Trans Young Adults' Reflections on Adolescent Sources of Extra-Familial Support

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Abstract

Research on transgender and gender diverse individuals has often focused on hardships and experiences of distress or discrimination. While these studies advance the literature, much less research has focused on positive experiences. In this retrospective study, a phenomenological approach is used to identify and better understand sources of extra-familial support for transgender adolescents. Fifteen participants who self-identified as transgender were interviewed about the sources of extra-familial support they experienced during their adolescence and how these sources were discovered, developed, and accessed. Participants' ages ranged from 18 to 24 ($M = 21$). Findings indicate various settings and resources wherein transgender youth have been accepted and received extra-familial support (e.g., extra-curricular activities, teachers, friends, online communities). Clinicians can benefit from understanding where and how transgender adolescents find, and experience, their sources of support.

Keywords: transgender, youth, social support, adolescence, acceptance

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Transgender and gender diverse (TGD) youth often experience alarming rates of family rejection (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). The terms *transgender* and *gender diverse* may be used separately, or together (i.e., "TGD"), and broadly refer to persons whose gender identity does not fully align with their birth-assigned sex and also encompasses individuals whose gender identities are neither exclusively feminine or masculine (e.g., *non-binary* or *poly-gender*). Among TGD youth, high levels of familial rejection in adolescence have been linked to detrimental mental health outcomes, such as depression, suicidal ideation, sexual risk behavior, and low self-esteem (Ryan et al., 2010; Yadegarfard, Meinhold-Bergmann, & Ho, 2014). In order to counterbalance the adverse role of familial rejection in transgender peoples' lives, some researchers have identified coping strategies and aspects of resilient transgender youth and adults (e.g., Grossman, D'Augelli, & Frank, 2011; Singh, Hays, & Watson, 2011). This trend of research has continued, and more studies have illuminated the personal characteristics and strategies (e.g., sense of self-agency, future oriented, seeking out meaningful relationships, engaging in collective action) of transgender youth who demonstrate resilience (Shelton, Wagaman, Small, & Abramovich, 2018; Singh, Meng, & Hansen, 2014); however, fewer studies have focused on identifying and understanding the sources of support (as opposed to personal characteristics or resilience strategies). Given that high levels of familial rejection appear to be one of the largest risk factors for negative health outcomes for transgender youth (Ryan et al., 2010), this study seeks to identify and understand extra-familial sources of support that may offset the deleterious role of familial rejection.

Background

Adolescence is often characterized, perhaps most saliently, by identity exploration and formation (Erikson, 1968). Developmental-specific tasks associated with adolescence include becoming more independent from parents, increased reliance on extra-familial relationships (e.g., peer and friend relationships), and developing a stable adult sense of self (Pardo & Devor, 2017). As TGD youth navigate their development, they face additional challenges due to societal pressure and hostility (Riley, 2018). Despite these additional challenges, few have examined factors that may foster well-being (Olson-Kennedy et al., 2016). To date, TGD adolescents remain an underserved and poorly researched population who have specific medical and well-being needs (Johns, Beltran, Armstrong, Jayne, & Barrios, 2018; Olson, Forbes, & Belzer, 2011).

Family Support vs. Rejection

Research has suggested that social acceptance may be key in developing resilience among transgender youth (Ryan et al., 2010). The *Family Acceptance Project* found that family acceptance was foundational for optimal development (Ryan et al., 2010). Specifically, this project demonstrated a significant positive association between family acceptance in lesbian, gay, bisexual, and transgender (LGBT) adolescents and positive health outcomes, including higher levels of self-esteem, social support, and general health in young adulthood. Other studies have revealed similar findings, whereby parental support and family functioning is associated with improved quality of life, self-esteem, and resilience, and lower levels of adverse mental health outcomes (i.e., depressive symptoms, anxiety, self-harm) among transgender adolescents (Katz-Wise, Ehrensaft, Vetters, Forcier, & Austin, 2018; Simons, Schrager, Clark, Belzer, & Olson, 2013).

Despite the positive relation between familial support and greater well-being, transgender adults experience high rates of peer and family rejection (James et al., 2016), and parental rejection seems to be one of the most significant risk factors associated with negative health

outcomes among LGBT youth (Klein & Golub, 2016; Ryan, Huebner, Diaz, & Sanchez, 2009). LGBT youth with high levels of family rejection are (a) 8 times more likely to attempt suicide, (b) almost 6 times as likely to report high levels of depression, (c) more than 3 times as likely to use illegal drugs, and (d) more than 3 times as likely to be at high risk for HIV and sexually transmitted infections compared to youth who experience no or only low levels of family rejection (Ryan, 2009). Notably, LGBT youth were combined in these studies, obscuring potential group differences. One study found family members' reactions to adolescents' gender nonconforming behavior were mostly negative; reactions ranged from having their gender and sexual identity questioned to physical assault (Grossman & D'Augelli, 2006). In the same study, 77% of the youth reported having been verbally harassed by their caregivers and 48% by their siblings; physical abuse had a mean age onset of 14 years, suggesting that adolescence may be marked with rejection and violence among transgender people.

Extra-Familial Support

Although family support and acceptance may be beneficial, it does not fully buffer against persistent fears of victimization and societal pressures to conform to a rigid gender binary (Riley, Clemson, Sitharthan, & Diamond, 2013). In a retrospective study, transgender adults reported having needed more support outside of their family, such as greater societal acceptance, school-implemented educational programming, and recognition of (and offered help for) their gender-related concerns by professionals (Riley et al., 2013). When transgender youth are supported and affirmed in their identities, they tend to experience better mental health outcomes (e.g., improved well-being, decreased suicidality, anxiety, and depression; American Psychological Association [APA], 2015; Olson, Durwood, DeMeules, & McLaughlin, 2016). As minority stress theory (Meyer, 2003) implies, and the literature demonstrates, transgender youth are at greater risk for mental and physical health problems by way of increased psychological distress resulting from the regular exposure of prejudice, discrimination, and stigma. Through the lens of minority stress theory, the observed health disparities in transgender youth are not reflective of inherent pathology—rather it is the result of persistent societal stigma (Hatzenbuehler & Pachankis, 2016; Meyer, 2003).

Research demonstrates that transgender youth display tremendous amounts of resilience (DiFulvio, 2015; Singh et al., 2011). Peer contact, support, and the cultivation of meaningful relationships are important elements of such resilience (Shelton et al., 2018; Singh et al., 2011). In one qualitative study on the resilience of transgender youth of color, two themes were identified related to extra-familial support: finding one's place in the lesbian, gay, bisexual, transgender, queer, questioning (LGBTQQ) youth community and the use of social media to affirm one's identities as a transgender youth of color (Singh, 2013). Involvement with an LGBTQQ youth community allowed participants to have their experiences of transprejudice validated by their peers and friends (Singh, 2013). In addition, social media functioned as an avenue to connect with others and identify mentors and role models who provided support and inspiration (Singh, 2013). In a later study, Singh and colleagues (2014) described self-defining one's gender, connection to a community affirming of one's gender, having supportive family and friends, exercising agency within educational systems, and the ability to reframe mental health challenges as resilience strategies. Similarly, other studies have identified psychosocial factors such as connectedness with LGBT peers, collective action, self-definition, and personal agency, as being associated with greater resilience and less psychological distress (Bariola et al., 2015; Breslow et al., 2015; Shelton et al., 2018).

Although there is emerging scholarship about protective factors among transgender and

gender diverse youth, the research remains underdeveloped (Johns et al., 2018). Further research is needed on positive aspects of transgender experiences, such as extra-familial support, development, growth, and success that characterize the lives of TGD youth (Riley, 2012). Examining such positive aspects and the development of support systems would greatly contribute to our understanding of how to maximize psychosocial well-being among gender-diverse youth (McConnell, Birkett, & Mustanski, 2015; Riley, 2012; Wanta & Unger, 2017).

Current Study

The research question that guides the current study is "how do young transgender adults understand their experiences of extra-familial support during adolescence?" Extra-familial sources of support (i.e., sources of support outside of one's family of origin) include sources of socio-emotional support that in some way affirmed or provided the participant with a sense of acceptance or further understanding of themselves and their gender identity or helped the participant cope with stress (VandenBos, 2007). The research goals are descriptive and exploratory in nature. Thus, this study is intended to (1) identify and understand how transgender young adults make meaning of their extra-familial sources of support received during adolescence and (2) draw attention to the support, development, growth, and success and that may characterize the lives of transgender adolescents (Rubin, 1998). Thus, this study will provide information on sources of extra-familial support with the aim of facilitating the development of alternative protective factors (Olson-Kennedy et al., 2016; Riley, 2012).

Method

Participants and Procedure

A total of 15 transgender young adults took part in this study (age: *M* = 21, *SD* = 1.9; range, 19–24). Participants were asked to use their own words to describe their gender identity. Ten participants described a feminine gender identity (e.g., "female, "trans woman," and "MtF"). Three participants used non-binary and polygender to define themselves. Two participants described a masculine gender identity ("trans guy" and "male"). In terms of race/ethnicity, eleven participants were White and, of those, one indicated being European as part of their racial/ethnic identity. One individual identified as Hispanic, one as Anglo-Saxon/Hispanic, one as biracial, and one as Asian/Pacific Islander. Additional participant characteristics are reported in Table 1.

This study was approved by a university Institutional Review Board. Participants were eligible to participate if they (1) were 18 to 25 years of age, (2) at some point during their adolescence felt that their gender identity did not correspond with their gender assigned at birth, (3) spoke English, (4) resided in the United States during adolescence (we did not inquire whether participants currently lived in the United States), and (5) were not in current significant psychological distress (as indicated by self-report). *Emerging adulthood* is roughly considered 18-25 years of age, which was why we included this age range in our inclusion criteria (Arnett, 2000). Adults in this age range would be able to reflect upon the entirety of adolescence (i.e., roughly 13 up until 18 years of age) rather than just part of adolescence. Moreover, the restricted range of 18 to 25 years was chosen in order to aid in minimizing the risk of recall bias, while concurrently recruiting a sample that will be more representative of transgender youth (compared to including adults of any age). Consequently, findings should hold a higher degree of transferability for transgender adolescents compared to previous studies that might not have fully captured potential generational differences (e.g., Mullen & Moane, 2013), such as the influence of increasing societal acceptance, ease of access to information, and the availability of diverse online communities.

Participants were recruited through posted advertisements on listservs, social media (Facebook, Reddit), university and college organizations, community organization/centers, and requesting mentors and colleagues to share the study with eligible participants. The option of an in-person interview was available if possible and preferred by participants. However, due to location differences between the interviewers and participants, only phone interviews were conducted for this study. Interview questions focused on the sources of social and emotional support participants experienced during their adolescence and how these sources were discovered, developed, and accessed (see Appendix). Questions were asked in chronological order to minimize recall bias. For example, middle school experiences were asked about prior to high school experiences.

Prior to the semi-structured interview, participants were emailed a consent form, an electronic demographics questionnaire, and a list of national transgender-friendly mental health resources. Participants were provided a definition of extra-familial support prior to interviews, and informed that the purpose of the study was to identify and better understand transgender young adults' experiences of extra-familial support during adolescence. Participants reviewed the consent form and returned the demographics form prior to the interview. All interviews were recorded and transcribed, after obtaining participants' permission. Upon completion of each interview, monetary compensation was provided in the form of $25 Visa e-giftcards. Interviews lasted between 39 and 113 minutes ($M = 62$). Each participant chose a pseudonym, which was used in the manuscript.

Research Team

The research team was composed of two doctoral-level students and a faculty advisor in counseling psychology. The first and third authors interviewed participants, transcribed, and coded transcripts. The second author served as the faculty advisor of the project and the internal auditor. The first author is an able-bodied, cisgender, White, 27-year-old, first generation college student, queer, male from a working-class background, pursuing a doctoral degree in Counseling Psychology. The second author is a Counseling Psychology faculty member. She is a 37-year-old, White, able-bodied, bisexual cisgender woman from a working-class background. The third author is a 27-year-old, White European American, able-bodied, bisexual, cisgender woman, enrolled in a Counseling Psychology doctoral program. Notably, no one on the research team identified as transgender. Because of our cisgender identities, we realized that it was possible that some participants may not have felt as comfortable during the interview process despite our identification as allies, which may have affected data collection and interpretation. Thus, prior to data collection, the research team met to discuss their identities as well as their biases, so as to exercise reflexivity in the research process and move beyond superficial interpretations of data. The biases, expectations, and assumptions of the research team included (1) that online or virtual forms of support would be a prominent form of support identified by participants and (2) that although this study takes a "positive" perspective (i.e., not focusing on experiences of discrimination or the like), we might also uncover pervasive negative experiences related to extra-familial sources of support.

Data Analysis

Because this study sought to identify and describe transgender adolescents' experiences of extra-familial support without appealing to existing theories, explanations, or hypotheses (Mertens, 2014), phenomenology was chosen as the methodology for this study. Characteristic of traditional phenomenology, the aim of the study was not to generate a wider explanation or theory (Reeves, Albert, Kuper, & Hodges, 2008), but rather to understand the experience of

transgender youths' sources of extra-familial support. Specifically, Moustakas' (1994) Husserlian-inspired phenomenological method provides a rigorous methodology that is logical, systematic, and contains coherent design elements that would lead to an essential description of the experience (Moerer-Urdahl & Creswell, 2004).

The first step of Moustakas' approach (1994) begins with *Epoche* (or bracketing). The aim of epoche is to set aside the researchers own experiences, prejudgments, biases, and preconceived ideas about the phenomenon of interest (Creswell, 2013; Moustakas, 1994). In the second step, sentences or quotes that provided an understanding of how the participants experience social support during their adolescence were identified (Creswell, 2013)—a process called *horizontalization*. At the beginning of this step, the researchers familiarized themselves with each interview by reading the transcripts several times prior to identifying significant statements. Initially, each significant statement was treated as a unique data source (Moerer-Urdahl & Creswell, 2004). Significant statements were gleaned from the transcripts and then pooled together so that the researchers could identify a wide range of perspectives about the phenomenon (Moerer-Urdahl & Creswell, 2004). Next, overlapping, repetitive, or irrelevant statements were deleted, which resulted in *invariant horizons* (or meaning units of the experience). In the third step, the invariant horizons were carefully examined by the researchers and then clustered and synthesized into final themes. The first and third author conducted all interviews. Following the individual reading and identification of significant statements, the researchers met to discuss and reach consensus regarding the significant statements (i.e., *clusters of meanings*). To further promote the reliability of the data, an internal auditor aided in resolving discrepancies that arose during the analysis and provided recommendations (Mertens, 2014).

Distinct from other forms of qualitative inquiry, phenomenology does not depend upon saturation (Guest, Bunce, & Johnson, 2006). Saturation occurs when no new information is observed (Guest et al., 2006). In phenomenology, the purpose is to describe participants' experiences and be present with them. In other words, the richness of the data collected is far more important than the number of participants (Hays & Singh, 2012). There is no consensus of an appropriate sample size for phenomenological studies and suggested guidelines for sample sizes have varied (e.g., 3 to 15; Creswell, 2013). In this study, the recruitment goal was set at approximately 7 to 15 participants. Saturation was met after 11 interviews; however, to accommodate those who had expressed interest in being interviewed, four additional participants were interviewed.

As an additional method to ensure trustworthiness and accuracy, participants were allowed to review their coded transcripts in order to provide additional feedback (i.e., member checking; Mertens, 2014). This was especially important given that all research team members identified as cisgender people, and therefore we wanted to ensure that our interpretations accurately reflected participants' experiences. Two participants provided corrective feedback, which was incorporated. Another component to ensure trustworthiness was memoing, a procedural and analytical strategy to track personal reactions, evolving thoughts, and themes that arose throughout data collection and analysis. Memoing can aid in understanding biases or one's own positionalities and how it might affect the research. In addition, the practice of memoing creates an audit trail, which documents the progression of the study and increases the study's trustworthiness (Hesse-Biber, 2007).

Results

In the overarching theme of *extra-familial sources of support*, data analysis revealed six meaning units (i.e., themes describing what was experienced) derived from the invariant

horizons. These meaning units included: friends, online supports, counseling, extracurricular activities, and teachers.

Friends

      For many participants, feeling "different" or experiencing depression and anxiety allowed them to connect with others going through similar difficulties, allowing participants to "suffer together [rather] than by [themselves]" (Lory; pansexual biracial trans woman, age = 18). In some cases, coming out to friends gave participants "a lot more courage to initially come out" to parents (Lucy; pansexual White trans woman, age = 23). Lucy described the context and the impact of being explicitly accepted as transgender from her friends:

> I dealt with a lot depression over my years for a lot of different reasons, and so having them to go to [seeing these friends] every single day, was like, you know, I have some people to go to that appreciate me for who I am, you know, umm, it was definitely very stress relieving. It was- I don't want to say euphoric because that's a little bit too more than what I'm trying to say, but … It was opening for me. (Lucy)

To find value in their friendships, it was not always necessary for friends to go out of their way to be supportive. Sometimes simple understanding, functioning as a confidant, or providing tacit acceptance was sufficient. For instance, Julie (White lesbian trans woman, age = 22) described a friend's "laid back understanding that I was still the same person, I just wasn't gonna be a dude anymore" as being "the biggest help."

      In developing friendships, some participants expressed being drawn more towards girls, because they were viewed as "easier to approach" (Dolly; heterosexual trans woman of Hispanic/Mexican descent, age = 19). Relatedly, River Fire (White nonbinary and poly-pansexual, age = 19) described being drawn towards "gay boys, or just like, people who were different who also didn't feel like they fit in." Participants also described being very thoughtful about whom they befriended for fear of rejection. When participants developed friendships, they often felt inauthentic if they had not disclosed their transgender identity. This resulted in friendships characterized by emotional distance. Julie shared, "Most [of] my friends were still kept at arm's length for one reason or another and it goes back to I just couldn't feel authentic with them." Other barriers to developing and maintaining friendships included parental hindrance, particularly if parents suspected that participants' friends identified as gender or sexual minorities.

Online Supports

      Overwhelmingly, the Internet was a great source of support and facilitated exploration for transgender youth. Participants often described the Internet as a mode through which they first encountered the language that allowed them to describe their own gender experience; in this way, the Internet and other media facilitated awareness and further exploration of participants' gender identity. Friends and online communities often helped participants gain the confidence needed to come out to their parents. Two meaning units comprised this theme: (a) exposure and exploration of gender identity, and (b) community support.

      Exposure and exploration of gender identity. Ren (nonbinary queer asexual Asian / Pacific Islander, age = 19), an enthusiastic webcomic reader, found an LGBTQ-specific thread on a webcomic forum, in which they participated for a number of years. Ren did not believe they "would have figured anything out so quickly if it were not for the internet." They describe their experience below:

> When I first joined the thread, I did not consider myself LGBTQ. Right. I knew I was

asexual but I did not, like, connect that with the broader queer community. So, when I
joined the thread I figured I was joining it as, you know, here's an interesting thing to
look at and participate in. And through that thread, I figured out, you know, "Hey, I am
part of this wider community of people." And … I learned about feminism through that
thread actually. Yeah, and, it probably played a part in figuring out my gender.

Riku (White pansexual trans woman, age = 23) disclosed that Reddit communities allowed her to
realize that there is no standard transgender narrative and there is more than one way to be
transgender. Participants were creative in their utilization of the Internet to explore their identity,
locate resources, and obtain gender-affirming materials or objects (e.g., packers [a flaccid
prosthetic in the form and shape of a penis, used to create the outward appearance of male
anatomy]). For most, the Internet proved critical to their awareness and identity development,
often providing participants with the language of "transgender," which allowed them to describe
their own experiences and develop their gender identities.

Community support. Participants found community and support through the Internet.
Marceline (White lesbian trans woman, age = 21) described one transgender community on
Reddit as instrumental, a place where she could turn for affirmation or to ask questions about the
medical aspects of transitioning. Likewise, Mikayla (White lesbian trans woman, age = 20)
described a support system and found a lot of reassurance, which helped her go to her "parents
confidently and say, 'this is what I am.'" Mikayla shared that:

You would see people that went through a lot of the same things that you went through or
that I went through, and from there you can kind of saying, like, "oh, I'm not crazy." Or,
I'm not, like, this is something that other people are going through. And here are the steps
that they took to remedy that. Maybe I should look into it. And, then you have people
from all different areas. So, you have people that are in the same starting phase as you.
People that are slightly farther ahead, and people that are all in the long-term. So, you
know, it really was a good resource to have.

In essence, community support provided an avenue to learn from the experiences of others and
facilitated self-acceptance.

Counseling

Over half of the participants utilized counseling as a source of support. Lucy immensely
appreciated how her counselor helped her get out of gym class, in part because it allowed her to
avoid the boy's locker-room where her femininity garnered awkward looks. Megan (White
bisexual trans woman, age = 21) also found counseling invaluable in helping her cope:

I don't know what I would have done if I hadn't found her. You know, she's been so
incredibly helpful with everything. I mean, friends, you know, it's really useful having
friends for support. But, I mean . . . I don't know how I'd have handled . . . really anything
without you know being able to see a good therapist right now.

Counselors who invested additional effort to support their adolescent transgender clients
were greatly appreciated. Lucy, who lived in a town without a gender-affirming endocrinologist,
shared that her counselor was the reason she was able to start hormone replacement therapy
(HRT):

He set up a lot of stuff for me. Like, me starting HRT was because of him . . . . He told
me, well, there's a clinic all the way up in [CITY] that prescribes hormones for,

effectively, free because it's a free clinic. And, I'm like, "Oh my god" I need to go here. This is a far away distance but I need to go here and he offered to give me a ride up there … we went up there and I was like oh my god, I'm gonna get hormones!

Counseling also had its limitations. Many participants reported cost as a barrier and not being able to see their counselors as much as they liked. In addition, not all therapists were helpful to the participants. Participants reported therapists who used wrong pronouns and difficulty locating a gender-affirming or knowledgeable therapist who was covered by their insurance plan. Overall, however, counseling is a place where participants might learn how to better respond to adversity (through the development of coping skills) and be supported in their journey as they seek gender-affirming medical interventions.

Extracurricular and Other Activities

Participants described developing friendships, finding support, and personal growth through participation in extracurricular activities. Participants in this study engaged in a wide range of activities, such as theatre, cross country and track team, and martial arts. All forms of extracurricular and other activities were described as being places where one could meet others and find support in one form or another. Theatre, in particular, was often described as a place where participants could express themselves. Onix (White / European questioning trans woman, age = 23) shared that theatre helped her open up to herself. She recalled "trying on costumes … and sort of cross dressing with costumes." For many, theatre was a space in which gender was explored in a way that was more socially acceptable.

Participants also found beneficial activities that allowed them to mingle with a diverse range of people, such as in open swim meets. River Fire stated they, "really liked learning about things from the old kids;" and continued, "I feel like I learned a lot just about socialization from the older kids and then, when I got to hang out with the younger kids, I was like, 'oh, I get to teach them now.'" For instance, River Fire would encourage the younger kids to "love themselves" and "not listen to the gossip and not listen to the bullying." Reminding them that "it's not personal," and that "the other person who said that mean thing," has a problem, but not them. That is, extracurricular activities provided an opportunity where participants could mentor other youth and develop their own legacy.

Teachers

Although teachers and other educational resources were not cited as a source of a support for all participants, for some, teachers had the potential to be quite meaningful. Dolly described an instance when a female Physical Education (PE) teacher noticed that she was not playing with the boys. The teacher also inquired if Dolly was uncomfortable playing with the boys because they were aggressive, and asked if she'd feel more comfortable playing with the girls. Dolly was ecstatic, telling the teacher "I've been dying for someone to say that!" Her gender identity was recognized, acknowledged, and she had gone from "hating PE" to playing with the girls and feeling "more at home." For others, teachers connected them to school counselors. Direct interventions by teachers were not always required for their importance to be acknowledged. For instance, Jack (White pansexual trans guy, age = 21) felt that the closest thing he had to support were teachers. He explains:

It wasn't even that teachers were providing me with support for gender expression or anything like that, but … they weren't telling me that the way I was dressing was strange. Or that I needed to act like a girl. Or stuff like that … Had [the teachers] been doing that as well, it would have added another layer of psychological distress. But the . . . lack

thereof was like at least one thing to be a little less stressful.

Teachers could connect transgender students to counselors and intervene when bullying occurred. For participants who experienced distress, limited support, or discrimination in multiple settings, having a teacher who did not judge the participant (i.e., an absence of a negative) was perceived to have a positive effect.

Discussion

Minority stress theory has linked familial rejection and larger societal discrimination to a wide range of adverse health outcomes (Hatzenbuehler & Pachankis, 2016; Yadegarfard et al., 2014), therefore necessitating the need to look at more positive aspects that support development and promote favorable health outcomes (Johns et al., 2018; Riley, 2018). Correspondingly, this study aimed to identify and understand the sources of extra-familial support (McConnell et al., 2015). Support for participants took many forms in this study, from online forum communities to teachers and mental health professionals. For most, support and a place of acceptance or connectedness was developed through involvement in extracurricular activities (e.g., theatre, cross country and track team, martial arts, and swim team), professionals or other adults (e.g., counselors, teachers), or by seeking out (or encountering) supportive environments online. Theatre was important in that it allowed participants a space to explore gender in a more socially acceptable way. Extra-curricular activities, in general, were beneficial in that they allowed participants to interact with a range of people and provided natural opportunities to learn social skills. Almost half of the participants described finding support, growing as a person, and developing friendships through their participation in extracurricular activities. The social support they found among friends gave the participants more courage to eventually come out to their families. In regard to the friendships themselves, when participants disclosed their transgender identities, a wide range of responses were meaningful, from explicit support to tacit acceptance.

Teachers appeared to be important to participants during times when participants had little support. That is, having a teacher who did not judge (i.e., an absence of negative evaluation) was perceived as beneficial. In addition, teachers could connect participants to school counselors. Although, it was not uncommon for participants to also describe educational environments as inattentive, unresponsive, and school personnel as over-worked; when these conditions manifest, it likely limits the impact teachers and other school personnel (e.g., school counselors) might have in supporting transgender students. Nonetheless, it appears teachers can play a crucial role in helping transgender adolescents secure support—and thereby they can function to promote positive outcomes. These findings echo related research regarding the importance of transgender youth having access to supportive educational environments (Singh et al., 2014).

Changes in recent decades appear to have greatly influenced the sources of social support for transgender youth (namely, the Internet). As has been shown in the literature for sexual minority men (e.g., Brown, Maycock, & Burns, 2005), the Internet provides a degree of anonymity, allowing transgender youth more control over their self-presentation. Similar to finding by Singh (2013) on the role of social media in affirming one's identity, online communities and friends often helped participants gain the confidence needed to come out to their parents. However, participants in this study also highlighted the importance of online communities in facilitating their initial exposure to and subsequent exploration of gender identity. Thus, it is plausible that the gender identity exploration and affirmation enabled by the Internet may help explain the increasing number of children and adolescents being referred to

gender specialists and clinics over the past few decades (Chen, Fuqua, & Eugster, 2016; Olson-Kennedy et al., 2016).

Consistent with research examining barriers to care for transgender patients (Lerner & Robles, 2017), participants described barriers to accessing appropriate mental health professionals due to high cost and the therapist being out of network. In addition, participants described therapist missteps such as using wrong pronouns or taking a *gender repairing* stance (i.e., viewing a transgender identity as if it is something to be fixed or changed; Mizock & Lundquist, 2016). Participants also noted how they initially thought therapists could prescribe hormones, which suggests greater need for people to understand what therapists can and cannot do. One therapist drove a participant to a gender clinic, which was cited as immensely helpful to them; however, such acts may have important ethical considerations. Mental health professionals may wish to consider the costs and benefits associated with taking counseling outside of the proverbial counseling room.

Strengths and Limitations

The use of a young and geographically diverse sample in this study may increase transferability, enabling the reader to generalize the findings to transgender youth. A potential strength *and* limitation of this study is the retrospective nature. While older teenagers may have similar cognitive capacity as young adults (Steinberg, 2005)—in terms of social development and experience—young adults who have experienced the entirety of adolescence may offer a more comprehensive understanding of their sources of support. Because our sample included participants from ages 18 to 24 ($M = 21$), the younger participants may have a more accurate assessment of their experiences of extra-familial support (i.e., may be closer in age to adolescence) relative to older participants, thereby impacting recall and interpretation. However, because this was a retrospective study, there is inherently a potential recall bias, which we attempted to address by asking questions in a chronological order (Brewin, Andrews, & Gotlib, 1993). Although we did not track changes in gender identity over time, as it was not the purpose of this study and because identities are fluid (Shields, 2008), it is possible that potential changes in gender identity could affect recall on what was needed during youth. We also did not measure participant's birth-assigned sex and were unable to examine how different socialization experiences may have influenced development of extra-familial sources of support.

Given the nature of the research questions, a limitation is that potential participants who did not have extra-familial sources of support could have felt as if they did not qualify for the study, functionally excluding them. Participants in this study were primarily White and most fell within the male-female gender binary (primarily trans women). Consequently, this study does not adequately capture the inherent diversity and differences among sources of support among all transgender and gender diverse adolescents. For instance, White participants might have more easily found their place in LGBTQQ youth communities (Singh, 2013), whereas non-binary youth may encounter additional barriers and feelings of discrimination (Thorne et al., 2018). Future studies that recruit non-binary and transgender youth of color may be helpful in understanding their sources of extra-familial support through an intersectional lens. It may be the case that transgender youth of color rely more heavily on connecting with other transgender youth and/or adults of color to validate their experiences of racism within the LGBTQQ community and thereby also affirming the "whole" self (Singh, 2013). Moreover, the findings may offer an unbalanced view of the lives of many transgender adolescents' due to the emphasis on support and the positive experiences of participants. Another limitation is that no one on the research team identified as transgender. Although the research team exercised reflexivity and

member checking, this may still have influenced our participant disclosure and our interpretations. A large portion of our sample likely came from some of the online resources discussed by participants. Thus, it is likely that they were more likely to feel that online resources were a source of support for them. A way to improve upon this would be to include more diverse recruiting methods in future research.

Additionally, phenomenology as a research method is often reserved for study of a singular phenomenon or shared experience. In this study, each source of support was quite distinct in the ways it was valued by participants. For example, participants described a lot of teachers as not necessarily "supportive," but useful because teachers where often a "neutral" space, free of the discrimination that they would encounter in other areas of their life. To the degree that counselors were helpful, they were helpful in different ways, being affirming, advocating on behalf the participants, and aiding them in securing appropriate medical interventions.

Practice Implications and Future Research

Many participants described finding support, growing as a person, and developing friendships through their participation in extracurricular activities. Thus, in serving TGD youth, mental health providers should know how to operate in an ecological system and adopt an advocacy-based approach, especially when working within educational systems. For example, when a transgender youth makes a social or medical transition, they may be tempted to forego involvement in sex-segregated athletics due to institutional barriers. Mental health professionals should be aware of these barriers (APA, 2015), and be able to help navigate these challenges with the youth and family. This may involve encouraging or facilitating meetings between parents and school administration or teachers to address how to accommodate sex-segregated activities such as physical education.

Because support can be found in transgender-specific spaces (e.g., online communities or forums), as well as non-transgender specific spaces (e.g., extracurricular activities), youth should be encouraged to explore or maintain involvement in both type of spaces, as appropriate. Indeed, for transgender adults, extra-familial support offers a buffer between discriminatory treatment and harmful outcomes (e.g., anxiety and depression; Budge, Adelson, & Howard, 2013), demonstrating the importance of supportive people in TGD peoples' lives. Correspondingly, mental health and social service professionals should also be able to identify available community resources for transgender youth clients (e.g., support groups, other experienced professionals). Future research may explore more positive aspects of therapy, or what people find helpful when attempting to access transgender-related care so as to understand how to support TGD individuals. Recently, researchers have begun to call for research examining web-based mental health interventions and online social networks as a possible pathway to decrease negative health outcomes among transgender youth (Evans et al., 2017; Perry, Strauss, & Lin, 2018). The findings of this study lend support to the idea that there might be value in such interventions.

Conclusion

This study sought to identify and better understand extra-familial sources of socio-emotional support for transgender adolescents. Participants in this study highlighted how they found support and acceptance primarily through extracurricular activities, online communities, teachers, and mental health professionals. Clinicians can benefit from understanding where and how transgender adolescents find their sources of support to help facilitate the development of these sources of support for their client, thereby promoting these protective factors among

transgender adolescents.

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Appendix
Interview Protocol

1. Please tell me how you identify.
    a. *Prompt*: Please describe gender identity and pronouns.
2. Was your family aware of your transgender identity during childhood or adolescence? (family of origin/Nuclear: parents, siblings).
    a. *Prompt*: How did they become aware?
3. Did you tell your family members about your gender identity/transgender identity as a child? What about as an adolescent?
    a. *Prompt*: If no, why not? Please share a little more about that process.
    b. *Prompt*: If yes, please share more about that process. Who did you tell?
4. How did your family respond?
    a. *Prompt*: Please describe any reactions you experienced from your family.
    b. If there were negative reactions, did you experience any familial rejection as a result of your transgender identity? If so, in what way?
    c. Do you feel like this impacted you in any way? Please describe.
5. Did people outside of your family know about your gender identity?
    a. *Prompt*: If no, please share a little more.
    b. *Prompt*: If yes, please share more. For example, how did they respond? Do you feel this impacted you in any way?
6. Did being transgender affect you at school? Please share a little more.
7. Did being transgender affect your friendships? Please share a little more.
8. Were there any particular difficulties you had as a child that were not related to being transgender or gender diverse? Please describe.
9. How would you describe your experience of being a child with gender diversity up to 12 years old? (If applicable).
10. How would you describe your experience of being an adolescent with gender diversity from 13 to 18 years old? (If applicable)
11. Please describe your sources of extra-familial support during *childhood* (school, community?)
    a. How did you discover, develop, or access these sources of support?
    b. Please describe how, or in what way, these sources of support helped you.
    c. Did you experience any barriers to accessing these forms of support?
    d. Were there any identifiable limitations to these forms of support?
12. What else do you think would have helped you as a child then? How so?
13. Please describe your sources of extra-familial support during *adolescence* (school, community?)
    a. How did you discover, develop, or access these sources of support?
    b. Please describe how, or in what way, these sources of support helped you.
    c. Did you experience any barriers to accessing these forms of support?
    d. Were there any identifiable limitations to these forms of support?
14. What else do you think would have helped you as an adolescent then? How so?
15. Do you think your sources of extra-familial support were different in some way from those of older generations? If so, how? If not, please explain.

16. Do you think your sources of extra-familial support were different in some way from those of younger transgender persons (i.e., transgender youth today)? If so, how? If not, please explain.
17. Is there anything else you would like to add?
    a. Anything else specific about your extra-familial sources of support?
18. Do you have advice or recommendations for transgender youth today?

Table 1

Table 1. Demographic Information for All Participants

Pseudonym	Age	Race/Ethnicity	Self-Described Gender	Self-Described Pronouns	Sexuality	Highest Level of Education	Location	Religious affiliation during adolescence
Jack	21	White	Trans guy	He/him/his & They/them/theirs	Pansexual	Associates Degree	Midwest	Atheist
Marceline	21	White	Female	She/her/hers	Lesbian	HS Diploma	Midwest	Agnostic
Onix	23	White/ European	Woman, Trans woman	She/her/hers	Lesbian Questioning	HS Diploma	Northwest	Catholic
Riku	23	White	Trans woman	She/her/hers	Pansexual	Bachelor's Degree	Northeast	Jewish
Alexandra	23	White	Female	She/her/hers	Lesbian	Bachelor's Degree	Southeast	Christian/Catholic
Julie	22	White	Female	She/her/hers	Lesbian	HS Diploma	Southeast	Christian/Protestant
Ren	19	Asian/Pacific Islander	Nonbinary	They/them/theirs	Queer	HS Diploma	Northeast	Atheist
Lucy	23	White	MTF, Trans woman	She/her/hers	Pansexual	HS Diploma	Southeast	Agnostic
Lory	18	Biracial	Trans woman, MTF	Neutral/female	Pansexual	HS Diploma	Midwest	Catholic
Faolan	24	White	Male	He/him/his	Heterosexual	Associates Degree	Southwest	Christian/Other
Mikayla	20	White	Female	She/her/hers	Lesbian	HS Diploma	Northeast	Christian/Catholic
Megan Kelley	21	White	Female	She/her/hers	Bisexual	HS Diploma	West Coast	Agnostic
Ari	23	Anglo-Saxon/ Hispanic	Poly-gender	Male/female	Gay	Bachelor's Degree	Southwest	Christian/Protestant
Dolly	19	Hispanic	Female	She/her/hers	Heterosexual	HS Diploma	West Coast	Other
River Fire	19	White	Non-binary	They/them/theirs	Pansexual	Bachelor's Degree	Midwest	Atheist