 2021; Hetzel & Mann, 2021). Better psychosocial functioning, more stable relationships, and higher levels of contentment and happiness have been reported by individuals who have transitioned (Baker et al., 2021). Of course, not every TGD person wishes or seeks to medically transition (James et al., 2016). Rather, they may pursue social transition only (i.e., changing name and/or pronouns, gender expression through appearance and clothing) due to a variety of factors, including personal preference and financial constraints (Cicero & Wesp, 2017).

The decision to seek gender-affirming health care may reflect differences in financial burden between TGD individuals who have medically transitioned and those who have not. One study found that a lack of gender-affirming health insurance for those who needed it, in addition to preexisting gender-based and academic financial stressors, influenced TGD graduate students' decisions to leave their programs (Goldberg, Kuvalanka, & Black, 2019). In turn, such financial concerns and associated stress have the potential to impact academic success, retention, and general well-being (Goldberg, Kuvalanka, & Black, 2019; Stolzenberg & Hughes, 2017).

Family Experiences of Trans Individuals

Family support and financial support may be intertwined—for the general population and TGD individuals specifically. Indeed, for TGD college students and graduate students, family of origin can represent a source of both financial support and emotional support and affirmation. Yet significantly, TGD individuals, in general, including those in high school and college, report more family stress and less family support than cisgender people (James et al., 2016; Norwood, 2012; Schmitz & Tyler, 2018). Family rejection, in turn, is associated with increased risks of clinical depression, suicidal ideation and behavior, self-injurious behavior, lowered self-esteem, and the internalization of transphobia (DeChants et al., 2022; Mills-Koonce et al., 2018).

Little attention has been paid to TGD students' experiences of family support in college or graduate school. However, according to a survey by the Williams Institute, LGBTQ students are significantly less likely to receive financial support for their educational expenses from family than non-LGBTQ students (28.1% vs. 53%; O'Neill et al., 2022). Schmitz and Tyler (2018) examined LGBTQ college students and LGBTQ homeless young adults and found that although both groups of LGBTQ individuals report similar processes and experiences of family rejection, college was found to offer some protective benefits for LGBTQ students in that more structural supports (e.g., campus support groups) existed to mitigate the effects of family rejection, a significant risk factor for TGD individuals (Matsuno & Israel, 2018).

Existing work suggests that LGBTQ graduate students tend to (a) intentionally attend graduate programs away from family and (b) place higher importance on choosing a graduate school that would be more accepting and welcoming of their sexual and gender minority identities, potentially to mitigate the impact of family nonsupport (Goldberg, McCormick, et al., 2021; O'Neill et al., 2022). At the same time, it is important to consider the reality that family support may not be static: indeed, there is evidence to support that parental acceptance may increase or shift over time, such that parents of TGD individuals may engage in a gradual process of understanding and acceptance (Schmitz & Tyler, 2018), which may coincide with TGD students graduate school attendance. In turn, family support or nonsupport may continue to impact TGD individuals as they continue into adulthood and pursue professional endeavors.

Individual and Community Resilience

Despite their exposure to gender minority identity-related stress, which may place them at risk for compromised mental and physical health outcomes, TGD individuals continue to thrive in the face of adversity (Meyer, 2015; Woodford et al., 2018). TGD people may draw on both individual resilience factors (e.g., personal qualities such as hopefulness) and group resilience factors (e.g., social support) to increase well-being and to reduce the impact of gender-related stress, stigma, and discrimination (Matsuno & Israel, 2018; Tebbe & Budge, 2022). Individual resilience factors identified as important to TGD resilience include feelings of self-worth, the ability to cultivate hope, having a positive and self-defined identity, and receiving gender-affirming care (Matsuno & Israel, 2018; Tebbe & Budge, 2022). Group resilience factors include social support, family acceptance, community belongingness, activism, and TGD role models (Matsuno & Israel, 2018; Puckett et al., 2019).

Social support is imperative to resilience and well-being among TGD people in general (Gorman et al., 2022; Matsuno & Israel, 2018; Puckett et al., 2019) and among those in higher education settings specifically, where a sense of belonging to one's campus community can mitigate minority stressors and contribute to overall well-being for TGD students (Barr et al., 2016; Budge et al., 2020). Support from friends and peers, including other trans individuals, may be important to trans students, particularly those who lack family support (Goldberg et al., 2020; Matsuno & Israel, 2018). In a study of TGD adults, Puckett et al. (2019) found that although support from friends and feelings of connectedness to the TGD community may indeed be important in mitigating mental health symptoms, family support was most strongly associated with fewer mental health symptoms and resilience.

The Current Study

Amidst a growing literature on mental health outcomes in TGD individuals and students specifically, little work has explored the complex intersection and implications of family support, financial stressors, and academic experiences among TGD individuals—much less graduate students (Goldberg, Beemyn, & Smith, 2019). Much of the literature

on TGD undergraduate and graduate students focuses on the impact of institutional climate or policies, with less attention to aspects of TGD people's lives that can impact their success in higher education, including family relationships, financial burden, and community resilience. Given the importance of family support for trans individuals, the current study aims to explore the salience of family support for TGD individuals in graduate school specifically. TGD graduate students tend to be further along in their identity development compared to undergraduate TGD students, and are possibly further along in their transition process, and possibly more likely to be financially independent, yet have unique financial stressors due to intersection of trans and graduate student statuses. Of interest is how they manage these unique constellations of stressors while seeking gender-affirming interventions, which may be necessary for their mental and physical well-being.

TGD students are subject to multiple intersecting institutional, interpersonal, and familial stressors, yet attend and often successfully complete graduate programs. While such stressors can result in negative outcomes, it is clear that TGD students demonstrate remarkable resilience while navigating cisnormative institutions of higher education, experiencing family rejection, and having heightened financial concerns over and above non-TGD populations. Understanding what factors TGD graduate students regard as instrumental in supporting them through their educational trajectories is important and can inform efforts to enhance the success and inclusion of TGD students in academia. The current study, then, aims to elucidate the complex family, financial, and educational tensions to which TGD students are exposed, as well as elucidate factors that may mitigate the impact of stress (e.g., community resilience) in order to better address how to facilitate positive graduate school experiences and success in this population.

Theoretical Framework

The current study is informed by Hendricks and Testa's (2012) gender minority stress theory, which serves as an extension to Brooks' (1981) and Meyer's (2003) minority stress model(s). Gender minority stress theory posits that TGD individuals are uniquely exposed to both distal and proximal forms of stress that are unique to one's gender minority status. In the context of higher education institutions that largely adhere to a gender binary and cisnormativity, TGD individuals are exposed to distal sources of stress that threaten their safety or security (e.g., explicit discrimination, misgendering, and violence by peers or faculty and lack of gender-neutral bathrooms). In turn, these environmental or external stressors exist in tandem with and can influence the development of proximal stressors, such as the concealment of one's gender identity, expectations of rejection or discrimination, and internalized transphobia (Hendricks & Testa, 2012). In addition to coping with the typical academic demands of graduate school, and the financial stress associated with financing graduate school and perhaps transitioning, TGD graduate students may also be exposed to distal and proximal gender minority stressors unrelated to institutional climate such as family rejection or nonsupport in relation to their gender identity that may impact their educational experience (i.e., academic performance, retention, and ability to afford college; Platt et al., 2022).

The participants in this sample were pursuing graduate degrees within higher education, which has historically lacked meaningful inclusion of TGD college and graduate students (Siegel, 2019). This sample of TGD graduate students by definition have successfully applied and enrolled in graduate school, which suggests the imperative function of resilience with respect to the graduate students' academic endeavors. In turn, we draw upon an extension of Meyer's (2015) model of resilience within lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA)+ communities, Matsuno and Israel's (2018) Transgender and Resilience Intervention Model (TRIM). This model conceptualizes various types of interventions (i.e., individual, community, and group) that target and foster resilience within TGD individuals. Individual resilience has garnered criticism on the basis that this construct is rooted in Western ideology (i.e., meritocracy and individualism), is inherently less accessible to TGD individuals who hold multiple minoritized identities, and can reduce social responsibility on public policy makers and institutions of higher education to adequately support disadvantaged populations (Meyer, 2015; Shaw et al., 2016). In turn, our analysis will be tailored to discussing group-level resilience factors (Matsuno & Israel, 2018; Meyer, 2015). While individual resilience factors are not the focus of our analysis, we recognize their importance, and literature suggests that group resilience interventions influence the presence of individual resilience factors (Matsuno & Israel, 2018).

TRIM posits that resilience among TGD individuals is significant in buffering the effect of stressors, ultimately working to mitigate the impact of gender minority stress and negative physical and psychosocial outcomes (Matsuno & Israel, 2018; Meyer, 2015). TRIM categorizes resilience at both group and individual levels and suggests that both group-level and individual resilience factors can buffer distal and proximal gender minority stressors, respectively (Matsuno & Israel, 2018). Group resilience factors underscore how social and environmental influences impact well-being by considering the ways in which groups of people provide resources that help TGD individuals cope with stress. Community interventions work to change societal norms, social environment, and address legislation that perpetuate anti-TGD sentiment, practices, and stigma (Matsuno & Israel, 2018).

Research Questions

The current study draws from interviews with TGD-identified graduate students to answer the following research questions:

Research Question 1: How do gender minority stress and financial stress intersect to affect the process of applying to graduate school and experiences in graduate school in TGD students?

Research Question 2: How does financial stress and/or family (non)support in graduate school affect access to medical treatments? Furthermore, does the ability or inability to access medical treatments impact or exacerbate gender minority stress, and thus academic functioning?

Research Question 3: What factors, resources, or supports aid TGD graduate students in fostering community resilience while attending graduate school?

Method

Procedure

In 2016, the second author (Abbie E. Goldberg) created a survey—the development of which was informed by focus groups with and run by trans students—to explore the experiences and challenges of TGD students ($n = 506$) in both undergraduate and graduate programs. The

second author (Abbie E. Goldberg) then emailed a subset of participants who participated in the 2016 survey to participate in a 1- to 1.5-hr semistructured interview in spring 2017. Specifically, she emailed all TGD participants who were either currently a graduate student (24) or had graduated from a master's or doctoral program within the last year (6), and all 30 agreed to participate. This subsection of participants was selected amidst the paucity of research examining TGD graduate students' experiences and perspectives. An important contextualizing detail of note is that these data were collected during the 2016 election of Donald Trump, an important historical event to consider when exploring how gender minority stress may have been shaped or influenced by the sociopolitical environment and unprecedented rise in anti-TGD sentiment. We discuss the role of this broader sociopolitical context where relevant.

Participants

Participants were 28.83 years old, on average ($SD = 9.14$; range 22–65). Important to note is that participants were able to select as many gender identity descriptors as they wished in the survey, resulting in a range of endorsed gender identities. Nineteen participants identified as transgender, 12 as nonbinary, 10 as genderqueer, seven as gender-nonconforming, seven as a transgender man, five as gender fluid, four as androgynous, four as a woman, three as a transgender woman, three as a man, three as masculine of center, two as feminine of center, two as agender, one as bigender, one as demigender, and five participants said that they identified with another gender identity not listed (i.e., gender-null, non-normative male, transmasculine, butch, and gender nonspecific).

Twenty-one of the 30 had adopted a name that better represented their gender than their birth name. Notably, participants were given pseudonyms by the first author (Haylie J. Virginia) to protect confidentiality and improve readability. Twenty-nine participants said they wore clothing that matched their gender identity in social situations. To better reflect their gender identity, 17 had taken or were taking hormones, 10 had top surgery (e.g., breast removal and implants), and three had bottom or genital surgery.

The sample was racially homogenous, with a majority of participants identifying as White. Twenty-six graduate students identified as White, one as Biracial (Latinx/White), one as Native American, and two other participants selected the option "another race" in which both individuals identified as Jewish. Nine participants identified themselves as having mental and/or physical disabilities. One participant had a mobility-related disability, two experienced chronic headaches, and the remainder described mental health issues.

Nineteen participants attended a public university, and 11 attended a private university. With respect to geographic location of universities, eight participants attended school in the South, eight in the Midwest, eight in the Northeast, and six on the West Coast. Six participants were enrolled in graduate programs in the humanities (e.g., philosophy), six in mental health (e.g., social work), five in social sciences (e.g., sociology), five in education, three in medical/health sciences (e.g., physical therapy), and five in science, technology, engineering, and mathematics. See Table 1 for more demographics.

Procedure

The principal investigator and an advanced doctoral student conducted semistructured interviews with participants, which lasted 1–1.5 hr. Among the questions asked were (a) Did you access hormones and other transition-related medical expenses at the campus health center? What was that experience like? (b) How have you dealt with transition-related costs, if relevant? (c) What is your insurance coverage like? Are you on your parents' insurance, school insurance, or something else? Do you have concerns about future coverage? (d) Do you have financial worries or debt related to college, graduate school, transitioning, or otherwise? (e) Were there resources to support your transition, on or off campus? What would have been helpful? (f) What helped you to get through this period in your life? (i.e., what external and internal resources?) Did you rely on any LGBT or trans-specific supports (e.g., groups off or on campus)? Online supports? (g) What are your relationships with your parents, siblings, extended family like? How have they changed over time?

Data Analysis

Our interest in gender minority stress, financial stress, family relationships, and resilience framed our approach to the qualitative analysis. This study utilized Braun and Clarke's (2019, 2023) reflexive thematic analysis, an approach suitable for qualitative and constructivist approaches. Reflexive thematic analysis emphasizes researcher reflexivity throughout the research process by encouraging critical reflection by the author(s) on the impact their own positionality, perspectives, and biases may have had from study data familiarization to writing the report (Braun & Clarke, 2019, 2021, 2023).

We tailored our analysis to focus on educational, financial, familial, and community resilience experiences within the sample (Braun & Clarke, 2019, 2023). The first author (Haylie J. Virginia) initiated the data analysis process by reading each transcript multiple times. She then wrote a detailed memo for each participant that summarized their experiences related to financial stress, gender stress, family relationships, and resilience. She attended to how participant identities and demographics (e.g., gender identities, race, and other social locations) intersected with these experiences. In addition, she aimed to bracket her own assumptions and experiences so as to remain open to emergent and unexpected patterns in the data. The first author (Haylie J. Virginia) created a preliminary coding scheme, which described various themes related to stress, support, and their intersections. The second author (Abbie E. Goldberg) then reviewed the memos and initial coding scheme with particular attention to themes that addressed minority stress, including gender minority stress. The two authors (Haylie J. Virginia and Abbie E. Goldberg) collaboratively reviewed their shared and divergent impressions of individual memos, the emerging scheme, and the evolving "storyline" of the findings (Braun & Clarke, 2019; Byrne, 2022). This shared reflexive process led to deeper and richer interpretations of the data, and a more wholistic understanding of how participants made meaning of their experiences, as well as the places where participants held shared—and unique—perspectives. Our approach to coding was flexible and iterative, such that we returned to the data as we worked our initial coding scheme and gradually developed a more nuanced thematic map, such that codes were revised or removed, and eventually collated according to their respective themes, in order to facilitate the most meaningful interpretation of the data (Byrne, 2022). For example, we were initially attuned to codes and evolving themes centering individual

Table 1
Participant Demographics

Name	Race	Age	Gender identities	Sexual orientation
Kendall	White	25	Trans, gender fluid, feminine-of-center	Queer
Frankie	Native American	25	Trans, nonbinary, gender fluid	Queer
Quinn	White	29	Trans, nonbinary, gender nonconforming, demigender	Queer/bisexual
Skyler	White	29	Trans, genderqueer, agender, androgynous, woman	Queer
Sawyer	White	23	Trans, genderqueer, nonbinary, masculine-of-center	Queer
Noel	White	22	Trans, trans man, man, masculine-of-center	Queer
Shane	Latinx/ White	35	Trans, genderqueer, nonbinary, gender nonconforming	Queer
Clarke	White	22	Trans, nonbinary, agender	Pansexual
Logan	White	26	Nonbinary, gender nonconforming	Queer
Alec	White	22	Trans man, man	Bisexual
Parker	White	31	Genderqueer, gender nonconforming	Queer
Finley	White	26	Trans, genderqueer, nonbinary	Queer
Arden	White	23	Trans, genderqueer, nonbinary, gender nonconforming, feminine-of-center, androgynous	Queer/bisexual
Sloan	Jewish	23	Genderqueer, gender fluid	Queer
Wyatt	White	29	Trans, trans man	Gay
Rowan	White	28	Trans, trans man	Queer
Emery	Jewish	31	Trans, genderqueer, trans man, non-normative male	Queer
Jordan	White	32	Trans, trans man, man	Bisexual
Jules	White	65	Trans, trans woman, woman	Lesbian
Jay	White	24	Genderqueer, nonbinary, androgynous	Queer
Arlo	White	27	Trans, nonbinary, gender fluid	Bisexual
Charlie	White	29	Trans, trans man, transmasculine	Queer
Aspen	White	26	Nonbinary, butch	Lesbian
Alex	White	34	Nonbinary, gender fluid, bigender	Pansexual
Hayden	White	47	Genderqueer, gender nonconforming, gender nonspecific	Bisexual
Ridley	White	24	Gender nonconforming, androgynous, woman	Gay
Oliver	White	25	Trans, trans man	Pansexual
Raines	White	23	Trans woman	Heterosexual
Ale	White	28	Trans, trans woman	Queer
Sam	White	28	Trans, woman	Bisexual

resilience. As we continued to expand our understanding of resilience within TGD populations through literature and iteratively engaging with these data, we began to shift our perspective to focus on sources and experiences of group or community resilience. This, in part, was influenced by the research questions and scope of this paper, such that exploring and understanding group resilience within the context of graduate school has direct implications for and encourages the social responsibility of graduate programs to protect their TGD graduate students.

Trustworthiness

To enhance trustworthiness in study preparation and data collection, we pursued a data collection strategy (i.e., semistructured interviews) that we believed would result in high-quality and contextually valid data (Lincoln & Guba, 1985). In conceptualizing the study and constructing the interview questions, the principal investigator (Abbie E. Goldberg) consulted with several trans scholars, in order to enhance the contextual validity of our data (Morrow, 2005). To enhance trustworthiness in the data analysis process, we as a research team sought to maintain reflexivity through open discussion of our assumptions and positionality throughout the process of examining, organizing, and interpreting the data (Morrow, 2005).

The two authors (Haylie J. Virginia and Abbie E. Goldberg) identify as White, cisgender women. We are in different stages of career development (one early and one mid-career). Both of us have deep connections with the LGBTQ community but via different vantage points: one of us identifies as queer and one has multiple queer family members. Recognizing the ways in which our non-trans identities in particular may constrain our analytic lens and interpretation of data, we aimed to remain curious and alert to how our gender and other identities might influence the ways in which we read, analyzed, and drew conclusions related to the data (Braun & Clarke, 2023; Byrne, 2022). In turn, we continually sought to acknowledge and address places where we might fail to recognize or adequately describe the experiences of trans graduate students and/or certain segments of this community. As an example, in our first draft of this article, we underrepresented the voices of trans women, a misstep that in part reflected the paucity of trans women in our sample (a notable limitation of our research design) but also a failure on our

part to properly contextualize our findings and who they represented. In turn, in returning to our write-up of the findings, we sought to more adequately highlight the diversity of trans people and graduate students more fully and also the limitations of our data, sample, and interpretations.

Findings

The findings are organized by major themes: (a) financial stressors, tensions, and considerations that TGD graduate students experience, (b) the role and impact of family support (i.e., emotional, financial, or both) in graduate school, and (c) experiences and sources of community resilience. Our findings reveal the complex intersection of gender, financial, family, and academic stressors that TGD graduate students experience.

Financial Stressors, Tensions, and Considerations

A total of 28 participants (93%) had health insurance. The majority (17) received health insurance through their respective institutions, while seven were insured on their parents' insurance, four were insured through Medicaid, and two were uninsured.

For some participants, trans-inclusive health care coverage was a central consideration in whether to even apply to graduate school. For others, such as those who did not begin medical transition until they arrived at graduate school, such insurance coverage was an opportunity they discovered once they started their programs. For many, graduate school represented the first opportunity they ever encountered to afford and receive gender-affirming health care. However, some participants did not pursue medical transition because of various barriers (e.g., financial).

Impact of Gender-Affirming Care Coverage on Academic Choices, Trajectories, and Transitions: Life-Saving, Expensive, and Requiring Sacrifices

Most participants, especially those medically transitioning (i.e., taking hormones and/or pursuing gender-affirming surgery/ies), described multifaceted and gender-related financial stressors. Often these participants reported that trans-related health care expenses further exacerbated preexisting general financial stressors (e.g., undergraduate loans and transition-related debt). Oliver, a White, 25-year-old trans graduate student, described the intersection between general and trans-specific financial stressors:

> Debt itself, I feel like it affects a lot of people in my generation but … I mean, not everybody else has $10,000 that they had to pay just in [gender-affirming] surgery and then they have to pay for school debt. So, you know with all the debt, I'll say it [includes] my school debt and my trans-health debt.

As noted above, over half of participants relied on health insurance through their universities, which varied in whether they covered gender-affirming health care. Some participants, specifically those wanting to medically transition, described having looked at their prospective graduate institution's health insurance even before applying to ensure coverage for transition-related expenses. Emery, a 31-year-old trans graduate student of color, who had previously described the difficulty of transitioning pregraduate school without gender-affirming health insurance by "… working two jobs, taking out loans, and still starving" such that he resorted to food banks to survive, only applied to graduate schools that offered trans-inclusive health insurance.

Indeed, most of the graduate students who wanted to medically transition were on their universities' health insurance and cited graduate school as a time when they finally could begin medical transition because of access to gender-affirming health insurance. Charlie, a White, 29-year-old trans graduate student, described a sense of financial relief upon receiving health insurance through their university, which enabled them to feel financially secure and allocate additional funds to support their well-being, effectively working to reduce aspects of gender-based stress. Charlie said,

> I felt this tremendous sense of relief because it was this sense of like, okay now I have money to pay for hormones, now I have money to pay for more therapy, or now I can spend the savings that I have on surgery because I'm not living off of them.

Similarly, Noel, a White, 22-year-old trans man, who had to make many sacrifices to access medical interventions, described how gender-affirming health insurance through his university alleviated gender-based stress that existed earlier on in his transition process:

> There's an overwhelming amount of financial stress in my day-to-day life, but it's not tied to my transition at this point. It was. I did GoFundMe for top surgery, I sold all my stuff, I made artwork, I did x, y, z, I did everything I possibly could … but now I'm at a point where I have trans affirming health insurance. I don't worry when I have to go get a blood test anymore.

While graduate schools that offered gender-affirming health insurance created opportunities for TGD graduate students desiring to transition to do so with fewer financial barriers tied to medical expenses, several participants in the sample described certain financial and personal sacrifices or tradeoffs they had to navigate regardless of access to gender-affirming health insurance. Specifically, they spoke to the high cost of university health insurance and limited options for accessing gender-affirming care by proxy of geographical location as both stressors and sacrifices. Over half of the participants utilizing the school's insurance voiced dissatisfaction with its high cost; yet, some still opted in because the benefits of gender-affirming care and coverage (i.e., top surgery, hormone replacement therapy) outweighed the cost. Jay, a White, 24-year-old trans graduate student, cited the trans-inclusive health insurance benefits offered through their graduate institution as a critical factor in signing up for school-offered health insurance as their policy allowed them to begin gender-affirming care. Jay explained:

> I went on the school insurance, which was quite expensive per year, but would fully cover top surgery, and this is sort of—like, when I found out that this stuff was even possible, like, "Oh you can have surgery, look at that …"

Some participants, particularly participants who had used or were initiating medical interventions, voiced the stress of decision making, sacrifice, and dependence on others, required for them to receive a graduate education and medical transition. This was yet another example of the type of tradeoff and complex decision-making participants engaged in to ensure access to gender-affirming care necessary for alleviating gender-based stress and promoting well-being.

Shane, a 35-year-old trans man of color, recounted his journey to graduate school and accessing hormones. Shane said:

> … I was still looking at going into hormones at the time that I was leaving my full-time job and losing my health insurance and the part-time job that I had didn't offer health insurance. My partner that I had supported for the last year then got a job in which they got benefits. We got domestically partnered in this state so I could have their benefits. And in that time of me quitting my job and starting grad school, that partner and I broke up.

A few participants who were in the process of medically transitioning spoke to the additional labor, time, and effort required to find gender-affirming care that was not provided or accessible through their university or geographic region, often traveling far distances to receive it. Jordan, a White, 32-year-old trans man, described the stress of pursuing transition while in graduate school, such that he would often have to "… drive to [Midwestern City] two hours away to see someone about hormones." Further, Raines, a White, 22-year-old trans man, shared a similar experience:

> When I first started trying to get on hormones, the first place I went to and they were like, "We can't do that here because we don't specialize—we don't have anyone who's an endocrinologist so we couldn't prescribe that." … And then I actually commuted to [Southern city], which is … a way away from [town] because I go to Planned Parenthood.

Thus, health insurance coverage, while costly, offered the opportunity for life-enhancing transition-related care for many participants. Yet, the precarity of health insurance (as it is tied to employment or education) was challenging for some participants as they managed ongoing shifts and transitions in their academic and career trajectories. Some explicitly mentioned that transition-related financial stressors impacted their academic trajectories, including grades, taking time off, or falling behind their peers as exemplified by Sam, a 35-year-old trans graduate student who explained:

> I had to cancel right before surgery because they [insurance] were just such assholes about paying for my top surgery. That was like right around finals, so I was gonna do my finals, turn in my final paper, and get surgery over the break, and then that really fucked everything up. I think I needed to get an extension for a couple of my papers. My heart wasn't in it. And then I had a lot of other really difficult family stuff going on … between all of that, I kind of fell off the face of the Earth in terms of school.

Even when not accompanied by financial- or insurance-related stress in graduate school, gender, and academic stresses intersected in unique ways, such as in the case of Sloan, a 22-year-old gender-fluid graduate student of color, who articulated the impact their gender-based stress had on their educational experiences:

> My academic life really struggled for a couple semesters. I'm very much like, "I need to do well!" So, it [gender-based stress] never goes completely, but there was a couple semesters where I felt kind of like the main thing that was the most important thing happening in my life was being able to somehow be comfortable in my body and walking around in the world.

The Role of the Sociopolitical Environment

Even among those who had access to health insurance coverage, the potential of losing coverage amidst the swiftly changing and increasingly anti-trans sociopolitical environment in the United States was a persistent fear—and therefore stressor—for some. Participants were interviewed during or shortly after the 2016 election campaign, and many identified this election—and concerns about the potential for a Trump presidency—as amplifying existing stress surrounding their access to gender-affirming care. In particular, those TGD students who lived in states with anti-trans legislation feared losing gender-affirming care coverage in the future. In fact, two participants were considering undergoing gender-affirming medical procedures (i.e., sterilization and hysterectomy) earlier than anticipated for fear that they might not be able to access gender-affirming care in the future. Others considered stockpiling medications for fear gender-affirming care would become illegal. This fear was exemplified by Finley, a White 26-year-old trans graduate student:

> Under the new administration, I know that right now I have insurance that will cover hysterectomies, so should I just do it now, because maybe soon I won't be able to. And if I do that, I can't have kids, so do I just spend all my money and go into debt to freeze my eggs? Like, I'm having all these spinning thoughts that I feel really forced to have.

Not Pursuing Gender-Affirming Care: Inaccessible or Undesirable

Some participants in the sample who had socially transitioned did not plan to medically transition at that time, or cited other barriers (i.e., fears of never "passing," inability to afford it, and sociopolitical environment) to beginning gender-affirming medical care, despite personally desiring it.

In contrast to graduate students who had access to trans-inclusive health insurance, generating feelings of relief, a few students asserted that their universities did not have trans-inclusive health insurance. The inability to access affordable gender-affirming care for participants in the sample who wished to medically transition exacerbated both emotional and financial stress for these individuals. Ridley, a White, 24-year-old gender-nonconforming graduate student, cited the inability to afford gender-affirming care, paired with their preexisting $30,000 of debt, as hindering their ability to transition. When asked about medically transitioning Ridley shared, "Not at this time. My health insurance is not great and that's expensive."

Others described a tension between desiring to medically or socially transition and fearing the potential impact that increasing anti-TGD sentiment and legislation might have on their physical and mental health, along with their career and academic endeavors. Sloan, a 23-year-old Jewish graduate student, balanced conflicting decisions about medically transitioning in response to the sociopolitical environment of the time, "There's no conflict internally about getting top surgery. I both hope and worry that I will read as more visibly queer. I hope because I want to, but then I remember that that might put me in danger." Several participants discussed concerns regarding official identification documents and whether they should change them for fear of being more easily targeted, and some worried that not all of their identification documents currently reflect their gender identity.

The Role and Impact of Family Support

Financial and family (non)support were intertwined in unique ways in this sample, such that family support or rejection, gender

minority stress, and financial stress, at times, all intersected to impact TGD participants' well-being, financial burden, and potentially, their academic trajectories.

Intersections Among Family Support, Financial Burden, and Well-Being

Most participants shared that they were out to their families. Indeed, almost half of participants reported at least some family support (e.g., a positive relationship with a parent and/or sibling and/or financial support)—but less than a third explicitly named their families as sources of support for their gender identity specifically. These participants in turn tended to report receiving more financial support and tended to highlight fewer mental health, academic, and gender-related stressors. Elliot, a White, 28-year-old trans graduate student, reflected on the privilege that came with both having familial and financial support around his gender identity, such that on account of his family's socioeconomic resources he was able to worry less about medically transitioning and focus more on school. In turn, he was able to transition before graduate school, effectively working to reduce gender minority stress. Elliot remarked:

> I had the resources financially and socially to be able to get into that clinic and get set up before I went away to college, and get on a schedule where I was only getting blood work done once a year when I was home for the summer … like, I had specifically the privilege that happened to come along with the socioeconomic conditions I grew up in. So, the medical side of stuff was actually the easiest part of college for me, strangely enough.

Logan, a White, 26-year-old trans man, discussed that the biggest source of affirmation for his gender identity was from his family. Logan detailed his surprise at their support from when he came out, to when he took time off during college to begin his transition, and cited them as an instrumental support system as he continued on in his graduate program:

> I think it was completely unexpected that as soon as I had come out to them, I was basically 100% accepted as male, and I feel like even with my more distant or older relatives there's never any hesitation or anything … And it seems like a rare reaction and I'm very fortunate to have had a reaction like that.

Some graduate students, though, discussed how their families were supportive but lacked financial resources, rendering them feeling supported but still stuck with navigating financial insecurity alone. Clarke, a White 22-year-old nonbinary graduate student, reflected on the increased burden of both school and medical-related debt on account of his family's less privileged socioeconomic status to support him through college or with their transition:

> I have so much debt. Undergrad was expensive, my family has no money, grad school was really expensive, same situation with money. [I am] pretty seriously in debt and [have] a thousand dollars in medical bills that I can't pay.

Intersections Among Family Nonsupport, Financial Burden, and Well-Being

A few participants experienced tensions as they balanced financial insecurity and their need for gender-affirming care with the necessity of depending on family for help, such that they relied on their parents' insurance plan because the university's health insurance was unaffordable. In turn, they sometimes minimized or withheld their gender identity from their families at the expense of delaying gender-affirming care, out of fear of family rejection. Laken, a White 24-year-old nonbinary graduate student whose parents struggled to accept their sexuality years ago, and who received a lot of financial support surrounding graduate school from their family, did not discuss their gender identity with family for fear of having financial support revoked. Laken explained:

> The real issue is that the cost [of university health insurance] is pretty high, and it's cheaper to be covered through my parents' plan. The result is that I can't transition in the ways that I want to yet because it would kind of involve like running that by my parents and I don't really want to do that right now.

Significantly, participants who were currently medically transitioning or already had transitioned tended to report feeling less understood and less supported, both financially and emotionally, by their family, than graduate students within the sample who had, at the point of the interview, not sought gender-affirming health care. A few participants who expressed a desire to seek gender-affirming health care said that when they came out to their family (e.g., parents), family members threatened to decrease or withdraw financial support, creating stress and adding to graduate students' accumulation of debt. "Actually just … we don't want to support you with this, we're not going to send you a check to help with your tuition if you do this," said Shane, a 35-year-old trans man of color, recalling his parents' response. Emery, a White 31-year-old trans graduate student, shared similar family experiences, describing how family members' threats of financial nonsupport had caused severe stress, including homelessness.

> So, when my partner and I got together, it was a lesbian relationship, and my parents weren't happy about it. And gave me a lot of trouble, and kind of pulled all their funding from me, and I kind of had my first sort of bouts of homelessness then. And then I didn't hear anything from them for six years. And they were always really stressful anyway, as far as just judgment and kind of this, "I paid for this for you, so you have to do what I say," kind of thing.

A few participants mentioned that, because they could not afford their own health insurance, they were forced to communicate with unsupportive family or financially depend on others to afford gender-affirming care. Alex, a 25-year-old trans graduate student, described the additional stress of having to communicate with unsupportive family members around health insurance coverage:

> My stepmom seems to be taking the same approach as my professors are in that she's very hands off. She doesn't talk about it. She does not use any pronouns whatsoever. She strictly uses my name. I talk to her every now and again out of necessity [because] I'm on her insurance.

Raines, a White, 22-year-old, was another trans graduate student lacking family support. He recounted an increase in family strain once he began medically transitioning in graduate school because of the inability to conceal the visible changes in his body and appearance, compounding the stress associated with the preexisting demands of graduate school:

> My parents have basically been in denial about it, or at least my mother has, because she's pushed back a lot and didn't want me to tell my siblings. My brother figured out, and they have been sending me bible verses through the mail basically. But I'm actually going to talk to my mom tomorrow … and say I think it's disrespectful that you can't call me by my name, and you don't want me to tell my siblings, especially because I'm on hormones now. I can't cover it up anymore.

Thus, these individuals walked a tightrope, trying to maintain family support and keep the peace, while accessing or maintaining financial support, and also accessing gender-affirming care. These tensions sometimes led to intrapersonal or interpersonal conflict, contributing to the multifaceted impact of family stress, gender minority stress, and financial insecurity.

Experiences and Sources of Community Resilience

The individuals in this study, insomuch as they are pursuing postgraduate education, appear to be more advantaged than trans people in the United States on average, in terms of having access to housing, jobs, medical care, and family/community support (James et al., 2016). Yet, compared to their cisgender peers, they also carry certain burdens. Specifically, TGD students often arrive at graduate school with more emotional, educational, and financial vulnerabilities than cisgender peers and fewer resources to aid them in their graduate program. Within the sample, 16 participants had a mental health diagnosis, and several others described struggles with mental health but had never been to therapy to receive a diagnosis from a licensed professional. Twelve participants were in therapy at the time of their interview, while four others had been in therapy in the past but ceased treatment because they felt misunderstood or stigmatized by their therapist. Considering the multifaceted sources of stress TGD graduate students are prone to experience, it is important to consider factors or supports that have enabled them to succeed.

Community Sources: Trans and Gender-Diverse Specific

A majority of participants reflected on the significance of group therapy, support groups, online communities, and campus groups intended for gender-diverse individuals in aiding their academic trajectories, sense of community, and well-being—supports that were especially significant amidst the broader sociopolitical context (i.e., the 2016 election season). Alex, a White 34-year-old nonbinary graduate student, noted the benefits of gender-diverse support groups on campus:

> The student organization for transgender and nonbinary students was immensely helpful.
>
> A lot of just having people who had been through transitioning before who had transitioned, who were familiar with the technology and a lot of the conflicts that arise. Not to mention just the moral support.

Many participants highlighted their peers, most who belonged to the broader LGBTQIA+ community, as a source of community and support. Charlie, a White 29-year-old trans man, reflected on the lack of faculty support surrounding their career aspirations and described how imperative an older LGBTQIA+ graduate student was in helping them traverse the academic job market. Charlie said:

> Most of the faculty that I am working with are straight and cisgender … I have a [queer] classmate who is a couple years ahead of me in the program. She has really been so helpful in sharing resources she could possibly send my way about teaching jobs, about getting more experience teaching on these issues, figuring out what sort of institutions are supportive, connecting me to LGBT specific social work networks.

In the midst of the 2016 election, some students turned to activism as ways to mitigate isolation and fear surrounding the increase in perceived and explicit transphobia. In several cases, this activism was experienced as empowering. As Sam, a White 28-year-old trans woman graduate student said, "I just started a few weeks ago [volunteering for TGD organization] and I'm having a great time with it and I feel like I'm helping people, which is kind of my own way to rebel against Trump." However, in a few cases, this activism, while connecting participants with supportive others, seemed to be so absorbing that it may have been interfering with their academic progress. Ridley, a 26-year-old gender-nonconforming student explained,

> I'm very scared about my country right now. I spend a lot of time either being worried about that or trying to do something about that like making phone calls or going off to protest rather than working on my dissertation.

Community Sources: Institutional

While some participants described their campus counseling centers as lacking adequate understanding of the experiences of gender-diverse individuals, almost one-third of participants described their campus counseling center as trans-inclusive and supportive, sometimes to their surprise. Participants spoke to the significant benefits of having trans-informed counselors and allies at their university counseling center as described by Noel, a White 22-year-old trans man:

> I went to the counseling and psychiatrist services on campus. I had really terrible experiences with counseling when I was young … but I actually ended up really loving the counselor that I ended up seeing here for four years. She was like, such a queer and trans competent provider … I don't think I could have gotten through college while transitioning if I hadn't had her.

Similarly, Kendall, a White 25-year-old trans graduate student who identified as feminine-of-center, shared the importance of trans-affirming counselors on her campus. She stated: "I've been to counseling for most of my life … and [counseling center at university] are probably one of the best, most positive, and encouraging group of therapists and psychiatrists that I've ever met in my entire life."

While several participants in the sample reported strained relationships with faculty members and mentors, almost half of the participants emphasized feeling supported by faculty and mentors, who tended to be trans informed. In turn, participants mentioned feeling supported and connected to both mentors and their institution, working to reduce certain social barriers often faced by TGD graduate students. Frankie, a 25-year-old trans graduate student of color, described their sense of value, in part due to their relationship with their mentor and said, "… My mentor, I really look up to her. I think, like within this small, little community that I have found, I really enjoy my time here. I feel like I'm valued and respected." Arlo, a White 27-year-old nonbinary graduate student, expressed the importance of connecting with a staff member of the campus LGBTQ center who shared the same gender identity, thus enabling them to feel connected and supported within the context of their

gender identity, effectively working to enhance community support, noting, "meeting them was very influential, and it was very much one of those … kind of stop in your track moments."

A subset of participants who were either ostracized or reported strained relationships with their family described community support as a mitigating force to relieve stressful family relationships and dynamics. Kendall, a White 25-year-old graduate trans student, described setting a limit around engaging with their unsupportive family:

> I have a really weird understanding of family in that I don't think staying with your family isn't important just because they're family. The concept of family doesn't mean anything to me. So, if my family is not willing to support and help me, then they are not worth my time.

Another graduate student, a White 22-year-old trans man Noel, also spoke to the importance of creating other sources of support around gender identity, in part due to his own experiences with familial rejection and added stress of navigating his transition alone with few resources and little guidance:

> I lost a lot of family members; I lost a lot of friends. But I was working at the LGBTQIA+ center and had some other really great people here. But as far as like, figuring out the name change process … I kind of just figured everything out myself, which is why I'm so invested in doing this work now, so nobody else has to.

Limitations of Community Supports

Participants described limitations to aspects of community supports, which sometimes resulted in TGD graduate students underutilizing existing supports because they felt that (a) LGBTQIA+ support groups tended to be less focused on TGD students' experiences, (b) some TGD groups focused too much on binary trans experiences or vice versa, nonbinary experiences, and (c) support groups that include undergraduate TGD students and graduate students' often result in concerns about boundaries.

Several participants, while grateful that LGBTQIA+ groups existed on campus, described the inadequacy of groups that conflate LGBQ+ experiences with gender-diverse experiences and described this as a barrier to feeling fully supported. Finley, a 26-year-old trans graduate student, described an experience which led to alienation within a group for the broader LGBTQ community. Finley explained that they went to the LGBTQIA+ support group on campus, the group was "very curious about my trans identity … there was just so much focus on my medical transition and then they didn't ask my [nonbinary] friend any questions and it felt very not right, so I didn't go back anymore."

Likewise, some nonbinary graduate students who, at the time of their interview had socially transitioned, described feeling unwelcomed in trans-specific groups because the focus of conversations were on medical transition, as explained by Frankie, a 25-year-old gender-fluid graduate student,

> … people are talking about access to HRT and stuff like that, but that wasn't where I was at that time. So, it was kind of overwhelming and I feel like I didn't have anyone to relate to, so I went to the internet.

Laken, a White 24-year-old nonbinary graduate student, offered their understanding as to why nonbinary students can experience disconnection in trans spaces when they explained, "I think that there's more of an awareness about gender binary trans people, and I think that there's less institutional understanding that people might be somewhere in between."

In addition to participants feeling ostracized or underrepresented in existing spaces for TGD graduate students, several participants spoke to the absence of TGD spaces that were graduate student-specific, thus reducing access to community support.

Discussion

The current study contributes to the sparse but expanding literature exploring the experiences of TGD graduate students. Specifically, this study is among the first to examine the often intersecting and compounding roles that gender minority stress, family (non)support, and financial/health care experiences have on TGD graduate students' sense of community belonging, success and retention, and overall well-being while in graduate school. Our inclusion of a multitude of gender identities and close examination of the differences between trans and gender-diverse/nonbinary graduate students is a particular strength, given the tendency in research to conflate these groups as monolithic in their experiences (Budge et al., 2020). Our findings illuminate structural gaps and deficiencies within higher education institutions to adequately support and protect their TGD graduate students, who often enter graduate school with more financial stress (i.e., both gender-related and academic), less emotional and financial family support, and with higher rates of mental health concerns and diagnoses than cisgender students (Conron et al., 2022). This study also examined the immense strength and resilience of this population with respect to navigating graduate school despite facing innumerable personal, academic, financial, and sociopolitical barriers (Bockting et al., 2013; Meyer, 2015; Woodford et al., 2018.)

Consistent with other research, our findings demonstrate that TGD graduate students are often subjected to gender-related (i.e., funding gender-affirming care) and general financial stressors (i.e., academic debt) while pursuing graduate school, which in turn can impede their ability to focus on or continue their education, particularly when lacking community and structural supports (Lipson et al., 2019; Pitcher et al., 2018; Stolzenberg & Hughes, 2017). The participants who tended to highlight gender-related stressors and financial burden as impacting their well-being and their ability to succeed or stay in grad school, live, or attend to their studies were graduate students who were (a) currently or continuing to seek gender-affirming medical interventions without gender-affirming insurance coverage; (b) lacked familial or other social and financial supports; and (c) tended to come from a working-class background, arriving to graduate school with significant debt and at times, precarious financial insecurity, a finding consistent with O'Neill et al. (2022). These participants tended to experience trans-related health care expenses as further exacerbating preexisting general financial stressors (e.g., undergraduate loans and transition-related debt). An important finding of this study is that those who reported having gender-affirming health insurance through their universities, allowing them to start or continue gender-affirming treatments essential for their well-being, often described gratitude toward their universities and explicitly mentioned how the access to this care alleviated elements of stress from their life and academic pursuits.

For some, this was the first time they had access to gender-affirming health insurance, despite several participants voicing dissatisfaction over the cost of university health insurance. Still, most

chose to receive university health insurance, in part because of their perception that such insurance benefits, which would allow for gender-affirming transition, a process linked to positive self-esteem and well-being, outweighed the cost (Baker et al., 2021; Hetzel & Mann, 2021). For some TGD graduate students who desired gender-affirming medical care, opting into university health insurance enabled them to seek affordable medical interventions for the first time, or allowed students who began transitioning before graduate school to continue without additional financial and emotional stress of trying to find and afford gender-affirming care. Notably, the availability of gender-affirming health care was a central consideration for many participants in whether and where they applied to graduate school, a finding echoed in earlier research (Goldberg, McCormick, et al., 2021). Ultimately, it is clear that the availability of affordable and trans-inclusive health insurance functioned as life-enhancing while reducing elements of financial stress, which may support and, in part, enrich TGD students' academic experiences while in graduate school.

Participants whose universities did not provide gender-affirming health insurance, for those who could not afford it, or for those who relied on their parent's financial support were more likely to report emotional and academic stress. This is potentially due to the expenditure of additional cognitive and emotional labor required to concurrently navigate the rigor and cisnormative environment of graduate school, tense familial relationships, and the inability to transition, which has been linked to increased risk of suicide, clinical depression, self-injurious behavior, among other mental health disorders (DeChants et al., 2022; Mills-Koonce et al., 2018; Platt, 2020).

A majority of participants were out to their family, though less than one-third named their families as sources of support for their gender identity, an important finding for universities to consider given how central family support is for resilience in TGD populations (Matsuno & Israel, 2018). An important and nuanced contribution of this study is that family support tended to be associated with academic financial support and fewer reported mental health concerns, ultimately serving as a protective factor for TGD graduate students within and beyond academic contexts. Notably, most participants who received financial support from parents did not receive financial help for gender-affirming care, although family assisting with the cost of rent and tuition offered opportunities for these graduate students to seek and afford gender-affirming treatment, actively working to reduce stress related to TGD students' gender identity. Further, participants with a more privileged socioeconomic background often described more family support and because of this, the ability to transition prior to graduate school. This support worked to alleviate aspects of financial stress while bolstering feelings of support and connectedness, thus enabling them focus on their academics with potentially fewer stressors than peers from low-income backgrounds or unsupportive family members. As mentioned, participants with strained family relationships often described the difficulty of navigating their "outness" while still being reliant financially on their parent, a process that tended to be accompanied by adverse mental health consequences and additional stress, given that some participants delayed gender-affirming treatments due to the conditional, yet necessary to continue graduate school, family financial support.

It is clear that participants in this sample navigated graduate school with a myriad of stressors (i.e., educational, financial, and familial) associated with their minoritized and stigmatized gender identity (Goldberg, Matsuno, & Beemyn, 2021). In unity with Meyer's (2015) call for the exploring community resilience with gender minorities, TGD graduate students in this sample, who were often subject to multiple axes of stress and oppression, found ways to pursue their graduate education, nonetheless, though often at the expense of their well-being and academic experiences. TGD graduate students drew on varying sources of community support, though very few students felt completely satisfied with the supports offered. Essentially, there was no "perfect" university. However, group therapy, TGD support groups, online communities, trans-competent medical and mental health providers in university health centers, readily available and clearly advertised trans-inclusive policies and resources, friends and peers in the broader LGBTQIA+ community, and trans-informed and allied faculty were all valued and cited as instrumental in supporting TGD graduate students in their graduate programs, effectively working to bolster community resilience and connection (Matsuno & Israel, 2018).

Consistent with Budge et al. (2020) and Knutson et al. (2022), the findings suggest that trans and nonbinary graduate students are not a monolithic group—indeed, their experiences differ, such that nonbinary students tended to feel less understood and supported both by family, faculty, other LGBTQIA+ peers, and structural supports, possibly due to nonbinary individuals' disruption of the hegemonic gender binary. Many nonbinary graduate students discussed feeling alienated in trans spaces and reported more frequent instances of misgendering. This finding contributes to the body of research that suggests that the experiences of binary and nonbinary trans students vary within and across institutional climate, and as such may require more tailored interventions and supports for students who do not identify within the gender binary (Budge et al., 2020; Goldberg, Kuvalanka, & Dickey, 2019; Siegel, 2019).

Implications

Our exploration of the educational, financial, and family relationships within the context of TGD graduate students' experiences, and the examination of supports that bolstered resilience within this sample, offers insight into the experiences of TGD students and can inform efforts to support such students at individual and institutional levels.

A key implication from this study is that universities should consider offering affordable health insurance that includes gender-affirming health care coverage, as some participants spoke to the price of university insurance or the lack of gender-affirming insurance as a significant financial barrier. Not only did the ability to finally transition for some participants, or to continue transitioning for others, relieve a great deal of financial stress, but it also tended to increase the well-being and quality of life of TGD graduate students (Baker et al., 2021; Hetzel & Mann, 2021). Further, offering affordable trans-inclusive health insurance may mitigate the impact of family strain for TGD graduate students who depend on their unsupportive parents' insurance and conditional financial support because they either (a) cannot afford the health insurance plan at their university or (b) their university does not offer gender-affirming benefits, effectively rendering them to continue an otherwise unsupportive and potentially psychologically damaging relationship with their family of origin, with the potential to impede TGD students' academic experiences, progress, or retention.

Notably, every participant described pronounced stressors in relation to at least one educational, financial, and familial domain, which has implications for universities to consider policies that mitigate stressors where they can, despite not having caused some of them (i.e., family rejection). While universities are not responsible for family rejection, the findings suggest institutions of higher education can provide appropriate resources for students to help combat the negative psychological consequences that can result from family rejection. Given that social support and connection are protective factors against negative psychological experiences and outcomes, universities can work to create community supports and foster social support for TGD students who may lack family support (Kleiman & Liu, 2013; Matsuno & Israel, 2018). Indeed, research supports the benefits of structural supports available at institutions of higher educations for LGBTQIA+ who are not affirmed by their families, should adequate resources and supports exist and be accessible (Schmitz & Tyler, 2018). Given that TGD students tend to come from lower income backgrounds and may arrive to graduate school with more financial insecurity than cisgender students (Stolzenberg & Hughes, 2017), educating financial advisors about the unique financial considerations may work to foster feelings of support and offer practical solutions to ease financial burden wherever applicable. Further, universities may also consider offering and tailoring need-based scholarships specifically to TGD graduate students.

Universities should allocate funding and physical spaces to support TGD community building while also providing opportunities for nuanced spaces and discussions across and between transgender and nonbinary graduate students to support the unique experiences of both (Budge et al., 2020; Goldberg, Kuvalanka, & Dickey, 2019; Knutson et al., 2022). The facilitation and creation of trans-informed social supports may also benefit TGD students with limited access to family or therapeutic supports in order to effectively retain TGD students who already face considerable socioeconomic barriers (Matsuno & Israel, 2018; Stolzenberg & Hughes, 2017).

As documented in earlier research (O'Neill et al., 2022) and within this study, sometimes universities do have supports available (e.g., gender-inclusive restrooms, LGBTQIA+ groups, and trans-informed counselors) for TGD graduate students, though they are not always advertised or made known to students. TGD graduate students value and benefit from support groups, trans-informed counselors, and other TGD-specific supports, such that making this information available to find may work to proactively buffer gender minority stress. Universities should explicitly signal and promote trans-inclusive financial and social supports via websites, brochures, campus tours, as well as educate faculty members on the existence of these supports, in order to direct TGD graduate students, who often rely heavily on their mentors or faculty, to resources that may improve well-being and feelings of connectedness (Goldberg, Kuvalanka, & Black, 2019; Siegel, 2019).

Lastly, it is well known that TGD students experience higher rates of mental health disorders than their cisgender peers, such that the risk of suicide is nearly three times higher than cisgender peers (Platt, 2020). Consistent with other literature, a majority of participants in the sample had mental health diagnoses and described experiences in therapy that ranged from traumatic to very helpful, marking a clear need for university counseling centers to hire and educate trans-informed therapists to, at minimum, reduce the risk of further oppressing this population, and ideally, affirm and empower TGD graduate students to thrive. Importantly, participants spoke directly to the impact rising anti-TGD sentiment and legislation had on their worries surrounding safety and access to gender-affirming care. Currently, TGD individuals within the United States are experiencing unmitigated threats to trans resilience and agency, such that participants' concerns in 2016 are rightfully supported. As threats to trans safety and resilience continue to grow, it is likely that TGD graduate students are facing an increase in individual, societal, and institutional attacks on autonomy, all experiences universities can help support TGD graduate students through. Examining the intersections of TGD students' mental health within the context of financial, academic, sociopolitical, and gender-related stressors is imperative to better understand and offer practical and effective supports to reduce stress within this population.

Limitations

While this study is the first to our knowledge to examine the intersection and implications of family support, financial stressors, and academic experiences among TGD graduate students, it has several notable limitations. The participants in the sample were racially homogenous, such that a majority of participants identified as White, limiting the ability to fully examine these data through an intersectional lens. As such, the findings of this study are not generalizable to trans graduate students of color. Given the presence of multiple minoritized identities that trans graduate students of color hold, who are subjected to institutional barriers and discrimination at disproportionate rates to their White peers (Balsam et al., 2011), future scholarship should examine the intersection of familial, financial, and institutional experiences of trans graduate students of color.

Similarly, the voices and experiences of trans women and trans feminine participants in this study are underrepresented; most of our sample identified as trans men, trans masculine, or nonbinary. This absence echoes the research at large, wherein the voices of trans women and trans feminine individuals are often underrepresented, likely influenced by transmisogyny (Arayasirikul et al., 2022). Trans women experience particularly high rates of violence, discrimination poverty, and mental health concerns (Arayasirikul et al., 2022)—challenges that may prevent them from entering institutions of higher education at the same rate as other TGD identities. In turn, we encourage future scholarship to intentionally include, explore, and represent the voices and experiences of trans women graduate students as well as the barriers that trans women experience in their educational and career development in general.

As demonstrated in the findings, there is evidence to suggest distinct and unique experiences between transgender graduate students who were medically transitioning and those who had or were in the process of socially transitioning. More attention is needed to understand and perhaps differentiate experiences and appropriate interventions (i.e., affinity groups within a larger LGBTQ-affirming space) across gender-diverse graduate students.

Given the sociopolitical changes in attitudes toward TGD individuals and the increase of anti-TGD legislation in recent years, a limitation is that data were collected in 2016–2017. The sociopolitical climate is likely an important factor for TGD individuals in terms of thinking about where to attend graduate school, as well as their experiences and well-being during graduate school and their plans for where to reside afterward. Indeed, Goldberg, McCormick, et al. (2021) found that the political climate and location of universities was a key factor TGD students considered when applying to graduate programs. Further, according to the 2022 U.S. Transgender Survey, a staggering 47% of TGD respondents considered moving to a state with more TGD

protections in response to increasing anti-trans legislation in their home states (James et al., 2024. Undoubtedly, as anti-trans legislation and sentiment continue to grow (Horne et al., 2022; Hughto et al., 2021), the significance of state-level laws and policies as well as the climate of universities and the graduate programs they house will be increasingly important to TGD graduate students—as will the financial support and access to gender-affirming care that they provide. There is a need for more attention to the experiences of trans students attending graduate school in different U.S. regions, with varying levels of protections for trans people and students specifically, in order to understand how best to support the most vulnerable trans students in the nation.

Conclusion

TGD students are often subjected to gender-related and general financial stressors pursuing graduate school, which in turn can impede their ability to focus on or continue their education. Particularly, our study illuminates a seldom studied, yet incredibly important, facet of TGD graduate students' educational experience: financial stress between and across academics and medical transition. The intersections and implications of financial stress, family (non)support, and gender minority stress within the context of TGD graduate students illuminate opportunities for institutions to adopt policies to mitigate stressors within multiple, intersecting domains, particularly given the historical and current harmful sociopolitical climate toward TGD individuals. Universities must address and acknowledge the unique institutional-level, community-level, and individual-level vulnerabilities faced by their TGD students such that they can provide adequate emotional, financial, and structural supports that can foster both academic and personal growth.

References

Arayasirikul, S., Turner, C., Trujillo, D., Sicro, S. L., Scheer, S., McFarland, W., & Wilson, E. C. (2022). A global cautionary tale: Discrimination and violence against trans women worsen despite investments in public resources and improvements in health insurance access and utilization of healthcare. *International Journal for Equity in Health*, *21*(1), Article 32. https://doi.org/10.1186/s12939-022-01632-5

Baker, K. E., Wilson, L. M., Sharma, R., Dukhanin, V., McArthur, K., & Robinson, K. A. (2021). Hormone therapy, mental health, and quality of life among transgender people: A systematic review. *Journal of the Endocrine Society*, *5*(4), Article bvab011. https://doi.org/10.1210/jendso/bvab011

Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT people of color microaggressions scale. *Cultural Diversity & Ethnic Minority Psychology*, *17*(2), 163–174. https://doi.org/10.1037/a0023244

Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, *63*(1), 87–97. https://doi.org/10.1037/cou0000127

Beemyn, G., & Goldberg, A. (2021). "To be your best self": Surviving and thriving as a trans grad student. In E. Shanok & N. Benedicto Elden (Eds.), *Thriving in graduate school: The expert's guide to success and wellness* (pp. 215–234). Rowman and Littlefield Publishers.

Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, *103*(5), 943–951. https://doi.org/10.2105/AJPH.2013.301241

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, *18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. *International Journal of Transgender Health*, *24*(1), 1–6. https://doi.org/10.1080/26895269.2022.2129597

Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.

Brown, A. (2022, July 7). *About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth*. Pew Research Center. https://www.pewresearch.org/shortreads/2022/06/07/about-5-of-young-adults-in-the-u-s-say-their-gender-is-different-from-their-sex-assigned-at-birth/

Budge, S. L., Domínguez, S. Jr., & Goldberg, A. E. (2020). Minority stress in nonbinary students in higher education: The role of campus climate and belongingness. *Psychology of Sexual Orientation and Gender Diversity*, *7*(2), 222–229. https://doi.org/10.1037/sgd0000360

Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, *56*(3), 1391–1412. https://doi.org/10.1007/s11135-021-01182-y

Cicero, E. C., & Wesp, L. M. (2017). Supporting the health and well-being of transgender students. *The Journal of School Nursing*, *33*(2), 95–108. https://doi.org/10.1177/1059840516689705

Conron, K. J., O'Neill, K. K., & Vasquez, L. A. (2022). *Educational experiences of transgender people*. Williams Institute. https://escholarship.org/content/qt58q1r9sv/qt58q1r9sv.pdf

DeChants, J. P., Shelton, J., Anyon, Y., & Bender, K. (2022). "It kinda breaks my heart": LGBTQ young adults' responses to family rejection. *Family Relations*, *71*(3), 968–986. https://doi.org/10.1111/fare.12638

Goldberg, A. E. (2019). Experiences of trans/gender nonconforming graduate students in higher education. In G. Beemyn (Ed.), *Outside the gender box: Trans people in higher education* (pp. 125–158). SUNY Press.

Goldberg, A. E., Beemyn, G., & Smith, J. Z. (2019). What is needed, what is valued: Trans students' perspectives on trans-inclusive policies and practices in higher education. *Journal of Educational and Psychological Consultation*, *29*(1), 27–67. https://doi.org/10.1080/10474412.2018.1480376

Goldberg, A. E., Kuvalanka, K., & Dickey, L. (2019). Transgender graduate students' experiences in higher education: A mixed-methods exploratory study. *Journal of Diversity in Higher Education*, *12*(1), 38–51. https://doi.org/10.1037/dhe0000074

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

Goldberg, A. E., Kuvalanka, K. A., Budge, S. L., Benz, M. B., & Smith, J. Z. (2019). Health care experiences of transgender binary and nonbinary university students. *The Counseling Psychologist*, *47*(1), 59–97. https://doi.org/10.1177/0011000019827568

Goldberg, A. E., Matsuno, E., & Beemyn, G. (2021). "I want to be safe… and I also want a job": Career considerations and decision-making among transgender graduate students. *The Counseling Psychologist*, *49*(8), 1147–1187. https://doi.org/10.1177/00110000211037671

Goldberg, A. E., McCormick, N., Matsuno, E., Virginia, H., & Beemyn, G. (2021). Transgender graduate students: Considerations, tensions, and decisions in choosing a graduate program. *Journal of Homosexuality*, *69*(9), 1549–1575. https://doi.org/10.1080/00918369.2021.1919476

Goldberg, A. E., Smith, J. Z., & Beemyn, G. (2020). Trans activism and advocacy among transgender students in higher education: A mixed methods study. *Journal of Diversity in Higher Education*, *13*(1), 66–84. https://doi.org/10.1037/dhe0000125

Gorman, K. R., Shipherd, J. C., Collins, K. M., Gunn, H. A., Rubin, R. O., Rood, B. A., & Pantalone, D. W. (2022). Coping, resilience, and social

support among transgender and gender diverse individuals experiencing gender-related stress. *Psychology of Sexual Orientation and Gender Diversity*, *9*(1), 37–48. https://doi.org/10.1037/sgd0000455

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, *43*(5), 460–46. https://doi.org/10.1037/a0029597

Hetzel, C. J., & Mann, K. (2021). The social psychological dynamics of transgender and gender nonconforming identity formation, negotiation, and affirmation. *Journal of Social and Personal Relationships*, *38*(9), 2566–2586. https://doi.org/10.1177/02654075211015308

Horne, S. G., McGinley, M., Yel, N., & Maroney, M. R. (2022). The stench of bathroom bills and anti-transgender legislation: Anxiety and depression among transgender, nonbinary, and cisgender LGBQ people during a state referendum. *Journal of Counseling Psychology*, *69*(1), 1–13. https://doi.org/10.1037/cou0000558

Hughto, J. M., Pletta, D., Gordon, L., Cahill, S., Mimiaga, M. J., & Reisner, S. L. (2021). Negative transgender-related media messages are associated with adverse mental health outcomes in a multistate study of transgender adults. *LGBT Health*, *8*(1), 32–41. https://doi.org/10.1089/lgbt.2020.0279

James, S. E., Herman, J. L., Durso, L. E., & Heng-Lehtinen, R. (2024). *Early insights: A report of the 2022 U.S. transgender survey*. National Center for Transgender Equality. https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, 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

Kleiman, E. M., & Liu, R. T. (2013). Social support as a protective factor in suicide: Findings from two nationally representative samples. *Journal of Affective Disorders*, *150*(2), 540–545. https://doi.org/10.1016/j.jad.2013.01.033

Knutson, D., Matsuno, E., Goldbach, C., Hashtpari, H., & Smith, N. G. (2022). Advocating for transgender and nonbinary affirmative spaces in graduate education. *Higher Education*, *83*(2), 461–479. https://doi.org/10.1007/s10734-020-00673-5

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lipson, S. K., Raifman, J., Abelson, S., & Reisner, S. L. (2019). Gender minority mental health in the US: Results of a national survey on college campuses. *American Journal of Preventive Medicine*, *57*(3), 293–301. https://doi.org/10.1016/j.amepre.2019.04.025

Matsuno, E., & Israel, T. (2018). Psychological interventions promoting resilience among transgender individuals: Transgender resilience intervention model (TRIM). *The Counseling Psychologist*, *46*(5), 632–655. https://doi.org/10.1177/0011000018787261

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

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 209–213. https://doi.org/10.1037/sgd0000132

Mills-Koonce, W. R., Rehder, P. D., & McCurdy, A. L. (2018). The significance of parenting and parent–child relationships for sexual and gender minority adolescents. *Journal of Research on Adolescence*, *28*(3), 637–649. https://doi.org/10.1111/jora.12404

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260. https://doi.org/10.1037/0022-0167.52.2.250

Murray, J. L. (2018). Emerging adulthood and psychosocial development in college. In J. Arnett & J. Murray (Eds.), *Emerging adulthood and higher education* (Vol. 1, pp. 25–41). Routledge.

Norwood, K. (2012). Transitioning meanings? Family members' communicative struggles surrounding transgender identity. *Journal of Family Communication*, *12*(1), 75–92. https://doi.org/10.1080/15267431.2010.509283

O'Neill, K. K., Conron, K. J., Goldberg, A. E., & Guardado, R. (2022). *Experiences of LGBTQ people in four-year colleges and graduate programs*. Williams Institute. https://williamsinstitute.law.ucla.edu/publications/lgbtq-colleges-grad-school/

Pitcher, E. N., Camacho, T. P., Renn, K. A., & Woodford, M. R. (2018). Affirming policies, programs, and supportive services: Using an organizational perspective to understand LGBTQ+ college student success. *Journal of Diversity in Higher Education*, *11*(2), 117–132. https://doi.org/10.1037/dhe0000048

Platt, L. F. (2020). The presenting concerns of transgender and gender nonconforming clients at university counseling centers. *The Counseling Psychologist*, *48*(3), 407–431. https://doi.org/10.1177/0011000019898680

Platt, L. F., Scheitle, C. P., & McCown, C. M. (2022). The role of family relationships in mental health distress for transgender and gender nonconforming college students at university counseling centers. *Journal of College Student Psychotherapy*, *36*(3), 241–257. https://doi.org/10.1080/87568225.2020.1810598

Puckett, J. A., Matsuno, E., Dyar, C., Mustanski, B., & Newcomb, M. E. (2019). Mental health and resilience in transgender individuals: What type of support makes a difference? *Journal of Family Psychology*, *33*(8), 954–964. https://doi.org/10.1037/fam0000561

Renn, K. A. (2007). LGBT Student leaders and queer activists: Identities of lesbian, gay, bisexual, transgender, and queer identified college student leaders and activists. *Journal of College Student Development*, *48*(3), 311–330. https://doi.org/10.1353/csd.2007.0029

Schmitz, R. M., & Tyler, K. A. (2018). The complexity of family reactions to identity among homeless and college lesbian, gay, bisexual, transgender, and queer young adults. *Archives of Sexual Behavior*, *47*(4), 1195–1207. https://doi.org/10.1007/s10508-017-1014-5

Schnarrs, P. W., Stone, A. L., Salcido Jr., R., Baldwin, A., Georgiou, C., & Nemeroff, C. B. (2019). Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities. *Journal of Psychiatric Research*, *119*, 1–6. https://doi.org/10.1016/j.jpsychires.2019.09.001

Shaw, J., McLean, K. C., Taylor, B., Swartout, K., & Querna, K. (2016). Beyond resilience: Why we need to look at systems too. *Psychology of Violence*, *6*(1), 34–41. https://doi.org/10.1037/vio0000020

Siegel, D. P. (2019). Transgender experiences and transphobia in higher education. *Sociology Compass*, *13*(10), Article e12734. https://doi.org/10.1111/soc4.12734

Stolzenberg, E., & Hughes, B. (2017). The experiences of incoming transgender college students: New data on gender identity. *Journal of Liberal Education*, *103*(2), 38–43.

Tebbe, E. A., & Budge, S. L. (2022). Factors that drive mental health disparities and promote well-being in transgender and nonbinary people. *Nature Reviews Psychology*, *1*(12), 694–707. https://doi.org/10.1038/s44159-022-00109-0

Woodford, M. R., Weber, G., Nicolazzo, Z., Hunt, R., Kulick, A., Coleman, T., Coulombe, S., & Renn, K. A. (2018). Depression and attempted suicide among LGBTQ college students: Fostering resilience to the effects of heterosexism and cisgenderism on campus. *Journal of College Student Development*, *59*(4), 421–438. https://doi.org/10.1353/csd.2018.0040

Received November 2, 2023
Revision received July 24, 2024
Accepted July 25, 2024 ■