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Interpersonal and Systemic Microaggressions Toward Transgender People: Implications for Counseling

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This study utilized a qualitative method with transgender female and male participants (N = 9) to identify types of microaggressions, or subtle forms of discrimination, that transgender people experience. Twelve categories of microaggressions were identified: (a) use of transphobic and/or incorrectly gendered terminology, (b) assumption of universal transgender experience, (c) exoticization, (d) discomfort/disapproval of transgender experience, (e) endorsement of gender normative and binary culture or behaviors, (f) denial of existence of transphobia, (g) assumption of sexual pathology/abnormality, (h) physical threat or harassment, (i) denial of individual transphobia, (j) denial of bodily privacy, (k) familial microaggressions, and (l) systemic and environmental microaggressions. Implications for counseling are discussed.

KEYWORDS *gender identity, LGBT, microaggressions, transgender*

Transgender is an umbrella term that can be used to refer to anyone for whom the sex she or he was assigned at birth is an incomplete or incorrect description of herself or himself. Individuals may use an array of terms to describe their gender identity including transgender woman, transgender

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man, female-to-male (FTM), male-to-female (MTF), trans, two-spirit, gender nonconforming (GNC), or persons of transgender experience. Some transgender people may identify with the term *transsexual* and may utilize various interventions to medically transition into the gender they most identify with. Many people of transgender experience identify simply as men or as women. Many people, transgender and nontransgender alike, view gender as an identity that is dynamic, fluid, and/or existing along a continuum, rather than prescribing to the fixed, binary, and mainstream view of gender. Thus, many individuals may identify along a “feminine spectrum” or “masculine spectrum” rather than identifying strictly as male or female. This study examines the experiences of overt and covert discrimination toward transgender people. The term *transgender* is used throughout the article to describe all individuals within this category, and the term *LGBT* (lesbian, gay, bisexual, and transgender) is used when discussing the umbrella of sexual minorities.

There has been an increasing amount of literature in counseling that has described the need to provide culturally competent services for transgender people. Two organizations, the American Counseling Association (Burnes et al., 2010) and The Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (2009), have highlighted the competencies that counselors must have in working with transgender clients. Some literature has described how counselors can apply these competencies in their work with youth and college students (Gonzalez & McNulty, 2010; Lennon & Mistler, 2010), whereas other authors described how it is necessary for counselors, counselor educators, and counselor supervisors to promote transgender awareness with their clients while also serving as social advocates in general (Carroll & Gilroy, 2002; Singh & Burnes, 2010; Singh, Hays, & Watson, 2011). Some authors have described the unique challenges that career counselors must consider in working with transgender clients, as well as the type of discrimination transgender clients may experience in the workplace (Kirk & Belovics, 2008; Sangganjanavanich, 2009; Sangganjanavanich & Cavazos, 2010). Finally, Wester, McDonough, White, Vogel, and Taylor (2010) described a theoretical model that highlighted the identity development and gender-role conflicts that transgender clients may experience in counseling, as a way of providing effective counseling strategies for working with transgender people.

Despite this subtle growth in transgender literature in counseling, it is clear that transgender people still face discrimination in their everyday lives. For example, though there has been an increase in local, state, and federal legislation that protects against hate crimes based on sexual orientation, there are few laws that protect against hate acts based on gender identity. In fact, the FBI may not accurately document hate crimes against transgender people, leaving the true number of hate crimes against transgender persons to be unknown (Nadal, Rivera, & Corpus, 2010). Similarly, though homosexuality was removed from the *Diagnostic Statistical Manual of Mental Disorders*

as a category of sexual disorders in 1973, “gender identity disorder” (GID) and “adult transsexualism” are still listed as sexual paraphilias, suggesting that cisgender people (i.e., nontransgender and gender-conforming people) and the mental health field may view transgender persons as abnormal or pathological and in need of psychological treatment (Carroll & Gilroy, 2002). Finally, transgender-specific health care (e.g., gender reassignment procedures and hormone replacement therapy)—which are viewed as “cures” to GID—are rarely covered in public or private health insurance plans in the United States.

There has been some literature that has highlighted the discrimination (particularly hate crimes) that transgender individuals experience. The International Transgender Day of Remembrance (St. Pierre, 2011) estimated that there have been approximately 600 transgender murders across the globe in the past 30 years, and that the number of transgender murders has increased significantly in the past 5 years. One report found that from the beginning of 2008 to the middle of 2009, there were 200+ antitransgender murders alone, equaling approximately 19 transgender murders per month (ITDOR, 2009). Despite this high number, this amount is likely an underestimate because transgender hate crimes are often not labeled as such, and because many of these hate crimes go unreported due to various reasons including the fear of retaliation, stigma toward transgender people, police misconduct, and so on. Although reports of assaults and homicides of transgender and gender-nonconforming people grace web blogs and LGBT community newsletters, they are often glossed over or ignored entirely by most major news sources. Thus, documentation and outcry about abuses faced by transgender and gender-nonconforming people remain largely community-driven endeavors and relatively unknown to non-LGBT persons in mainstream society.

In recent years, there has been an increasing amount of literature focusing on the types of discrimination transgender persons may experience: transphobia and genderism. *Transphobia* can be defined as “an emotional disgust toward individuals who do not conform to society’s gender expectations” (Hill & Willoughby, 2005, p. 533), whereas *genderism* is “an ideology that reinforces the negative evaluation of gender non-conformity or an incongruence between sex and gender” (Hill & Willoughby, 2005, p. 534). Browne (2004) further defined *genderism* as “hostility and discrimination directed at gender nonconforming people and gender ambiguous bodies” (p. 331). Furthermore, Browne added that genderism can result in individuals of various gender identities to become distressed, citing “When disturbing the presumed naturalness of the man±masculinity/ woman±femininity binary individuals find themselves subject to abusive comments, exclusions and physical violence” (p. 332). Koken, Bimbi, and Parsons (2009) reported that transgender individuals encounter a range of discriminatory experiences in their families, which may include physical violence, open hostility, and indifferent or neglectful responses from parents. Hill and Willoughby (2005)

developed a scale to measure antitransgender sentiment. Items such as “I have teased a woman because of her masculine appearance,” “If my best friend wanted to remove his penis, I would openly support him,” and “People are either male or female” (p. 543) all highlight the various types of transphobic attitudes nontransgender people may hold.

Transphobia may be a parallel term to *homophobia* (i.e., the hate and fear toward gay, bisexual, and lesbian people), whereas *genderism* may be a parallel term to *heterosexism*, which describes the more overt ways that individuals may devalue or mistreat gay, bisexual, and transgender persons. Although our changing society has somewhat encouraged individuals to be less racist, less sexist, and even less heterosexist in recent years, many individuals (i.e., heterosexuals and even lesbians, gay men, or bisexuals) may uphold transphobic or genderist views that may be overt (e.g., telling a transgender person to dress in gender-conforming ways) or covert (e.g., staring at a transgender person in shock, disgust, or curiosity).

Some authors have cited that the harassment and discrimination of transgender people can be linked to their exceptionally high rate of suicide, substance abuse, and depression (Clements-Nolle, Marx, Guzman, & Katz, 2001; Nemoto, Operario, & Keatley, 2005; Xavier, Bobbin, Singer, & Budd, 2005). Other literature has examined how transgender (and other LGB) individuals experience “minority stress” or chronic, consistent stress that is related to their stigmatization and marginalization as LGBT people (Meyer, 1995). This minority stress can create hostile and distressing home, work, and social environments, leading to many mental health problems including depression, anxiety, posttraumatic stress, and internalized homophobia (Meyer, 2003). Other studies have examined how experiences of discrimination and stigmatization may lead to lower self-esteem, fears of rejection, and/or consistent hiding or concealing of identities (Burn, Kadlec, & Rexer, 2005; Rostosky, Riggle, Horne, & Miller, 2009). Some studies have asserted that much like other minority groups, failing to recognize, cope with, or acknowledge discrimination can lead to negative health consequences for LGBT people, as measured by an increase in sick days, physician visits, and nonprescription drug usage (Huebner & Davis, 2007). Despite all of these findings, one of the major problems with these studies is that many studies on LGBT populations tend to focus primarily on lesbian and gay participants, which in turn fails to recognize the unique experiences of transgender people. Moreover, most research involving the LGBT community tends to concentrate primarily on gay men, which is then assumed to be generalized to the entire LGBT community (Harper & Schneider, 2003).

Transgender Microaggressions

In addition to experiencing hate crimes and overt forms of discrimination, some authors have suggested that transgender individuals are also likely to be the victims of more subtle forms of discrimination, also known as

microaggressions (Nadal et al., 2010). Microaggressions are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups” (Nadal, 2008, p. 23). Research has found that microaggressions may have detrimental impacts on the targeted populations that experience them, namely people of color (Pierce, Carew, Pierce-Gonzalez, & Willis 1978; Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue, Capodilupo, et al., 2007; Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Sue et al., 2008), women (Capodilupo et al., 2010; Nadal, 2010), and persons with disabilities (Keller & Galgay, 2010). There have also been studies that have supported that LGB people experience microaggressions in their everyday lives (Nadal, Issa, et al., 2011; Nadal, Wong, et al., 2011) and in therapy (Shelton & Delgado-Romero, 2011), and that LGBT people of color experience microaggressions based on their racial and sexual identities (Balsam et al., 2011).

Nadal et al. (2010) proposed a theoretical taxonomy that described the types of microaggressions that are based on sexual orientation or transgender identity. These eight categories include the following: (a) use of heterosexist or transphobic terminology occurs when someone uses derogatory heterosexist or transphobic language toward LGBT persons (e.g., saying words like “faggot,” “dyke,” “she-male,” or using terms like “That’s so gay !”), (b) endorsement of heteronormative and gender-conforming culture/behavior transpires when an LGBT person is expected to act or be heterosexual. For instance, a parent or teacher forcing a child to dress according to her or his birth sex would be examples of endorsing heteronormative or gender-conforming values. (c) Assumption of universal LGBT experience occurs when heterosexual people assume that all LGBT persons are the same (e.g., assuming there are no differences between LGBT individuals of different sexual orientations or gender identities), (d) exoticization microaggressions take place when LGBT people are dehumanized or treated as objects. This can be exemplified by heterosexual people stereotyping all LGBT people as being the “comedic relief” or LGBT individuals feeling tokenized. (e) Discomfort/disapproval of LGBT experience occurs when LGBT people are treated with disrespect and condemnation. This can be exemplified by people invasively peering leering, or glaring at same-sex couples or transgender people, sometimes unconsciously and sometimes consciously with the intent to intimidate, belittle, or mock. (f) Denial of the reality of heterosexism and transphobia transpires when people deny that heterosexism and homophobia exist (e.g. a family member accusing an LGBT person of being paranoid or oversensitive) and (g) assumption of sexual pathology/abnormality microaggressions come about when heterosexual people oversexualize LGBT persons and consider them as sexual deviants (e.g., all transgender women are sex workers, all LGBT people have HIV/AIDS, or all gay or bisexual men are child molesters. Finally, (h) denial of individual heterosexism or transphobia occurs when heterosexual people deny their own heterosexist

and transgender biases and prejudice (e.g. someone saying: “I have a transgender friend, so I’m allowed to make jokes about transgender people”). Despite this theoretical taxonomy that describes microaggressions toward LGBT people, there are no known published studies that have examined the experiences of microaggressions based on transgender identity. Thus, this study aims to examine the experiences of microaggressions that transgender, gender variant, and gender-nonconforming persons may encounter on an everyday basis.

Research Questions

Although previous research has focused on microaggressions directed toward LGB people, studies focusing on transgender microaggressions must be examined separately to understand the subtle forms of discrimination that people encounter based on gender identity and gender presentation. Furthermore, because the aforementioned studies have supported the notion that microaggressions negatively affect the mental health of people of color, women, and LGB individuals, it would be important to note if transgender people react to microaggressions in similar ways.

Because there has been no known research that has explored the notion of subtle discrimination toward transgender people, a qualitative, focus group method was used. Previous authors have suggested that qualitative inquiry is appropriate when a phenomenon had not been previously studied (Morrow & Smith, 2000) and that focus group methodology allows for participants to explore information in open-ended ways (Krueger & Casey, 2008). Utilizing qualitative methods in examining experiences of marginalized communities is even more appropriate because it allows individuals to express themselves in their own voices and to participate in the research in an inclusive and cooperative way (Israel, Eng, Schulz, & Parker, 2005).

Several research questions were created to examine the experiences of transgender microaggressions:

1. What types of microaggressions do transgender persons experience?
2. How do transgender individuals react to microaggressions when they occur?
3. Do transgender people experience various types of microaggressions based on their gender identity or gender presentation?

METHOD

Participants

Upon receiving Institutional Review Board approval from the researchers’ home institution, participants were recruited through local LGBT

organizations by contacting executive directors and program coordinators of these community-based organizations and asking them to forward an e-mail to call for participation to their transgender employees and community members. Interested participants then contacted one of the researchers, who explained the purpose of the study. If the participant agreed to take part in the study, she or he was invited to a scheduled focus group. Participants did not receive any financial compensation, but all participants were provided with light refreshments.

A total of nine individuals participated in this study. Two focus groups were conducted: three participants in one group and six in the other. Three participants identified as transgender men, whereas six identified as transgender women; both groups were mixed with individuals who identified as either transgender men or transgender women. The mean age of participants was 29.2 years ($SD = 6.46$ years), with a range from age 21 to 44. Five participants identified themselves as Latina/o, two as Multiracial, one as White, and one as Black/African American. Two of the participants identified as middle class, whereas the remaining seven were working class or struggling with poverty. Two participants had a bachelor's degree, two had some college education, four had a high school diploma or a General Equivalency Diploma (GED), and one reported an eighth-grade education.

Researchers

The research team comprised four individuals: one professor of psychology, two graduate students of psychology, and one psychiatry resident. The principal investigator (PI) is an assistant professor with a counseling background who has been conducting qualitative research for the past 11 years and has studied microaggressions extensively for the past 5 years. The PI trained the graduate researchers extensively on qualitative research, particularly concentrating on directed content analysis (see Hsieh & Shannon, 2005), which was the method used for this study. Researchers were not required to disclose their gender identity to the rest of the research team, but one researcher openly identified as transgender.

Before creating research materials and collecting and analyzing data, the research team discussed their assumptions about transgender people. Openly discussing personal biases is a standard practice in qualitative research, as it allows an opportunity for the researchers and potential readers to examine how researchers' biases may influence study design and interpretation of results (Fassinger, 2005). Hence, by discussing, pronouncing, and staying aware of one's biases, and using a "checks and balances" system between researchers, it is expected that researchers can minimize such biases through all stages of the methodology and analysis (C. E. Hill, Thompson, & Williams, 1997).

To comply with this step of reducing bias in the analysis, the research team identified several general assumptions that were discussed prior to collecting data. Some of these expectations were (a) participants would be able to identify an array of transgender microaggressions and (b) participants would share overt and covert experiences of discrimination. Researchers discussed their own identity groups (e.g., gender identity, sexual orientation, and race) and potential ways that such identities could affect the research. Researchers also discussed a need to be culturally competent in working with transgender participants, so that participants did not experience marginalization or objectification as a function of participating in the study.

Measures

Each participant completed a demographic form where she or he could self-identify her or his gender, age, race, ethnicity, sexual orientation, level of education, occupation, religion, and number of years in the United States. Focus groups were organized with a semistructured interview guide designed by the research team. This guide included open-ended questions and possible follow-up questions that were modified from previous studies on microaggressions (Capodilupo et al., 2010; Sue, Bucceri, et al., 2007). For example, one question asked participants to “Think about a time when you may have been subtly discriminated against because of your transgender identity. Describe the scenario as best as you can.” This question was followed with additional probing questions such as, “How did you react in this situation?” “What do you perceive was the message that was being conveyed to you?” and “How did you feel after the event?”

Procedure

Focus groups were conducted in two locations: (a) a reserved room at a public northeastern university and (b) an LGBT community center in a large metropolitan city. Prior to each group, participants were greeted by two focus group leaders and were introduced to an additional researcher (who was an observer of the focus group). Each participant was given an informed consent form to read and sign, which also notified participants about the use of audio recording. Participants were allowed to ask questions before the group began, informed that she or he could withdraw at any time, and each participant was also given a list of local counseling resources in case she or he felt distressed after the group. The group facilitators then explained the nature of the focus group process, and the group agreed to confidentiality.

The two focus group leaders introduced themselves and shared their preferred gender pronouns (PGP) with the group and then asked the rest of the group to do the same. This procedure was conducted to ensure that

others could classify their gender identity to provide a safe space for participants. Next, the focus group leaders began to ask open-ended questions about experiences with transgender microaggressions. Participants were allowed to respond in their own time, and facilitators probed with follow-up questions where appropriate. The observer took notes of participants' non-verbal behaviors (e.g., tearing up when talking about sensitive issues, crossing arms when uncomfortable, laughing when in agreement), as well as any group dynamics that may have influenced the data (e.g., when group members were in agreement with each other, when group members appeared to be conforming). Each session lasted approximately $1\frac{1}{2}$ hours. At the conclusion of each group, the researchers independently gathered for 15 to 20 minutes to discuss their observations of the group's dynamics and their own personal reactions to the session.

All focus groups were audio recorded to maintain the integrity of the discussion and were transcribed verbatim by the research team. Data was analyzed in accordance with directed content analysis (DCA), in which the goal is "to validate or extend conceptually a theoretical framework or theory" (Hsieh & Shannon, 2005, p. 1281). This type of data analysis was selected for two reasons:

1. When a theory or model already exists, it would be extraneous to use other qualitative analyses like consensual qualitative research (CQR) or community-based participatory research (CBPR), in which researchers would be tasked in creating new domains and themes.
2. DCA has been the most common strategies used to endorse other taxonomies of microaggressions (e.g., Capodilupo et al., 2010; Nadal, Issa, et al., 2011).

In the context of this study, researchers began with the original LGBT microaggression classification system proposed by Nadal et al. (2010); however the current analysis focused only on transgender microaggressions and not those based on sexual orientation. Three research team members read each transcript individually and then coded each statement into one of seven theoretically hypothesized microaggression themes. For example, researchers used an orange highlighter to connote statements that aligned with the second theme "Endorsement of gender normative, binary culture/behaviors." Additionally, researchers independently made note of potential unidentified categories or themes that were not discussed in the original taxonomy. They were also instructed that if they believed there were potential themes that were not identified in the original taxonomy, that they should mark such items with a different color. All researchers worked independently before coming together to compare codes and notes. Again, to demonstrate that researchers' biases would not interfere with the analysis, the researchers further discussed their own personal reactions to the focus groups, as well as

their own cognitive processes in analyzing the data. Researchers agreed to be open to challenging each other when there were discrepancies in perspectives. When conflicting opinions occurred, the team discussed the quote and reached consensus about the most appropriate microaggression theme code for the given statement. The team also agreed upon new, emerging themes that were not included in the taxonomy presented by Nadal et al. (2010).

Upon consensus, the researchers provided an auditor with a preliminary list of themes and examples of quotes under each theme. The auditor (who is a professor of psychology with extensive knowledgeable about microaggression theory and research, as well as LGBT issues) was utilized to minimize the bias that may occur through group conformity, group think, or power dynamics. After independently reviewing the group's coded transcripts and chosen quotations for accuracy, the auditor provided feedback to the team. The team reconvened and, based on the auditor's feedback, submitted appropriate revisions. The auditor then approved the team's changes, and the team then collaborated to select the most fitting or profound quotations from the transcripts that best illustrated the identified themes. The auditor reviewed the final analysis and approved the teams' collaborative work.

RESULTS

Twelve types of microaggressions that targeted transgender and gender-nonconforming persons emerged from this study. Seven of the categories were supported by the original taxonomy in Nadal et al. (2010), with slight changes in the terminology for each category. These categories include (a) use of transphobic and/or incorrectly gendered terminology, (b) assumption of universal transgender experience, (c) exoticization, (d) discomfort/disapproval of transgender experience, (e) endorsement of gender-normative and binary culture or behaviors, (f) denial of existence of transphobia, (g) assumption of sexual pathology or abnormality. Five additional categories emerged from this study : (h) physical threat or harassment, (i) denial of individual transphobia, (j) denial of bodily privacy, (k) familial microaggressions, and (l) systemic and environmental microaggressions. Each category was supported (either verbally or nonverbally) by multiple participants from the focus groups. To protect the identities of the participants, a letter in their name is used when reporting examples.

Theme 1: Use of Transphobic and/or Incorrectly Gendered Terminology

Participants in each of the focus groups reported instances where others used denigrating language, incorrect gender pronouns (either intentionally or

unintentionally), or both. L, a transgender Latino man, described a situation he had encountered before transitioning:

I remember one time before I transitioned when I first moved to New York; I was on the train with my roommate, who was a nontransgender woman of color. A young African-American guy was like, “Yo, yo . . . is that a dude or is that a woman?”

Similarly, N, a transgender Multiracial woman, described a situation that occurred at a party with her friends : “He points at me and the others and he’s like ‘That’s a man, and that’s a man, and that’s another man.’ And we were all feminine!” She continued:

I was walking one time to the post office and I had just recently had my lips done and a little 5-year-old kid said, “Daddy daddy. Hey daddy, that’s a shemale.” So he never referred to me as a man. He referred to me as . . . A shemale.

All participants shared experiences of microaggressions that involved the use of denigrating language and incorrect gender pronouns, with a large amount of interactions in which others felt it was appropriate to publicly question or demand an answer about the participants’ gender.

Theme 2: Assumption of Universal Transgender Experience

This theme occurs when individuals assume that all transgender persons are the same. Sometimes these presumptions are based on stereotypes. For example, N discussed a situation that occurred at a police station with her friend : “The detectives in the victim’s unit asked if we were prostitutes. So I said, ‘I’m not a prostitute, why are you saying that?’ He said, ‘because all you transsexuals are all prostitutes.’” L discussed a tension between expressing maleness in a way that suits him while dealing with the expectations of others. For example, he said:

In my experiences, [people] play certain male gender roles that are like super normative and I’m just like, “No, I don’t play that. That’s not me.” There’s so much of that that exists that it’s hard to figure out how do you balance between being who you are and wanting [to] be respected and also not want [to] complicate it as well.

These participants exemplify the assumption that all transgender persons are supposed to act a certain way or be categorized similarly.

Theme 3: Exoticization

This theme occurs when transgender persons are dehumanized or treated like objects. For example, J, a transgender Latina woman, discussed her experiences and reactions of being objectified by men:

[Men often tell me], “You’re not girlfriend material. All I want from you is that sexual asset and that whole thrill of being with a transsexual and go on with my life and act like you never exist.” Now, not only am I being objectified and sensationalized, I’m being less than human.

Similarly, N reported her perception about men, “Even if they don’t even like you, just because you’re a tranny, they want you in their collection.” In the first example, J discussed feeling dehumanized and treated like a sexual object (one who is good enough to have sex with, but not to be in a relationship with). In the second example, N shared feelings of tokenism—where she feels as if gender-conforming people befriend her simply because of her transgender identity.

Theme 4: Discomfort/Disapproval of Transgender Experience

This theme occurs when transgender persons are treated with disrespect or condemnation. A, a transgender Latina woman shared an example involving a man she was interested in and his reaction after learning of her transgender identity:

I was in school and was getting to know this gentleman. I didn’t feel comfortable in telling him that I was transgender because I wasn’t too sure how I feel with him yet. There was this girl in my class who I had thought she knew I was transgender because we go to the gym together. She tried to question my gender and she [also] found out I was talking to that gentleman. One day, I happened to walk down the same block as he was and he moved to the left and I kept moving forward. He waved “hi” but it was like he was ashamed, like I was a disease. I was definitely hurt. In the end, I found out she told him that I was a man.

The individual in this participant’s story changed his behavior, becoming withdrawn after learning that she is trans-identified.

C, a White transgender man, stated how he gets treated differently based on various contexts or social circles:

I pay real close attention to how I get treated in different spaces. I noticed that when I’m in an environment with mostly straight but sometimes also queer men, who know of my transgender history, the ways in which they

treat me versus the way in which they treat nontransgender men are like absolutely very clear.

C perceives that individuals react to him differently than they would to nontransgender men. Although these behaviors may not be blatant or easy to articulate, the feelings of others' discomfort and hesitance toward him leave C to feel different or isolated.

Theme 5: Endorsement of Gender Normative and Binary Culture or Behaviors

Many participants discussed experiences when they were expected to be or act in gender-conforming ways (particularly with their birth sex) and are denied their transgender identities. For example, M, a Black transgender man (who is transitioning) discussed how his coworkers questioned his ability to do physical work: “[My coworker] said, ‘This is a man’s job type thing, you know.’” Even though he is transitioning and is able to perform his job duties, his coworkers assumed he would be incapable because of their perception of his gender. So although he identifies as a man, his right to self-identify was disregarded, and people assumed that he should identify as a female.

Theme 6: Denial of the Existence of Transphobia

This theme occurs when nontrans individuals invalidate a transgender person by denying that transphobic experiences exist, or minimize the severity of such experiences. J shared an experience in which her boyfriend did not want to expose their relationship on his Facebook page and claimed it was because he was a private person. In response, C stated:

Your boyfriend is angry at you because you are daring to say “Hey this is who I am.” You know, you’re being put on the hook for like his and his friends’ transphobia, right? He’s questioning you, you know? So it’s about delegitimizing the reality of your identity and I’ve totally had that experience where . . . I have to satisfy your bullshit over my identity.

In circumstances such as these, nontrans individuals in relationships (romantic or otherwise) with transgender people fear losing some degree of social privilege because of their association with transgender people. Thus, they impose restriction on the transgender person while denying that their actions are transphobic or discriminatory in any way.

Theme 7: Assumption of Sexual Pathology or Abnormality

Participants discussed instances where they were treated as if they were psychologically abnormal or sexually deviant. Specifically, transgender women participants discussed feelings of being sexualized or assumptions of hypersexuality from others. J discussed: “A lot of men objectify or sensationalize me for being transgender and the first thing is ‘Will you suck my dick?’ And I’m like you know, I don’t even like oral sex so why don’t you just say ‘Hello, my name is’” Other participants discussed how people made assumptions about HIV and other sexually transmitted diseases because of their gender identity. V shared something that a medical practitioner said after accidentally coming in contact with her blood: “She said, ‘I have kids, I can’t believe this. Oh my God. I touched that person! I touched that person’s blood. I touched that person’s blood.’” In this instance, the belief that transgender people are all associated with disease is being stated quite overtly; however, many other times, such assumptions may be implicit or unspoken.

Theme 8: Physical Threat or Harassment

Another commonality among all of the participants was the experience of verbal harassment, physical violence, and the ever-present threat of such violence. Neighbors, strangers, coworkers, clients, law enforcement, and even intimate partners were all potential sources of such violence. In describing the experience of being harassed frequently, A reported feelings of resignation to transphobia:

I can remember when just walking in the street . . . I could have been with my friend and someone could have said . . . “Those are men . . .” And they would actually walk up to us. . . . You know . . . All make faces, laugh, and tell other people in front of us. Some people would come up to us . . . call us names . . . and that can happen from time to time. When I used to live in the projects, I also had a very hard time. . . . And every time I walked out, I swear even little kids, they would say “You got balls!” You know, everyday it was a horror story . . . kids . . . parents would tell their kids like 6 years old 7 years old . . . they’re so young. . . . You know . . . a lot of the guys used to . . . you know. . . . I used to walk by . . . and they would be like”No that’s a dude” . . . and then “No that can’t be,” those would come up to me and look at me . . . it was always really hard for me.

X, a transgender Latina female participant shared, “The deli by my building—they know me. But a couple of boys came in and started saying [in a threatening tone] ‘Why are you dressed like that? You’re a guy, what’s

wrong with you?” A described how she lives in fear of being physically attacked: “I would feel uncomfortable and my safety would definitely be at risk because everyone would start to look at me and there’s no telling who would do what and how they’d do it.” Almost all of the participants revealed similar feelings of being threatened or physically or verbally harassed.

Theme 9: Denial of Individual Transphobia

Transgender people’s perceptions of their experiences of bias are often minimized or outright invalidated by others who are not on the receiving end of antitransgender bias. Additionally, transgender individuals are sometimes blamed for the behavior of those who target them. J disclosed:

My boyfriend [said to me], “Well you see, this is all your fault!” And you know I felt like I was being revictimized because my own boyfriend is telling me this is my fault. And it’s like saying you know what, it’s your fault for being who you are, for doing the things you’ve done.

C shared:

You’re used to experiencing discrimination in this way that’s both covert and also antagonistic. So the kind of shit that feels harder to navigate is the thing where people are trying to be sensitive and just failing. You don’t know how to address that without . . . cuz when that happens, that person is so mortified, you even have to comfort them for being insensitive to you. Or they just get angry because they’ve been working so hard and your just not appreciating it.

When transgender participants confronted others on their transphobic statements or behavior, they were often accused of being oversensitive. L stated “Whenever I try to counteract [a microaggression], the person is like ‘Why are you being so defensive?’”

Theme 10: Denial of Personal Body Privacy

Participants shared how they felt like others felt entitled or comfortable to objectify their bodies. A, a transgender woman, shared:

I’m very open about being transgender inside the school, and he went and told some students that that’s a man and students looked at me and were like, “What, that’s not a man. Look at her face and she has breast. That’s not a man.” So, they were standing and looking at me like if I was a circus freak, you know . . . as usual.

L, a transgender man disclosed:

This guy was like, “Yo, is that a dude or is that a woman” and I was like, “Alright, okay. Let’s see how far this goes.” And then he came up to me and said, “Yo, yo, you have a dick or pussy? A dick or pussy?” And I was just like, “Why does it matter?”

Furthermore, A included: “A lot of the guys I used to walk by, and they would be like, ‘No, that’s a dude’ and then, ‘No that can’t be!’ [Then they] would come up to me and look at me.” In all of these cases, these individuals are being dehumanized, in that individuals feel comfortable to verbally make comments and refer to their body parts in an offensive and lewd manner.

Theme 11: Familial Microaggressions

Many participants revealed that the microaggressions they experience in their families, such as decisions to physically transition, to change one’s name, to dress in different clothing, and to identify with different gender pronouns were often met with open hostility or rejection. However, during other times, participants reported disapproval by their family expressed in a microaggressive manner. L shared:

When I came out to my family, they were like, “We really don’t see it or understand it ... like ... you’re still you ... like you know ... aren’t you just like butch or whatever?” And I’m like “Uhhh no. You really need to understand what this really means and you don’t really get it and like ... you didn’t really see.” [Some of them would say] “Did you always think you were a man? You always seem to like you know ... to be happy and you know in touch with yourself.” And I’m like “Most of that is true but like there’s also this other part of me.”

N shared some microaggressive statements her mother makes, “And then you know, on the days I’m not on hormones and some functions of my body are working differently and she’ll say, ‘I got my son back.’ I say, ‘No sweetie.’”

Even in cases where one’s family of origin is supportive of their gender identity and expression, participants shared how extended family members may be microaggressive. C described an awkward family interaction with the partner of one of his family members:

“So how long have you been Mary’s *son*?” And I was like, “I see how it is, ok.” I was like “All my life. Why do you ask?” And he was like “Oh well I ... blah blah ...” Anyway ... every single time my family gets together, he is up in my face like no other and I just wanna be like “Dude. I don’t

know what your problem is, but please step away.” Like please. . . . All these obvious, digging questions, like you just wanna be like . . . if you wanna ask me overtly, I’ll tell you how fucked up it is to ask me that question. But you don’t wanna do that, so you’re gonna like try to ask these subtle questions.

This type of microaggression aligns with the microaggressions in which individuals ask invasive questions toward the transgender individual. However, this participant (and others) knew that there was an underlying message of discomfort (and perhaps even judgment) in these types of interactions.

Theme 12: Systemic and Environmental Microaggressions

A major theme that emerged within the focus groups was the prevalence of significant environmental and systemic transphobic microaggressions. An environmental or systemic microaggression is one that occurs on an institutional or community level and thus affects all transgender people that interact with that system or community. For example, one study found that legislation that banned same-sex marriage had detrimental mental health implications for LGBT people (Levitt et al., 2009). These types of institutional microaggressions may be more insidious because such transphobia generally stems from systems that are impossible to avoid. Furthermore, these systems and environments share the elements of microaggressions, in that the intention behind these systems may or may not reflect intentional or conscious transphobia. For instance, many transphobic laws are based on historic gender binaries; perhaps they still exist because of transphobic biases of lawmakers and voters, or perhaps they still exist because people are not even aware of the impact that such laws on transgender people. Participants cited four subthemes of systemic and environmental microaggressions: (a) public restrooms, (b) the criminal legal system, (c) emergency health care, and (d) government-issued identification.

Public restrooms. An example included the dangers encountered by transgender people in public restrooms. L, a transgender male, described being confronted by two women after a long deliberation about whether using the men’s room or women’s room would be safer. The decisions about which restroom to use (or whether to use a public one at all) can be very difficult to negotiate. The transgender individual must weigh the potential risks of being seen as a “predator” in the women’s restroom or “an easy target” in the men’s room. The fear of experiencing physical violence, invasive questioning, being seen as an invader, and other behaviors aimed at intimidating or humiliating the transgender individual are among the experiences people are attempting to avoid. This distressful process is described by L:

When I use the bathroom, I tend to withdraw and use the handicap bathroom. People are always looking at me like. . . . Their perception of me is like “Just use the male bathroom.” And I’m thinking . . . do I wanna engage with my male coworkers who might freak out? Or if I want to use the women’s bathroom . . . what that brings up for women and seeing my presence in there.

Whether at an airport, bus station, work, or any other public places, transgender people expressing a range of different gender presentations, are forced to decide which restroom will be the least dangerous for them and the least likely to offend others. As a result, transgender people may decide to forgo public restroom use entirely, which can result in numerous physical and psychological health consequences.

Criminal legal system. Many of the transgender females of color described experiences where they were profiled by police officers to be sex workers. N, a transgender multiracial woman shared “If you’re transgender, they assume you’re a prostitute.” Other participants shared how authority figures used gender as a tool to humiliate and endanger the safety of transgender people in custody. Systemically, the criminal legal system is inherently transphobic because it operates as though there are only two genders, and it operates as though everyone identifies with the gender assigned at birth. Although many systems operate this way, this criminal legal system discrimination is particularly dangerous in the context of arrest. Frisks, searches, and cell placement all involve gender segregation. Interrogations, ID checks, and court hearings all involve uses of legal name and gender-specific titles (e.g. “Mr.” or “Ms.”). Within these settings, there are few if any safeguards in place to ensure that transgender persons who are stopped, detained, arrested, or arraigned are treated with dignity and respect.

C, a transgender man, described an experience of being arrested and strip searched in front a group of other arrestees.

I got arrested doing civil disobedience, and it was prior to when I had medically transitioned, but I was trans-identified and living as male. So, I was held with women, which may or may not have been better under the circumstances. So, at some point, you know, we were held overnight so they do a search and umm, the cop was searching me, umm, was definitely going a little further than might have been warranted by the situation and umm, I started to like freak out. . . . I’ve actually blocked [all the genderist remarks] out.

When asked to reflect about his reactions to the experience, he stated:

It’s funny, I had a feeling like, wow, like, you know, I kind of feel like, I, you know, I have all these experiences of hearing about how police fuck with people and umm, you know but because of White privilege, and

to some extent male privilege, I hadn't had that personal experience of being fucked with, in that very personal, very violating way. And yeah. It took me a while to get over it.

Transgender women in the group also detailed experiences of mistreatment by the criminal legal system. J described the booking process she encountered inside the jail.

I remember the first comment: "Ohh, look at this one! This is a gorgeous one. We haven't had one like you in a long time," starting with the commanding officers. Then the [inmates start] yelling "Put it in our cell. C'mon, we'll have some fun tearing up that asshole." You all get into a line and you're going to get strip searched, you're gonna take a shower, and you know, they put your clothes through the metal detectors, and you take your clothes [back after] because it's not sentencing yet. So, you know, we're going into the thing, the guys were stripping. They have like five guys go into this room and strip in front of them and then put their clothes into a bin through a metal detector and to shower. I started stripping right in front of all the guys. I mean ... it put me ... I felt very uncomfortable ...

Other participants experienced mistreatment from law enforcement when they were victims of crimes and thus attempting to report to police. As aforementioned, N described an instance where police officers assumed she was a prostitute because she is a transgender woman. She continued to share other things that the police officers said to her and her friend while taking the police report:

"Can you hurry up and write your statements? Because it's late and we all have families. So do you wanna write a statement or do you want to leave?" And I just said [to my friend] "Write your statement because something happened to you" and so she was gonna write it ... and the detectives were passing by and they said ... (singing) "Transformers ... men up in disguise" ... Just like that. ... I said "What the hell?" ... I said these are the detectives. I said "Wait, wait, wait ... Don't write anything. They're gonna throw this in the garbage – they want us to leave."

Participants experienced dehumanizing treatment from police officers and corrections officers whether they were arrested, detained, or seeking protection as a crime victim. This is particularly disheartening because transgender people are frequently targeted for violence. For many people, a 911 call is the solution when being assaulted, but participants reported that going to the police exposed them to more mistreatment.

Health care. Calling 911 for emergency health care also proved to be dangerous for transgender people, in that transphobia often delayed their

emergency care. Y, a transgender woman who has suffered from appendicitis, called an ambulance because of severe abdominal pain:

The ambulance lady came to pick me up. And she asked me when was the last time I got my period. And I looked at her and I said “I don’t get no periods, sweetie, I’m transgender.” Once I told her that, as soon as they put me in the chair in the hospital, she told ALL the doctors what I was, ALL the nurses, and everybody came up to me looking at me. And the pain kept on getting stronger. I started getting agitated. I started going crazy. I got up, ripped the IV off with the blood gushing and I flipped on all of them. I said “You know what, I’m not here for ya’ll to look at me and to find out what the hell I am. I am here for you to help me.”

Participants also reported microaggressions in nonemergency settings. M, a transgender man, reported an experience when he was called by the incorrect gender honorific, in a seemingly unlikely setting: “I could tell a funny story about the time I got called ‘Miss’ at [a LGBT health center] while getting my [testosterone] shot . . . while I was getting my hormone shot! I was like . . . Really?” L, a transgender man, discussed other offensive comments by practitioners: “‘You weren’t really planning on having a baby were you?’ And I was like ‘you could have asked that in like a really different way.’” A, transgender woman, shared how health care practitioners denied her request to self-identify:

I went to get my teeth checked out at a dentist, and I asked the dental tech if she could call me by [my chosen name] because at the time my name was not legally changed . . . and she disregarded what I had asked her to do . . . she called me by the name that appeared on my Medicaid card. And it was so obvious, blatant . . . in my face.

In all of these cases, these transgender individuals were sent messages of disapproval (perhaps conscious and unconscious) by the offender. They were denied their ability to self-identify and be treated as the gender with whom they identify. They often felt humiliated, dehumanized, and treated like second-class citizens.

Government-issued identification and public assistance. Changing one’s legal name and gender can also create barriers to accessing public assistance. Participants shared their frustration in seeking to change the gender marker on their legal documents. C shared:

I have to get my passport redone and I literally have to make an Excel spreadsheet. Its like, well, in order to get my passport gender marker changed, I have to first submit a letter to the selective service explaining why I’m not eligible for the draft. Then, I have to get a copy of my birth certificate, which I don’t have because it says the wrong name and

gender, so I can't use it. So, I have to first change that. And then I would have to go the social security . . . uhhhh . . . as I think about it, I was like ohhh my God . . . I have a migraine.

Similarly, N shared:

In order to change the 'M' on my Medicaid, I needed to get a doctor's letter. You know how they never take your word to be approved. They couldn't sign it. The supervisor goes, "We can't approve this. There's no letter here stating that her sex has been changed from male to female, I don't even see the name." I said, "Why can't you do this?" She said, "No, we need a note from the doctor."

Being denied the right to self-identify can be invalidating, humiliating, and infuriating for a transgender person but the additional challenge here is that the denial of the right to self-identify extends beyond these interpersonal exchanges, affecting a person's ability to access basic needs, such as identification (which is needed for housing, benefits, employment, etc.) and health care.

DISCUSSION

The current study supported seven of the original themes in the taxonomy proposed by Nadal et al. (2010), while suggesting five additional themes of microaggressions experienced by transgender people. All of the participants in both groups described an array of examples from each of the 12 themes, indicating that many transgender people experience all sorts of microaggressions in their everyday lives. Transgender participants report discrimination that is overt and covert, with several instances in which the microaggression was intentional (e.g., being harassed or threatened) or unintentional (e.g., a family member making insensitive comments). Participants reported instances of institutional (e.g., restrooms) and interpersonal (e.g., one-on-one interactions) transphobia. Many of these themes were similar or parallel to microaggressions experienced based on race (e.g., Nadal, 2011; Rivera, Forquer, & Rangel, 2010; Sue, Bucceri, et al., 2007; Sue, Capodilupo, et al., 2007, Sue et al., 2008), gender (Capodilupo et al., 2010), and sexual orientation (Nadal, Issa, et al., 2011). For example, though these previous studies have found that women encounter sexist language and LGB people encounter heterosexist language, transgender people experience transphobic or incorrectly gendered terminology.

Despite these similarities, there were several microaggressions that were unique for the transgender participants in this study. For example, all of the participants discussed experiences of physical threat or harassment because of their gender identity or presentation. Experiences of physical threat were

not prevalent (or at least were not reported) in the aforementioned studies on racial or gender microaggressions. Furthermore, unique to this study were participants' encounters in which others asked intrusive questions about their bodies or where people denied their right to self-identify. Although participants in other studies may have reported discomfort in having to answer personal questions from a well-intentioned person (e.g., African American women who are asked about their hair or a gay male who is asked by a coworker about sexual behaviors), transgender participants in this study revealed how these types of questions are either purposefully hurtful or especially invasive.

Participants reported a range of emotional reactions to all of these microaggressions. Many expressed anger, frustration, sadness, belittling, and disappointment, whereas others reported that they have accepted microaggressions as part of their everyday lives. Participants discussed how these microaggressions negatively affected their interpersonal relationships with their family members and coworkers, and sometimes even with their intimate partners who were not transgender. Although participants did not cite specific mental health problems that may have occurred as a result of these microaggressions, many used words like "taxing" and "exhausting" suggesting that these experiences may take a toll on their physical and psychological well-beings. These findings align with previous literature on LGB microaggressions (Nadal, Issa, et al., 2011; Nadal, Wong, et al., 2011) and LGBT discrimination (e.g., Burn et al., 2005; Herek, 2000; Herek & Capitano, 1999; Herek, Cogan, & Gillis, 2002; Morrison & Morrison, 2002; Walls, 2008) that report that LGBT persons suffer mental health disparities as a result of being victims to heterosexist, homophobic, or transphobic behaviors.

Transgender women and men described microaggressions from each of the categories. For example, transgender men and women revealed how they experienced environmental microaggressions in the criminal justice system, in health care, or in other government institutions, as well as microaggressions within their families. However, some of the categories of microaggressions manifested differently for the transgender male and female participants. For example, transgender female participants expressed being stereotyped or profiled to be sex workers, which was not a common experience for the male participants. Despite these subtle differences, all of the participants discussed the range of emotional and psychological reactions to microaggressions, regardless of gender, gender identity, or gender presentation.

Systemic microaggressions are especially harmful to the physical and mental health of transgender individuals and communities. Economic disparities are compounded by difficulty obtaining gender-appropriate identification. Not having a government-issued ID can block one's ability to find employment, housing, or even shelter. Legalized discrimination based on gender identity can make finding employment a challenge even when one is not dealing with the previously listed barriers. Moreover, because

transgender-specific health care is rarely covered by insurance and is not covered by Medicaid, saving up for such procedures can be extremely difficult given the other economic barriers many transgender people face. As aforementioned, many of these incidents uphold many of the criteria of microaggressions (i.e., cisgender people may not be aware of the challenges faced by transgender people, which may or may not reflect overt or conscious prejudice). However, many of the interpersonal incidents that participants described within systems and institutions were malicious, conscious, and intentional (e.g., being stripped searched by police in front of the group or police making the “transformers” comment). These are examples of overt transphobia that exist alongside microaggressions, signifying that transgender people still have to deal with all sorts of discrimination on systemic, institutional, and interpersonal levels.

Policies must be changed on all levels, so that transphobic microaggressions can be prevented. Counselors, educators, psychologists, physicians, and other practitioners need to be trained to be culturally competent in working with transgender populations. Government laws and legislations need to be passed to protect transgender individuals from being discriminated against, assaulted, and even killed. All systems (e.g., health care, criminal justice) need to be sensitive to the needs of transgender individuals and the negative impacts of transphobia or rigid gender binaries. Future research should further examine experiences of transgender people, so that they are no longer an invisible or marginalized community but rather a group that is included in community organizing and social justice advocacy. Finally, the media needs to be responsible in publicizing when hate crimes occur toward transgender people, so that individuals can be aware of the harsh realities of transgender people and so others can teach future generations that hateful acts of violence are unacceptable in our society.

Implications for Counseling

This study yields several implications for the field of counseling. First, because transgender people experience microaggressions and blatant discrimination from their families, their coworkers, their classmates, and even strangers, these individuals may experience mental health disparities, lower self-esteem, or may have difficulties in developing a healthy identity. Thus, counselors must understand the types of microaggressions that transgender individuals face, to provide coping strategies that can assist their clients in overcoming such discrimination. Mental health and school counselors may use strength-based or humanistic approaches in guiding their clients to empower themselves and cultivate a positive sense of self. Furthermore, when transgender people (particularly youth) experience these feelings of isolation or rejection in their families and in their schools, it is common for them

to drop out of school or run away from home to avoid the violence and harassment. This loss of access to education and loss of family support at a young age may increase the risk that an individual will be living below the poverty line—which is a common situation for many transgender people. Thus, to promote educational and professional success for transgender students, it may be necessary for school counselors to advocate for their students outside of the counseling session, by advocating for promoting a safe and transgender-empowering environment to other teachers, school administrators, and students. Similarly, employment counselors may encourage similar types of policies by providing educational workshops that promote safe spaces and reprimand sexual harassment and microaggressions based on sexual orientation or gender identity.

Providing effective and culturally competent counseling services is an ethical responsibility for all counselors. In accordance with the “Multicultural Counseling Competencies and Standards” first proposed by Sue, Arrendondo, and McDavis (1992), counselors must attain knowledge, awareness, and skills when working with all diverse populations, which would include transgender clients. As aforementioned, they must have the knowledge of the types of microaggressions that transgender individuals face on an everyday basis and they may use particular approaches (e.g., strength-based counseling) that can assist in empowering their clients. However, they must also have the awareness of their own biases, assumptions, and attitudes that may affect the ways that they interact with their transgender clients. These include their stereotypes about transgender people, as well as their own feelings about gender-role socialization and conformity. In recognizing these personal limitations, it is expected that counselors can establish strong counseling relationships with their clients, which would then lead to the optimal mental health and identity development of their transgender clients.

Limitations

One potential limitation of this study stems from our small sample size. Due to inadequate funding and the obstacles in working with participants from a stigmatized population, it was difficult to recruit more participants. Thus, this study may not necessarily capture all of the forms of mistreatment and discrimination that transgender people endure in various aspects of their lives. In a similar vein, most of the people participating in the study were transgender people who have made a physical transition of some sort, most with at least some medical intervention, either street based or prescribed. Specific forms of transphobic microaggressions toward less gender-conforming transgender people may be absent from this study. Other intersectional identities might have influenced the data, as well. For example, a majority of the nine participants identified as Latina/o, which could mean that much of the data

gathered may be more specific to these communities than to others. Last, most of the participants in the study identified as women, with only three identifying as men or along the masculine spectrum. This may mean that transphobia experienced by transgender women and other transgender feminine people may be more clearly illuminated here than the transgender microaggressions experienced by masculine-identified transgender individuals.

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