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Experiences of Familial Acceptance–Rejection Among Transwomen of Color

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Abstract

Because of the stigma associated with transgenderism, many transwomen (biological males who identify as female or transgender) experience rejection or abuse at the hands of their parents and primary caregivers as children and adolescents. The Parental Acceptance–Rejection (PAR) theory indicates that a child's experience of rejection may have a significant impact on their adult lives. The purpose of this study was to conduct a qualitative analysis of adult transwomen of color's experiences with caregivers, guided by PAR theory. Twenty transwomen of color completed semi-structured interviews exploring the reaction of their parents and primary caregivers to their gender. While many participants reported that at least one parent or close family member responded with warmth and acceptance, the majority confronted hostility and aggression; reports of neglect and undifferentiated rejection were also common. Many transwomen were forced out of their homes as adolescents or chose to leave, increasing their risk of homelessness, poverty, and associated negative sequelae. Future research is needed to explore how families come to terms with having a transgender child and how best to promote acceptance of such children.

Keywords

transgender women; family relationships; parental acceptance-rejection theory (PAR theory); stigma; gender identity

Transgender women are individuals who were assigned the male gender at birth and later come to identify and live as a woman or transgender female (Kenagy, 2002). Trans-gender identity is complex, and such individuals may identify as transgender, solely female, or female *and* male (Devor, 2002; Kenagy, 2005). The current preferred global term by educators and activists is transwomen/women (Lombardi & Davis, 2006). As a result of their nontraditional gender identity, transwomen are socially marginalized individuals (Connolly, 2006), and some argue that the addition of gender identity disorder as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (*DSM-III*) in 1980 may have contributed to an

increase in the stigmatization (Lombardi & Davis, 2006). Because of social proscriptions against expressions of male femininity, transwomen are frequently targeted by others for discrimination and violence (Gordon & Meyer 2007; Lombardi, Wilchins, Priesing, & Malouf, 2001).

The first experience transwomen have with the development of their nascent gender and sexual identity occurs within their family of origin, and thus many transwomen's experiences of rejection or violence begin in the family home. Many transwomen report having been punished for feminine behavior as children, forced out of their home, and/or rejected by their families (Gagne & Tewksbury, 1998). One of the few large studies (Factor & Rothblum, 2007) of transgender adults ($n = 295$, including both trans-women and transmen) and their non-transgender siblings found that transgender individuals reported less support from their families, as well as greater harassment, discrimination, and violence than their non-transgender siblings. This study provided valuable evidence regarding the different treatment of siblings who are transgender and illustrated the potential differences in life outcomes as a result. However, the study was limited by a predominantly White sample (88% of transwomen and 86% of transmen respondents), and only transwomen and transmen who had contact with siblings who agreed to take part in the survey were eligible.

Regardless of its source, stigma and discrimination targeting transwomen can render them more vulnerable to poor self-image, unhealthy behaviors, and adverse consequences for health (Bockting et al., 2002; Bockting, Robinson, Forberg, & Scheltema, 2005; Garofalo, Osmer, Doll, Sullivan, & Harper, 2005; Kenagy 2005). Even for transwomen who are able to conceal their transgender identity (i.e., can “pass” as female in day-to-day life), literature documenting the stressors associated with living with a concealable stigma has shown that such individuals are at an increased risk of negative mental and physical health outcomes (Cole, Kemeny, Taylor, & Visscher, 1996; Frable, Platt, & Hoey, 1998; Huebner, Davis, Nemeroff, & Aiken, 2002; Meyer, 2003; Pachankis, 2007; Shehan et al., 2003). Transwomen in particular face a multitude of challenges that affect their quality of life, such as poverty; increased prevalence rates of human immunodeficiency virus (HIV) and sexually transmitted infections; drug and alcohol abuse; incarceration; violence; suicide; and housing, employment, and medical care discrimination (Clements, Wilkinson, Kitano, & Marx, 1999; Kenagy, 2002; Nemoto, Luke, Mamo, Ching, & Patria, 1999; Operario & Nemoto, 2005; Reback & Lombardi, 1999).

The theory of Parental Acceptance–Rejection (PAR; Rohner, 2004) provides a useful framework for analyzing the experiences of transwomen with their parents and major caregivers. The term ‘parent’ as used in PAR refers not just to biological mothers and fathers, but to any significant caregiver who bears substantial responsibility for raising offspring. This includes step-parents, grandparents, and other close family members such as siblings, aunts or uncles, if they play a significant role in the life of the child (Rohner, Khaleque, & Cournoyer, 2005).

Although PAR theory has not previously been applied to transwomen specifically, this theory has been validated in a substantial body of research across diverse populations in the United States (Rohner et al, 2005), including a sample of economically disadvantaged African American and White youths (Crook, Raskin, & Eliot, 1981; Rohner, 1994; Veneziano & Rohner, 1998), and Hispanic youth (Dumka, Roosa, & Jackson, 1997). PAR theory conceptualizes the perceived acceptance–rejection of children across four domains: warmth–affection, hostility–aggression, indifference–neglect, and undifferentiated rejection (Rohner, 2004; Rohner et al., 2005). “Warmth” as a construct in PAR theory is defined as the child's perception of the parent or major caregiver's verbal, physical, or symbolic gestures of love, including affection, nurturance, and care. “Hostility–aggression” is conceptualized as overt physical or verbal expressions or rejection, including verbal abuse and violence. “Indifference–

neglect” indicates a lack of warmth, but also a lack of overt abuse; parents or caregivers may be experienced as emotionally withdrawn and unavailable, or may fail to provide material necessities. Finally, “undifferentiated rejection” is conceptualized as treatment that is neither warm, nor hostile, nor neglectful, but experienced by the child as void of key expressions of love and care.

Research on PAR theory has produced a substantial body of evidence that children's perceived rejection is associated with depression, behavior problems, substance abuse, mal-adaptive adult attachment styles, low self-esteem, and poor coping styles (Rohner, 2004; Rohner et al., 2005). Thus, PAR theory would posit that the experiences of transwomen with their parents and/or major caregivers, particularly during the adolescent and emerging adult years when most begin the transition and coming out process, may be a crucial factor in determining many aspects of their adult relationships and mental health. It has been suggested that if the family reacts abusively to the disclosure of transgender status, it may be healthy for the transwoman to sever all ties with her family (Connolly, 2006). At the same time, it is also important to remember that different family members may have a range of reactions to their child's gender, and family relationships prior to the transition and coming out period play an important role in how the child's disclosure of her transgender identity is handled. These reactions may be similar to the processes documented in the literature on the families coping with gay and lesbian children (Savin-Williams, 2001; Willoughby, Doty, & Malik, 2008); families often have a range of emotional reactions to their child's disclosure which over time may move towards acceptance. However, the unique needs of families of transgender children remain understudied and should not be assumed to be analogous to families of gay, lesbian, or bisexual children.

Although the negative responses of family members to their transgender child's gender presentation and identity have been well documented (Factor & Rothblum, 2007), these reactions are not universal. Many parents admire their child for their bravery and courage in handling such a difficult situation (Connolly, 2006; Wren, 2002). Unlike many parents of transgender children who believe that their child's gender identity is a result of bad parenting, some parents view their child's ability to steer from conventional ideas of gender identity without shame is an indication of how well they raised their child (Connolly, 2006).

The disclosure or discovery of a child's transgender identity has a powerful impact on the family as a whole (Lev, 2006). Initial shock does not necessarily denote disapproval or rejection, and a period of adjustment may be needed. Often acceptance requires a period of family grieving (Goldberg & Adriano, 2007; Lev, 2006) for the loss of their son or brother before accepting their new daughter or sister (Connolly, 2006). Many family members may also fear for their loved one's safety, because they are aware of the stigmatized status that transwomen have in society, and like many families, they want their loved ones to have the same opportunities as everyone else. The process of disclosure and transitioning can be psychologically demanding and straining for transwomen and their families alike (Lev, 2006).

Clearly, transwomen's experiences of parental and familial acceptance–rejection within their families play a crucial role in shaping their adult lives. However, research on transwomen's relationships with their parents and caregivers remains in its infancy, particularly among transwomen of color. A descriptive qualitative approach to transwomen of color's perceptions of family experiences may offer a rich insight into the experiences of this under-researched population. Therefore, the purpose of this study was to explore transwomen's experiences with their parents and close family members to their transgender identity. Using semi-structured interviews, this study aimed to conduct a qualitative exploration of transwomen's perceptions of their family experiences. These experiences shall be analyzed using the PAR theoretical framework as a guide for understanding transwomen's perceptions of their parental and familial acceptance–rejection.

Method

Participants and Recruitment

The data for this project were collected in December 2007 and January 2008, as part of the pilot phase of a larger study of HIV risk behavior funded by the Center for Disease Control and Prevention (CDC). The purpose of the pilot project was to conduct formative research on transwomen's experiences with their families and social networks, the social context of risk behaviors, and to explore transwomen's perspectives on services and interventions targeting HIV prevention among this population. This study was approved by the institutional review board of the CDC and the Principal Investigator's home institution.

A nonprobabilistic, purposive sampling strategy was used to recruit participants. Peer outreach workers from our community partner, the Pride Connections Center, who were mainly transwomen of color, visited programs serving transwomen as well as bars and nightclubs popular with this population to raise awareness and recruit potential participants. The outreach workers approached transwomen, offered a description of the research program, and distributed business cards with contact information featuring a female figure logo and the tag line "Interested in sharing about your life in the T-Zone?" The phrase "T-Zone" was adopted for use in recruitment materials following community feedback from transwomen, who reported that it was a popular term referencing life as a transwoman that did not necessarily "out" people as transgender to outsiders. Interested trans-women then called the research center to receive further information about the study and screen for eligibility. Snowball sampling also occurred as participants referred their friends to the project.

Procedure

Participants were screened by telephone to determine eligibility; persons were eligible if they were age 18 or older, were biological males who identified as female or transgender for at least the previous three months, and reported sexual activity (oral and/or anal sex) with men in the same time period (as the purpose of the pilot was to aid in the development of a sexual risk reduction program for transwomen). Individuals who were interested and eligible were then scheduled for an interview. Participants provided informed consent and then completed a semi-structured, in-depth qualitative interview with a trained interviewer who was culturally competent in transgender issues. Participants also completed a self-administered survey using audio assisted computer self-interview software (ACASI). Participants received \$50 for completing the interview and survey and were provided with a pamphlet of resources available for transgender persons in the New York City region.

The interview protocol included topic areas such as development of female/transgender identity, the experience of coming to terms with their identity, and the impact of this identity on familial relationships and life course. Also included were questions pertaining to the stigma and potential rewards of having a transgender identity; experiences with discrimination; sexual risk/safety practices; use of hormones, surgery, or other bodily practices to express their gender identity; as well as access to health care and social services specific to transwomen; these topics will be explored in separate articles currently in preparation. All participants were asked about their parent and close family members' reaction to their gender identity, as well as current family relationships. Participants were encouraged to elaborate on their experiences; however, the interviewers did not define the term "family" for the participants. The interviews took from 45 min to 3 hours to complete and were conducted in a private, one-on-one setting. Interviews were audio-recorded, sent to an independent firm for transcription, and subsequently verified for accuracy by one of the project staff. All identifying details were removed from transcripts to protect participants' privacy.

Analytic Strategy

The PAR (Rohner, 2004; Rohner et al., 2005) theoretical framework guided the construction of a qualitative code-book. Thematic codes were created to indicate participant narratives regarding familial “warmth,” “hostility,” “indifference,” and “undifferentiated rejection,” as defined by Rohner and colleagues (2005). A three-member coding team comprised of the study Project Director/Co-Principal Investigator (second author) and two volunteer research assistants met to review and discuss the codes, practice coding sections of transcripts, and resolve any discrepancies through discussion and revision of the codebook. Following this, each member of the coding team individually coded the same interview transcript. Using the procedure recommended by Smith (2000), intercoder reliability was established by multiplying the number of matching codes among the three coders by the number of coders, then dividing by the sum of number of codes applied by all coders. When the inter-coder reliability reached 90% among the three coders, interview transcripts were downloaded into QSR NVIVO 8, a qualitative analytic software program, and thematic codes were applied to each interview according to the established codebook. Coding reports were generated after all interviews had been coded to allow for final analyses by the first author in order to identify meta-themes within each of the four conceptual categories specified in PAR theory. It should be noted that the codes were not mutually exclusive; the same segment of a participant's narrative could be coded as “warmth” to denote a supportive relationship with her mother, but also receive “hostility” to indicate a father who rejected her. Quotes that capture the essence of each theme will be used to illustrate these concepts and will be accompanied by the participants' self-reported age, ethnicity, and gender identification.

Results

Twenty transwomen participated in this initial pilot phase of the larger CDC-funded project. The mean age of the sample was 32 years ($SD = 10.43$, range = 18–55) and was almost equally divided between Latina and African American transwomen, the majority of whom had a low level of educational attainment and a high level of unemployment (see Table 1). The mean age initial transgender awareness was about 10 years old ($M = 9.95$, $SD = 4.85$, range = 4–19), and the mean age of first disclosure of transgender status was 15 years old ($SD = 4.98$, range = 6–30).

“My mother—she was there for me”: Parental Warmth and Affection

Verbal, physical, and symbolic displays of affection from parents and close family were described by transwomen in ten of twenty interviews (50%). Mothers, grandmothers, and other female relatives were more likely to be described by transwomen as accepting, while fathers, brothers, and other male relatives were often less so. The divide between maternal and paternal responses to the child's gender identity and expression sometimes led to a fractured household, as one participant related:

My mother, she was there for me ... Then when I told my father, it was a big issue, because he's a religious person ... He put me out, but my mom, she had another place [for me] to go [age 21, African American, transgender].

This participant's mother provided material and symbolic support by helping her with an apartment. The participant also commented that her mother and grandmother “give me a lot of respect now ... they've been giving me garments to wear.” These gifts are symbolic gestures of warmth and acceptance of their child's gender identity, which may have eased the pain of her father's rejection. Other participants reported similar symbolic gestures of warmth from female family members:

My mother's my best friend. She buys me panties and bras... my aunt, nephews and niece ... they accept me to the fullest. They see me the way I want to see myself, which is [as] a female [age 31, Latina, transgender].

This participant emphasized the importance of having received her family's acceptance and contrasted this support with the experiences of transwomen who were less fortunate: "They're used to me now as 'Heather.' All my family is really [accepting] ... most transwomen, when their family don't accept them, commit suicide."

Mixed reactions among family members were a common theme among participants who related themes of familial warmth. One transwoman, whose mother did not accept her gender identity, received encouragement and support from her aunt, grandmother, and cousin:

My aunt ... told me "be who you are. Don't wait until it's too late or until everyone else gives you a chance to feel like it's your time" ... my grandmother and my aunt are my biggest supporters, and my cousin who is my biggest supporter, she did my hair, she took me out [age 20, multiracial, female].

This transwoman experienced these verbal and symbolic gestures of love and acceptance from her family as an essential part of her difficult transition period during adolescence and early adulthood. Although her mother and stepfather did not accept her as a transwoman, receiving support from her aunt, grandmother, and cousin allowed her to maintain a sense of family connection.

A few women reported that most of their close family members were accepting of their transgender identity. For these individuals, the family provided a refuge from a social environment that was often less accepting:

If you fought me, you had to fight my brother and my sister and everybody else in the family. So they just left me alone ... My family is very supportive with anything that I do. My mother and father, they're all for it, most of them. I never had anybody in my family say, "Well you can't come to this cookout because you're this and you're that." Everybody wants me at the cookout [age 32, African American, transwoman].

This transwoman's feeling of familial inclusion provided a kind of buffer zone that she cited as a source of personal strength.

"you're not a fucking girl:" Parental Hostility–Aggression

Eight of 20 participants (40%) described family experiences that were classified as hostility–aggression. The negative responses took the form of verbal abuse, physical violence, and being forced out of their home. One participant discussed the reaction of her mother to her disclosure of being transgender:

My mother couldn't handle it for a long time. She used to do very vicious things to me. And you know, she would even you know call me a faggot and stuff in the street ... If I came down the street with friends or something like that, she would turn and laugh at us and stuff like that. When I started dressing in female clothes, it even became worse. She would spray hoses at me and call me all kinds of names and make it obvious to everybody, whoever was around me, that I was a man [age 55, African American, transgender].

Unfortunately, participant reports of physical and verbal abuse were fairly common:

My life at home became hell. Because when I was in school, I was known as a boy who thought he was a girl ... and then my stepfather and his nephews constantly called

me faggot, for no reason, come up to me, punch me and say “be a man ... you're not a fucking girl. you're a fucking boy” [age 20, multiracial, female].

Many of these narratives reflect not only an aggressive and hostile reaction from parents and close family members to their transgender child, they also hint at the larger social stigma against transgenderism. For some families, the knowledge that others knew about their child's “difference” increased their sense of anger and humiliation. For many of the participants, parental rejection led to being forced out of the home, often before the transwoman reached the age of 18:

My father actually threw me out of my house when I was 14 years old ... He slapped me backwards and I fell on the floor with a black eye and screaming to my mom. [He then said] “A faggot's in this house.” One thing led to another that he said that he wants me out by this week. So I said, “Don't worry. I'll be out by tonight.” When they went to sleep I took all of my stuff that I could carry and I just left [age 40, Latina, transgender].

Others voluntarily left home because of a general feeling of being unwelcome; such experiences will be described in the “indifference” and “undifferentiated rejection” sections.

Fortunately, some parents who initially had a hostile or aggressive reaction later progressed to a more tolerant or accepting attitude. One participant described how her relationship with her mother had changed over time:

She was, “why the fuck are you doing this, you have no respect for yourself, how could you do that to your body ... God made a mistake when He made you.” She flipped out. It was horrible—I felt like my mother died. [Q: Do you have a relationship with her now?] Yes ... it took about a year for us to go through everything, and now we're at the point where I'll call her and she'll go “what's up beba”—that's her nickname for me, it means baby girl in Spanish [age 21, Latina, transgender].

Such narratives of initial rejection, followed by later acceptance, lend support to Lev's (2006) argument that many families go through what might be compared to a “grieving process” when a family learns its child is transgender. These narratives also indicate that for many transwomen there is reason to hope for an improved relationship with their parents and close family members in the future, even if their initial reaction is rejecting.

“I never got attention:” Indifference–Neglect

Participant narratives that described a withholding of emotional or material support, without overt hostility, were classified as “indifference–neglect.” These narratives appeared in eight of 20 transcripts (40%). Many of these narratives related a type of “silent treatment” or avoidance of the child. One transwoman described her father's avoidance of her when she visited her mother: “When I go over to see my mom, he's at work or doing something else, but when he does see me sometimes, no social—nothing—no socializing at all” [age 21, African American, transgender].

For some, the “silent treatment” was a parent's response to the child's attempt to open a dialogue about their gender transition. As one transwoman related: “I said ‘Mom, I'm different.’ Until she seen me and she was speechless. And she said ‘look, I can't talk right now, call me some other time.’ That really hurt me” [age 37, Latina, female]. This person re-established contact with her mother many months later, and eventually, the mother learned to tolerate, if not accept and appreciate, her transgender child's identity.

A recurrent theme across several narratives described the experience of leaving home as an adolescent with no indication that they had been *forced* out of the home; rather they perceived

a lack of warmth and acceptance at home or a preference on the parent's part that they leave. One participant related unequal treatment in comparison with her siblings, a material and symbolic deprivation of love and acceptance of her: "She made sure my brothers and sisters, they all had brand name stuff. But me, I would always have second-hand clothes" [age 20, multiracial, female]. This participant related moving into a shelter for teens, apparently of her own volition, but no doubt attributable in part to the neglectful treatment she received at home.

"You go your way and I'll go mine:" Undifferentiated Rejection

Narratives that did not explicitly describe abuse or neglect at home, and also failed to relate feeling loved or supported by their family, were classified as "undifferentiated rejection;" 11 of 20 (55%) participants related experiences of this sort. One transwoman described missing living at home and caring for her younger siblings. However, regarding her father, she stated "The more I go towards the goal of having my sex changed to become more womanly, the further apart our relationship has grown" [age 20, multiracial, female]. She later described how "busy" her family members were and her feeling that they no longer had time for her.

Some transwomen described family relationships that had grown distant with time and the pain of feeling a lack of acceptance and understanding from their parents. "I'm like, you go your way and I'll go mine. And that's it. I Don't really try to have arguments with people, because I see it as a waste of time. And I already have gray hairs" [age 23, Latina, transgender]. Another woman put it this way: "... the relationship is everybody is living on their own, they're grown, they do what they want to do" [age 42, African American, transgender]. These transwomen's family relationships did not appear to be progressing towards one of greater acceptance; rather, family member appeared to agree to a tacit understanding that they would avoid engaging with one another or discussing the issue of the child's gender identity.

Discussion

The experiences transwomen shared regarding their parents and close family member's reactions to their transgender identity were diverse. While a few women reported experiencing total acceptance and warmth from their parents and close family members, the majority reported a mix of familial reactions ranging from acceptance to aggressive rejection. Others perceived themselves as being unloved because of experiences of neglect or undifferentiated rejection. Many transwomen reported being rejected by one parent and accepted by the other. Such mixed responses are not easy to categorize as they are neither wholly accepting nor wholly rejecting. Nevertheless, the data presented here indicate that transwomen of color frequently experience verbal and physical abuse at the hands of their family members upon disclosing their transgender identity. For many, this disclosure also led to being forced out of the home or choosing to leave. These findings lend support to earlier research on the often negative responses of family members to their transgender children (Factor & Rothblum, 2007; Gagne & Tewksbury, 1998).

The PAR theory (Rohner, 2004; Rohner et al., 2005) proved to be a useful guide for interpreting transwomen's perceptions of acceptance–rejection. Similar to other studies that have used PAR theory to explore the child's experience of rejection—acceptance by parents and other close family members (Rohner et al., 2005), the data presented here indicate that the child's relationship to parents as well as grandparents, aunts and uncles, and siblings may shape the child's perception of their acceptance–rejection. Although this is the first published study to apply PAR theory specifically to transwomen, it is reasonable to suggest that the findings validated by previous PAR studies may also be applicable to this population. The life consequences of being rejected by family members for transwomen in this sample may have implications for their adult relationships, mental health, and self-esteem. Clearly, the experience of being forced out of the home or leaving home as an adolescent also places the

individual at risk for a host of negative outcomes associated with homelessness and poverty. There is an urgent need for greater outreach and support services tailored to the unique needs of transwomen and their families to prevent abuse and associated consequences and promote greater acceptance and support for the transgender child.

While many of the participants reported that although a family member did not initially agree with or accept their gender identity, over time many became more supportive. This lends support to theories of how families come to terms with their transgender child's identity (Lev, 2006). This may be similar to the processes identified in research on family adjustment following the disclosure that a son or daughter identifies as gay, lesbian or bisexual; an initial parental reaction of shock, hurt or anger may later progress towards one of love and acceptance (Savin-Williams, 2001; Willoughby et al., 2008). Many transwomen in this sample who currently do not have a relationship with their families look forward to a time when their relationship can be mended. Although several participants discussed that their family member's opinions of their gender identity have not improved over time this did not necessarily indicate present estrangement. Some of the transwomen in this sample continue to visit with such family members, even though their encounters are brief and unfriendly, in order to maintain some form of a relationship with them.

Yet the needs of the families of transgender individuals should not be assumed to be the same as those of the families of lesbian, gay and bisexual children. The data presented here indicate the symbolic power that gifts and gestures such as giving the child a female nickname, jewelry, or feminine clothing indicating acceptance of the child's gender may carry. Having a forum in for family members to express how they feel about having a transgender loved one, and to seek out support and answers to their questions is vital. Parents, Families, and Friends of Lesbians and Gays (PFLAG), the National Gay and Lesbian Task Force, and the Human Rights Campaign have initiated support groups and programs for transgender individuals and their families. Although such resources are a welcome addition to existing programming for lesbian, gay and bisexual persons, there is still a critical lack of available support services tailored to the unique issues of transgender persons and their families. Such services should address the difficult choices faced by transgender youth and their families such as whether to begin hormone therapy and at what age, surgical changes to alter the individual's body to be more feminine (or masculine, for transmen), and how best to navigate the child's gender identity in public environments, particularly at school, in order to maximize the safety and acceptance of the child. Increased support for families and a greater awareness of transgenderism throughout society is necessary in promoting acceptance of transgender people.

As transwomen of color face both gender and racial discrimination, their experiences may be qualitatively different from White transwomen (Jennings & Shapiro, 2003). Some families may view nontraditional gender behavior as belonging to White culture (Jennings & Shapiro, 2003). African American and Latino families are frequently rooted within a religious tradition, which for some may lead to more rigid ideas about gender roles and the 'immorality' of homosexuality or transgenderism. Many participant narratives reflected the role of religious beliefs in their parent's negative reactions to their transgender identity. In addition, parents may worry that the child will face additional hardships as a member of a "double minority" (being Latina or African American *and* transgender). Indeed, this theme was reported by some of the transwomen in this sample. Current research suggests that gay and lesbian individuals of color often have difficulty finding equilibrium between conforming to familial and community expectations and their identity as gay or lesbian, and this ambivalence may delay the coming out process (Hunter, 2007), and one recent study found that gay men and women of color were less likely to be out to their families (Gro, Bimbi, Nanin & Parsons, 2006). Unfortunately, as our interview protocol did not include specific probes as to transwomen's perspectives on their racial or ethnic background and how this impacted their experience within the family, it is

difficult to draw conclusions about the role that culture or social class played in our participant's coming out and transition process. In addition, as our interview guide did not probe for participant's disclosure of HIV status to their families, it is possible that some of the HIV positive transwomen in our sample were experiencing rejection from their families not solely because of their gender identity, but also because of the stigma associated with being infected with HIV.

While the number of transwomen in our sample who reported being infected with HIV was high, it appears to reflect the elevated prevalence of HIV among transwomen of color. One estimate of HIV prevalence among transwomen in the United States found that self-reported HIV positive status ranged from 3% to 60% across samples, and those studies comprised predominantly of African American transwomen were higher than rates reported in studies comprised mainly of white transwomen (Herbst et al., 2008). In addition, in the New York City-metropolitan area where this research was conducted, many of the community-based organizations serving transwomen also aim to serve the broader population of people living with HIV/AIDS. Thus our strategy of sending transwomen peer outreach workers to recruit study participants at these venues may have resulted in an over-representation of transwomen living with HIV. Finally, the inclusion requirement that participants be sexually active with men raises the possibility that transwomen in our sample may have engaged in higher rates of sexual risk behavior than transwomen who are not sexually active, or who do not have sex with men, and thus elevated their risk of infection with HIV.

Although this study makes a contribution to the literature on PAR theory and family relationships of transwomen of color, the sample size is small and limits the generalizability of the findings presented here. However, the high level of inter-rater reliability reached in the thematic coding indicates the rigor of the qualitative codebook and the utility of the PAR theoretical framework for exploring the experiences of the women in this sample. The specificity of our sample (transwomen of color living in the New York City region who are sexually active with men) provides rich qualitative data on the experiences of this population; however, these findings should not be extended to White transwomen, transwomen who do not have sex with men, those who remain committed to female partners from a relationship formed prior to their gender transition, or who are not sexually active.

Future research in this area may benefit from a larger and more diverse sample of transwomen and the inclusion of transmen. In a study conducted by Kenagy (2005) transwomen were found to be at greater risk of experiencing violence in the family home compared with transmen. The impact of social norms regarding masculinity (Jennings & Shapiro, 2003) may also result in differential responses from family members to transwomen compared with transmen. Longitudinal research on transwomen and men incorporating measures of PAR theory would provide useful information on the characteristics of families who are more accepting, as well as provide data on the process of familial acceptance over time. Because this sample reported a mix of family responses, further research on the experiences of transwomen and transmen who are accepted by one parent and not the other may shed light on the impact of even partial parental acceptance on adult mental health and relationships for these individuals. Although it will present sampling challenges, family members of transwomen (and transmen) clearly warrant the attention of researchers. Finally, the increasing visibility of transgender individuals in media and public discourse may raise public awareness about the diversity of gender and gender identity; repeated samples of cross sectional data on transgender individuals would allow for the measurement of generational differences among transwomen as well as differences based upon age at gender transition. Research in this area with lesbian, gay, and bisexual populations has found that the age of coming out to self and others has lowered as the visibility and acceptance of homosexuality has increased (Groves et al., 2006).

Even with familial acceptance, transwomen will still face societal prejudice and discrimination. However, affection and support from the immediate and extended family may act as a buffer for the stigma transwomen encounter in public spaces. Counselors who are sensitive to the issues faced by transwomen and their families may play an important role in promoting the acceptance of transgender children. Programming aimed at increasing social awareness of transgender individuals and destigmatizing transgenderism is needed to encourage a broader social shift in attitudes towards transwomen and transmen.

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Table 1

Participant Characteristics

Demographics (<i>N</i> = 20)	<i>n</i>	%
Race/ethnicity		
African American	10	50
Latina	8	40
Multiracial	2	10
Gender identification		
Transgender	12	60
Female	8	40
HIV status		
Positive	8	40
Negative	11	55
Unsure	1	5
Educational attainment		
Completed grades 9–11	6	30
Completed grade 12 or GED	9	45
Some college, Associate's	4	20
Any postgraduate studies	1	5
Employment status		
Unemployed	14	70
Part-time	5	25
Full-time	1	5