JOURNAL OF HOMOSEXUALITY
2017, VOL. 64, NO. 6, 825–841
http://dx.doi.org/10.1080/00918369.2016.1236587

Routledge
Taylor & Francis Group

The Impact of Social Connectedness and Internalized Transphobic Stigma on Self-Esteem Among Transgender and Gender Non-Conforming Adults

Ashley Austin, PhD, LCSW and Revital Goodman, LCSW, MSW, PhD Candidate

Barry University, School of Social Work, Miami Shores, Florida, USA

ABSTRACT

The transgender and gender non-conforming (TGNC) community continues to represent a notably marginalized population exposed to pervasive discrimination, microaggressions, and victimization. Congruent with the minority stress model, TGNC individuals persistently experience barriers to wellbeing in contemporary society; however, research uncovering resilience-based pathways to health among this population is sparse. This study aimed to explore the impact and interaction between internalized transphobic stigma and a potential buffer against minority stress—social connectedness—on the self-esteem of TGNC identified adults. Data were collected from 65 TGNC identified adults during a national transgender conference. Multiple regression analysis reveals that self-esteem is negatively impacted by internalized transphobia and positively impacted by social connectedness. Social connectedness did not significantly moderate the relationship between internalized transphobia and self-esteem. Micro and macro interventions aimed at increasing social connectedness and decreasing internalized transphobic stigma may be paramount for enhancing resiliency and wellbeing in the TGNC community.

KEYWORDS

Gender non-conforming; minority stress; resilience; self-esteem; stigma; transgender; transphobia

The range of transgender experiences are evolving in response to increased knowledge and understanding of what it means to be transgender or gender non-conforming (TGNC) in contemporary society. These shifts are related to the replacement of the concept of gender as a binary consisting only of male or female with the concept of gender as a continuum of experiences that may be fluid over time by many leading scholars and activists (Burdge, 2007; Monro, 2005; Saltzburg & Davis, 2010), as well as an emerging positive shift in social and cultural attitudes and support for TGNC individuals. As such, there are a growing number of terms, labels, and identities embraced by members of the TGNC community. *Transgender* is the commonly used umbrella term referring to any individual whose gender identity is incongruent with biological birth sex. As gender is increasingly recognized as a continuum rather than a male–female binary, the term *TGNC* will be used in this discussion to

CONTACT Ashley Austin aaustin@barry.edu Center for Human Rights and Social Justice, Barry University, School of Social Work, 11300 NE 2nd Avenue, Miami Shores, FL 33161, USA.

encompass the wide array of binary and nonbinary gender identities embraced by members of the community (e.g., agender, bigender, boi, female-to-male [FTM], genderfluid, genderqueer, male-to-female [MTF], third gender, trans, transgender, transmasculine, transsexual, two-spirit; American Psychological Association, 2015). Moreover, in contrast with earlier decades, contemporary transgender experiences may or may not include a desire to transition, which is the process of living in a manner consistent with gender identity and which may include changing one's name, taking hormones, having gender-confirming surgeries, or changing legal documents. For instance, genderqueer or gender-neutral individuals may feel more comfortable maintaining an outward expression of gender that is perceived as neither rigidly male nor rigidly female and, as such, have no need for surgeries or hormones to modify their external appearance. Nevertheless, for many transgender children, youth, and adults, social, medical, and legal transition is pivotal to wellbeing (Collazo, Austin, & Craig, 2013), and there remain many interpersonal, economic, cultural, and political barriers to a seamless and affordable transition (Sanchez, Sanchez, & Danoff, 2009).

Disproportionate risk

Since 2014, TGNC people and TGNC issues have become more visible in mainstream media, with several new television series airing on major networks. Although this is an important early step in raising awareness, TGNC individuals continue to represent a notably marginalized population who persistently experience barriers to wellbeing in contemporary society (Grant et al., 2011). Transgender individuals have reported pervasive discrimination, microaggressions, and victimization across the lifespan (Grant et al., 2011; Grossman & D'Augelli, 2007; Mizock & Lewis, 2008; Nuttbrock et al., 2010). Discrimination rooted in transphobia, the irrational fear, anger, hatred, disgust, and/or discomfort for individuals who do not conform to society's gender expectations and genderism, an ideology that reinforces the negative evaluation of gender non-conformity , and the privileging of gender conformity (Hill & Willoughby, 2005) begins early as school-aged youth who express gender non-conformity or a TGNC identity experience alarming rates of harassment (78%), physical assault (35%), and sexual violence (12%) (Grant et al., 2011). Similarly, Goldblum et al. (2012) found that in a sample of 290 TGNC young adults, 44.9% reported experiencing in-school gender-based violence during their teen years. In addition, it is increasingly acknowledged that transgender people are regularly exposed to transphobic microaggressions (Austin, Craig, & McInroy, 2016; Nadal, Skolnik, & Wong, 2012; Smith, Shin, & Officer, 2012), defined as "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" (Sue et al., 2007, p. 271), from family, friends, teachers, and mental health providers as well as in academic institutions, community service organizations, and the media (Austin et al., 2016; Nadal et al., 2012). These experiences of transphobic discrimination and victimization have daunting short- and long-term physical, mental, and emotional consequences (Grossman & D'Augelli, 2007; Nuttbrock et al., 2010; Spicer, 2010).

Minority stress model

The minority stress model (Meyer, 2003) has increasingly been used to explain the increased risk for negative outcomes and maladaptive behaviors among lesbian, gay, bisexual, questioning/queer, and transgender (LGBQT) people. According to minority stress theory, members of sexual and gender minority groups experience chronic stress resulting in part from prejudicial encounters, which in turn contribute to a higher prevalence of mental health and behavioral issues (Meyer, 2003). This type of stress is unique to marginalized populations (Meyer, 2003) and is perpetuated by a conflict between one's internal self and the expectations of one's social, cultural, and political environments. Although this model was not specifically developed to explain stressors among TGNC individuals, several studies have supported the notion that TGNC individuals experience disproportionate rates of minority stressors, including physical and sexual violence, discrimination, stigma, and microaggressions, as a result of a TGNC identity (Bockting, Miner, Swinburne, Hamilton, & Coleman, 2013; Grant et al., 2011; Hendricks & Testa, 2012; Marcellin, Scheim, Bauer, & Redman, 2013) Moreover, a recent study of cross-sectional data from a large (n = 1093) and diverse online sample of transgender persons in the United States found that psychological distress was associated with enacted (actual experiences of rejection and discrimination) and felt (perceived rejection and expectations of being stereotyped or discriminated against) transphobic stigma (Bockting et al., 2013). Thus for transgender individuals, the often daily onslaught of transphobic stereotypes, microaggressions, and discriminatory treatment leads to pervasive experiences of minority stress that may contribute to the development of emotional and behavioral health issues.

The deleterious impact of anti-TGNC discrimination and resultant minority stress has been established in the literature, yet there is little known about resilience and pathways to wellbeing among TGNC individuals. Several relatively recent qualitative studies uncover and illuminate the strength and resilience embodied by TGNC youth and adults, as well as various coping strategies and processes and sources of support that appear to promote resilience (Austin, 2016; Mizock & Lewis, 2008;

Riggle, Rostosky, McCants, & Pascale-Hague, 2011; Singh, 2013; Singh, Hays, & Watson, 2011). Scholars have agreed about the importance of exploring the potential moderating effects of individual, social, and environmental/cultural factors that may buffer the effects of minority stress and anti-transgender discrimination and stigma among TGNC individuals (Breslow et al., 2015; Testa, Jimenez, & Rankin, 2014). Emerging evidence has suggested that when coping with minority stress, one notable source of strength is a person's feelings about and connection with other individuals who are stigmatized for the same characteristic (Sa´nchez & Vilain, 2009; Testa et al., 2014). Scholars have identified the importance of research and practice that attends to questions regarding the extent to which external stigma leads to internalized negative messages regarding TGNC identities and how those negative messages affect individuals' connection with the TGNC community and overall wellbeing (Sa´nchez & Vilain, 2009). The current study aims to address these concerns and to advance existing literature through an exploration of the impact and potential interaction of a consequence of anti-transgender stigma, internalized transphobia, and a potential buffer against minority stress—social connectedness—on the self-esteem of TGNC identified adults.

Internalized transphobia/stigma

The consequences of pervasive minority stress associated with stigmatization of TGNC identities may complicate pathways to wellbeing and self-acceptance for TGNC individuals (Bockting et al., 2013; Hendricks & Testa, 2012). In particular, experiences of external or public stigma such as discrimination, victimization, and rejection from others appear to result in self-stigma, or the internalization of stigma (Mizock & Mueser, 2014; Vogel, Bitman, Hammer, & Wade, 2013). Herek, Gillis, and Cogan (2015) described internalized stigma as personal acceptance of the stigmatized identity as a part of one's own value system. They further asserted that internalizing identity-based stigma involves adapting one's self-concept to be congruent with the stigmatizing responses of society. For TGNC individuals, this self-stigmatization is referred to as internalized transphobia or internalized transphobic stigma. Although there are relatively few studies exploring internalized stigma among TGNC individuals, existing studies have suggested that higher levels of internalized stigma are associated with poorer coping skills (Mizock & Mueser, 2014) and greater psychological distress (Breslow et al., 2015). Similarly, in a study of transgender adults, Sa´nchez and Vilain (2009) found that the internalization of negative feelings about one's trans identity was associated with lower scores of wellbeing. Additionally, the more positive participants felt about the transgender community in general, the lower their

scores of psychological distress. Research with Italian transgender individuals conducted by Amodeo, Vitelli, Scandurra, Picariello, and Valero (2015) found lower levels of internalized transphobia were related to stronger, more secure attachments in adulthood. Notably, Breslow et al.'s (2015) research did not support the hypothesis that internalized transphobia plays a mediating role between anti-transgender discrimination and psychological distress. Because internalized transphobic stigma remains a notably understudied area of exploration among TGNC populations and scholars have called for nuanced attention to the experiences of proximal stressors such as internalizations of identity-based stigma (Breslow et al., 2015; Testa et al., 2014), there is a need for additional research aimed at clarifying the potential relevance of internalized transphobia to wellbeing in TGNC individuals and the potential factors that may buffer its impact.

Social connectedness

Despite the disproportionate challenges endured by TGNC individuals, many demonstrate remarkable resilience, achieving success, wellbeing, and a positive sense of self and community in the face of disproportionately high levels of minority stress (Austin, 2016; Beemyn & Rankin, 2011; McFadden, Frankowski, Flick, & Witten, 2013; Singh, 2013; Singh et al., 2011; Singh & McKleroy, 2011). In particular, mounting qualitative research has highlighted unique aspects of resiliency among diverse samples of transgender individuals. In a recent grounded theory study of TGNC young people, narratives highlighted journeys toward authenticity and self-acceptance that were often steeped in experiences of oppression; nevertheless, participants recounted stories of notable patience, perseverance, strength, and emerging confidence (Austin, 2016). Research findings have highlighted sources of resilience that include the ability to embrace self-worth in the face of oppression, hope for the future, social activism, and being a positive role model for others (Singh et al., 2011; Singh & McKleroy, 2011).

Although there is little quantitative research examining factors that promote wellbeing among the population, accruing evidence has suggested that positive connection to a supportive community and a sense of social connectedness may be particularly important sources of wellbeing for members of the TGNC community (Bariola et al., 2015; Frost & Meyer, 2012; Sa´nchez & Vilain, 2009; Testa et al., 2014). Findings from both Frost and Meyer (2012) and Sa´nchez and Vilain (2009) have suggested that positive mental health among TGNC individuals is correlated with a connectedness to a community of similar others (e.g., TGNC support groups and TGNC social networks, social media groups). Additionally, survey research conducted by Bariola and colleagues (2015) with a sample of Australian transgender adults found that connecting frequently with LGBT peers was a significant correlate of resilience.

Testa et al. (2014) found that connection with other TGNC-identified individuals was notably important for both MTF and FTM individuals. Specifically, the authors found that having prior engagement or connection with other TGNC people during early stages of identity development significantly predicted decreased psychological distress (anxiety and suicidality) and increased comfort with one's TGNC identity. Interestingly, a recent study conducted by Pflum, Testa, Balsam, Goldblum, and Bongar (2015) found that transgender community connectedness was negatively associated with anxiety and depression among transfeminine identified participants, but the relation was not significant for transmasculine participants. Taken together, findings are consistent with the minority stress framework, which suggests that minority group connection and involvement may defend against the negative impact of identity-based discrimination (Meyer, 2003; Szymanski & Owens, 2009). Nevertheless, there is a need for further research elucidating understanding of the potential role of social connectedness in buffering negative health outcomes and promoting wellbeing among TGNC individuals

Self-esteem

Self-esteem refers to a stable sense of personal worth or worthiness (Rosenberg, 1965) as well as the competence to cope with life stressors (Branden, 1969). The importance of understanding the factors that promote or enhance self-esteem is underscored by the plethora of research demonstrating the relation between high self-esteem and wellbeing and between low self-esteem and mental health challenges such as depression, isolation, and feelings of shame (Mann, Hosman, Shaalma, & De Vries, 2004; Orth, Robins, & Roberts, 2008; Strain & Shuff, 2010; Ulrich, Robins, Trzesniewski, Maes, & Schmitt, 2009) among the general population, as well as among TGNC specific samples (Grossman, D'augelli, & Frank, 2011). Of notable concern is research that indicates that sexual and gender minority populations may be disproportionately impacted by lower levels of self-esteem (Bauermeister et al., 2010; Teasdale & Bradley-Engen, 2010; Wolfradt & Neumann, 2001) as a result of pervasive experiences of internalized and externalized identity-based stigma and discrimination. Given the importance of self-esteem to overall wellbeing and the potential threats to high self-esteem resulting from minority stress, it is vital that researchers explore the factors that potentially enhance or undermine self-esteem among TGNC individuals. As such, the primary aim of this study is to explore the influence and potential interactions of internalized transphobia and social connectedness on the self-esteem of a sample of TGNC-identified adults. The present study aims to add to this body of knowledge by exploring: (1) the influence of internalized transphobia and social

connectedness on self-esteem within this study's sample; and (2) the potential moderating effect of social connectedness on the impact of internalized transphobia on self-esteem.

Methods

Procedure

Institutional review board approval was granted by the primary investigator's (PI's) university for this study on July 8, 2014, and data collection began on September 3, 2014. The PI and one research assistant recruited participants for this study (N = 65) in 2014 from the vendor area of one of the longest-running national transgender conferences in the United States. The PI rented the booth for the event following the standard conference protocol associated with applying for a booth for the purposes of conducting voluntary, informed research with interested, qualifying participants. The PI and a research assistant were stationed at the booth throughout the conference and invited conference attendees visiting the booth to participate in the study if they met the following eligibility criteria: (1) self-identify as transgender/gender nonconforming; and (2) were at least 18 years of age. Researchers were available to explain the purpose of the study and answer any questions posed by attendees. Attendees who expressed an interest in participating were required to provide informed consent before participating in the study. All those who participated in the study received a $20 Amazon.com gift card.

Data were collected through a paper-and-pencil survey that took approximately 20–30 minutes to complete and were divided into seven sections: (1) demographic/background questions; (2) questions related to experiences with a therapist or counselor related to gender identity; (3) questions related to experiences with community support; (4) questions related to medical and physical modifications associated with bringing about consistency between internal identity and external appearance; (5) the Rosenberg Self Esteem Scale; (6) an internalized transphobia scale; and (7) a social connectedness scale. The following study examines findings associated with the relations between internalized transphobia, social connectedness, and self-esteem.

Sample

The sample for the current study consisted of 65 TGNC adult participants. The majority of study participants were non-Hispanic Whites (74%) and had attended at least some college (82%). Self-reported gender identity included bigender (2%), genderfluid (5%), man (11%), man of trans experience (2%), transgender (17%), transman (26%), transwoman (27%), transsexual (9%), two-spirit (5%), and woman (5%). Most participants selected just one preferred

gender identity, whereas others selected multiple terms with which they identify. Participants reported sexual orientation as asexual (5%), bisexual (12%), lesbian (12%), gay (3%), straight (38%), pansexual (22%), queer (2%), and other (6%). Participants ranged in age from 18–73, with a mean age of 43.

Measures

Demographic data collection included solicitation of participants' age, self-defined gender identity, sexual orientation, racial/ethnic identity, education level, state and country of residence, number of years self-identifying as transgender/gender non-conforming, and number of people to whom participants are "out" as transgender.

Self-esteem

The Rosenberg Self-Esteem Scale (SES; Rosenberg, 1965) is perhaps the most widely used self-esteem measure in social science research. Self-esteem is a positive or negative orientation toward oneself—an overall evaluation of one's worth or value (Rosenberg, 1989). Much of Rosenberg's work examined how social structural positions such as racial or ethnic statuses and institutional contexts such schools or families relate to self-esteem. This scale has been used successfully with LGBT populations. This 10-item scale includes items such as "I feel that I have a number of good qualities" and "On the whole I am satisfied with myself" answered on a 4-point scale ranging from *strongly agree* to *strongly disagree*. Scores can range from 10 to 40, with 40 indicating the highest level of self-esteem. This brief measure of global self-esteem has high reliability with Cronbach's alpha for various samples ranging from .77 to .88 (Blascovich & Tomaka, 1993; Rosenberg, 1986, 1989). The scale maintained high internal consistency with the current study sample (α=.87).

Social connectedness

The Social Connectedness Scale (Lee & Robbins, 1995) measures the degree of interpersonal closeness that is experienced between an individual and his or her social world (e.g., friends, peers, society) as well as the degree of difficulty in maintaining this sense of closeness. The self-report measure is an 8-item scale measuring three dimensions of connectedness—belonging, affiliation, and companionship—through the use of a 6-point Likert response option format: 1 = *agree* to 6 = *disagree* (Lee & Robbins, 1995). Sample items include "I feel disconnected from the world around me" and "Even around people 1 know, I don't feel that I really belong." Higher scores represent a strong sense of belonging. Scale reliability with the study sample is good, with high internal item consistency (α = .91).

Internalized transphobia

The Internalized Transphobia scale used in this study was adapted from the Internalized Homophobia measure developed by Shidlo (1994) for use with lesbian, gay, and bisexual women and men (Shidlo, 1994). The 14 items of the Internalized Transphobia scale were subjected to confirmatory factor analysis using SPSS version 21. The factor analysis supported a three-component solution, which explained a total of 56.1% of the variance, with component 1 contributing 31.25%, component 2 contributing 13%, and component 3 contributing 11.8%. To aid in the interpretation of these three components, oblimin rotation was performed. The rotated solution revealed the presence of simple structure with all components showing a number of strong loadings, and all variables loading substantially on only one component. The results of this analysis support the goodness of fit of the Internalized Transphobia scale as an adaptation from Shidlo's (1994) Internalized Homophobia scale. This measure consists of 14 four-point Likert scale items assessing three dimensions of internalized transphobia: transgender self-worth ("Whenever I think about being transgender, I feel depressed" and "Most transgender people end up lonely and isolated"); transgender identity and status within society ("I enjoy socializing in public with transgender people" and "Some transgender people flaunt their transgender identity too much"); and extreme or maladaptive strategies to ameliorate transgender identity ("Over the past 2 years, I have contemplated suicide because I could not accept my transgender identity"). Findings with the current sample indicated moderately high internal consistency for the adapted internalized transphobia measure (α=.81).

Data analysis

Preliminary analyses

All data analyses were conducted using SPSS version 21. The data were screened for missing values, outliers, and linear relationships. Cases with missing values for key variables were excluded. Frequencies and descriptive analyses were generated for each of the demographic variables, as well as for the two independent variables and the dependent variable. Frequency analyses reveal more than one half of the sample (60%) had moderate levels of internalized transphobia, one quarter (25%) scored low, and 14% scored high; more than 60% of the sample scored above the midway point on social connectedness indicative of a relatively high sense of social connection; finally, in this sample more than 57% of participants' scores indicated high self-esteem. Bivariate analyses were used to explore linear relationships between the study constructs. Findings assert significant bivariate correlation between internalized transphobia and self-esteem ($p < .004$) and between social connectedness and self-esteem ($p < .000$). Specifically, findings from Pearson Product-Moment Correlation analyses suggest statistically significant relationships

with a small effect size (Cohen, 1988) for both the relationship between internalized transphobia and self-esteem (r = -.383, p < .004, 14% shared variance) and between social connectedness and self-esteem (r = .514, p < .000, 26% shared variance). Correlations indicate no significant relationships between demographic variables (age, level of education, gender identity, ethnicity, sexual orientation) and self-esteem, internalized transphobia, or social connectedness. Finally, independent variables were centered to reduce potential multicollinearity, and a multiple regression analysis was used to examine if the relationship between internalized transphobia and self-esteem was moderated by social connectedness. (Field, 2014).

Primary analysis

Standard multiple regression analysis was used to examine whether internalized transphobia and social connectedness predict self-esteem and how much variance in self-esteem scores can be explained by internalized transphobia and social connectedness scores. Additionally, standard regression analysis was used to examine if social connectedness moderates the relationship between internalized transphobia and self-esteem.

Findings

Multiple regression analysis was used to assess the ability of two measures (internalized transphobia, social connectedness) to predict levels of self-esteem in a sample of TGNC adults (n = 65). Findings indicate that internalized transphobia has a statistically significant negative relationship with self-esteem, whereas social connectedness has a statistically significantly positive impact on self-esteem. The model explains 34% of the total variance in self-esteem. Although both internalized transphobia and social connectedness make a unique and statistically significant contribution to the prediction of self-esteem, social connectedness scores have a stronger unique contribution (β = -.451) than internalized transphobia scores (β = -.283) in explaining the variance in self-esteem. Specifically, results indicate that if social connectedness scores increase by one standard deviation, self-esteem scores will increase by .45 standard deviation units. Finally, social connectedness did not significantly moderate the relationship between internalized transphobia and self-esteem.

Discussion

Findings from the current study serve to extend our understanding of internalized transphobic stigma and resilience among TGNC adults through the lens of minority stress. In particular, results related to the positive influence of

social connectedness on self-esteem contribute to growing resiliency-based research focused on TGNC populations. Although recent research with TGNC individuals suggests the potential importance of social support and social or community connectedness and activism on positive mental health outcomes (Bariola et al., 2015; Pflum et al., 2015; Testa et al., 2014), to our knowledge this is the first study to specifically demonstrate that social connectedness is significantly associated with enhanced self-esteem in a sample of TGNC adults. Study findings indicate that a greater sense of connection to others contributes to a more positive sense of oneself. These findings expand on earlier research that identified peer support (Bockting et al., 2013) and community belongingness (Barr, Budge, & Adelson, 2016) specifically as significant sources of resilience and wellbeing for TGNC adults.

Although social connectedness contributes to enhanced self-esteem, study results indicate that internalized transphobic stigma has a significant negative impact on the self-esteem of TGNC adults. Though quantitative research examining the consequences of internalized transphobia on wellbeing is relatively scant, our findings are consistent with earlier research documenting the pernicious impact of internalized transphobic stigma on wellbeing (Amodeo et al., 2015; Bockting et al., 2013; Mizock & Mueser, 2014). Because high self-esteem is a well-established source of resilience and may protect against psychosocial dysfunction and maladaptive coping (Mann et al., 2004; Orth et al., 2008; Strain & Shuff, 2010; Ulrich et al., 2009), the negative influence of internalized transphobia on self-esteem may have serious and far-reaching consequences for overall wellbeing.

Finally, although social connectedness is a significant predictor of self-esteem, it does not moderate the negative impact of internalized transphobia. Thus social connectedness is important to promoting and sustaining a positive sense of self among TGNC individuals, yet it is not effectual in buffering the adverse impact of internalized transphobia. Earlier research exploring potential buffers to minority stress also yielded insignificant findings for the moderating effect of both collective action and resilience on internalized transphobia among adults (Breslow et al., 2015). Breslow's findings as well as outcomes from the current study underscore the insidious and profound impact of internalized stigma and the importance of research that continues to explore potential moderating factors.

Implications

Findings from this study have several important implications for prevention and intervention efforts. In particular, the significant positive impact of social connectedness on self-esteem speaks to the importance of developing, fostering, and funding clinical interventions (e.g., group-based interventions for TGNC youth and adults) and community-based programming (e.g., TGNC-

specific support groups, social groups, and events) aimed at increasing social connectedness among TGNC-identified youth and adults. Additionally, findings regarding social connectedness underscore the potential role and significance of online communities, support groups, and other sources of virtual social connection for TGNC individuals living in rural or suburban areas with fewer LGBT- or TGNC-specific resources (Austin, 2016; Collazo, Austin, & Craig, 2013). It is important that clinicians and service providers be aware of trans-specific resources in order to facilitate trans-specific social connection.

Notably, our finding that social connectedness is a significant predictor of self-esteem but does not buffer (moderate) the negative impact of internalized transphobia has important implications for our targets for intervention. For instance, although individual- and community-level interventions aimed at developing social connectedness among TGNC individuals would appear to be helpful in strengthening self-esteem, such intervention approaches would likely not be effective in undermining the deleterious impact of internalized transphobic stigma. Instead, within individual clinical practice settings, there needs to be focus on using affirmative interventions that recognize the role of internalized transphobia on mental health and that actively challenge unhelpful and stigmatizing thoughts about TGNC identities (see Austin & Craig, 2015). Likewise, greater emphasis must be placed on creating sociocultural institutions (e.g., schools, communities, health care providers, religious institutions) that embrace a TGNC-affirmative perspective that (1) replaces a binary understanding of gender with a more inclusive and accurate understanding of gender as a multidimensional spectrum; (2) acknowledges and validate all gender identities, expressions, and experiences as equally valuable; and (3) offers visible support and respect for TGNC identities and experiences. Finally, advocating for policy changes that deinstitutionalize and de-legislate transphobia are critical. For instance, advocacy efforts need to focus on advancing policies that support inclusive health care, employment, schools, and public spaces and that challenge anti-transgender legislation across the nation (e.g., North Carolina's HB2 legislation). Micro- and macro-level interventions aimed at reducing transphobic stigma (internal and external) will be particularly beneficial to the health and wellbeing of TGNC individuals.

Limitations

Despite the potential importance of study findings, there are several noteworthy limitations that must be discussed. In particular, the sample used in this study is not necessarily representative of TGNC individuals in general. Because participants were recruited from a longstanding national transgender conference, they may be unique with respect to their level of connection to the TGNC community, their

level of agency and resourcefulness, and their socioeconomic status (notable cost associated with attending conference activities and staying at the conference hotel). Moreover, the sample was relatively small (n = 65) and had a majority non-Hispanic White sample. Because racial ethnic minority TGNC individuals, particularly transgender women, experience the greatest rates of transphobic victimization and violence (National Coalition of Anti-violence Programs, 2014), a more racially/ethnically diverse sample is important for future research. In addition, the model in this study may have benefited from including a measure of experiences of stigmatization from externally located sources (e.g., discrimination, victimization, bullying, family rejection). Nevertheless, the study significantly advances understanding of the effects of internalized transphobic stigma and social connectedness on the self-esteem of TGNC identified adults; given the paucity of research on this topic, this is a notable addition to the existing literature.

Directions for future research

Although this study makes a meaningful contribution to research aimed at better identifying the influence on potential risk (internalized transphobia) and resiliency (social connectedness) factors impacting self-esteem among TGNC individuals, specific mechanisms for promoting positive health and wellbeing among TGNC individuals remain understudied and inadequately understood. Future research should build on existing studies in several notable ways: (1) enhance understanding of additional factors that impact self-esteem among TGNC individuals (e.g., other forms of stigma, such as bullying or microaggressions, social support, coping, self-efficacy); (2) explore individual factors (e.g., depression, anxiety, religiosity, coping skills) and contextual factors (e.g., transphobic bullying, school culture, workplace discrimination and policies, exclusion from religious institutions, family rejection, affirmative health and mental health care) that contribute to internalized transphobia among TGNC youth and adults; (3) develop knowledge related to the mechanisms by which social connectedness promotes self-esteem among TGNC adults; (4) expand understanding of the minority stress framework for TGNC-identified individuals—specifically, explore the potential buffering effect of resiliency factors on specific minority stressors (e.g., stigma, discrimination, bullying, victimization); and (5) use large samples of heterogeneous TGNC individuals (e.g., diversity across gender identity/expression, racial/ethnic identity, socioeconomic status, and age) to explore potential differences across subgroups of participants. Such research will notably expand the existing knowledge base associated with TGNC psychosocial functioning and will have a profound impact on the direction and targets for micro- and macro-level interventions aimed at interrupting negative health trajectories and promoting resilience and wellbeing among TGNC individuals.

Acknowledgments

The authors would like to express gratitude to the transgender and gender non-conforming participants who so openly shared their experiences with us in an effort to help advance knowledge, understanding, and, ultimately, wellbeing for TGNC communities. We would also like to thank Ashley Mason-Elrod for her fastidious work on this project.

Funding

The authors acknowledge the Ware Foundation for its steadfast commitment to human rights and social justice and for providing the necessary funding to support this research.

References

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*, 832–864. doi:10.1037/a0039906

Amodeo, A. L., Vitelli, R., Scandurra, C., Picariello, S., & Valerio, P. (2015). Adult attachment and transgender identity in the Italian context: Clinical implications and suggestions for further research. *International Journal of Transgenderism*, *16*(1), 49–61.

Austin, A. (2016). "There I am": A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles*, *75*, 215–230. doi:10.1007/s11199-016-0600-7

Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology*, *46*, 21–29. doi:10.1037/a0038642

Austin, A., Craig, S. L., & McInroy, L. B. (2016). Toward transgender affirmative social work education. *Journal of Social Work Education*. doi:10.1080/10437797.2016.1174637

Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health*, *105*, 2108–2116. doi:10.2105/AJPH.2015.302763

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*, 87–97. doi:10.1037/cou0000127

Bauermeister, J., Johns, M., Sandfort, T., Eisenberg, A., Grossman, A., & D'Augelli, A. (2010). Relationship trajectories and psychological well-being among sexual minority youth. *Journal of Youth and Adolescence*, *39*, 1148–1163. doi:10.1007/s10964-010-9557-y

Beemyn, G., & Rankin, S. (2011). *The lives of transgender people*. New York, NY: Columbia University Press.

Blascovich, J., & Tomaka, J. (1993). Measures of self· Esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (3rd ed., pp. 115–160). Ann Arbor, MI: Institute for Social Research.

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

Branden, N. (1969). *The psychology of self-esteem*. New York, NY: Bantam.

Breslow, A., Brewster, M., Velez, B., Wong, S., Geiger, E., & Soderstrom, B. (2015). Resilience and collective action: Exploring buffers against minority stress for transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, *2*, 253–265. doi:10.1037/sgd0000117

Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work*, *52*, 243–250. doi:10.1093/sw/52.3.243

Cohen, J. W. (1988). *Statistical power analysis for the behavioral science* (2nd ed.). Hillsdale, NJ: Erlbaum.

Collazo, A., Austin, A., & Craig, S. L. (2013). Facilitating transition among transgender clients: Components of effective clinical practice. *Clinical Social Work Journal*, *41*, 228–237. doi:10.1007/s10615-013-0436-3

Field, A. (2014). *Discovering statistics using IBM SPSS Statistics*. New Delhi, India: Sage.

Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. *Journal of Sex Research*, *49*, 36–49. doi:10.1080/00224499.2011.565427

Goldblum, P., Testa, R., Pflum, S., Hendricks, M., Bradford, J., & Bongar, B. (2012). Gender-based victimization and suicide attempts among transgender people. *Professional Psychology*, *43*, 465–475.

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. Retrieved from http://endtransdiscrimination.org/report.html

Grossman, A., D'augelli, A., & Frank, J. (2011). Aspects of psychological resilience among transgender youth. *Journal of GLBT Youth*, *8*, 103–115.

Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior*, *37*, 527–537. doi:10.1521/suli.2007.37.5.527

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*, *43*, 460–467. doi:10.1037/a0029597

Herek, G. M., Gillis, J. R., & Cogan, J. C. (2015). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Stigma and Health*, *1*, 18–34. doi:10.1037/2376-6972.1.S.18

Hill, D. B., & Willoughby, B. L. (2005). Development and validation of the genderism and transphobia scale. *Sex Roles*, *53*, 531–544. doi:10.1007/s11199-005-7140-x

Lee, R., & Robbins, S. (1995). Measuring belongingness: The social connectedness and the social assurance scales. *Journal of Counseling Psychology*, *42*, 232–241. doi:10.1037/0022-0167.42.2.232

Mann, M., Hosman, C., Shaalma, H., & De Vries, N. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Resources*, *19*, 357–372. doi:10.1093/her/cyg041

Marcellin, R., Scheim, A., Bauer, G., & Redman, N. (2013). Experiences of transphobia among trans Ontarians. *Trans PULSE E-Bulletin*, *3*(2). Retrieved from http://www.transpulseproject.ca

McFadden, S. H., Frankowski, S., Flick, H., & Witten, T. M. (2013). Resilience and multiple stigmatized identities: Lessons from transgender persons reflections on aging. In J. D. Sinnott (Ed.), *Positive psychology: Advances in understanding adult motivation* (pp. 247–267). New York, NY: Springer Science & Business Media.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674–697. doi:10.1037/00332909.129.5.674

Mizock, L., & Lewis, T. K. (2008). Trauma in transgender populations: Risk, resilience, and clinical care. *Journal of Emotional Abuse*, *8*, 335–354. doi:10.1080/10926790802262523

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

Monro, S. (2005). Beyond male and female: Poststructuralism and the spectrum of gender. *International Journal of Transgenderism*, *8*, 3–22. doi:10.1300/J485v08n01_02

Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling*, *6*, 55–82. doi:10.1080/15538605.2012.648583

National Coalition of Anti-violence Programs. (2014). *Lesbian, gay, bisexual, transgender, queer and HIV-affected hate violence in 2013*. Retrieved from http://www.avp.org/storage/documents/2013_ncavp_hvreport_final.pdf

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*, *47*, 12–23. doi:10.1080/00224490903062258

Orth, U., Robins, R. W., & Roberts, B. W. (2008). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology*, *95*, 695–708. doi:10.1037/0022-3514.95.3.695

Pflum, S., Testa, R., Balsam, K., Goldblum, P., & Bongar, B. (2015). Social support, trans community connectedness, and mental health symptoms among transgender and gender nonconforming adults. *Psychology of Sexual Orientation and Gender Diversity*, *2*, 281–286. doi:10.1037/sgd0000122

Riggle, E. D. B., Rostosky, S. S., McCants, L. E., & Pascale-Hague, D. (2011). The positive aspects of transgender self-identification. *Psychology and Sexuality*, *2*, 147–158. doi:10.1080/19419899.2010.534490

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Rosenberg, M. (1986). *Conceiving the self*. Malabar, FL: Krieger.

Rosenberg, M. (1989). *Society and the adolescent self-image* (rev. ed.). Middletown, CT: Wesleyan University Press.

Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *American Journal of Public Health*, *99*(4), 713–719.

Sánchez, F., & Vilain, E. (2009). Collective self-esteem as a coping resource for male-to-female transsexuals. *Journal of Counseling Psychology*, *56*, 202–209. doi:10.1037/a0014573

Saltzburg, S., & Davis, T. S. (2010). Co-authoring gender-queer youth identities: Discursive tellings and retellings. *Journal of Ethnic & Cultural Diversity in Social Work*, *19*, 87–108. doi:10.1080/15313200903124028

Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene & G. Herek (Eds.), *Lesbian and gay psychology: Theory, research and clinical applications* (pp. 176–205). Thousand Oaks, CA: Sage.

Singh, A. A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles*, *68*, 690–702. doi:10.1007/s11199-012-0149-z

Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development*, *89*, 20–27. doi:10.1002/j.1556-6678.2011.tb00057.x

Singh, A. A., & McKleroy, V. S. (2011). Just getting out of bed is a revolutionary act. *Traumatology*, *17*(2), 34–44. doi:10.1177/1534765610369261

Smith, L. C., Shin, R. Q., & Officer, L. M. (2012). Moving counseling forward on LGB and transgender issues: Speaking queerly on microaggressions and discourses. *Counseling Psychologist*, *40*, 385–408. doi:10.1177/0011000011403165

Spicer, S. S. (2010). Healthcare needs of the transgender homeless population. *Journal of Gay & Lesbian Mental Health*, *14*, 320–339. doi:10.1080/19359705.2010.505844

Strain, J., & Shuff, M. (2010). Psychological well-being and level of outness in a population of male-to-female transsexual women attending a national transgender conference. *International Journal of Transgenderism*, *12*, 230–240. doi:10.1080/15532739.2010.544231

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*, 271–286. doi:10.1037/0003-066X.62.4.271

Szymanski, D., & Owens, G. (2009). Group level coping as a moderator between heterosexism and sexism and psychological distress in sexual minority women. *Psychology of Women Quarterly*, *33*, 197–205. doi:10.1111/j.1471-6402.2009.01489.x

Teasdale, B., & Bradley-Engen, M. S. (2010). Adolescent same-sex attraction and mental health: The role of stress and support. *Journal of Homosexuality*, *57*(2), 287–309. doi:10.1080/00918360903489127

Testa, R., Jimenez, C., & Rankin, S. (2014). Risk and resilience during transgender identity development: The effects of awareness and engagement with other transgender people on affect. *Journal of Gay & Lesbian Mental Health*, *18*, 31–46. doi:10.1080/19359705.2013.805177

Ulrich, O., Robins, R., Trzesniewski, K., Maes, J., & Schmitt, M. (2009). Low self-esteem is a risk factor for depressive symptoms from young adulthood to old age. *Journal of Abnormal Psychology*, *118*, 472–478. doi:10.1037/a0015922

Vogel, D., Bitman, R., Hammer, J., & Wade, N. (2013). Is stigma internalizes? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology*, *60*, 311–316. doi:10.1037/a0031889

Wolfradt, U., & Neumann, K. (2001). Depersonalization, self-esteem, and body image in male-to-female transsexuals compared to male and female controls. *Archives of Sexual Behavior*, *30*, 301–310. doi:10.1023/A:1002752214526