Finding Our Strength Survey:

A Survey of the U.S. Transgender/Gender Diverse Community Regarding Experienced Daily Worry about Discrimination and Actions Taken to Cope with Such Worry

Transcend the Binary
Ferndale, Michigan

In partnership with
The University of Michigan College of Pharmacy
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Community Acknowledgement

We give thanks to the transgender/gender diverse community for supporting the Finding Our Strength Survey. The survey questionnaire content and design, data interpretation and data reports were all led by community members and influenced by the broader community through countless conversations and discussions. Translating study findings into meaningful actions was achieved through the input, effort, and support of many. Community guidance made this work more credible and its results more meaningful. We are grateful to those who completed our survey, providing advice to the community at large about how to cope with the worry of discrimination. Hundreds of individuals within the community and beyond attended a multi-media exhibit of its findings. We also thank the many individuals who have shared our findings with colleagues, allies and others who were unable to attend the exhibit.

Special Acknowledgement

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Transcend the Binary is a wellness and research organization led by the transgender and gender diverse community originating in the metropolitan Detroit area, Michigan. The Transcend Research Collective is responsible for the design, development, implementation, and dissemination of our research and can be reached at research@transcendthebinary.org.

TABLE OF CONTENTS

FOREWORD

In 2014, Transcend the Binary, (Transcend) a community-based, community-led organization was founded on the belief that all people have the right to define their own gender identity, and that all gender journeys are valid, ongoing, and deserve to be supported. In its early days, leaders within Transcend debated how to best meet the needs of the community they served. The widespread discrimination faced by the transgender and gender diverse community and the damaging effects it had on its physical and mental health, socio-economic status, and quality of life were well-known. Community resources already existed to meet specific community needs, but the community was still suffering.

With the firm belief that the community best understands not only its needs, but also the best ways to meet those needs, Transcend turned to the community for advice. To gain information that would be actionable, a survey called Finding Our Strength was developed. The survey was an avenue for sharing experiences and giving advice on how others can successfully navigate social, school, work and healthcare environments to better cope with the nascent worry about discrimination. It also gathered data for creating interventions to interest and educate the general public, educators, and health professionals about the burden of discrimination felt by its community and the ways in which they could contribute to a more gender-affirming environment.

The Finding our Strength Survey was unique in several ways. First, it focused on discrimination worry, not experienced discrimination, and gathered such data in the context of place: home and social settings, school, work and healthcare settings to guide intervention implementation. Second, it asked about how people coped with discrimination worry and the degree to which their strategies were effective. Third, the survey provided opportunities for people to write about their experiences. What barriers to thriving did they experience? How did they overcome these barriers? What advice would they give others? Once completed, the survey gave voice to the community's expressed needs and strengths and used its data and its advice, to begin creating a more inclusive, more affirming environment.

SURVEY OBJECTIVES

The Finding Our Strength Survey sought to describe the impact of worry about discrimination felt within the transgender/gender diverse community. Data was gathered about:

- the degree and impact of worry about discrimination, experienced throughout daily life
- the associations between discrimination worry and respondent demographic, social, and health-related characteristics
- the types of actions taken to cope with discrimination worry, these actions' effectiveness, and their associations with respondent characteristics and health
- community member reactions and reflections regarding their experiences

This survey's focus on discrimination worry is unique. Measuring discrimination worry creates a deeper awareness of the impact of discrimination threat on the community. This focus generated new perspectives that can foster greater individual and community resiliency and stimulate public conversations about creating a more gender-affirming environment.

SURVEY METHODOLOGY

Survey population

The study employed an online survey of U.S. self-identified transgender or gender-diverse adults 18 years old and older. A modified snowball recruitment sampling methodology was used. Questionnaire availability was posted in a link on Transcend the Binary's website. In addition, local and regional LGBTQIA+ organizations notified their members via their websites and e-mail messages, and flyers were distributed at LGBTQIA+ events. National and local Facebook ads were purchased to encourage participation. The questionnaire was available online from June 2016 through November 2016. The survey was deemed to be exempt from the Institutional Review Board approval by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board.

Survey method

A survey questionnaire composed of multiple-choice, closed- and open-ended questions was created by a community-led research team. Additional community input was routinely sought throughout the process via informal conversations and group discussions. Discrimination was defined using 4 of the 5 items contained within the Everyday Discrimination Scale[1] and included being treated in any of the following ways: "with less respect or receiving poorer service", "as if you are not as smart as others", "as if they are afraid or confused by you", or "being threatened or harassed." Validated scales were incorporated into the questionnaire as deemed appropriate. The questionnaire underwent two pilot tests that honed questionnaire objectives, question formats, and content. A mobile-friendly survey format was created for survey completion.

Questionnaire Measures

Descriptions of questionnaire measures and scales are given below. Demographic and social data related to respondent age, gender identity, race and ethnicity, income, education and housing status were gathered.

Gender journey was described as respondent age at four gender-related life events including: "first felt you were different", "first realized that you identified as gender variant/trans", "began to be open about your gender identity with others", and "started taking medicines or used other medical resources to affirm your gender identity."

Four of the five items of the Heightened Vigilance Scale (Abbreviated)[2] were used to measure the frequency with which individuals took actions to prepare for discrimination with frequencies ranging from "almost every day" to "less than once a year/never." Item responses were scored from 0 to 5 (with 5 being almost every day) and summed to develop a scale ranging from 0 to 25.

A modified 7-item version of a subscale of the McNeilly Perceived Racism Scale[3] measured the degree to which specific actions were taken in response to discrimination. Items selected were limited to those thought to be most pertinent to transgender and gender diverse individuals. The item stem was "Please indicate if you did each of the following things in response to discrimination." Response options included: "not at all", "some", and "a lot."

The five-item Self-Kindness subscale of the Self-Compassion Scale[4] asked about internal coping actions to deal with situations of pain or failure. Scale options ranged from 1 to 5 with 1 being "almost never" and 5 being "almost always."

The two-item Patient Health Questionnaire-2 (PHQ-2) screened for depression risk by measuring the frequency of depressed mood and anhedonia over the past two weeks.[5] Response options included: "not at all," "several days," "more than half the days," and "nearly every day." A cut-off score of 3 was used to create two risk levels: low and high.

The seven-item General Anxiety Disorder-7 Scale (GAD-7) screened for anxiety.[6] Item responses were summed with scores categorized as the following: <5 = minimal anxiety, 5-9 = mild anxiety; 10-14 = moderate anxiety, and scores ≥15 = severe anxiety. If any of the seven items were checked, the respondent was asked "how difficult have these made it for you to do your work, take care of things at home, or get along with other people?" Response options included: "not difficult at all", "somewhat difficult", "very difficult", and "extremely difficult."

Mind-body congruence was measured by three items developed for this survey: "My appearance is in sync with my gender identity," "My physical body represents my gender identity," and "My mind and body are in sync." The stem question was, "How comfortable are you with the following statements?" Response options included: "not at all," "somewhat," "comfortable," and "very comfortable." Item responses were summed ("not at all" = 0 and "very comfortable" = 3) to create a scale score ranging from 0 to 9.

Self-reported health status was measured through the question: "Compared to other people your age, would you say your health is…?" Response options included "poor," "fair," "good," and "excellent."

A modified 11-item version of the Multi-Dimensional Scale of Perceived Social Support Scale was used.[7] One item related to significant other support was erroneously left out from the questionnaire. Responses were modified to include only 5 response options: "strongly disagree," "mildly disagree," "neutral," "mildly agree," and "strongly agree." Item means were calculated and response scores were divided into 3 equal groups (low, moderate, or high support) based on score distribution.

The three-item Loneliness Scale[8] measured loneliness and social isolation. Scale items addressed lack of companionship, feeling left out, and feeling isolated with response options being: "hardly ever," "some of the time," and "often." The items were summed ("hardly ever" = 0 and "often" = 2) to create a scale score ranging from 0 to 6.

A list of commonly-used coping actions was created by study researchers based on community discussions (actions listed in the Findings section below). Coping actions were categorized as active responses (i.e., action oriented or responses that alleviate stress) or passive responses (e.g., actions demonstrating avoidance or resignation to stress, or activities that ignored stress).

DATA ANALYSIS

Data analysis included mainly descriptive analyses with analysis for selected variable associations. Validated scales responses were analyzed according to published guidelines. All values were rounded to the nearest whole digit, unless more detailed reporting was deemed useful for comparative purposes. Because of mathematical rounding, percentages may not sum to 100%. Data associations were reported as present if analysis found a significance level of $p<0.05$. The data analysis and interpretation process included open-comment sessions during which community member comments were received.

SURVEY FINDINGS

The survey gathered 314 usable responses. Major data findings are discussed below. Selected responses to open-ended questions are also included. Geographical location data were provided by 246 respondents from 33 states, representing all regions of the U.S. Nearly half of respondents lived in the Midwest. Eighty-seven percent of respondents lived in urban or suburban areas.

Demographics

Age

The median age of respondents was 27 years, with 80% younger than 45 years. Results were similar to those of the 2016 US Transgender survey, but reflected a younger population than that captured within the 2014 Behavioral Risk Factor Surveillance System Transgender Group and the 2010 US Census.

Respondent Age Distribution by Percentage of Respondents

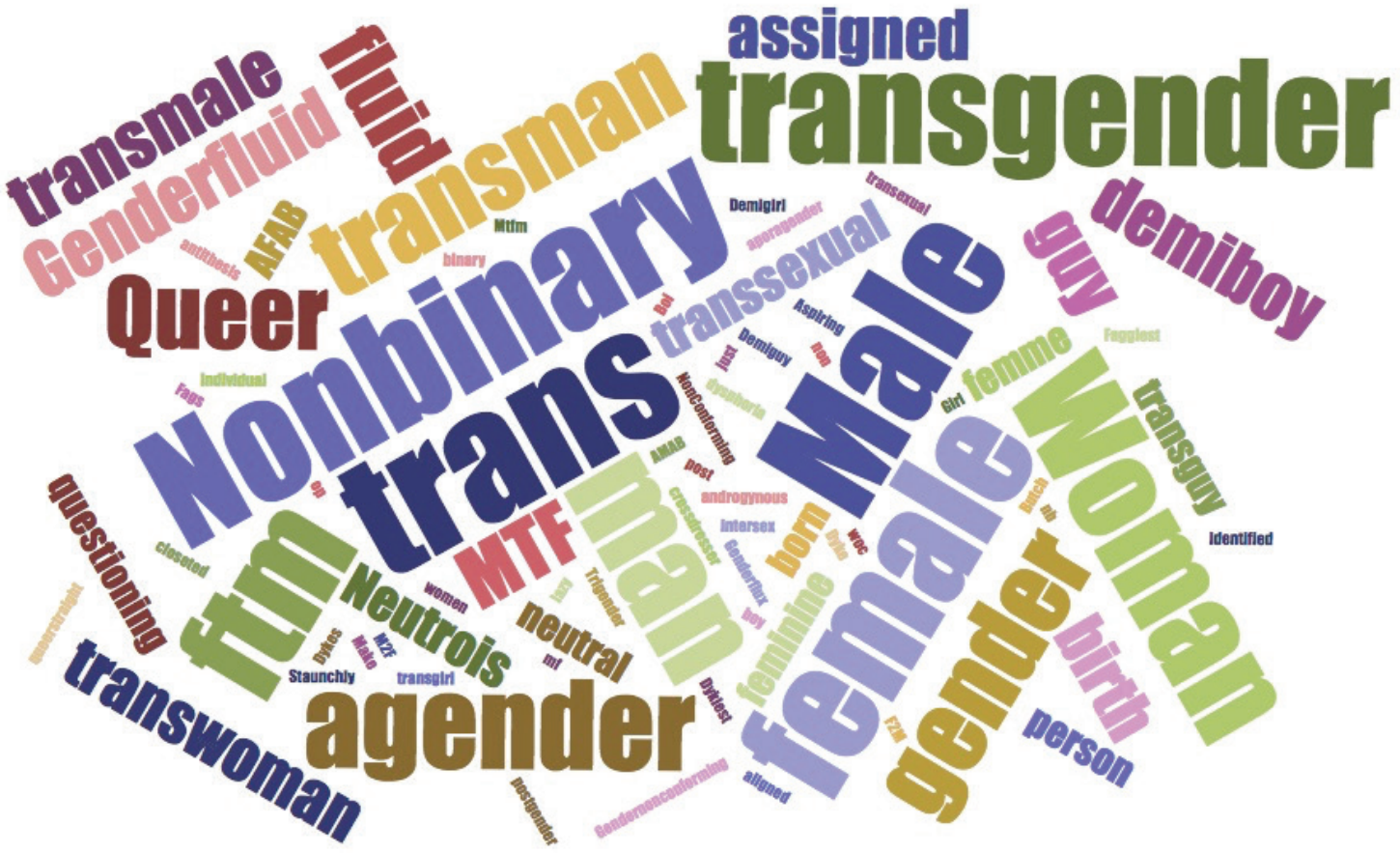
	Finding Our Strength Survey (n = 311)	2015 US Transgender Survey[9]	2014 BRFSS Transgender Group[10]	2010 U.S. Census[11]
18 to 24 years	**39%**	**42%**	**14%**	**10%**
25 to 44 years	**41%**	**42%**	**30%**	**27%**
45 to 64 years	**17%**	**14%****	**39%**	**26%**
65+ years	**3%**	**2%**	**16%**	**13%**

[9]James et al, 2017
[10]Meyer et al, 2017
[11]Howden and Meyer, 2011

Gender

Through an open-ended question on gender, more than 40 different descriptions of gender identity were reported (e.g., transgender, queer, man, bigender). In keeping with Transcend's philosophy of self-defined gender, these responses were not categorized, but rather represented through the word cloud displayed on the following page.

GENDER WORD CLOUD



Race

The majority of respondents identified as white. Compared to other transgender surveys, the Finding Our Strength survey findings included more respondents who reported being white as well as more respondents who reported identifying with being two or more races.

Racial and Ethnicity Composition by Percentage of Respondents

	Finding Our Strength Survey (n = 311)	*2015 US Transgender Survey[9]	2014 BRFSS Transgender Group[10]	2010 U.S. Census[11]
White	80.5%	62.2%	62.3%	72.4%
African American	2.2%	12.6%	15.9%	12.6%
Hispanic/Latino	2.9%	16.5%	14.2%	16.3%
Asian	1.0%	5.1%	2.4%	4.8%
Native American	0.6%	0.7%	2.6%	0.9%
Native Hawaiian or other Pacific Islander	0.3%		0.4%	0.1%
Two or more races	12.1%	2.5%	2.2%	9.1%

[9]James et al, 2017
[10]Meyer et al, 2017
[11]Howden and Meyer, 2011
*Asian includes Native Hawaiian/Pacific Islander

Marital status

Fewer respondents indicated that they were married versus partnered or single (22%, 34% and 44%, respectively).

Educational status

The highest educational status achieved by respondents is shown in the table below. Nearly half of respondents had a college degree, and about one-third had attended some college but had not yet received a college degree. Compared to the U.S. population, respondents were more likely to have received some college education or a college degree. While this survey reported fewer respondents with only a high school or GED compared to the US census data, the 2015 US Transgender Survey reported a higher percentage reporting that high school or a GED was their highest educational attainment. Comparisons in college degree attainment among the surveys are tenuous because surveys differed in their inclusion of technical and associate degrees within the college degree category.

Educational status cont.

Highest Educational Achievement by Percentage of Respondents

	Finding Our Strength Survey (n = 311)	2015 US Transgender Survey[9]	2014 BRFSS Transgender Group[10]	2010 U.S. Census[11]
< High school degree	4%	2%	23%	12%
High school or GED	18%	11%	42%	29%
Some college, no degree	29%	40%	23%	19%
College or technical degree	36%*	34%**	13%***	29%**
Graduate or professional degree	13%	13%	-	11%

[9]James et al, 2017
[10]Meyer et al, 2017
[11]Howden and Meyer, 2011
*Included technical, associate, and baccalaureate degrees
**Included associate and baccalaureate degrees
***Included technical and college degrees

Income

The percentage of households with annual incomes less than $10,000 was nearly three times that of the U.S. population. In addition, a lower percentage of respondents had household incomes above $50,000. However, compared to the U.S. Transgender Survey, a lower percentage of households earned less than $25,000. When asked about their ability to meet financial needs, 72% of 312 respondents indicated that their ability to do so was fair or poor.

Annual Household Income by Percentage of Respondents

	Finding Our Strength Survey (n = 311)	2015 US Transgender Survey[9]	American Community Survey 2011-2015
Less than $10,000	14%	30%	5%
$10,000-$24,999	28%	25%	11%
$25,000-$49,999	27%	21%	22%
$50,000-$99,999	20%	15%	33%
$100,000 or more	11%	9%	30%

[9]James et al, 2017
[13]American Community Survey, 2011-2015

Health Status

Depression risk

While most respondents (79%) were at low risk for depression, 21% were at a high risk. In comparison, 22% of the 2014 BRFSS Transgender Group reported a diagnosis of depression, while the rate was 18% among cisgender BRFSS respondents.15 The CDC reported that from 2009 to 2012, 7.6% of Americans aged 12 and older had moderate or severe depressive symptoms in the past two weeks.[16]

Generalized anxiety disorder (anxiety)

Eighty percent of respondents reported some degree of anxiety with 30% reporting severe anxiety. This reflects is a dramatic difference compared to the U.S. population where the 12-month prevalence of anxiety is 18.1%.[17] Anxiety caused some degree of difficulty with daily life in 87% of respondents. Forty-two percent reported that anxiety made daily life activities very difficult or extremely difficult to do.

Anxiety Level by Percentage of Respondents (n=314)

Minimal	**19%**
Mild	**27%**
Moderate	**23%**
Severe	**30%**

Self-reported health status

Over 45% of respondents reported fair or poor health status; only 5% rated their health as excellent. Since the majority of respondents were less than 30 years of age, these results are striking. For persons of all ages within the US population, about 10% rate their health status as fair or poor.[18]

Mind-body congruence

About one-third of respondents felt that their appearance synced with their gender identity while 25% felt their mind synced with their body. Only 19% felt comfortable that their physical body represented their gender identity.

Degree of Comfort with Mind-Body Congruence Items by Percentage of Respondents

	Not at all	Somewhat comfortable	Comfortable	Very comfortable
My appearance is in sync with my gender identity (n = 312)	**17%**	**46%**	**25%**	**12%**
My physical body represents my gender identity (n = 313)	**41%**	**41%**	**14%**	**5%**
My mind and body are in sync (n = 312)	**33%**	**41%**	**15%**	**10%**

Social Support

What helps? "Finding people that accepted me."

As shown in the table below, respondents generally reported higher support from a special person or friends than family. Nearly two-thirds (62%) of respondents reported that they could count on friends when things go wrong while 45% reported that their family really tries to help them. Seventy-one percent agreed that they could talk to their friends about their problems while 31% agreed they could talk about their problems with their family.

Degree of Family and Friend Support Reported by Respondents*

	Mean (±SD)
My family really tries to help me (n = 312)	**3.1 (±1.4)**
I get the emotional help and support I need from my family (n = 311)	**2.7 (±1.4)**
I can talk about my problems with my family (n = 310)	**2.6 (±1.4)**
My family is willing to help me make decisions (n = 310)	**2.7 (±1.4)**
My friends really try to help me (n = 310)	**3.9 (± 1.2)**
I can count on my friends when things go wrong (n = 311)	**3.7 (±1.2)**
I have friends with whom I can share my joys and sorrows (n = 310)	**4.0 (±1.1)**
I can talk about my problems with my friends. (n = 310)	**3.9 (±1.2)**
There is a special person around when I am in need (n = 312)	**3.9 (±1.4)**
There is a special person with whom I can share my joys and sorrows (n = 312)	**4.0 (±1.3)**
There is a special person in my life who cares about my feelings (n = 310)	**4.2 (±1.3)**

*Multi-dimensional Scale of Perceived Social Support where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. SD = standard deviation

Despite the social support reported, responses to the Loneliness Scale items found that 41% often lacked companionship and 49% often felt left out. Thirty-three percent said they felt isolated from others some of the time, and 56% felt this way often.

Write-in comments about social support revealed strong support (e.g., "My spouse is 100% supportive" and "[My mom's] acceptance was all I needed to be able to stop caring about anyone else's opinion") to no support (e.g., "My family disowned me" and "My wife will leave me if I transition medically"). Others provided advice: "Don't waste good energy on trying to convince your family to love you. Let them come to it on their own, and they will." "Be patient & allow them time to grieve the old you before accepting the real you." Others were less optimistic about creating family bonds: "Make your own family," "It's not about you, let them be them," and "Get a cat, or two."

While social support often negates the stress of discrimination, the degree of social support received is not always predictive of whether a transgender/gender diverse individual suffers from anxiety and/or depression.19,20 This survey found that higher family support was associated with lower anxiety levels. However, there was no relationship between family support and depression risk or self-reported health status. There was no association between the degree of friend support and anxiety, depression risk, or self-reported health status.

Gender Journey

"This is your journey and no one is allowed to say you are doing it wrong."

Most gender journeys began during childhood, with early adulthood being a transformative time. Most (94%) respondents indicated they were open to others about their authentic gender, and 70% indicated that they had initiated medicines or medical interventions to affirm their gender. However, the remarkable diversity in gender journeys is evident in the broad age ranges reported for each event.

Median Age At Selected Gender Events

	Median age (years)	Age Range (years)
Felt different than others in some way (n = 303)	6	2-58
Identified as transgender (n = 305)	18	2-60
Open to others about authentic gender (n = 297)	21	2-63
My family is willing to help me make decisions (n = 310)	26	11-54

*Responses such as "as long as I can remember" coded as age 2

Most gender journeys began during childhood, with early adulthood being a transfor Additional analysis found no association between the degree of family or friend support and age at gender journey events. In addition, no association was found between social support measures and the time from gender recognition to social or medical affirmation. These findings are similar to those of others who have reported an inconsistent effect of social support on gender affirmation.[19,20]

Because data show a generational shift towards greater societal acceptance of a broader definition of gender,[9,21] we explored the gender journey experiences of different generations by dividing the population into those younger than 45 years and those 45 years and older. The younger population was born after the 1969 Stonewall Riots in New York City. This uprising against New York police actions spurred the development of the LGBT civil rights movement and the establishment of organized LGBT advocacy groups across the U.S.

The age at which both age groups identified their authentic gender was similar (18 years old for the younger group versus 16 years old for the older group). However, the median ages at which those 45 years of age and older socially and medically affirmed their gender was greater than the median ages for the younger group (45 years old vs 20 years old and 48 years old vs 24 years old, respectively).

There was a sufficient sample to analyze the relationship between gender journey status and health for two groups: those who had only socially affirmed their gender (i.e., disclosure to others) and those who had both socially and medically affirmed their gender. Compared to those who only socially transitioned, having both socially and medically affirmed was associated with less anxiety, lower depression risk, higher self-reported health status, and higher mind-body congruence. mative time. Most (94%) respondents indicated they were open to others about their authentic gender, and 70% indicated that they had initiated medicines or medical interventions to affirm their gender. However, the remarkable diversity in gender journeys is evident in the broad age ranges reported for each event.

Relationship Between Gender Journey and Health Status*

	Socially affirmed only (n=67)	Socially and medically affirmed (n=172**)
% With fair or poor health status	63%	44%
Depression risk	1.7	1.5
Anxiety	12.4	9.7
Mind-body congruence score	2.5	3.4

*All comparisons significant at the $p<0.05$ level
*171 responses for health status

Respondents' written comments about the gender journey strongly encouraged people to accept themselves. "You do you", "Gender is a social construct. Just be you", and "Just remember you know who you are" all echoed this theme. Some indicated that they did not desire medical affirmation, while others desired hormone therapy or surgery, but lacked the necessary resources to do so.

Key Findings: Survey Population Characteristics

- Our population was young, mainly white, and lived in suburban/urban areas.
- Household income levels were low, and nearly 3 in 4 individuals reported difficulties meeting financial needs.
- Anxiety and depression risk were higher, and self-reported health status was lower than the U.S. population overall. Mind-body congruence appeared to be low.
- Social support often came from a significant person or friends, with lower levels of family support reported.
- Those with low family support were more likely to have higher anxiety levels.
- Gender journeys varied greatly and appear to be influenced by societal attitudes.
- Taking steps to affirm gender was associated with a more positive health status.

Discrimination Worry

"It hurts more than you think."

Preparation for discrimination

Responses to the Heightened Vigilance Scale[2] items revealed that nearly half of respondents took actions daily to brace for discrimination. In response to an additional question, 27% indicated they planned their day around the availability of safe bathroom facilities every day and 17% indicated this was done at least once a week.

Heightened Vigilance Actions Taken by Percentage of Respondents

	Almost every day	At least once a week	A few times a month	A Few times a year	Less than once a year/ never
I try to avoid certain social situations and places. (n = 312)	46%	21%	16%	10%	7%
I carefully watch what I say and how I say it. (n = 311)	44%	23%	16%	9%	7%
I feel that I always have to be very careful about my appearance to get good service or avoid being harassed. (n = 312)	39%	21%	16%	10%	14%
I try to prepare for possible insults from other people before leaving home. (n = 312)	26%	22%	17%	16%	19%

Discrimination worry in personal and social settings

Nearly all (98%) of respondents reported some degree of worry about discrimination in personal or social settings. The degree of worry reported varied across places and situations and tended to be lower in situations of choice or in those known to be gender-affirming.

Heightened Vigilance Actions Taken by Percentage of Respondents

	Very little/ Not at all	Somewhat	A lot
Residence (n = 312)	82%	11%	7%
Neighborhood (n = 312)	49%	39%	11%
Family gatherings (n = 311)	27%	33%	39%
Social gatherings (n = 311)	36%	44%	19%
Public places like stores and restaurants (n = 310)	30%	44%	26%
Public bathrooms/lockers (n = 310)	17%	25%	58%

Most respondents viewed their residence as a safe place, however, 18% worried about discrimination where they lived to some degree and 72% worried about discrimination occurring at family gatherings to some degree. Most (83%) respondents reported some degree of worry about using public bathrooms and lockers.

Further analysis found that greater discrimination worry in personal and social situations was significantly higher among those with annual household incomes less than $25,000 and was associated with significantly higher anxiety levels and significantly lower reported health status.

Discrimination worry in educational settings

Almost 40% of respondents answered survey items pertaining to discrimination worry associated with current educational experiences. Since respondents were 18 years old or older, responses may relate to high school or college experiences. Over three-fourths worried about discrimination occurring in restrooms and locker rooms. About half worried about discrimination in classrooms or when interacting with teachers. Over 40% worried about discrimination at school club meetings or school social events.

Worry About Discrimination in School Settings by Percentage of Respondents

	Very little/ Not at all	Somewhat	A lot
In restrooms/locker rooms (n = 118)	22%	25%	53%
In dorms/student housing (n = 113)	47%	29%	24%
With classmates outside of class (n = 119)	42%	34%	24%
While Interacting with teachers (n = 117)	48%	31%	21%
At school club meetings/social events (n = 118)	58%	24%	19%
In classrooms/school facilities (n = 122)	43%	41%	16%

Discrimination worry in work settings

Nearly 80% of individuals answered survey items about discrimination worry within their current workplace. Since only those currently working were asked to respond to these items, the response rate suggests that 20% may not be employed or had casual/contractual working arrangements. Sixty percent or more of respondents reported some degree of worry for each of the situations listed. Notably, 63% worried a lot about discrimination when interviewing for a new job.

Worry about Discrimination in Workplaces by Percent of Respondents

	Very little/ Not at all	Somewhat	A lot
Interviewing for a new position/job (n = 247)	11%	27%	63%
Using restrooms (n = 244)	36%	26%	37%
Meeting with clients/customers (n = 242)	31%	33%	36%
Meeting with manager (n = 245)	39%	28%	33%
Meeting with co-workers (n = 246)	34%	35%	31%
At work-related social events (n = 244)	34%	37%	29%

Discrimination worry in healthcare settings

Current healthcare professional services use varied among respondents with 86%, 79%, and 61% reporting they received care from pharmacists, primary care providers (PCP), and dentists, respectively. Forty-one percent reported receiving transgender specialist services, and 43% reported using therapist or counselor services for transgender care. About one in three respondents received care from a psychiatrist.

As shown below, worry about discrimination was low, but not totally absent, for transgender specialists, therapists and counselors. In contrast, about 1 in 4 respondents reported a lot of worry about discrimination when seeing a PCP or psychiatrist, with over 50% reporting some degree of worry. About 40% worried about discrimination when seeing pharmacists, dentists or care coordinators or navigators. Worry about discrimination was reported by those who reported current service use and those who did not. Thus, worry may have been associated with current, past and/or anticipated experiences.

Worry about Discrimination from Healthcare Providers by Percentage of Respondents

	Very little/ Not at all	Somewhat	A lot
Psychiatrists (n = 173)	**40%**	**32%**	**27%**
Primary care providers (n = 287)	**46%**	**31%**	**23%**
Care coordinator/navigator (n = 86)	**62%**	**19%**	**16%**
Dentists (n = 261)	**54%**	**31%**	**15%**
Pharmacists (n = 289)	**58%**	**29%**	**12%**
Therapists/counselors for trans care (n = 214)	**82%**	**11%**	**7%**
Transgender specialists (n = 192)	**88%**	**10%**	**2%**

Further analysis found that those with household incomes below $25,000 reported greater worry about discrimination with transgender specialists compared to those with higher household incomes. This association was not seen with other providers. Discrimination worry was not related to respondents' education level.

Greater discrimination worry with PCPs, pharmacists, therapists/counselors and transgender specialists was associated with higher levels of anxiety. Greater discrimination worry with PCPs was associated with lower self-reported health, but such a relationship was not seen with other healthcare professionals. Greater discrimination worry with PCPs and pharmacists was associated with responses indicating that body and mind were not at all in sync. No relationship was seen between the degree of discrimination worry and depression risk for any health provider.

Key Findings: Discrimination worry

- Worry about discrimination was pervasive in all settings studied.
- Worry varied among settings and tended to be lower in situations of choice or in those known to be gender-affirming.
- Discrimination worry in personal and social settings and with some healthcare professionals had significant associations with anxiety, self-reported health status, and a possible relationship with mind-body congruence.

Coping in Response to Discrimination Worry

"Life, as we would like it to be, is not an easy goal, but it is worth the effort."

Internal coping

Internal coping relates to the support given to oneself to affirm authentic gender and to deal with discrimination stress. Internal coping may foster resiliency and/or feed the internalization of discrimination. Responses to the Self-Kindness Subscale[4] suggest that respondents did not consistently give themselves high internal support. Only 7% indicated they were almost always tolerant of their flaws and inadequacies, and only 10% said they were almost always kind to themselves when suffering (data not shown).

Responses to the Self-Kindness Subscale of the Self-Compassion Scale*

	Mean (+SD*)
I try to be understanding and patient towards myself (n = 310)	**3.3 (1.2)**
I'm kind to myself when I'm experiencing suffering (n = 311)	**2.7 (1.2)**
When I'm going through a very hard time, I give myself the care and tenderness I need (n = 311)	**2.6 (1.2)**
I'm tolerant of my own flaws and inadequacies (n = 311)	**2.6 (1.2)**
I try to be loving towards myself when I'm feeling emotional (n = 311)	**2.8 (1.3)**

*1 = almost never; 5 = almost always

In written comments, many respondents gave advice that encouraged self-kindness, such as "Be kind to yourself, this does get better," "You are your advocate," and "Make it a priority to love yourself." One stated, "Be your own best friend, not your bully."

Coping with discrimination

Responses to the McNeilly Scale[3] show active coping actions were used by most respondents to some degree. However, 34% internalized discrimination by thinking they brought it upon themselves and 86% accepted discrimination as a fact of life to some degree.

Coping with Discrimination Responses By Frequency of Action Taken*

Active coping actions	**Not at all**	**Some**	**A lot**
Talked to someone about how you were feeling (n = 310)	**12%**	**48%**	**39%**
Worked harder to prove them wrong (n = 309)	**22%**	**42%**	**35%**
Expressed anger or got mad (n = 309)	**20%**	**47%**	**33%**
Tried to do something about it (n = 310)	**24%**	**55%**	**21%**
Passive coping actions			
Accepted it as a fact of life (n = 309)	**13%**	**49%**	**37%**
Realized that you brought it on yourself (n = 309)	**65%**	**23%**	**11%**
Prayed about the situation (n = 308)	**75%**	**19%**	**6%**

*Modified McNeilly Perceived Racism Scale

Coping in response to discrimination worry in personal and social situations

"We are all fighting it together in our own ways."

Responses to questions about the use of selected coping actions indicated that respondents used a mix of active and passive actions. Many respondents coped by talking with or going out with friends (96%), avoiding social events (96%), eating comfort/junk food (96%), napping or sleeping (94%), binge-watching TV or movies (91%), and avoiding public bathrooms (90%). Some coped by exercising (86%), participating in efforts to fight discrimination (80%), spending time with partner/spouse/children (79%), smoking, drinking alcohol or taking drugs (73%), or chatting online with trans-affirming groups (70%). Fewer used coping actions such as praying, meditating or practicing mindfulness (68%), keeping a diary (67%), attending support groups (66%), working longer hours to avoid other situations (64%), or taking prescription medications (63%) or herbal/natural products (54%) to cope with discrimination worry. Only 45% coped by belonging to a faith-based group.

Respondent ratings for coping action effectiveness are shown below. Variance was seen between the percentage of respondents using a selected action and its perceived effectiveness. For example, "Spending time with partner/spouse/children" was used by 79% and rated as highly effective by 58%, while napping/sleeping was used by 96% of respondents but only rated as highly effective by 35%. "Smoking, drinking alcohol or taking drugs" was used by 73% but rated as effective by 54%. Twenty-three percent of respondents rated both exercise and eating comfort/junk food as highly effective; however, eating comfort/junk food was used by 96% of respondents, while exercise was used as a coping mechanism by 85%. Some results were surprising, such as 68% of respondents kept a diary, but only 40% rated it as an effective coping action.

Reported Effectiveness of Coping Actions by Respondents*

	Very little/ Not at all	Somewhat	A lot
Spending time with my partner/spouse/ children (n = 298)	18%	25%	58%
Talking or going out with friends (n = 311)	20%	42%	39%
Napping/sleeping (n = 311)	31%	34%	35%
Taking medications prescribed for stress (n = 307)	45%	21%	35%
Chatting online with trans-affirming groups (n = 309)	27%	41%	33%
Binge-watching TV/movies (n = 310)	39%	29%	32%
Participating in efforts to fight discrimination (n = 308)	37%	34%	30%
Avoiding public bathrooms (n = 309)	42%	29%	30%
Avoiding social events (n = 311)	35%	37%	27%
Attending support groups (n = 310)	37%	40%	23%
Eating comfort food/junk food (n = 310)	39%	38%	23%
Exercising (n = 309)	44%	32%	23%
Smoking, drinking alcohol or taking drugs (n = 306)	47%	32%	22%
Praying/meditating/practicing mindfulness (n = 306)	55%	26%	19%
Keeping a diary (n = 307)	60%	26%	14%

Continued	Very little/ Not at all	Somewhat	A lot
Attending support groups (n = 310)	37%	40%	23%
Working longer hours to avoid other situations (n = 306)	49%	32%	19%
Taking herbal or natural products (n = 305)	56%	27%	17%
Being part of a faith-based group (n = 308)	74%	11%	15%

*Percentages based on number of respondents reporting use of coping action

Respondents were asked to share the one coping action that worked best for them. Many mentioned interactions with others ("talking with people who support me," "venting online," and "support groups"). Some mentioned walking, listening to music, playing video games, or taking drugs such as marijuana. A few commented that "none of them work."

Coping in response to discrimination worry in school/college settings

"Reach out and find help."

The majority of students used passive coping actions such as avoidance and non-disclosure. Avoiding interactions with other students was reported by 91%, non-disclosure of authentic gender was used by 89% and avoidance of bathrooms/locker rooms and not participating in school social events was reported by 86% and 81%, respectively. Seventy-two percent reported raising awareness about trans/gender while between 50% and 60% of respondents had coped by avoiding team sports, talking with teachers or school administrators and choosing a gender-affirming place to live.

Respondents' ratings of the effectiveness of coping actions in school settings are shown below. The most effective positive action was choosing a gender-affirming place to live, an action that may relate to college dorm living. Active coping actions such as increasing awareness about transgender issues and talking with administrators or teachers were generally viewed as being ineffective.

Reported effectiveness of Selected School Coping Actions by Respondents*

	Very little/ Not at all	Somewhat	A lot
Choosing gender-affirming place to live (n = 101)	25%	17%	58%
Not disclosing I am trans/gender nonconforming (n =100)	21%	30%	48%
Avoiding team sports (n = 100)	36%	20%	44%
Avoiding bathrooms/locker rooms (n = 100)	35%	23%	42%
Not participating in school social events (n = 100)	37%	33%	30%
Avoiding interactions with other students (n = 99)	30%	44%	26%
Raising awareness about trans/gender variant issues (n = 100)	43%	35%	22%
Talking with school administrator (n = 103)	56%	31%	13%
Talking with my teachers (n = 102)	63%	25%	12%

*Percentages based on number of respondents reporting use of coping action

Respondent advice about coping at school evolved around two main themes: finding trans friends/allies and knowing legal rights. "Reach out and find help," and "Stick close to your friends and always know where the safe classrooms and teachers are," were common advice, as well as "create a support network," and "Find someone that makes you feel safe." One urged others to "STAND UP for yourself." One respondent wrote, "Be angry, be pissed, this is survival, and they aren't rooting for you kiddo."

Coping in response to discrimination worry in workplace settings

"Always have someone you can talk to when work gets stressful."

Many respondents coped with discrimination worry by just focusing on work and blocking out everything else (97%), avoiding talking about their personal life while at work (94%), and seeking advice or confiding in their partner, spouse or friends (90%). Respondents also coped by interacting with co-workers as little as possible (86%), not disclosing their gender at work (81%), seeking advice or confiding in co-workers (79%), and avoiding social situations with co-workers (82%). Fewer tried to raise awareness about trans/gender variant issues at their workplace (70%) or sought advice or confided in their manager (69%) or human resources department or representative (57%). Sixty-one percent coped by avoiding interviews for new positions/jobs and 42% chose to work part-time.

Seeking advice or confiding in a partner/spouse/friend, not disclosing their gender, and just focusing on work and trying to block out everything else were rated as highly effective means of coping with discrimination by nearly half of those responding. Other passive actions such as avoiding talking about personal life at work and interacting with others as little as possible were thought to be more effective coping actions than active actions such as seeking advice or confiding in a co-worker or manager or seeking help from a human resources representative. Avoiding interviews for new jobs or positions was reported as an effective means to cope with discrimination by 56% of respondents.

Effectiveness Of Selected Workplace Coping Actions by Percentage of Respondents*

Coping Action	Very little/ Not at all	Somewhat	A lot
Seeking advice or confiding in my partner/spouse/friends (n = 226)	18%	33%	49%
Not disclosing gender status (n = 226)	28%	23%	48%
Just focusing on my work and trying to block out everything else (n = 229)	22%	32%	46%
Avoiding talking about personal life while at work (n = 230)	25%	29%	36%
Interacting with others as little as possible while at work (n = 229)	43%	33%	24%
Avoiding interviews for new jobs/positions (n = 225)	44%	23%	33%
Avoiding social situations with co-workers (n = 229)	37%	31%	32%
Trying to raise awareness about trans/gender variant issues (n = 230)	42%	36%	22%
Working part-time by choice (n = 227)	60%	20%	20%
Seeking advice or confiding in one or more co-workers (n = 229)	43%	40%	17%
Seeking advice or confiding in my manager (n = 229)	59%	25%	15%
Seeking help from human resources department/representative (n = 228)	60%	28%	12%

*Percentages based on number of respondents reporting use of coping action

Written comments advised caution, building support, and knowing legal rights. One advised, "Remember that your co-workers and the bosses are not your buddies." Some suggested finding a supportive transgender or cisgender co-worker, "Scope out allies," and "Make friends with supportive people," while others recommended distancing oneself from co-workers, "Don't disclose" and "Keep to yourself." Some emphasized the need to talk to managers and human resource representatives to get their support for actions such as medical affirmation, "Get bosses and HR on board first." A number indicated that finding a workplace that accepted one's authentic gender was the best way to avoid discrimination. The tension between disclosure and discrimination, and ultimately personal sacrifice, was seen in the comment, "Be whoever you have to be to stay employed."

Coping in Response to Discrimination Worry in Healthcare Settings

"Safety is your first priority."

To cope with discrimination within healthcare settings, 91% of respondents reported seeking healthcare only when absolutely necessary. Eighty percent did not disclose their gender during medical visits, 74% chose providers known to be gender-affirming and 71% educated their health providers about trans health needs). Others had someone accompany them to visits (67%), or sought health/medical advice from alternative sources such as family or friends (66%), or gender-affirming groups or associations (66%). Less than half of respondents (47%) used natural products to avoid asking for prescription medications or sought care from holistic healers rather than from a traditional health provider (32%). Twenty percent and 19% of respondents, respectively, got prescriptions from friends or others and ordered medications from online pharmacies that did not require a prescription. Whether use of the noted resources was used due to preference or availability was not determined.

Effectiveness of Selected Healthcare Coping Actions by Percentage of Respondents*

Coping Action	Very little/ Not at all	Somewhat	A lot
Choosing providers known to be trans/gender affirming (n = 305)	8%	25%	67%
Seeking healthcare only when absolutely necessary (n = 306)	26%	30%	45%
Seeking advice from gender-affirming groups or associations (n = 305)	21%	43%	36%
Avoiding talking about personal life while at work (n = 230)	41%	25%	34%
Having someone accompany me to my visits (n = 304)	46%	28%	25%
Educating providers about trans health needs (n = 304)	41%	37%	23%
Using natural products to avoid asking for a prescription (n = 304)	60%	20%	20%
Following health/medication advice from friends & others (n = 304)	52%	33%	16%
Seeking care from holistic healers rather than a physician (n = 303)	66%	21%	14%
Getting medications from online pharmacies that don't require a prescription (n = 304)	71%	19%	9%
Getting prescriptions from friends or others at parties (n = 302)	79%	17%	5%

*Percentages based on number of respondents reporting use of coping action

Coping actions reported as being most effective by percentage of respondents reporting some degree of effectiveness included: choosing providers known to be gender-affirming (92%), seeking healthcare only when absolutely necessary (75%), not disclosing authentic gender (59%) and educating health providers about trans health needs (60%). About half (53%) of respondents indicated that having someone accompany them to a medical visit was an effective coping action. Avoiding healthcare discrimination by seeking care outside of the formal medical system via the use of alternative providers or attainment of prescription medications outside the formal healthcare system was generally reported as being ineffective.

Since healthcare avoidance can negatively impact health,22-4 respondents were asked how often they avoided transgender care for selected reasons. The most common reasons for avoidance for those seeking such care related to discomfort with physical exams (78%), medical costs (59%), prescription medication costs (54%), lack of legal documents that indicate authentic gender identity (79%), and inability to find gender-affirming medical professionals (58%). Forty-seven percent and 31% of respondents avoided care because of purposeful embarrassment experienced some most or all of the time at medical offices and pharmacies, respectively.

Respondent-provided advice for coping with discrimination indicated the need to find gender-affirming professionals, “Get referrals from the community!” “Find a trans friendly doctor”, and “Seek information from other trans people”. Some gave advice about what to do during a visit: “NEVER let someone touch you against your will”, “Be honest when you feel safe”, “If they treat you poorly, leave”, “Be direct, point out what someone is doing that is disrespectful/incorrect”, “Be informed of your needs, and express them”.

Further analysis found that higher heightened vigilance scale scores were associated with more severe levels of anxiety and higher depression risk, but had no relationship to self-reported health status. Having tried more passive coping actions than active actions was related to a higher degree of anxiety, depression risk, lower self-reported health status, and loneliness. No relationship was seen between the use of active coping actions and depression risk, anxiety, or self-reported health status.

Key Findings: Coping in Response to Discrimination Worry

- Stigma was internalized by some; most prepared for discrimination on a routine basis.
- A mix of both active and passive/avoidant coping actions were used and deemed to be effective and recommended by respondents.
- Most rated talking or seeking help from authority figures in schools and workplaces as helping very little or not at all.
- Choosing gender-affirming providers was a common action that was viewed as effective. However, avoiding care and nondisclosure of authentic gender were also used by the majority and viewed as effective.
- A preponderance of passive coping action use was associated with more severe anxiety, higher depression risk, lower self-reported health status, and more loneliness.

DISCUSSION

The findings paint a picture of a population in distress. Low household income levels, escalated anxiety, significant depression risk, and low self-reported health status were common. Three out of four indicated difficulties meeting their financial needs. Our results were comparable to the 2014 BRFSS Transgender Group; 41% of BRFSS respondents had incomes below $25,000, and 27% reported incomes between $25,000 and $49,999.[15] The results are also similar to the Virginia Health Survey[25] that reported 38% of transgender respondents had an annual income of less than $16,999.

Perhaps most notable was the low household incomes, given the reported educational attainment. Such an income-education imbalance has been found by others[9] and is suggested to reflect discrimination against transgender individuals in hiring and other employment practices. Indeed, worry about work discrimination was reported by two-thirds of our working respondents. Worry about job interviews was particularly high, signaling that hiring practices - or worry about hiring discrimination - may be a major barrier to employment and career advancement.

Worry about discrimination was pervasive in all settings studied. The high degree of discrimination worry combined with frequent coping through non-disclosure indicates that individuals may often be in situations that are unsafe for authentic gender expression. That such worry occurred within an environment of strong, creative, and effective national and local transgender advocacy and outreach efforts emphasizes that the road to equality and fairness is a steep climb. Fewer respondents reported a high degree of discrimination worry within residences. The variability of discrimination worry among settings reflects the challenges faced by many and acknowledges that avenues to a better life also exist.

Discrimination in school and work environments is well-documented.[20, 26-9] The similarity between discrimination worry in academic settings and the workplace is notable since education is often the doorway to employment. Discrimination worry associated with classmates echoed that of worry associated with co-workers. The relatively low effectiveness of talking to teachers to cope with discrimination aligned with the low effectiveness of confiding in managers. These findings suggest that efforts to raise awareness about transgender/gender diversity issues and rights among students on an institutional level may have a positive effect on creating more accepting workplaces. Resilience gained in school may transfer to resilience at work. In addition, interventions to overcome hiring barriers and build professional networks are needed. Certainly, teachers, school administrators, employers, and co-workers need more education about transgender/gender diversity issues and legal protections. In addition, stronger policies and procedures for honoring gender identity in schools and workplaces must be present.

Actions to live in harmony with one's authentic gender begin with the gender journey. Due to societal misunderstanding, this journey is likely to include navigating discrimination and developing coping skills. This gender journey often starts early in life, and thus, an understanding of gender that is inclusive of transgender/gender diverse experiences should be firmly implanted into childhood development research and practice, elementary education policies and processes, and pediatric healthcare provision. Our survey findings highlight the unique journeys of individuals and the need to respect self-determination. They also give a glimpse into the degree of social support, anxiety, depression, and dysphoria that may be associated with one's personal journey.

Preparation for discriminatory events was common among respondents. This action is consistent with the Minority Stress Model[30,31] that frames the stigma, prejudice, and discrimination as a hostile environment inducing increased stress and thereby leading to poorer health outcomes. Past research has focused on the effects of heightened vigilance and health.[32] Himmelstein and associates[33] found that heightened vigilance mediated the effect of discrimination on stress. Within our sample,

internalization of discrimination was seen in the low degree of self-kindness expressed and in those who believed they brought discrimination upon themselves. While comparisons among minority groups are fraught with inadequacies, our results mirror those of others that found that individuals often responded to unfair treatment by talking to someone, taking action[34] and working harder to prove them wrong.[25] However, our respondents were more likely to accept discrimination as a fact of life and prayer was used less compared to other populations.[35,36] Thus, finding ways to strengthen coping while decreasing internalization of discrimination is needed to prevent or negate negative health effects.

Respondents used both active and passive actions to cope with discrimination, felt both types of responses were effective to some degree, and shared written advice that promoted both. Our findings suggest that using more passive/avoidant actions than active actions negatively affected health. This is not surprising given the general view that actions related to social isolation are harmful to one's well-being. Therefore, peer sharing of active coping strategies and experiences that promote resilience may be useful. Hearing the benefits of positive, effective actions and the pitfalls of harmful or avoidant coping actions could be helpful to those who are struggling to find their internal strength. The predominant use of passive coping actions also emphasizes the need for those involved in providing transgender and gender diverse care to assess coping strategies used by clients/patients and guide and support them in adopting healthy, effective actions.

The data brought to light interventions that deserve a second look to see how their effectiveness could be improved. For example, support groups were not viewed to be as effective as some would have thought. Keeping a diary of one's experiences and thoughts is a common recommendation for dealing with stress, but the reported effectiveness of this action was surprisingly low. Perhaps including active coping strategies in support group activities or incorporating positive reframing in journal exercises could improve perceived effectiveness. Nonetheless, these findings emphasize the need to revisit intervention processes and tailor coping actions to fit individual needs and personal preferences.

Respondent comments strongly suggest that healthcare experiences displayed a lack of caring and cultural responsiveness. Health professionals often have little formal education and experience in transgender healthcare.[37,38] To improve transgender or gender diverse individuals' care, providers must be knowledgeable about gender-affirming health issues.[39] Incorporation of transgender health into professional curriculums, adoption of clinical practice guidelines, and participation in continuing education programs may serve as a foundation for such learning.

Education on transgender health must extend into health professional practices with systems of care that honor chosen names and pronouns, and document authentic gender within their medical records. Practice office staff training must include acknowledgement of personal biases, professional norms, and group dynamics. As with all patients, care must adopt to meet the unique needs of persons of color, individuals with disabilities, under-resourced individuals, and older adults.

In addition, clients/patients must feel comfortable sharing their authentic gender. With accurate gender information, professionals may be more likely to address social, economic, and legal issues that influence health and patients' ability to follow medical advice, and may make appropriate referrals for affirming specialty care.

Creating affirming and culturally-competent environments in all settings is paramount. While this one-time survey could not determine causality, it added to other study findings[9,31] in that discrimination worry and heightened vigilance were associated with higher anxiety and a greater risk of depression. In contrast, higher family support was associated with lower levels of anxiety. Medical affirmation of gender identity was associated with lower anxiety levels, less depression risk, higher self-reported health status, and greater mind-body congruence; findings that echo previous findings.[42-5] The use of more passive coping actions compared to the number of active actions tried was associated with more severe anxiety, greater depression risk, and lower self-reported health status.

Our findings reinforce that building resiliency within the transgender/gender diverse community must be done in concert with external advocacy efforts. Not only must gender-affirming policies be adopted and implemented, but those schools, colleges, workplaces, healthcare providers, and social settings that are effectively gender-affirming must be known by and accessible to the community if discrimination worry is to decrease. Our findings of high levels of heightened vigilance and anxiety, worry about discrimination, and use of negative coping actions describe a population that is likely to be reluctant to enter settings that are unknown or known to be non-affirming. Thus, entities should be publicly open about their willingness to provide gender-affirming care. Referral pathways among health professionals and other services either through centers of excellence, advocacy groups, or informal networks can help guide patients to environments where they can be at ease and anticipate respect.

It should also be recognized that some respondents found openly existing as transgender or gender diverse in a cisnormative world unbearable. They advocated for gender non-disclosure and avoidance of interactions with cisgender individuals. Many expressed their greatest support came from within the transgender community. For these individuals, building self-reliance and positive support systems within the transgender community is the desired goal. Growing trans-affirming spaces through initiatives that create social support, expand career networking, and address physical and mental health needs is important.

STUDY LIMITATIONS

This survey had a number of limitations. The snowball recruitment method may have preferentially drawn those with stronger support networks, greater community connections, and more access to gender-affirming providers while missing those more isolated from these resources. We did not adequately capture the perceptions, experiences, and advice of older individuals, persons of color, and those living in rural areas. This limitation is common among transgender/gender-diverse survey research.[9,31] However, the unique experiences of these groups and the loss of their contributions make this limitation a key concern. The high percentage of respondents who were socially open about their authentic gender did not allow us to compare results between those who are open socially and those who are not. A one-time survey design did not allow directionality for variable relationships to be determined. Scale modification may have altered the psychometric properties of scales. The online survey process created barriers for those without Internet access and was only offered in English. Some may not have participated due to potential fear or shame of identifying as transgender/gender diverse even though data were collected anonymously. Local environments and other factors not considered within the survey may have influenced responses. The validity of self-administered survey data is always fallible to question interpretation.

CONCLUSION

The *Finding Our Strength Survey* was a community-led research endeavor that blended the knowledge and lived expertise of community members with the methodological expertise of academic researchers. This partnership was valuable in creating a survey that produced useful information and provided results that were meaningful to community members, health professionals, researchers, and beyond. The report findings are not representative of all who identify as transgender or gender diverse or of the experiences and viewpoints of any particular individual. Yet, the findings do provide insight into respondents' daily burden of navigating through ever-present obstacles borne of prejudice and discrimination. Our results provide insight into their internal resiliency. In summary, the survey provided important data and advice on how the community, those that serve the community, and the public at large can better meet the needs of transgender/gender diverse individuals.

CALL TO ACTION AND RECOMMENDATIONS

Transcend the Binary, a transgender-led wellness and research organization, stands ready to work with the community, its allies, and prospective allies to foster systemic change to lower discrimination worry while also promoting healthy coping actions to maximize well-being. Building on the results of the Finding Our Strength Survey, we offer the following recommendations for reaching these goals. We invite you to join us in refining and improving the path forward and opening opportunities for collaborative work that will strengthen the transgender/gender-diverse community. These opportunities should include:

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- Increased support and opportunities for community-led initiatives through research and funding organization investment in developing leadership skills within transgender and gender-diverse community members.
- Collaborative efforts to educate the public, families, educators, employers, health professionals, and others about transgender and gender diverse experiences combined with creative, effective ways to foster awareness and acceptance.
- Extensive promotion of gender-affirming environments and practices within schools, workplaces, healthcare, and other settings with supportive services to reduce discrimination worry and its adverse impact on health.
- Increased awareness and understanding of the gender journey combined with initiatives to increase respect and strengthen support for self-determination.
- Opportunities within gender-affirming environments for skill development, career advancement, and networking.
- New and expanded efforts to encourage use of a healthy balance of active and passive coping skills supported by increased social support and decreased social isolation.
- Enhanced strategies and techniques to improve communication between cisgender, transgender, and gender-diverse individuals, especially in social, work, school, and healthcare settings.
- Continued research into transgender/gender-diverse issues with a focus on expanding evidence-based initiatives to improve quality of life.
- Strategies to fully engage members of the community from diverse backgrounds in research, particularly persons of color, those with disabilities, and older individuals.

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