Introduction

Young people often first learn about their gender and sexuality from their parents. These lessons are typically framed within a cisgender and heteronormative lens, with the assumption that gender development is teleological and that young people are not sexual beings until they reach puberty. Trans and gender-nonconforming youth do not identify with the gender they were assigned at birth and often find it tricky to navigate and understand the relationship between their gender and sexuality. Trans youths’ experiences are absent from much of the research about sexuality (Bauer et al., 2009; Bettcher, 2013; Galupo, Davis, et al., 2014), and when they are studied, researchers focus on gender to the exclusion of sexuality or they are lumped in with LGB youth and their experiences are assumed to be similar.

Historically, sexuality has been conceptualized through labels and measurements, and research participants are tasked with reporting their desires for particular sex and gender designations (Dozier, 2005; Lev, 2004; van Anders, 2015). Traditional conceptualizations and theories of sexual identity development argue that sexual orientation is stable after adolescence (Bell et al., 1988; Money, 1988), although recent research proposes that sexuality is fluid (Diamond, 2008; Katz-Wise, 2015; Kinnish et al., 2005; Ott et al., 2011). Much of the research on sexuality has focused on the experiences of cisgender (non-transgender) individuals and fails to consider the complexity of trans people’s sexuality and range of sexual identities (Katz-Wise et al., 2016). However, in the past 30 years, researchers have begun to explore how trans adults understand their sexual desires and sexual identity (Bockting et al., 2009; Bockting & Coleman, 1991; Dargie et al., 2014; Devor, 1993; Diamond et al., 2011; Hines, 2007), in addition to the ways their sexuality might change over time and is influenced by their gender identity (Galupo, Mitchell et al., 2014; Kuper et al., 2012; Meier et al., 2013; Rowniak & Chesla, 2013). For example, it is often assumed that trans men transition to become heterosexual men, however, studies have found that at least 25 percent describe themselves as gay, bisexual, or queer (Clements-Nolle et al., 2001; Grant et al., 2011). The limitations
of language to capture the sexual experiences and identities of trans people, often leads them to endorse nonbinary and/or multiple sexual identities such as bisexual, pansexual, and queer (Dargie et al., 2014; Galupo, Bauerband et al., 2014; Galupo, Henise et al., 2016; Kuper et al., 2012).

Drawing on trans studies and queer theory, I conceptualize sexuality as more than a combination of our gender, sexual identity, and sexual desires. Rather, sexuality is shaped by the stories others tell about us and we tell about ourselves, by the social contexts we are immersed in, and the ways we navigate and relate to our body. In this chapter, I explore how sexuality is conceptualized in research about trans youth. I use the term “trans” throughout this chapter as a way to acknowledge, describe, and “encompass all manifestations of transness” (Cromwell, 2001, p. 263; Noble, 2006), including, but not limited to: transgender, transsexual, gender queer, and “diverse gender variant practices” (Aizura, 2006, p. 291). I use the term youth to describe people between the ages of 15 and 25 years old. I find that literature about young trans people’s sexuality can be organized into three themes: a medicalized discourse about trans youth, the construction of their trans identity development and the social contexts influencing how trans youth navigate and negotiate their sexuality. I conclude with suggestions for future research and argue that research about the sexual development of trans youth must include an analysis of gender. I begin with a discussion of how our understanding of trans youth has been influenced by a history of research about sexuality and how trans youths’ lives and sexuality are conceptualized in recent studies.

Framing Research about Trans Youth

Research about trans people began in the 1800s, when early psychiatrists and sexologists, including Karl Ulrichs (1994), Richard von Krafft-Ebing (2006), Magnus Hirschfeld (1991), Sigmund Freud (1962), David Cauldwell (2006), and Harry Benjamin (1954), developed the initial theories defining and describing the bodies, experiences, and identities of gender-variant people. These theories invented the transsexual, constructing a language to describe the transsexual, a framework for diagnosing the transsexual, and subsequently creating a cure to rid them of their sexual perversion. Furthermore, this early research influenced the questions future researchers asked about trans people and the ways researchers encounter, recognize, and explore sexuality in the lives of trans people. For example, Ulrichs’ description of himself as having a “female soul in a male body,” characterizes the misalignment metaphor that many trans people use today to describe the relationship between their body and gender (1994, p. 363). Being “born in the wrong body” is a phrase that continues to shape how current researchers and medical providers understand the embodied experiences of trans people. Trans youth use this narration of their gender to advocate for the use of puberty blockers (Pyne, 2017) and this rationale for their transition is supported by government bodies, medical institutions, and schools (American Psychological
Early research by sexologists has also influenced medical and psychological discourses about trans people that concentrate on theorizing the origins of transsexualism (Cohen-Kettenis & Pfäflin, 2003; Zucker et al., 1997), developing techniques and treatments for “fading” trans people of their gender-variant behavior (Meyer-Bahlburg, 2002; Zucker, 2004), and exploring the relationship between sexual orientation to various gender-related characteristics (Bailey & Zucker, 1995; Doorn et al., 1994; Tsoi, 1990). In this research, there is a lack of an analysis of the ways sexuality plays a role in the lives of trans people and any reference to their pleasures and desires are pathologized. In response to unethical techniques like aversion therapy, there have been studies offering therapies that are characterized as more affirming and adaptive for families with transgender children, designed to prevent gender variant youth from developing a damaged self-esteem and building a positive identity no matter what gender and sexual identity they are (Menvielle & Tuerck, 2002; Pleak, 1999).

Over the past decade, there has been an increasing number of studies about LGBT youth, and yet these studies rarely report on the experiences of those who are gender non-conforming or do not include a representative sample size of transgender youth (D’Augelli & Patterson, 2001; Mallon, 1998; Savin-Williams & Cohen, 1996). When trans youth are lumped into research about young lesbian, gay, and bisexual people, their status as a gender minority becomes conflated with their sexuality and their sexual desires are denied or misunderstood. Dean Spade (2004) critiques the consolidation of identities in the term LGBT, calling it instead “LGB-fake-T” (p. 53) to draw attention to the absence of trans issues and trans people in the use of the category LGBT. Susan Stryker (2008) draws attention to the ways that by listing “T” with “LGB” transgender becomes an orientation and that the inclusion of trans in LGBT privileges the expression of sexual identity over gender identity (p. 148). Although trans youth are often linked to the lesbian, gay, and bisexual community, many identify as heterosexual and the ways trans youth understand and navigate their heterosexuality is absent from much of the research about LGBT youth.

Some researchers and youth-led community projects use the term queer to describe the diverse sexual and gender identities and experiences of the populations they are working with. Queer comes to stand in for those who identify as LGB and the sexual and gender diversity of those who do not identify as LGB. In some cases, trans youth are included in the umbrella term queer. For example, in an edited collection about queer youth cultures, Susan Driver (2008) uses the term “queer youth” to “signify young people who identify in ways that exceed the boundaries of straight gender and/or sexual categories” (p. 2). In Imagining Transgender, David Valentine (2007) discusses how the term queer is often used in place of the category LGBT in order to “stress the commonalities of experience across particular identity formations” (note 17). However, as Valentine notes, some trans people argue that the term queer does not describe their heterosexual identity and that the use of the
term queer to describe some LGBT people “undermines the notion of fixed subjectivities and identity which are so central to many transgender (as well as lesbian and gay) identities” (note 17). Although LGB, queer, and trans youth bodies of literature overlap and explore similar issues, the experiences of LGB, queer, and trans youth can differ quite drastically and yet young people often have multiple gender and sexuality identities. Trans youth are increasingly using multiple terms and identities to describe their sexuality and gender, and future research needs to respond to the new language trans youth are using. The development of new words tells us something about the limitations of language and how trans youth are navigating their sexuality in the face of intelligibility and misrecognition.

In addition to these tensions in language, research about trans people is often limited in a number of ways. First, the majority of representations and research about trans people are from transsexuals who have sought counseling or services from gender-identity clinics (Lewins, 1995). Second, most medical literature about trans people is about Anglo, White, and European-American transsexuals who were born male-bodied (see Bailey & Zucker, 1995; Tsoi, 1990; Winter, 2002). These demographics influence how sexuality is conceptualized in narratives about trans youth. These narratives rest on a linear story of identity development, in which the youth describes having always been gender non-conforming and always knowing they were trans. Lastly, the majority of research about trans people has been conducted by non-trans people in the social sciences (Green, 1999; Prieur, 1998), where, historically, trans people have been oppressed and pathologized. These limitations shape the research that has been conducted on trans youths’ sexuality and also offers a place from which to imagine new directions in the field of trans youth studies.

While there have been significant problems with the way researchers have explored trans youth, there have also been a few important findings. Current research about trans youth describes them as having higher rates of discrimination, violence, substance abuse, homelessness, and suicide ideation than their gender-conforming peers (Kosciw & Cullen, 2001; O’Shaughnessy et al., 2004; Sember et al., 2000). There have also been some recent studies on the sexual and romantic experiences of trans youth and on how their gender-affirming treatment affects their sexual health (Bungener et al., 2017; Veale et al., 2015). In a recent Canadian study, Veale and colleagues (2015) report that of the 923 young trans people they surveyed, 69 percent of those aged between 14 and 18 had been in a romantic relationship. Based on a large quantitative survey completed by 137 Dutch trans young people aged between 10 and 17 years, Bungener and colleagues (2017) explored topics ranging from sexual experiences, romantic experiences, sexual orientation, and sexual satisfaction. The results of the study were compared with a group of similar-aged young Dutch people, in addition to the sexual experiences reported by trans girls and trans boys who participated. The majority of trans youth reported that they had been in love; however, only half had been in a romantic relationship and only a few (5 percent) had engaged in sexual activity. Overall, the findings were that young trans people are sexually and romantically less
experienced than the general population; however, there are a number of ways to understand this information. Many trans people, including young trans people, feel uncomfortable in their body (Prosser, 1998; Pyne, 2017), and this can affect their negotiation of sexual experiences. Trans youth are also often unable or not ready to engage in gender-affirming interventions, and this may limit their desire and comfort in sexual relationships. This finding might also point to the heteronormative and cisgender assumptions inherent in frameworks for thinking about sexual development.

Other exceptions to the lack of research and information about trans youths’ sexuality can be found in the few books targeted toward trans and gender-diverse young people that address issues such as relationships, intimacy, and sex (Kuklin, 2014; Rainess, 2015; Testa et al., 2015). For example, in Beyond Magenta (Kuklin, 2014), a book documenting the lives of six transgender teenagers, a teen named Christina discusses her sexual relationships, how taking estrogen impacted her sex drive, and her feelings about her body. In this next section, I explore some of the medical discourses shaping how researchers conceptualize trans youths’ sexuality.

Medical Discourses about Trans Youths’ Sexuality

There has been a recent growth in the number of people who identify as trans, inciting more researchers to explore the formation of the trans subject and the existence of trans people. Some researchers attribute the increase in the number of people who identify as trans to the feminist and lesbian/gay liberation movements (Coogan, 2006; Heyes, 2000). There has also been research about the diversity among trans identities (Ekins & King, 1999, 2006; Valentine, 2007) and the historical presence and representation of gender variance throughout different cultures (Bullough & Bullough, 1993; Feinberg, 1996; Herdt & Boxer, 1993). Recent work in the field of trans studies also explores the increasing accessibility of medical transitioning for trans people and the greater number of options gender-variant people have in figuring out their gender, opening up different ways for trans people to transition and consider the complexity of their gender (Castañeda, 2014). Medical discourses about trans youth offer debates about the ways young trans people are diagnosed and treated by the medical system.

Despite the ways medical discourses have pathologized and oppressed trans people, paradoxically they have also lent legitimacy to the experiences of trans people and are always in the process of rewriting how the medical community describes and labels trans people. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the most common classification system of mental disorders used by mental health professionals in the United States. In the most recent version of the DSM, the DSM-5, the diagnostic name “gender identity disorder” is replaced with the term “gender dysphoria” (American Psychiatric Association, 2013).

The DSM-5 was met with backlash in both the United States and internationally because of the way some common behaviors and emotions are categorized as
mental health disorders (Pearson, 2013). The World Professional Association for Transgender Health (WPATH) prefers the term gender dysphoria “to reflect that a diagnosis is only needed for those transgender individuals who at some point in their lives experience clinically significant distress associated with their gender variance” (WPATH, 2011, p. 6). This change in terminology reflects a shift in conceptualizing gender as “disordered” to understanding gender as both biologically based and socially constructed, and places the focus on the distress with one’s body rather than conformity with societal gender norms (Lev, 2013). This new terminology also reframes the diagnosis so that it is no longer necessarily a lifetime diagnosis. Although this diagnosis allows some trans people to access greater health care and resources, it also contributes to an unequal relationship between the mental health field and trans people because it maintains the gatekeeper status of the medical institution.¹ For trans people to access hormones or other forms of medical services they need approval and permission from a therapist.

Recently, there has been a push for children who are diagnosed with gender dysphoria, are questioning their gender, or do not identify with the gender they were assigned at birth to receive hormone-suppression therapy and cross-sex hormones therapy (Spack et al., 2012). Debates about the use of puberty blockers offer a compelling look into how the medical community, parents, and media conceptualize the sexual subjectivity of trans youth. Puberty blockers are seen as a way to delay development or buy young trans people time to decide what they want their body to look like and how they want to express their gender identity. Castañeda (2014) describes how within medical discourse, “hormone suppression therapy puts the pubertal process ‘on hold’ while cross-sex hormones begin a partial process of transition that can be halted up to a point without permanent cross-sex effects” (p. 60). Within discussions about puberty, blockers seems to be both a wish to give young gender-variant people more agency and simultaneously a question about when a young person understands their gender and can make a decision about their future gender identity (Pyne, 2017). Castañeda (2014) argues that hormone blockers offer a way for medical providers to return trans children to a normative linear narrative of gender development and the trans child “becomes a recuperable transgender body in a way that the adult transgender body cannot, because the latter is already fully formed” (p. 60). Medical discourses often prop up normative ideas about gender, sexuality, and development, ignoring the way these issues are complicated for everyone. For trans children and youth, narratives of gender and sexual development become heightened in the push to create a progress narrative. Unlike gay youth, young trans people often feel like they “miss out” on being a young boy or girl, and their linear narratives struggle to account for these gaps in their gendered stories.

¹ In 2016, an external review of the Centre for Addiction and Mental Health Gender-Identity Clinic of the Child, Youth, & Family Services in Ontario, Canada was conducted and one of the key recommendations was that “gender variance versus gender dysphoria should be distinguished and explained” (p. 3).
The medicalization and measurement of sexuality and gender detracts from the complexity of trans youths’ sexuality, often forcing them to describe themselves within a fixed or narrow understanding of sexuality and gender, when, in fact, some trans youth describe their sexuality as fluid and dependent on relational factors (Galupo, Henise et al., 2016). These heteronormative and cisgender conceptualizations of sexuality and gender limit how we conceptualize sexuality and the lives of trans youth. In this next section, I explore how developmental theorists influence how we understand the sexual development of trans youth.

**Sexuality and Intelligibility in Trans Identity Development**

Youth, and particularly trans youth, are uniquely situated in narratives about time and development. Trans youths’ development is marked by time; they are waiting to be approved for hormones, hoping that over time people will use their new name, scheduling their next estrogen or testosterone shot, celebrating how long they have had their name, delaying puberty with hormone blockers, and waiting for a body that cannot change soon enough. Trans youth are not yet adults but are constrained by the pressure to narrate their identity development into adulthood and out of their youth so that they are intelligible within a normative trajectory of development. Normative trans narratives adhere to cisgender heteronormative progress narratives and have failed to conceive of young trans people (Aizura, 2012; Castañeda, 2014). In my review of sexuality and gender-identity development models, I find that heteronormative and cisgender frameworks influence how researchers conceptualize identity developmental models because of the way they position sexuality and gender as two separate aspects of one’s identity, rather than taking an intersectional approach to thinking about identity development in relation to sexuality, gender, age, class, race, (dis)ability, and citizenship.

Numerous models of sexual- and gender-identity development have been proposed and modified over the past 30 years, and, yet, they rarely consider the ways gender and sexuality identity development are interconnected. In contrast to heterosexual and cisgender youth who are thought to develop their sexual and gender identities with ease, LGBTQ youth are often characterized by various stages that might include confusion, struggle, ambivalence, integration, and synthesis (Russell et al., 2014). A common developmental model used to describe lesbian, gay, and bisexual people is the CASS Homosexual Identity Development Model developed by Vivienne Cass in 1979. Following in the wake of the removal of homosexuality from the DSM, the CASS model was one of the first to account for a theory of development that did not pathologize lesbian and gay people. This model includes six stages: Identity Confusion, Identity Comparison, Identity Tolerance, Identity Acceptance, Identity Pride, and Identity Synthesis. Although these stages are sequential, Cass argued that individuals might revisit stages at different points in their lives, influencing our understanding that sexuality is a lifelong process. In line with this
understanding of sexual identity development, the first study to explore the development of adolescent lesbian and gay identity in depth also concluded that sexual identity development should be viewed as an ongoing process rather than as a series of stages or phases (Herdt & Boxer, 1993).

Critiques of the CASS model argue that it is too rigid in its linear progression (Akerlund & Cheung, 2000), do not capture the full range of LGBTQ identity-development experiences (Russell et al., 2014), and is outdated and not applicable to lesbian identity development (Nichols, 1999). In response to stage models of LGB identity, D’Augelli (1994) created a “life span” model of sexual orientation development that takes social contexts into account. Working with D’Augelli’s model, Bilodeau and Renn (2005) found that transgender identity development, as described by trans college students, narrate gender identity in the same processes D’Augelli outlines. Mallon (1999) warns social service practitioners against the use of traditional models of human development with trans youth because they are based on biological constructions of gender.

Based on the CASS model, trans theorist Aaron Devor (2004) developed a Fourteen Stage Model of Transsexual Identity Formation that includes stages about gender discomfort and identity confusion, which leads to an acceptance of one’s transsexual or transgender identity and transition, and concludes with the development of integration and pride (p. 41). In contrast to the linear progression of the CASS model, Devor explains how some trans people may not go through each stage, may go through a stage more than once, may go backwards or forwards through stages, may go through some stages faster or slower or “may conclude that the best way for them to live their lives is to go no further than any particular stage” (p. 44). The flexibility and fluidity offered in this model attempts to account for the messiness of gender and the unique lives of every trans person. This model also includes a stage in which one accepts their post-transition gender and sex identities. This stage is constructed as happening after an individual transitions, and yet many trans youth may not have access to the ways they want to transition. Future models of trans identity development need to account for how young people’s navigation of and agency in their transition process might influence their sexuality.

In one of the first large studies about trans youth, Grossman and D’Augelli (2006) found that they varied widely in the timing of their awareness of the incongruence between the sex they were assigned at birth and their gender identity. They report that this awareness occurs between 6 and 15 years of age and that youth identified with the label of transgender between 7 and 18 years of age. The study also found that trans youth often expressed initial confusion about the relationship between their sexual attractions and their gender identity, but over time came to understand these as separate aspects of their identity. In contrast to previous assumptions about the relationship between one’s biological sex as a determinate for one’s sexual and gender identity, young people’s gender identity is often more likely to influence their sexual identity (Galupo, Davis, et al., 2014; Galupo, Henise et al., 2016). Models of trans youth identity development and sexual development must consider their unique relationship to gender and
sexuality. In this next section, I examine how trans youths’ desire for belonging and recognition is of great importance in social contexts like their family and at school.

**Sexuality in the Social Context of School and Family**

A new direction within research about trans youth attempts to think differently about trans youth, to consider them not as either at-risk or resilient, but rather, focuses on understanding the ways in which trans youth negotiate their development within various social contexts and the ways that individual characteristics influence how they engage with and experience their social world. This new paradigm in trans youth literature recognizes the importance of continuing to examine the risks and challenges faced by trans youth in addition to the ways these youth are resilient and thriving. This research explores the complex ways young people construct an understanding of their identities and experiences, the complicated relationship that individuals have both to the particularities of their lives and to the social categories we use to make sense of the world, the social contexts in which they are engaged, and the varied ways that context matters in the health and development of trans youth. Recent studies have looked to trans youths’ experiences in their family and at school as a way to explore how they navigate these social contexts. I draw on this research to consider how family and school influences trans youths’ sexualities.

Trans youth, like all youth, narrate the self in relation to their family. Materially, as well as emotionally, trans youth are reliant upon their family even as they are developing an identity that separates themselves from their family. Family acceptance is often described as one of the factors effecting the mental health and well-being of trans youth. Trans youth need support from family, friends, and peers during their coming-out process and familial support can be essential to the transgender person’s identity development (Ryan, 2001, 2009). Young trans people are often still financially dependent on and live with their parents at the time of their coming-out process (D’Augelli et al., 2010; Grossman et al., 2006). Most youth come out to a friend or other person close to them before coming out to their parents and family (e.g., D’Augelli et al., 1998; Ryan, 2009). Trans youth often conceal their trans status because they fear that by disclosing their trans identity to their family they risk parental rejection, withdrawal of financial support, social restrictions, forced counseling, violence, and homelessness (Johnston & Valentine, 1995; Kawale, 2004; Kirby & Hay, 1997; Ryan, 2009). Research has explored how some young trans people withdraw from their family as a way to cope (Greene, 1994),

---

2 Very little research has been conducted on the relationship trans youth have with their family and much of the research I draw on in this section only explores the experiences of LGB people. I am aware that transgender identities and issues often get grouped together with those of LGB people and yet I find this research helpful for thinking about the experiences of young trans people (Blumer et al., 2012). Like trans youth, LGB youth often have complex relationships with their family because of their gender identity and expression. Additionally, these two groups share many of the same challenges, including financial dependence and the need for emotional support from their family.
while others may cope by using substances (Valentine & Skelton, 2003), engage in risky sexual behaviors, or attempt suicide (Savin-Williams, 1998). Trans youth might also keep their trans identity a secret from their family because they worry that something is “wrong” with them. Family reactions are not stagnant or simply binary, but change and are negotiated over time and in different contexts, and influences how trans youth navigate their sexuality (Gorman-Murray, 2008). Home is often the site in which family relationships are negotiated and is a dynamic space for young LGBTQ people (de Montigny, 2013).

When home feels like a site of exclusion, peer groups offer important sites for new identities to be explored and recognized (de Montigny, 2013). For trans youth, family can take new forms and may include friends, the LGBTQ community, or those that have acted as mentors or role models (Beam, 2007). In a case study with two trans youth, Rosario et al. (2009) explores the fluid and complex ways trans youth describe their gender identities, gender expression, and sexuality. For Robert/Taisha/TJ, one of the trans youth Rosario discusses, family is a place where they are accepted as a transwoman but are met with confusion and anger when they go back to being a boy. Robert/Taisha/TJ’s friends also express confusion when they identify as a boy, and assume that they are now a female-to-male transsexual, however, it is unclear whether they are treated any differently because of this change. For Starr, the other trans youth Rosario describes, the drag ball scene is a site in which the authentic presentation and expression of gender are judged by other trans people and she is awarded for the “realness” of her gender expression. The approval, respect, and power offered in these awards travels beyond the site of the ballroom and suggests to Starr that she is intelligible as a real woman, a marker of her mobility in public spaces and her desirability to heterosexual men. Starr’s narrative pushes against the typical story researchers tell about trans youth and Rosario’s analysis offers a more complex understanding of the everyday lives of trans youth. Over the 7 years Rosario met with Starr, she was moved from residential placements and group homes, often running away for a period of a few days and then returning with new clothes and accessories. These various housing arrangements never became sites where Starr felt at home or had a sense of family. Starr found her home in the “house” scene and expressed a great desire to be recognized as a “real” woman in the scene. In this example, family and home are important sites in which trans youth are seeking acceptance and approval of their gender and identity.

Rosario’s study points to the complex ways trans youth are exploring their gender and sexuality in the social spaces that influence their lives. This complexity is exposed in the changing ways trans youth want to be addressed, the various

---

3 The drag ball scene, also known as ball culture, is explored in Jennie Livingston’s 1990 documentary, *Paris is Burning*. Within ball culture there are “houses,” often made up of queer and trans youth (who are often homeless) and led by a “mother” (an older transgender woman or queer man who has won a lot of competitions), that compete against other “houses.” Rosario describes the drag balls as places where youth can find support and explore expressions of race, gender, sexuality, and class through dance competitions and “walk” to “compete for ‘realness’ in a variety of categories, not only female drag but also male drag – usually mimicking and subtly mocking white, upper-class styles (e.g., tennis club, suburban male, Wall Street banker)” (Rosario, 2009, p. 301).
spaces and situations trans youth find themselves in everyday, and the desire trans youth have to belong and feel in relation to others. For the young trans people in the study, becoming intelligible to others and avoiding abuse, often meant changing their appearance, behavior, body, and name. In this sense, trans youths’ gender and sexual identities are negotiated in multiple contexts and in relation to others, complicating the story that sexuality is fixed and stable.

Although young trans people spend much of their young lives with their family, children’s gender-variant behavior often first arises as a problem when they enter school and is sometimes first understood as a sign of a child’s future sexuality (Pleak, 2009). In response to LGBT bullying at schools and the suicide prevalence among trans youth, there has been a push to document the campus climate for LGBT students through surveys. In a national study of high school-age LGBT experiences, 65 percent of trans youth reported feeling unsafe, 87 percent had been verbally harassed or threatened, and 53 percent had been physically harassed in school due to their gender expression (Greutak et al., 2009). In a national study of the campus climate for LGBT students, faculty, and staff, Rankin (2003) reported that nearly three-quarters of the respondents believed that transgender people were more likely than other population groups to be harassed at their colleges and universities. Studies have also documented how 70 percent of transgender students said they have gone out of their way to not use campus bathrooms (Kosciw et al., 2016). Conservative groups fear that cisgender youth will be put at risk if trans youth are allowed to use their preferred bathroom and cite unfounded concerns about the greater potential for sexual assault and decreased safety. Recent debates about the accessibility of bathrooms for trans students highlight the need to address the ways trans youth negotiate their sexuality at school. These studies also tell us about the potential harm and threats trans youth face when expressing and navigating their gender and sexuality at school.

Lydia Sausa (2003) began working with trans youth in a doctoral program at the University of Pennsylvania, exploring the HIV prevention and educational needs of trans youth. Building on his previous work with trans youth, Sausa used focus groups to explore the school experiences of 24 trans youth in Philadelphia and presented his recommendations for school administrators and educators (Sausa, 2005). Sausa argues that to effectively provide a safe learning environment for all students, it is imperative that the voices and experiences of trans youth are heard by education professionals and reflected in their policies and practices. These studies point to some of the issues trans youth encounter in school and continue to be at the forefront of discussions about trans youth. Trans youth are trying out new identities and expressions of their sexuality at school, despite how these are not always safe spaces. Future research might look to explore how trans youth are negotiating their sexuality at school and how the social context of school influences how trans youth express and understand their sexuality.
Conclusion

Although many of the recent studies about trans youth emphasize the complexity of trans youths’ lives, there remains a large gap in the literature about how they negotiate and understand their sexuality. There are a number of possible reasons as to why this is the case. In the past 10 years there has been an increase in the number of trans youth coming out (Staley, 2011) and it may be that because this is such a new phenomenon that researchers are only recently considering the sexual lives of trans youth. The desexualization of youth and the sole attention to gender in the lives of trans youth has also lead researchers to ignore the sexual lives of trans youth. The attention that has been given to their gender identity and gender discrimination has set the grounds for future research about their sexual lives and, yet, because this research has tended to focus on their resilience and vulnerability, there has been a failure to conceive of trans youth as sexual beings. The sexuality of trans youth has also possibly received little attention because of the ways trans people are pathologized by the medical community and their bodies are seen as undesirable by society. For example, the high numbers of trans women that are murdered each year speak of the way trans bodies are treated in society (Betcher, 2007, 2013). Research about trans youth needs to think more broadly about sexuality and models of trans youth identity development and sexual development must consider their unique relationship to gender and sexuality. Queer and trans youth scholars continue to open up our conceptualization of sexuality to consider the ways race, class, (dis)ability, nationhood, and citizenship influence how young people navigate their sexuality in their daily lives. Researchers need to keep in mind how young people’s multiple identities influence how they narrate and negotiate their sexuality in social spaces like school, family, peer groups, and social media.

In order to further understand and support trans youth, we need to find ways to increase the knowledge we have about their sexual health and sexual development. Research about trans youths’ sexuality can help them get more resources they want and need, rather than limiting the narrative they have to tell to get those resources. Future research must build on how we understand the lives of trans youth by exploring their sexual subjectivity and sexuality.

References


Staley, R. (August 12, 2011). When boys would rather not be boys: Kids are being diagnosed – and identifying themselves – as transgendered younger than ever before. Macleans.


