

Running head: Social Support Groups for TGNC Teens

AN EXPLORATORY STUDY OF THE IMPACT OF PARTICIPATING IN SOCIAL  
SUPPORT GROUPS FOR TRANSGENDER AND GENDERNONCONFORMING  
YOUTH

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**ABSTRACT**

Gender minority youth often experience internal and external psychosocial stressors, such as hostile or negative school climates, peer victimization, invalidating home environments, and familial rejection. Consistent exposure to these stressful events is associated with greater psychological (e.g. depression) and behavioral health problems (e.g. substance use). This study investigated the role of social support groups (SSGs) in helping to mitigate the impact of these psychosocial stressors and how such groups might help to improve psychological outcomes for transgender and gender nonconforming (TGNC) teens. Twelve TGNC adolescents, who were active members of social support groups, participated in two focus group discussions to share their group-related experiences. Focus group discussions revealed that TGNC youth gravitated towards SSGs as these groups facilitated engagement with a social network, and the relational processes that manifest during group participation served as a protective factor to ameliorate the impact of exposure to stressful situations. Participants in the study characterized the relationships among group members as “family.” These fictive kinships provided opportunities for TGNC to experience being connected to a supportive relational unit. As a result, group membership afforded teens an opportunity to be on the receiving and giving ends of social support. Members were able to access several types of social support by virtue of group participation that diminished their social isolation and enhanced their coping capacity. Data yielded from this study has potential to create a framework for guiding the development of effective interventions to address the needs of TGNC youth.

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## **Chapter I: Introduction**

School and community-based service providers are tasked with implementing evidence-based interventions to address the psychosocial needs of transgender and gender nonconforming youth (APA, 2015). One such response to meeting the needs of this underserved population is establishing gender-affirming spaces in the context of social support groups. For transgender and gender nonconforming youth, subjected to hostile school climates (Kosciw, Greytak, Zongrone, Clark, & Truong 2018) and invalidating family environments (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), social support groups have the potential to provide a surrogate community and serve as a protective factor to ameliorate the impact of marginalization and discrimination. In striving to create a framework to guide the implementation of culturally sensitive interventions, additional research is needed to examine the experiences of transgender and gender nonconforming adolescents in groups.

### **Transgender and Gender Minority Adolescents**

Transgender is a term commonly used to describe individuals whose internal sense of gender identity does not match their biological or birth-assigned sex (Garofalo, Deleon, Osmer, Doll, & Harper, 2006). As adolescence is a time of identity development, youth may still be struggling to reconcile their gender identity, particularly if it differs from conventional gender norms or social expectations. Given this, there are some youth who may also identify as genderqueer or gender nonconforming (See Appendix A for definitions). Gender minority (Hendricks & Testa, 2012) represents an inclusive term to delineate a group of youth who not only identify as transgender but also those individuals who identify as gender nonconforming and genderqueer as a way to



acknowledge the nonbinary and fluid nature of gender experiences by these adolescents. For the purpose of this study, I will use the term transgender/ gender nonconforming (TGNC) youth to represent the collective of non-binary or gender- expansive youth whom are addressed by the scope of this current research project. However, several research studies cited have separately identified subgroups of gender minority youth (e.g. transgender, gender nonconforming), and in these cases, the term used by the researcher will be used to ensure the research and the particular group studied is accurately reported.

### **Statement of the Problem**

For some time now, adolescence has been historically viewed as a developmental period marked by *storm and stress* (Hall, 1904) involving conflict with family, propensity to engage in risky behaviors, and persistent mood fluctuations (Smith, Chein, & Steinberg, 2013). In this seminal work by Hall, the storm and stress hypothesis referred to the decreased self-control often exhibited by adolescents (the “storm”) and the increased emotional sensitivity and reactivity in these youth to various arousing stimuli (the “stress”). For TGNC youth the stresses of adolescence are exacerbated by proximal and distal stressors encountered as a result of their identity status (Meyer, 2003). Proximal stressors refer to those internalized stress processes that are based on an individual’s perception and personal experiences, such as daily hassles stemming from one’s identity status, internalized transphobia, or fears of rejection based on one’s identity. Distal stressors are the observable, external events that individuals experience, such as discrimination, transphobia, or victimization.

The Gay, Lesbian, and Straight Education Network (GLSEN) implements a biennial school climate survey to collect national data on LGBT youth experiences in school settings. The 2017 National School Climate was administered online to 23,001

students between the ages of 13 and 21. Survey participants were from all 50 states and the District of Columbia, and 5 US territories and nearly one quarter (25.2%) identified as transgender or gender nonconforming. According to the data 72.8% of transgender students who completed the survey and 61.8% of genderqueer/ nonbinary students reported feeling unsafe at school because of their gender expression (72.8%). Three quarters of transgender and nonbinary students reported experiencing school victimization and harassment (Kosciw, Greytak, Zongrone, Clark, & Truong 2018). Additionally, 83% of transgender and 69% of GNC students reported being bullied or harassed at school because of their gender. Nearly half of TGNC students were prevented from using their preferred pronoun or name and were required to use the incorrect bathroom. Additionally, 80% of transgender students and 45.6% of nonbinary students reported avoiding school bathrooms (Kosciw, Greytak, Zongrone, Clark, & Truong 2018), likely because of concerns around gender-related discrimination practices in the school.

In addition to examining school-related stressors, some studies have investigated additional life stressors and mental health problems TGNC youth might be more susceptible to experience. For example, Garafalo and colleagues (2006) conducted a quantitative study with 51 ethnic-minority male to female transgender youth ages 16-25. Researchers found that these youth were more likely to experience life stressors such as chronic unemployment, police harassment, homelessness, and incarceration (Garafalo et al., 2006). An additional focus of this research was to explore HIV risk among ethnic-minority male to female transgender adolescents. Garafalo and colleagues (2006) found that HIV infection rates were higher among the African-American youth included in this study than the other ethnic/ racial groups (Latino, Asian/ Pacific Islander, multi-racial),

with 34% of the African American participants reporting an HIV + status. Overall, ethnic-minority transgender youth were found to be at high risk for HIV infection due to engaging in risky sexual behaviors (e.g. unprotected sex) as well as exposure to a range of psychosocial and environmental stressors. As a result of the economic instability encountered by these youth, many turn to sex work as a means for survival and obtaining resources, which increases risk of STI or HIV infection.

Reisner and colleagues (2015) conducted a retrospective cohort study of electronic medical records from 180 transgender patients aged 12-29 years seen between 2002 and 2011 at a Boston-based community health center. In this study, transgender patients were matched on gender identity, age, race/ethnicity, and service date to cisgender controls. Compared to their cisgender counterparts, transgender adolescents were nearly three times more likely to experience anxiety, depression, suicidal ideation, suicidal attempt, and self-harming behaviors (Reisner et al., 2015).

There has been extensive research exploring the experiences of LGBT youth, and some of these studies examined the role of LGBT support groups (e.g. Gay- Straight Alliances) in meeting the needs of this population (Walls, Kane, & Wisneski, 2010; Griffin, Lee, Waugh, & Beyer, 2004;). Support group participation may allow LGBT youth to form instrumental relationships that increase their capacity to cope with negative school climates and other life stressors (McLaren, Schurmann, & Jenkins, 2015) while fulfilling their intrinsic desire for connection. Additionally, support groups such as Gay-Straight Alliances (GSAs) have been shown to contribute to a more inclusive and supportive environment for LGBT youth in schools (Heck, Flentje, & Cochran, 2011; Asakura, 2010; Russell et al., 2009). Unfortunately, in many of these LGBT groups, transgender youth are usually in the minority and may not have a space to discuss their

respective concerns (i.e. social or medical transitioning) (McKinney, 2005). These studies have not looked at transgender individuals specifically to explore their experiences in support groups. This is problematic as the results of these studies may not account for the unique experiences of transgender youth attending support groups solely comprised transgender peers.

Social support and peer connections are an integral part of adolescence, and schools often create a context to foster these interpersonal relations (Danielsen, Samdal, Hetland, & Wold, 2009). However, youth who are ostracized and victimized by peers are less likely to develop positive interpersonal relationships with other students. The underrepresentation of TGNC students in school-sponsored groups and disproportionate rates of peer victimization, have created a niche for community-based and mental health service providers to develop support groups that provide a surrogate community to address the social and emotional needs of these youth.

Baumeister and Leary (1995) posited the need for belonging and connectedness to others is an innate desire and a goal of human development. According to Baumeister and Leary, human beings strive to establish stable interpersonal relationships, which are marked by genuine concern for each other's well-being and provide opportunities for affectively pleasant experiences. Social support groups create a context for TGNC youth to fulfill their need to belong while connecting with peers and coalescing around shared experiences. Highly homogenous peer groups provide greater support that facilitates understanding, empathy, and mutual help (Helgesson & Gottlieb, 2000).

This research project explored the impact of participating in community-based social support groups on the psychosocial functioning of TGNC adolescents. In particular, the study focused on examining the social support, peer connections, and

attachment bonds that were hypothesized to manifest in such groups. Focus was on assessing youth perceptions of the social benefits derived from group participation and how these benefits might help youth cope with proximal and distal stressors experienced by gender minorities.

## Chapter II: Literature Review

### Minority Stress Theory and TGNC youth

TGNC adolescents comprise a group of youth, whom like most minorities, experience many daily life stressors linked to their identity status. The Minority Stress Model (Meyer, 2003) suggests that minority status leads to increased exposure to external/ distal and internalized/ proximal stressors, which increases risk for psychological and behavioral health problems. The most typically observed stressors are those in the individual's immediate environment and are rooted in knowledge or perception of minority status.

Meyer (1995; 2003) proposed a series of interrelated processes by which sexual minority individuals experience minority stress. However, it is feasible to extend this theory to conceptualize the distress TGNC adolescents experience as a manifestation of their minority status. First, TGNC adolescents are a part of multiple systems and each one of these environments, as well as life events (e.g. puberty, school- related transitions, and romantic relationships), can create overt stress in the adolescent's life. These events often are the most salient as they are verifiable and observable. Second, TGNC adolescents anticipate a high degree of stressors in their environment. As a result of this expectation, the adolescent maintains a heightened state of vigilance. The anticipatory response and vigilance perpetuate an incessant psychological cycle in which TGNC adolescents anticipate rejection based on their identity (Meyer, 2003). In an effort to protect themselves or prevent impending harm, TGNC adolescents might attempt to conceal their identity. The negative expectations and efforts to hide one's gender identity (or biological sex) may create additional distress (Hendricks & Testa, 2012; Meyer 2005).

A third process involves internalizing the negative attitudes, cisgender biases, and transgender prejudices. In the case of TGNC adolescents, this may be evidenced by internalized transphobia (Hendricks & Tesa, 2012). This internalized stigma may or may not be directly observable but potentially has the greatest impact on psychological well-being. Although internalized transphobia is indicated as a part of the minority stress process, research with TGNC individuals has not fully explored this aspect of the model but instead focuses on the other proximal and distal factors that might exacerbate stress.

The Gay, Lesbian, & Straight Education Network (GLSEN) 2017 National School Climate Survey (Kosciw et al., 2018), data show that students have regularly reported feeling unsafe at school. For example, approximately 33.6% of cisgender males and 17.7% of cisgender females felt unsafe at school because of their gender expression. However, compared to cisgender students, transgender and gender nonconforming students experience the most hostile school climates. Based on the survey results, 72.8% of transgender students and 61.8% of genderqueer youth felt unsafe at school because of their gender expression. For transgender students, school is an unsafe and uncomfortable place and these students experience greater proximal and distal stressors as a result of their minority status. Students' previous encounters likely reinforce expectations of rejection, discrimination, and harassment, as indicated by the minority stress model.

Reisner, Greytak, Parsons, and Ybarra (2015) conducted a study examining the relationship between bullying experiences and substance use among gender minority youth, analyzing data from the Teen Health and Technology Study. Between August 2010 and January 2011, 5,542 teenagers 13-18 years old completed an online questionnaire to explore a potential gender minority social stress pathway that might account for higher prevalence of substance use. The hypothesized pathway was based on

the minority social stress perspective (Meyer, 2003). Drawing upon Meyer's work, which identified the ways in which minority stress increases risk for mood disorders, substance use, and suicidal behavior, this study explored how the stress processes that result from perceived or actual stigma/ discrimination may lead to maladaptive coping behaviors. According to researchers, gender minority youths' lower status in the social hierarchy leads to greater stress and limited access to resources, which in turn, results in mental health disparities.

Reisner and colleagues (2015) reviewed data on the bullying experiences and substance use among teen respondents in the past 12 months. Researchers found that transgender youth reported significantly higher rates of bullying and harassment as well as substance use in the past year. Experiencing bullying in the past year was found to mediate increased use of substances among transgender youth. These findings suggest that transgender youth use substances to cope with distal stressors such as, bullying or harassment. Being members of a stigmatized minority group, these youth experience high rates of bullying, harassment, and victimization, as evidenced by the GLSEN School Climate Survey. These social stressors might lead transgender youth to engage in substance use as a mechanism for coping, contributing to higher rates of alcohol and drug use among these adolescents compared to cisgender youth.

TGNC youth face a variety of proximal and distal stressors including peer victimization, discrimination, and internalized transphobia, which places them at increased risk for psychological (e.g. depression) and behavioral (e.g. substance use) health problems. Additional research is needed to evaluate the relationship between the gender minority stress framework and gender affirmation practices to inform psychological interventions that may strengthen the coping capacity of these youth.



**Intersectionality Theory**

Intersectionality theory is based on the premise that multiple facets of identity or social categories, such as gender, race, ethnicity, socioeconomic status, and sexual orientation, intersect at the micro level of individual experience and reflect “multiple interlocking systems of oppression and privilege” (Bowleg, 2012, p. 1267) at the macro, social- structural level manifesting in racism, sexism, and heterosexism. Historically, this term was used by Black feminist scholars to describe the marginalization and systems-level discrimination experienced by Black women (Collins, 1991; Crenshaw, 1991), which was not addressed in the realm of White feminism.

At the core of intersectionality is the notion that socially constructed categories of identity are interdependent, making one’s identity multidimensional. Each aspect of identity shapes an individual’s experience. Intersectionality theory extends the concept of social identity to include emphasis on the conflict between the micro- and macro-level social- and self- determinants (Nagoshi & Brzuzy, 2010). Similarly, Shields (2008) posited that an individual’s identity goes beyond self-identification but includes the intersection of broader social structures and the power differentials that are associated with specific group memberships. Integrating intersectionality theory into research on TGNC adolescents helps to prevent researchers from depicting a homogenized portrayal of TGNC individuals. Instead we can carefully explore the heterogeneity within this group and the ways in which identity differences among TGNC persons shape experiences.

According to Lucal (2008), transgender individuals are often pathologized because their existence and identity challenges socially constructed identity categories and the boundaries between those categories. Additionally, systemic oppression based on

race or ethnicity interacts with gender identity and gender expression for transgender youth of color. An intersectionality framework implores us to fully examine the multiple transactional influences impacting the daily lives of transgender youth. Transgender youth of color must reconcile gender identity, sexual identity, race, ethnicity, socioeconomic status, and their status as children living in a world dominated by cisgender adults. Meyer, Dietrich, and Schwartz (2008) suggested that racial/ ethnic minorities are likely to experience greater psychological distress as they are more susceptible to encountering racism from the dominant group; discrimination within their respective cultural communities; classism rooted in economic inequalities; and sexism as their gender identity and expression defies traditional binaries (Reck, 2009)

In one study, Canadian researchers examined the relationship between bullying of LGBT youth and intersectionalities in LGBT peer victimization (Daley, Solomon, Newman, & Mishna, 2007). Researchers conducted semi-structured interviews with nine key informants, including one transgender male. All interviewees had experience and expertise working with LGBT youth, working as peer advocates or service providers. Interviews questions focused on participants' thoughts, opinions, and expertise regarding LGBT bullying, factors contributing to peer victimization of LGBT youth, and possible differences in the experiences of LGBT youth. Results of this study suggest that gender, race, and citizenship status play a key role in the experiences of bullying among LGBT youth. In terms of gender, the majority of interviewees reported that effeminate gay youth and transgender female youth were identified as being at greater risk for peer victimization than lesbian, bisexual, and transgender male youth. Key informants interviewed attributed this to society's greater intolerance of biological men who do not adhere to traditional notions of masculinity.

When examining the intersection between sexual orientation, gender identity, and race/ ethnicity, Daley et al. (2007) identified two ways the relationship between these identity constructs impacted the bullying experiences of LGBT youth with whom they work. First, as a result of these intersecting identities, racial/ ethnic minority LGBT youth had difficulty discerning discrimination based on their race or sexual/ gender identity. Second, youth whose intersecting identities include being members of racial/ ethnic minority groups as well as sexual/ gender minorities often struggle with reconciling these two conflicting identities as some cultures do not adhere to Western sexuality labels. Some youth feel pressure to choose an identity based on their sexual/ gender identity, or another based on race/ ethnicity. Youth of color may face additional struggles or stressors, as they have to confront macro-level homophobia or transphobia, in addition to the transphobia or homophobia perpetrated by family members or one's cultural group. For example, in many Latino communities, machismo and Catholicism might contribute to homophobic or transphobic attitudes displayed by family members (Muñoz-Laboy, Severson, Levine, & Martínez, 2017; US Conference of Mayors, 1996).

In the Daley et al. (2007) study a theme also emerged about the experiences of newly migrated LGBT youth, whose bullying experiences were described as extreme. These youth were often subjected to severe bullying in their home countries, some of whom migrated to escape these harsh conditions or out of fear of losing their lives. In this study, LGBT newcomer youth were believed to be prone to bullying upon arrival as a result of the intersections between racism, classism, xenophobia, and homophobia. Although this study included a sample of LGBT youth, there was cohort of transgender youth that provided information regarding the intersecting oppressions on this particular

group. In particular, transgender youth were more susceptible to victimization due to their visibility during the transitioning process.

Several studies have found that LGBT youth are over-represented in the homeless youth population (e.g. Cochran, Stewart, Ginzler, & Cauce, 2002; Kruks, 1991; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004;), which might be the result of the intersection of race, gender identity, and sexual identity. In one study, Reck (2009) explored the marginalized experiences of five homeless gay and transgender youth of color ages 17-22 in San Francisco, revealing the discrimination and prejudice encountered within a larger LGBT enclave- the Castro District. Several themes emerged from interviews with participants including intra-family homophobic and transphobic attitudes, often stemming from cultural or religious beliefs, which led to youth being expelled from the home; unstable and volatile family environments; and limited financial resources or economic barriers. After being displaced from their homes and precariously housed, these youth migrated to the Castro seeking safety, connection, and identification among LGBT peers. Although these youth received support in the Castro, they also encountered discrimination and oppression related to their racial, ethnic, gender, and class status. Youth reported the enclave to be mostly gay, White, middle class males and felt as if they did not belong because of their perceived lower status. Youth also reported being subjected to harassment by police and community members, as well as sexual exploitation by some adult gay community members. In particular, one transgender participant reported feeling that transwomen were “patronized and excluded from respected community status” and viewed as a form of “entertainment” (Reck, 2009, p. 235). Trans people of color experienced a sense of invisibility as well as interpersonal and institutionalized exclusion in the Castro.

In Reck's (2009) study, gay and transgender youth of color were able to identify the link between youth marginalization and privilege based on class and race. The intersection of these facets of identity and related oppression and discrimination make transgender youth of color susceptible to experiencing racism within White LGBT communities, homophobia and transphobia both within their respective cultural communities and in society; classism rooted in economic inequalities; and sexism as their gender identity and expression defies traditional binaries.

In addition to homelessness, youth marginalized as a result of sexuality, gender, and racial identity are at increased risk for other behavioral health problems. In the Garofalo and colleagues (2006) study cited earlier, male-to-female transgender youth of color identified several daily life stressors (e.g. unemployment, police harassment, homelessness, trouble getting medical care, and sexual exploitation). Furthermore, HIV rates were found to be higher among the African-American youth than the other groups included in this study (Latino, Asian or Pacific Islander, and multiracial).

Although the above cited studies have contributed to the literature examining the experiences of racial/ethnic minority TGNC individuals, no studies have explored the role of groups in helping these youth cope with stress processes that result from discrimination burden.

### **Family Acceptance and Support**

Many of the aforementioned research studies examined distal stressors, such as bullying and discrimination, experienced by TGNC youth. In addition to peer victimization, negative parental or familial responses to gender expression and sexual or gender identity during adolescence have been shown to predict health problems in youth. In one study (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) researchers surveyed 245

LGBT Latino and non-Latino white young adults ages 21-25. Participants completed measures of family acceptance, psychosocial adjustment, and health. Results indicated that LGBT young adults who reported lower levels of family acceptance were more likely to have attempted suicide, experience depression, use substances compared to adolescents with no or low levels of family rejection. Family acceptance was also found to protect against behavioral health outcomes such as depression, substance abuse, and suicidal behaviors. While there were no differences in family acceptance among transgender adolescents compared to non-transgender adolescents, data demonstrated that transgender youth were more likely to report lower social support. In this study, social support referred to relationships with peers and family members. This finding that transgender youth experience lower levels of support highlights the important role of social support groups for transgender adolescents.

As evidenced by the transgender emergence model (Lev, 2013; 2006), family relationships play a key role in facilitating identity development. Several studies have shown that family support serves as a protective factor (e.g. Needhman & Austin, 2010; Resnick et al., 1997). Family acceptance and support also impact the transition process for transgender youth. Minor children will require parental consent to undergo medical procedures. Additionally, parents usually assume financial responsibility for obtaining clothing or tangible objects that might help with the social transition. Essentially, if a child seeks to present his or her true gender self (Ehrensaft, 2012) parents have the power to control modes of expression. Ehrensaft (2012) suggests that a great deal of the anxiety and psychological distress experienced by transgender children is alleviated immediately after the youth are permitted to socially transition. Parents' paths to acceptance (Hill & Menvielle, 2009) may be influenced by their concerns about the child's well-being and

safety. Consequently, what might be interpreted as a lack of support might actually be a fearful response related to parents' protective instincts and concerns related to social maltreatment. Malpas (2011) posits that parents can nurture or affirm their child's identity and function as a mediator between the child's desired expression and the social reality.

### **Group-based Attachment**

According to attachment theory (Bowlby, 1973), the quality of interactions with significant others in times of need shapes one's interaction goals as well as relational cognitions and behaviors. If an individual's attachment figures are available, sensitive, and responsive to his or her signals of distress (i.e. proves to be a safe haven in times of distress and a secure base from which to explore one's environment), the individual develops secure working models of self and attachment figures and generally enjoys a psychological state of security. When attachment security is attained, intimacy and nurturance become primary interaction goals, and positive relational cognitions and mental models are formed. In contrast, if an individual's attachment figures are either inconsistently available or consistently unavailable, he or she develops an insecure working model of self and others that adversely affects subsequent interpersonal relationships (Bowlby, 1973).

Although attachment theory is most frequently applied to examine dyadic, familial, or romantic relationships, it provides an important context for understanding group dynamics and benefits derived from group participation. From an evolutionary perspective, group contact was important for survival (Brewer & Caporael, 2006). Our ancestors were able to achieve most daily living activities with assistance from group members (i.e. food gathering, child rearing, and protection from environmental threats).

Over the course of time, group belonging or connectedness has become a basic human need (Baumeister & Leary, 1995; Boccato & Capozza, 2011;).

Leary and Cox (2008) explored five social collectives or groups to which humans strive to belong. Four of these collectives are rooted in Kirkpatrick and Ellis' (2001) work regarding evolutionary perspectives on self-evaluation and self-esteem. According to Kirkpatrick and Ellis, humans have evolved into highly social beings and often need to negotiate the social world to address many adaptive problems such as mating and competition for resources. From a social evolutionary perspective, people are motivated to connect with others and this sense of belongingness is a source of self-esteem and integrity. Social collectives create opportunities for social inclusion and allow members to obtain the various benefits derived from group living, including shared resources and defense against outgroups. These collectives are divided into different categories that reflect their connection to others in the social world. Macro-level groups includes those types of groups where an individual may not have direct contact with all other members, such as tribes, communities, or other distal groups.. Instrumental groups such as committees are a collective of individuals working together or a shared purpose. Mating relationships provide intimacy and proximity. Kin relationships are biologically determined and support survival. A fifth collective, which best describes social support groups, are supportive friendships established out of need for companionship and a proximal sense of security and belonging.

Supportive friendships or socio-emotional connections that might develop in social support groups provide members with a secure base and sense of belonging (Mikulincer & Shaver, 2007). As members become nested in the group, they began to feel protected by their peers. Attachment processes in groups involves support seeking,



responsiveness, and emotional disclosure (Reis & Patrick, 1996; Smith, Murphy & Coats, 1999;), which serve as a template for future relationships. Mental representations of relationships formed in the group leads to feelings (e.g. warmth and security based on group acceptance or anxiety and shame when rejected) and behaviors (such as help seeking or approaching and/ or avoiding the group). Additionally, individuals can seek and maintain proximity to their group and use this social network for support, comfort, and safety during times of distress and as a secure base for “exploration and growth” (Boccatto & Capozza, 2011; Mikulincer & Shaver, 2007; Rom & Mikulincer, 2003). An individual’s level of connection or attachment to the group will likely determine the extent to which this network is viewed as a source for proximity seeking, a secure base, or a safe haven. A primary goal is to create an environment in which youth feel safe and comfortable and are able to actively seek out support from other group members as well as the facilitators.

These groups may provide members with an opportunity to practice social and emotional skills that will generalize to other settings while enhancing their personal self-esteem. Smith et al. (1999) found that people do in fact have internal working models of themselves as group members and view groups as sources of self-esteem and identity. Research has suggested that collective self-esteem, which can be derived from group participation, is positively correlated with individual self-esteem and negatively correlated with depression in various groups (e.g. Browne & Heppner, 1999; Mokgalhe & Schoeman, 1998; Bat-Chava, 1994). Given that social group membership may enhance personal self-esteem, it is likely that support groups create a safe space for identity development to help TGNC adolescents to reconcile their gender identity while developing skills to cope with stressors.

**Social Support and Connectedness**

Although attachment to groups and social support may be viewed as process indicators since both of these factors are important contributors to the achievement of group outcomes, they should be viewed as distinct concepts. In the context of social support groups, process indicators describe the important processes, events, or activities that contribute to the achievement of outcomes. House (1981) identified four categories of supportive behaviors that are highly correlated and summarily are theorized as perceived or received social support. Emotional support is the belief that others are sympathetic, understanding, caring, and trustworthy. Instrumental support is a function of the level of tangible assistance and services members provide during times of need. Appraisal support is the information sharing process that occurs among members to aide in self-evaluation and providing affirmation. Informational support is experienced when group members offer advice and information that members can use for problem solving.

Social support is considered a resource for coping with stressful events (Thoits, 1995) particularly those proximal and distal stressors TGNC youth are likely to encounter. Group participation creates a venue for social networks to develop. TGNC youth who experience bullying, intimidation, and harassment in school settings are deprived of the opportunity to form strong supportive networks in this settings and might benefit greatly from joining a group that provides a surrogate social network in an affirming setting. Group members essentially become each individual member's social network and this relationship serves multiple social functions such as, social influence, social comparison, companionship, and social support (Glanz, Rimer, & Viswanath, 2008).

John Cassel (1976), conceptualized stress factors of rapid social changes as negatively impacting health and social support, as well as social networks, as psychosocial protective factors. Social support derived from social networks may positively impact mental health outcomes and psychological well-being. Glanz et al. (2008) developed a model to represent a hypothetical pathway linking social networks and support to health outcomes. Groups that provide social support meet individual members' needs for belongingness, intimacy, companionship, and validation. These supportive relationships act as a buffer against stress, equipping the individual with the psychosocial capacity to cope with stress and avoid maladaptive coping behaviors. Additionally, social networks can provide access to new peers and resources that may help reduce uncertainty and unpredictability or helps to produce desired outcomes. Ultimately one experiences an increased sense of control over life.

The presence of social support or one's perception about the availability of support from group members does not dictate one's secure attachment to the group. However, it has been argued that social support is a precursor to developing secure attachment to groups. Attachment to groups incorporates social support but explores more complex group dynamics, such as bonding and maintaining relationships within groups (Lee & Ling, 2007). More research is needed to examine social group attachment, social support, and peer connectedness in ameliorating the minority stress experienced by TGNC adolescents.

Social connectedness is the summation of the quality of interpersonal interactions and the perception about being cared for (Lee & Lee, 2001). Social connectedness and social support are related but are different constructs. Iciaszczyk (2016) posited an important distinction by remarking that an individual may have social relationships or

interaction with others (hence social connectedness) but these relationships may not involve the “exchange of support but may only involve leisurely interactions” (Iciaszczyk, p. 4, 2016). For this reason, the current study examined the role of social connectedness that might manifest when teens have an opportunity to connect with TGNC peers in these groups as well as the exchanges of social support among members that occur among members. Cohen (2004) found that social support and social connectedness were helpful in times of stress. DiFulvio (2011) highlights the psychological importance of social connectedness as it provides individuals, particularly minorities, with a collective process that members can use to explore and reconcile group identity. In this context, TGNC adolescents can use groups to confront oppression and discrimination and connect with peers who share similar experiences. There are several subtypes of social connectedness (e.g. peer, family, school) and peer connectedness is highly relevant to the nature of this research and requires a more in-depth review of the literature related to this construct (see below).

In a study of sexual minority youth, DiFulvio (2011) interviewed 15 research participants ages 14 to 22 to examine social connection and its potential to promote resilience among these adolescents. Thirteen of these participants had been involved in a sexual minority youth group (e.g. school GSA or community group) at some time in their lives. Qualitative data analysis yielded the following three themes from participants’ personal narratives: social connection to an individual; social connection to a group- finding other people like you; and social connection to a group- working toward change. Essentially social connection to individual members created a foundation for affirming and confirming one’s identity as a sexual minority and member of a marginalized community. Additionally, group membership created a sense of belonging and the youth

felt connected to peers with shared experiences. In this study, youth reported the presence of sexual minority youth groups (e.g. GSAs) to be important to their sense of identity and safety. Group participation gave birth to friendships and connection in a world where sexual minority adolescents often feel isolated or rejected. In these settings, they experienced affirming and validating relationships with peers who have similar living experiences. Social connectedness derived from group participation helped facilitate members' resilience by acknowledging collective experiences of stigma and discrimination. This study did not explicitly address the unique experiences of transgender or gender nonconforming adolescents. Given the dearth of research on TGNC youth and social connectedness, the above-mentioned studies provide useful data regarding the experiences of sexual minority students in social groups, which can enhance our understanding of the experiences of TGNC students. As discussed by Meyer's minority stress theory (2003), LGBT youth are likely to encounter similar proximal and distal stressors, including social rejection

Transgender youth are particularly vulnerable to social rejection and systemic oppression and often feel marginalized in the context of LGBT groups that seem more geared towards the experiences of LGB adolescents (McKinney, 2005). Transgender youth would benefit greatly from participating in groups comprised solely of transgender adolescents so that they can experience social connectedness to other youth with shared experiences that differ from those of LGB and cisgender peers. If social connectedness can promote resilience, this might provide a tool for dealing with minority stress and serve as a protective factor against some negative mental and behavioral health outcomes. Future research should explore this assumption. Of particular interest would be to

examine the various types of social support (i.e. instrumental, emotional, and informational) that might occur during the group process.

### **Peer Connectedness**

Whereas social connectedness refers to one's sense of interpersonal closeness in a social world, there are several sub-constructs of connectedness across socialization domains (e.g. peer, family, school) (Markham et al., 2010). Family connectedness refers to those family characteristics such as parental warmth, parent-child closeness, and attachment to parents (Markham et al., 2010). School connectedness is based on students' beliefs that adults in the school care about their learning and one's attitude toward the importance of school (Barber & Schluterman, 2008). Relevant to this study is the concept of peer connectedness. Peer connectedness is a measure of the magnitude and strength of feelings of support and acceptance by peers and friends, most typically in the school environment (Johnson & Johnson, 2000). Peer connectedness is extremely important during adolescent as youth use these relationships as facilitators of identity, social, and emotional development. As discussed earlier, sexual and gender minority youth face extreme ostracism and victimization in the school environment (Kosciw et al., 2018). This creates a need to establish support groups consisting of TGNC peers that will foster opportunities for peer connectedness and support. While social support refers to the giving and receiving of tangible and non-tangible resources to help others, peer connectedness refers to the social interactions or pleasurable activities between peers.

One research study (McLaren, Schurmann, & Jenkins, 2015), which included a sample of 82 Australian LGB high school students, examined the correlation between depression and connectedness in several domains: school, teacher-student relationships, and peer relationships. Researchers found that higher levels of belonging to a LGB youth

group were associated with higher levels of school, teachers, and peer connectedness. An important finding from this study was that only peer connectedness was inversely associated with depression, suggesting teacher or school connectedness might not directly offer protection for LGB adolescents. It appears that belonging to a community-based LGB group allows youth to form instrumental peer relationships that might increase their capacity to cope with stressful life experiences. Although transgender students were not included in this study, sexual and gender minority students are likely to encounter similar stressors in the school environment and this study provides useful information about the role of peer connectedness in helping these youth cope with psychosocial issues.

Previous research has explored an eco-systems framework for identifying levels of gay community (Woolwine, 2000). LGBT groups and organizations, also described as instrumental groups, enable TGNC persons to meet individuals with a shared identity that they may not otherwise have the opportunity to interact with. Connecting with peers on this level creates a sense of belonging to the LGBT community. Direct peer contact increases emotional identification with the group and other members, and this experience has a positive impact on sense of belonging inside and outside of the LGBT community (McLaren, Schurmann, & Jenkins, 2015). Peer connectedness and belongingness may ameliorate the effects of minority stress and help individuals develop a positive sense of identity at the group level (McLaren et al., 2015; Meyer, 2003).

In one research study, Dennis (2003) explored the role of peer support in the provision of health care. Peer support was conceptualized as being distinct from other types of service delivery models. In contrast to interventions delivered by professionals, peer support interventions provided opportunities for peers with experiential knowledge to facilitate interventions that extended patients' social networks (Dennis, 2003). From

this framework, individuals with a common identity participate in supportive interventions, often referred to by health professionals. Interventions incorporating peer support provide emotional, appraisal, and informational support. This peer support directly impacted health outcomes through several mechanisms. These peer relationships can increase social integration; reduce feelings of isolation, which is correlated with feelings of control and esteem (Cohen, 2004); encourage help-seeking behaviors, and increase motivation for self-care (Brissette et al., 2000).

Including peers in support-enhancing interventions (Dennis, 2003) is rooted in the belief that peers have the unique ability to understand each other's problems or experiences in a manner that other members of their existing networks may not. Research has demonstrated that highly homogenous peer groups provide greater support that facilitates understanding, empathy, and mutual help (Helgesson & Gottlieb, 2000).

It is important to note that some of the above-mentioned studies focused on the experiences of LGB youth, neglecting to include the perspectives of transgender students. Nonetheless, these studies are useful as they provide information about the role of peer connectedness in helping a traditionally marginalized group, similar to TGNC youth, cope with stressful life experiences. Further research is needed to explore the role of peer connectedness in alleviating minority stress, facilitating identity development, and psychological well-being among transgender adolescents.

In an internet-based study of 1093 transgender persons, peer support received from other transgender people was found to moderate the relationship between social stigma and psychological distress (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013). As suggested by the minority stress model, participants in this study reported distress related to experienced and anticipated stigma. This study highlights the



role of peer connectedness and social support as a protective factor and its potential to help transgender adolescents develop resiliency. Consistent contact with peers and opportunities to engage in pleasurable social activities may prove effective in ameliorating the negative impact of minority stress experienced by TGNC persons.

### **Social Support Groups for TGNC Adolescents**

It is estimated that in the US, there are as many as 500,000 support groups and approximately 15 million Americans have participated in these groups at some point in their lives (Work Group for Community Health and Development, 2013). Support groups exist to address a myriad of issues (e.g. medical conditions, mental health concerns, and addictions) as well as reduce social isolation. Many community-based mental health and social service organizations have established support groups based on the unique needs of TGNC adolescents and as a response to the lack of social support experienced by these youth in other settings (e.g. school and home) (McGuire, Anderson, Toomey, & Russell, 2010).

For the purpose of this study, the term social support group is used to represent those groups offered by community-based organizations for TGNC adolescents. Social support groups may vary in format but typically these groups are comprised of members who meet on a regular basis (e.g. weekly or monthly) to discuss their experiences while providing and receiving support. Although nondirective, the group facilitator guides a discussion of the personal experiences and emotional issues encountered by group members. Garssen, Vos, Meezenbroek, de Klerk, and Visser (2010) posit that social support groups differ from formal psychotherapy groups in the following ways: they may be led by either a professional or volunteer with group facilitation training; there is mutual support among group members; there is an exchange of resources relevant to

members' experiences; there is discussion of practical solutions to address concerns; and there is little emphasis on analyzing processes or problems. Formal psychotherapy groups, on the other hand, are facilitated by a licensed mental health clinician and are convened to target specific clinical concerns or psychological issues (e.g. depression or anxiety). Social support groups may also be developed to address a range of concerns or problems but these groups are less structured than psychotherapy groups, emphasize sharing of experiences and expression of feelings, and allow members to use the group for peer support and encouragement from others with similar experiences (Garssen, Vos, Meezenbroek, de Klerk, & Visser, 2010; Kelly et al., 1993). Overall social support groups function to increase members' coping capacity and decrease their sense of isolation, by providing them with a supportive social network (Garssen, Vos, Meezenbroek, de Klerk, & Visser, 2010).

Social support groups have been shown to be effective interventions for addressing a myriad of conditions (Helgeson & Gottlieb, 2000; Leung, Orrell, & Orgeta, 2015). For TGNC adolescents, social support groups provide gender-affirming spaces where members coalesce around shared experiences. Group membership and peer affiliations create opportunities for youth to form instrumental relationships that increase their capacity to cope with negative school climates and other life stressors (McLaren, Schurmann, & Jenkins, 2015) while fulfilling their intrinsic desire for social connection (Leary & Cox, 2008).

Given that group membership may enhance personal self-esteem, it is likely that social support groups create a space for TGNC adolescents to develop coping skills to mediate stressors. The social connections derived from group participation provide individuals, particularly minorities, with a collective process that members can use to

explore and reconcile their identities (DiFulvio, 2011). The social and emotional connections formed among peers within social supports groups can be conceptualized as attachment bonds (Mikulincer & Shaver, 2007). Individuals seek and maintain proximity to the group and use this network for support, comfort, and safety during times of distress and as a secure base for exploration (Boccatto & Capozza, 2011).

LGBT youth social support groups, such as Gay Straight Alliances, were established to create supportive environments and have been found to improve psychosocial well-being (Toomey, Ryan, Diaz, & Russell, 2011) as well as reduce suicide risk (Goodenow, Szalacha, & Westheimer, 2006). Unfortunately, in many LGBT groups TGNC youth are underrepresented and may not have a space to discuss their unique concerns (McKinney, 2005). The marginalization of TGNC youth within LGBT groups and the disproportionate rates of peer victimization and psychological problems have created a niche for mental health providers to develop interventions specifically for this population (McGuire, Anderson, Toomey, & Russell, 2010). Social supports groups exclusively for TGNC youth have been implemented in many community settings and mental health programs but to date no research has been done to examine the effectiveness of such interventions or explore group-related constructs that yield optimal outcomes for members.

### **Statement of Specific Research Purpose and Questions**

The purpose of this investigation was to explore the role of support groups in improving the psychosocial functioning of TGNC adolescents and helping these youth deal with daily stressors. Generally, I wanted to better understand the experiences of TGNC youth in the context of support groups. Specifically, I wanted to examine the attachment bonds that form among group members and how connected members feel to

one another. Furthermore, I sought to explore what ways, if any, group participation facilitates identity development. Lastly, I aimed to investigate the perception of teens about the social support received from peers.

This research project aimed to enhance clinicians' understanding of the role of support groups in improving psychosocial functioning. Understanding how social supports, peer connections, and attachment benefits of participating in groups can create a foundation to guide the work of clinicians in developing effective interventions to address the psychosocial needs of TGNC youth.

The study addressed the following research questions:

- 1.** What are the experiences of TGNC youth in support groups?
  - a.** How, if at all, do support groups serve as a secure base and allow members to establish attachment bonds?
  - b.** How, if at all, does the group facilitate identity development for TGNC youth?
  - c.** Do these groups fulfill adolescents' needs for belongingness and peer connectedness? If so, how?
  - d.** What is the perception among group members about the social support received by peers?
- 2.** Does group membership/ participation help youth cope with daily life stressors? If so, how?
- 3.** Do the experiences of TGNC people of color (Black, Asian, Latino) in groups differ from those of White TGNC individuals?

### **Chapter III: Methods**

#### **Data Collection**

This was an exploratory study to examine the relationship between psychosocial functioning and SSG participation. Given the dearth of research in this area it was challenging to find previous studies to refer to or attempt to replicate research findings. An exploratory approach allowed the researcher to approach this project with openness and gain a better understanding of the role of SSGs. Focus group methodology was used to facilitate an in-depth, open-ended group discussion regarding the research topic. Focus groups are well aligned with exploratory research and are a direct method of obtaining rich data within a social context (Robinson, 1999). Patten (1990) posited that research involving focus groups has the potential to contribute to theory and knowledge and helps to evaluate program effectiveness. The focus group methodology followed a group interview format and was facilitated by the principal investigator. Focus group participants responded to a protocol of questions prompts (Appendix B). The questions were designed to probe the factors underlying TGNC adolescents' experiences in support groups.

#### **Recruitment Procedures**

Purposive sampling was used to identify TGNC youth who have participated in SSGs facilitated by the two agencies located in Highland Park, NJ and Staten Island, NY. Purposive sampling allowed the researcher to identify participants that were knowledgeable or experienced with the research topic (Tongco, 2007). Drawing upon a sample of participants from organizations located in different cities provided the researcher with an opportunity to recruit a sample of racially/ ethnically diverse youth to participate in focus groups. Additionally, collaboration with organizations with histories

of providing services and creating safe places for LGBT youth lent credence to the study being conducted. If participants viewed these agencies as trustworthy, this in turn, enhanced the researcher's credibility among the study participants. Partnering with these agencies that are highly recognized by TGNC individuals and viewed as trustworthy also helped participants understand the value of this project.

Participants were recruited to attend focus groups via posting flyers within the organizations, word of mouth among staff members, emailing listserv members, and announcements during regular TGNC social support sessions. The researcher recruited a total of 12 TGNC adolescents (8 youth attended the focus group in Staten Island and 4 youth attended the focus group in Highland Park). As discussed further below, participants were not required to provide any written documentation of participating in this study to protect their identity. Given this, no formal instruments were used to collect demographic data but the researcher was able to obtain minimal descriptive statistics during the focus group discussions. Participants ranged in age from 16-19. Approximately 4 participants identified as White, 2 participants identified as Black, 2 participants identified as Hispanic, and 5 participants identified as more than one race or identity (biracial or multi-racial).

The researcher provided subjects with a \$25 stipend for participating in the focus group discussions. Stipends were distributed at the end of each focus group in the form of cash. Additionally, beverages, light snacks, and pizza were served during the focus group. The researcher received a research award from the New Jersey Psychological Association Foundation to cover the cost of these expenses.

### **Waiver/ alteration to Consent Process**

LGBT youth are often a difficult population to engage in research and this may be partly due to issues encountered when attempting to obtain parental consent for these participants. This issue of obtaining parental consent often presents a research dilemma as investigators tend to exclude LGBT participants under the age of 18 for whom parental consent is not feasible due to concerns about institutional review board (IRB) rejection of research proposals. However, requiring parental consent for minors may alter research findings as those youth who are most in need of the benefits of research might be excluded (Mustanski, 2011). In an effort to capture the experiences of TGNC adolescents and eliminate barriers to research participation, I submitted and received IRB approval for both a waiver for the requirement for parental permission for subjects aged 14-17 and a waiver for the requirement for written documentation of consent.

The decision to request the abovementioned waivers was based on the following factors. Requiring parental permission for the proposed research project would have likely created major barriers and possibly impacted the research in the following ways: (1) placing youth at risk for physical or psychological harm including, familial harassment, abuse, and other negative reactions from the family members of those youth who may be “outed” as a result of the content of the focus group discussion and the transgender or gender nonconforming inclusion criteria (D'Augelli, Grossman, & Starks, 2008); (2) decreasing the validity of research findings by effectively eliminating potential participants who are unwilling to share permission forms with parents/ guardians (Mustanski, 2011); (3) and adding little in the way of actual subject protection, given the minimal risk of participation in this study. More importantly, I sought to recruit a diverse sample of TGNC adolescents to participate in this study and recognized that some of these teens may be disengaged from their families, expelled from the home, or

precariously housed. In this study I was looking to examine the role of support groups in providing a surrogate social network for marginalized teens. Given this, it makes sense that some of the potential research participants, may not have been able to obtain parental permission and this would preclude participation without the waiver. Additionally, the only record linking the subjects and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Having respondents orally consent minimized this risk, as there is no record of research participants' names or any other identifying information.

Prior to the focus group, I met with potential research subjects and read the oral consent script. The consent script explained the purpose and procedures for participation, risk and benefits of the study, confidentiality, and limits to confidentiality, and provided contact information for individuals affiliated with the study. The consent script explained that participation was entirely voluntary and participants had the right to terminate participation at any time during the study without penalty. The consent script also included a statement informing subjects that audio recording was a mandatory requirement for participation in the study. Subjects were required to provide verbal consent via saying yes or no after the script has been read. As stated above there were 2 focus groups, lasting approximately 90-120 minutes each, and held onsite at the community organizations in Highland Park, NJ and Staten Island, NY.

### **Data Analysis**

Thematic analysis was used to analyze the data (Boyatzis, 1998). Thematic analysis is a commonly used qualitative research method to identify, report, and analyze data produced in focus groups. The focus was on extracting themes from participant's responses. A theme is a patterned response identified in the dataset that captures



something important about the data in relation to the research question (Braun and Clarke, 2006). Thematic analysis creates a framework for the researcher to make sense of material derived during data collection; analyze qualitative information; and provides a systematic way of observing interactions or groups (Boyatzis, 1998). The significance of themes is evidenced by consistency across and within study participants.

Braun and Clarke (2006) differentiated between two strategies for analyzing themes or patterns within data: inductive or theoretical. A theoretical thematic analysis was used, that was driven by the researcher's theoretical interest in social support groups for TGNC adolescents. Using theoretical analysis, the researcher coded participants' responses for the aforementioned research questions and mapped themes onto specific research questions. The aim of this research was to investigate the role of social support groups on the psychosocial functioning of adolescents. Focus groups responses were analyzed to extract themes around the social and relational aspects of group participation.

Data analysis was conducted following the 6-phase process identified by Braun and Clarke (2006). First, the focus groups were transcribed and thoroughly reviewed to increase the researcher's familiarity with the data. Second, the researcher utilized NVivo, a qualitative data analysis program, to generate initial codes. Transcripts were analyzed and qualitative data was mapped onto the appropriate codes (e.g. social network support, affirmational support). The next step was to search for themes (e.g. modalities of support) and review and define the themes. When analyzing the data, the researcher sought to answer the following questions as discussed by Braun and Clarke (2006): What does the theme mean? What are the assumptions underlying each theme? What are the implications of such a theme? What is the overall story the different themes reveal about

the topics? Another question not explicitly put forth by Braun and Clarke, but of importance was: How do the themes address specific research questions?

### **Trustworthiness of the Research**

Several steps were taken by the researcher in an effort to strengthen the credibility and trustworthiness of research findings. First, site triangulation (Shenton, 2004) was achieved with the participation of TGNC adolescents from multiple organizations. This provided a strategy for reducing the effect on the study of local factors unique to one organization or neighborhood. Additionally, the researcher was explicit about her independent status. Participants could share group experiences without concerns of individual responses being reported to staff members or group leaders. A third step consisted of member checking during the focus groups. The researcher checked her understanding of responses by utilizing such techniques as summarization and paraphrasing for clarification. Member checks (Guba & Lincoln, 1989; 1994) gave participants an opportunity to challenge what might be perceived as misinterpretations, which in turn lessened the likelihood that researcher made investigative errors and that false information was presented as reliable research (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

A fourth step involved frequent debriefing sessions between the researcher and her dissertation committee. These meetings allowed the faculty overseeing this project to provide the researcher feedback, serve as a soundboard to test developing ideas, and querying from committee members helped the researcher identify and address personal preferences or biases (Shenton, 2004). A fifth step was to provide opportunities for peer scrutiny and feedback via participation in a dissertation work group facilitated by a GSAPP professor who was also a member of the dissertation committee. In this group,

the researcher had an opportunity to present study materials (e.g. focus group protocols, preliminary findings) and receive feedback from peers. The different perspectives offered by this group helped the researcher challenge personal assumptions to allow for a more objective view of the data. A final step was to review the existing literature and research to examine the degree to which the current study's results were consistent with those of previous studies (Silverman, 2001).

## **Chapter IV: Results**

Overall, focus group participants' thoughts and attitudes about SSGs revealed that these groups served as a protective factor to mitigate the impact of psychosocial stressors. Qualitative data extracted from these discussions provided insight into what qualities or aspects of the group and relational interactions helped to cultivate this positive, and in many cases transformative, experience. The first step was to examine and identify some of the psychosocial stressors reported by GNC teens and identify categories and/or themes that reflect these experiences. Psychosocial stressors are reported first because it is helpful to understand the experiences of GNC youth prior to joining groups and identify what current stressors they might be experiencing. A second step was to identify any psychological distress or negative consequences related to the exposure to these stressors. As a result of these adverse experiences, there is a need for GNC teenagers to have a coping space to alleviate psychological distress and maladaptive ways of dealing with minority-related stress. It appears that SSGs may address this need and help to improve the psychosocial functioning of GNC teens. Given this, the third step was to explore exactly how SSGs are able to do so and what aspects of the group experience contribute to its protective qualities. Last is a discussion about the issues that impact group participation, which might provide useful information for clinical interventions.

### **Psychosocial Stressors**

Psychosocial stressors are defined as the environmental or social events, interactions, or exposures that tap into an individual's adaptive capacities (Cohen, Janicki-Deverts, & Miller, 2007). Consistent with minority stress theory (Meyer, 2003), psychosocial stressors reported by GNC focus group participants were divided in two categories: proximal and distal stressors. Distal stressors are the external and observable

stressful events gender minorities experience, such as being on the receiving end of discrimination, biases, or rejection (Meyer, 2003). Proximal stressors are those internal processes an individual undergoes as a result of experiencing rejection, discrimination, and prejudice due to their identity (Meyer, 2003). Minority stress theory posits that one's status as a gender minority leads to increased exposure to distal stressors. These ongoing experiences with discrimination, prejudice, or rejection, in turn, lead to more exposure to proximal stressors. As a result of experiences with stressors, gender minorities may experience adverse psychosocial outcomes, such as depression and social isolation (Lucal, 2008; Reisner et al., 2015). Participants discussed a range of distal stressors that impacted their psychological well-being such as being the victim of bullying or discrimination in the home, school, and social environment. Participants described a cyclical stress process in which stigma and threat of discrimination inhibited their ability to come out to families and peers about their respective gender identities; and once others knew their gender identity, they experienced actual discrimination, bullying, and peer/family rejection.

### **Distal Stressors**

Distal stressors are those objective and observable events in the individual's immediate environment (e.g. home/ school) that are rooted in knowledge or perception of gender minority status (Meyer, 2003). Typically, the most salient stressors are those that are verifiable and observable by others. Adolescents interact with multiple systems and each one of these environments can create overt stress in the GNC teen's life. Focus group participants discussed their experiences with rejection, bullying, relational aggression, and peer victimization at home, school, and via social media platforms.

**Home environment/ family-related stressors.** Several participants disclosed being on the receiving end of disparaging remarks that reflect family members'

prejudicial attitudes and biases about non-binary gender identification. For instance, one biracial GNC 17 year-old participant with preferred pronoun “they” stated, “I kind of tried telling my mom, I hinted at it, we were talking about a past experience and I kind of hinted without saying it. She was just like ‘Oh no you’re not like that. It’s just the people that you’re hanging out with are probably making you think that.” Across the groups, teens reported feeling as though family members or parents were not affirming of their respective gender identities, which led to strained parent-child relationships and feeling discriminated against and rejected. Pine Tree\*, a multi-racial 15 year-old transmale expressed his sadness and frustration at his father’s reaction when disclosing his gender identify:

And like when I kind of told my dad I see myself as a boy and I identify as tri-gender. I identify as a male, a female, and a non-binary, it all depends on the day. And he’s like “no you’re a girl, you were born this gender. “He’s like “I let you dress whatever you want to dress. And we were at his job, we were at a restaurant and I started crying. And you are this. I let you wear whatever you want. I let you cut your hair, I let you dye it but you are not a boy and all this stuff. And I was just like hurting. And I just kind of think that...I’m more scared for my siblings like what if they want to come out?

Another biracial GNC 17-year old participant disclosed an experience with her mother that made it difficult for her to disclose her gender or sexual identity for fear of a negative reaction:

I didn’t really tell my mom anything, and even when I was possibly questioning if

\* Respondents chose and used pseudonyms during focus group discussions to protect their identities.

I like girls or guys or whatever. She was like oh yeah if you're a lesbian you're going to get kicked out of my house and I didn't even like tell her anything so what if I find out that I do I can't even like turn to her?

The quote above exemplifies the rejection and profound disapproval experienced by this GNC respondent in their family environments. Focus group discussions highlighted some of the instances of discrimination teens have experienced at home. Respondents discussed being subjected to prejudicial attitudes and discriminatory remarks that made it difficult for them to disclose their gender identity. These data are consistent with other research which has shown that family rejection may negatively impact the psychological outcomes for gender nonconforming individuals and increase risk for suicide and substance use (Klein & Golub, 2016). Relatedly, suicide and self-harming behaviors were disclosed by respondents and will be discussed further below.

**Peer victimization in the school setting.** Several participants reported experiences of school-related stressors that contributed to their sense of social isolation and stigma. Monroe, an 18 year-old African American GNC participant whose preferred pronoun is “she” discussed her experience being bullied and ostracized by peers because of her sexual and gender identity.

Like I would come to school, like I would find a notebook on my desk or in my desk and I like, so like it would be like the first period class that I have and you would sit at the desk you're assigned to in your first period class in (?) junior high school. So I said alright I would sit here because this is my assigned seat and we normally leave things in there, sometimes teachers let us leave things in there, we normally give to the teacher. I guess they put a book in my desk. I had like went there to go get my book, I felt two books. So I looked in there and I'm like who

has two books in my desk so as the story goes on I see two books. One book says this is for \_\_\_\_\_ and it's a whole book with pictures of me with my face cut out and pictures with stick drawings, saying you should die, you should hang yourself, you should not live. And it put me in stage like where like you know it's like, it was just like crazy.

Other participants also disclosed being bullied and teased by peers in school, being verbally harassed, and subjected to name calling and derogatory remarks. Another 17 year-old GNC teen stated: "A lot of vague things I remember from high school like people calling me slurs when they think no one is around." There was a consensus among participants about experiencing hostile school climates that perpetuate discrimination, marginalization, and isolation of GNC teens. Participants also noted that teachers and school personnel were not always supportive or helpful in addressing issues that might arise in the school. For instance, Monroe further elaborated on his experience being bullied and harassed by peers and stated: "I went to the principal, she didn't do nothing. The dean didn't do nothing." Overall, GNC teens appeared to be more likely to experience school-related stressors as a result of their gender identity and often did not have adequate support to manage these issues.

**Electronic harassment via social media.** While discussing experiences of bullying several teens reported incidences of cyber-bullying or electronic harassment. In fact, as discussed among the focus group participants there appeared to be more salient experiences of bullying that occurred via electronic communication than "traditional" bullying. Research has suggested that transgender and gender nonconforming teens are more likely to be targeted than their cisgender peers (Abreu, 2018; Kosciw et al., 2018). Further, gender minority students are more likely to experience hostile social



environments. While some teens encounter bullying and discrimination in the school setting, the psychological distress from these experiences is exacerbated by using social media platforms to publicly display derogatory comments or threatening messages that may follow teens throughout their life. One GNC teen stated, “I feel like with like social media I have faced shit. Like there have been people who wrote shit on my wall.” Several teens indicated that social media platforms were used to perpetuate homophobic or transphobic messages, including statements that teens were “going to go to hell” because of their identity. Cyberbullying cuts across domains, in that these public forums can be accessed at home and school, and are likely to be distributed within networks or communities and may increase social isolation. For example, Monroe explained that she was the victim of cyberbullying by peers: “Like they took a picture of my boyfriend, they put it...this girl put it on the DM [direct message], on the chat and was sending it to a whole bunch of people.” It may be the case that these acts of electronic harassment are an impetus for youth joining SSGs as they help to diminish social isolation and provide youth with a social support system to compensate for these negative peers interactions.

### **Additional Socio-cultural Issues that Contribute to Minority Stress**

Participants discussed additional socio-cultural issues they face as a result of being gender nonconforming and negative messages pervasive in society regarding gender identity. It is likely that these messages, particularly if they are internalized, will contribute to minority stress. Among participants there was consensus about “living in a cisgender world” and “double standards.” Teens discussed their perception about how transmen and transwomen are treated differently. Shiro, a 17 year-old biracial GNC female, stated: “It’s not really more acceptance for transmen, it’s just that they get a

different side of the gender double standards stuff.” Another participant, Lucy a 20 year-old White transgender woman, stated:

I feel like in general, femininity is more frowned upon because so if a transwoman is just like living her life then transphobic people will see her as a weaker man or a lesser man. I feel like femininity, I don't know, it feels like masculinity is more accepted. It's like if you have a kids, a girl who is much more masculine she is considered a tomboy and that's much more accepted than a boy who likes pink and stuff like that. He's automatically shamed.

Passing privilege refers to the benefits that stem from being perceived, or passing as a cisgender or gender binary individual (Mizock & Hopwood, 2016). There was also a discussion about how those individuals with passing privilege are likely to experience less discrimination and threat of violence. Essentially, those transgender individuals who are able to successfully “pass” are afforded the opportunity to exist in society without people knowing their biological sex or gender minority status. For instance, one GNC participant stated:

I mean everyone transitions differently, everyone looks really different but most people have like really danger, fear of their lives, if they don't transition or if they're in a period of their transition and they don't pass or look a certain way. So it's especially for trans women, I believe, if they don't pass then it's a lot more dangerous than if a man doesn't pass. That's just how it is. Yeah we just always learn or feel that we have to look a certain way. And if we don't look quote unquote normal enough then people are going to do something

Respondents also discussed how transgender individuals who pass are more prevalent in the media. Baby\*, an 18 year-old Hispanic GNC male, remarked: “I also feel like the face of the transgender community is like the skinny White, passing transwomen.”

Essentially, passing privilege may serve as a protective factor against discrimination GNC teens are likely to experience. Another facet of identity that may afford GNC teens additional privilege is race. Baby’s quote mentioned above reflects the perception that White transgender individuals are often given preference and are more visible in mainstream media. During the focus groups, teens discussed the differences between the experiences of White and GNC teens of color. There was an overall sentiment, that GNC teens of color might experience an additional layer of oppression or discrimination. One GNC teen stated: “Less acceptance, as little acceptance as there is already. Nonwhite trans people always have it rougher than White trans people.” These youth are likely to encounter issues related to transphobia and racism, and compared to their White counterparts are less likely to have positive depictions of themselves in the media. To this point Lucy stated: “I just feel like it’s an added factor. Like there’s transphobia and then on top of that there’s racism.” Monroe echoed a similar sentiment and stated: “I have trans friends who are Caucasian and they just don’t experience these things. Even if our race should be understanding of us but that’s not the case, then we put up more borders and divide us.” This information provided by respondents is consistent with intersectionality theory (Crenshaw, 1991) and research showing that transgender youth of color are more likely to experience discrimination based upon the intersection of their racial and gender identity (Hatchel & Marx, 2018; Reck, 2009).

### **Proximal Stressors**

Proximal stressors are those internal, subjective experiences that are based on the individual's appraisals and perceptions within their environment. Meyer (2003) identified two important components of proximal stressors, which have been adapted to reflect the experiences of GNC teens: attempts to hide one's gender identity and rejection sensitivity. In this current study, teens spoke about attempts to conceal their gender identity and fears of rejection. As discussed above, teens spoke about their experiences with stressors in the home and school environments. Once parents either explicitly verbalized their negative attitudes about non-binary gender identification or teens detected an air of prejudice this generated an internal process of trying to manage these stressors. As suggested by minority stress theory, several respondents commented on fears of disclosing their gender identity as they anticipated a negative reaction or being rejected. Teens discussed their emotions (e.g. being "scared") and the stressful process of trying to explore and reconcile their identity in what they perceived to be an invalidating family environment. Monroe discussed the stressful process of trying to reconcile her sexual and gender identity while confronting the threat of familial rejection, which impacted her willingness to come out to family members:

When I was a little boy I was always drawn to feminine things but I didn't care even if it was on the TV like I was watching Sabrina the Witch. Like that was me all the time I was always playing the female in games. I feel like [pause] I didn't come out for a long time, and I knew this for years. My family and just everything, I was really scared. Like people in my family have come out as queer and they've been like exiled from the family I guess you can say. But once I decided to put those ideas into action like actually wearing what I wanted to wear

like platform heels, you know your girl was killing it out there in the school. I was afraid of what people were going to say about me.

Monroe's descriptions of her experiences with bullying in school and via social media highlight the stressful process of being a gender minority. TGNC youth in the focus groups were able to describe some of the stressful events they have experienced being on the receiving end of discrimination, prejudice, and rejection. These conversations and interactions during which parents or peers express negative attitudes regarding non-binary gender identification may perpetuate proximal stress and lead teens to continuously anticipate rejection and discrimination. For many GNC adolescents this means attempting to conceal their identity from family members and peers. The negative expectations and efforts to hide one's gender identity may create additional distress (Hendricks & Testa, 2012; Meyer 2005). This distress may increase susceptibility to negative psychological outcomes, such as e.g. depression and suicidality (Klein & Golub, 2016; Reisner, Greytak, Parsons, & Ybarra, 2015) which was demonstrated by the respondents as described in the next section.

### **Psychological Impact of Stressful Life Experiences**

Several of the GNC teens participating in focus groups disclosed psychological issues, such as depression, that might have been exacerbated by stressful experiences, such as family issues, school problems, and bullying/ discrimination. The experiences with distal stressors reported by respondents led to a high level of distress experienced, which has seriously impacted the psychological well-being of several of the GNC teens participating in this study. For instance one GNC teen stated, "I've been struggling with depression for a while." It is not surprising to hear these anecdotal experiences as LGBT youth are at increased risk for mood disorders and suicidal behaviors. Relatedly, another

teen stated, “I was depressed, I didn’t know what to do. “ There was consensus among the group as other participants offered nonverbal affirmative gestures (e.g. nodding in agreement) when teens shared their experiences with depression, which insinuated to the moderator/ principal investigator that many teens had encountered similar psychological issues. Given the personal and serious nature of this topic one would expect that some teens might be less willing to talk about these experiences in the context of focus groups. There was a brief mentioning of experiences with depression but those who were willing to disclose were highly transparent about their despondent nature and acuity of depression symptoms. For example Pine Tree stated: “I didn’t want to live. Because honestly I didn’t know where else to turn and I was shit when I came here at first.” Pine Tree’s statement reflects how the internalization of chronic stressors, or proximal stress, has life threatening consequences. Essentially, gender minority teens have to navigate the minority stress process that results from confronting discrimination and stigma while attempting to affirm their identity with little support. The result is that teens may experience a sense of hopelessness, emptiness, and loneliness. Floundering through life may lead to unhealthy ways of coping with stress. Some teens disclosed previous suicide attempts, such as Baby who stated: “ I once tried to hang myself.” Pine Tree also revealed a history of non-suicidal self-injurious behavior stemming from psychological distress. He stated: “I’m pretty sure a lot of us have been damaged before we came here. I myself used to be an extremely heavy cutter.” There was an underlying sentiment that many of the teens were experiencing mental health problems (i.e. “damaged”) before coming to the group and group participation helped to alleviate distress and possibly save lives as described in the next section.

### **Role of Social Support Groups in Coping with Proximal and Distal Stressors**

Focus group discussions revealed that GNC youth who have experienced the psychosocial issues discussed gravitating towards SSGs as these groups had a positive impact on their functioning. Pine Tree remarked: “This place is like a metaphorical hospital.” It appears that the relational processes that manifest during group participation may serve as a protective factor to shield gender minority teens from the impact of consistent exposure to stressors or adverse situations. Protective factors not only mitigate the influence of life stressors, but also cultivate positive psychological outcomes for vulnerable populations. Based on discussions that emerged during focus groups it appears that the relational processes within the group can best be characterized as fictive kin. Fictive kin, chosen family, voluntary family, and intentional family, are all terms used interchangeably to characterize relationships between individuals who are not related by blood or marriage (Braithwaite, Bach, Baxter, DiVerniero, & Hammonds, 2010; Floyd & Morman, 2006; Nelson, 2013). Research has shown that fictive kin can serve as a valuable resource (Johnson, 2018) and protective factor for marginalized populations (Mereish & Poteat, 2015) by offering concrete support to meet their needs, particularly during times of distress. Additionally, when gender minority individuals are able to form these types of relationships, they are likely to have positive experiences that strengthen those traits in an individual that are affiliated with resilience (Hartling, 2008). These fictive kinships that develop within the context of SSGs generate multiple layers of support for gender minority youth, who may experience social isolation, rejection, or invalidation within their families or origin.

SSGs provide group members with a chosen family or fictive kin who provide several types of concrete support. Social support appears to be a by-product of fictive kin relationships and serves as an additional protective factor. Given this, a lengthier

discussion follows further below to explain the multiple layers of support. Summarily, it appears that SSGs act as a protective factor for GNC teens by virtue of the fictive-kin style relationships that develop among group members and the modalities of social support exchanged among gender minority youth.

### **Fictive Kin Ties Among Group Members: “This da fam.”**

During the focus group discussion there appeared to be a consensus among participants that the group provided members with an alternate family and teens discussed characteristics of the group that contributed to this notion of fictive kin. As this theme began to emerge in the initial coding, transcripts were further analyzed to explore what aspects of interactions among group members might contribute to these voluntary kin relationships. When asked to describe the group experience, one GNC respondent remarked “this da fam.” When provided with an opportunity to elaborate on this statement, several respondents described their fellow groups members as “brothers and sisters and characterized the group as a family-like environment.

This is consistent with other research (e.g. Muraco, 2006; Schindler, 2015) showing that LGBT individuals often establish chosen families comprised of other LGBT persons within their social network who are able to offer tangible (e.g. money or shelter) and non-tangible (e.g. emotional support) resources. Typically these relationships develop over time as friends are promoted to a more intimate status and become an integral part of the individual’s inner circle. For instance Baby stated, “I don’t know, I’ve been coming here for like two years now and I guess you can almost describe the relationship as *family*.” Another participant, Charlotte, shared her experience of how the relationships with group members evolved over time as bonds deepened. Charlotte stated:



When I first got here I was extremely awkward and I didn't want to talk with anyone. But as I kept going more and more I felt more comfortable with people. That's how I got a strong connection. I feel like these people are my *family*. I'm really happy to have that.

The notion of kinship-like bonds stood out as a recurring theme and it appears that these affective relationships were a valuable part of the group experience. Monroe further stated:

Well, I said family because it's family I get from this group because I can come here and be like, hey girl, hey sister, hey bro. It's a variation of many different sexualities and gender nonconforming things. The family I have at home I can't have these same conversations I have with my family that's at this center. I can't go "girl" and they're gonna' be like I don't know what that means. Like I can't have the gay lingo with my family because they don't know the gay lingo.

Monroe's recollection of her experiences with group members resembles that of fictive kin relationships. Fictive kin relationships are conceptualized as emulating family ties in their level of emotional involvement. As discussed earlier many of the GNC teens participating in this study reported feeling marginalized and unsupported by their biological family members, and the family style relationships within groups provided them with a positive emotional experience to counteract these negative experiences.

**Support Related to Fictive Kinships: "We dangerously support each other to the point where it's just crazy."**

As respondents described these chosen family ties, several modalities of support characteristic of what one might find among family members were identified. Members identified themselves as part of this larger family-like unit, which provided several types

of support. Additionally, participants reported relationships being marked by emotional attunement and mutual understanding. This is consistent with Mereish & Poteat's (2015) research, which suggests that relationships (e.g. fictive kinships) that increase an individual's ability to cope with adversity are typically marked by "mutuality, empowerment, and empathy." During the focus group discussion, one GNC teen stated: "We dangerously support each other to the point where it's just crazy." Another GNC teen followed this statement and indicated: "When we're out together we're a family, we're one. Like you won't mess with her, without messing with me. If you mess with one, you mess with all." These responses revealed that the group is highly enmeshed and members were highly supportive of each other. It appears that the fictive kin relationships that manifest from group involvement generated four specific types of support: emotional support/ empathy; social network support; affirmation through shared experiences/ mutuality; and esteem support. These modalities of support are typical of what one might expect to receive from family members, which likely helped to increase group cohesion and strengthen fictive kinship ties among group members.

**Emotional support and empathy.** *Emotional support* refers to perceived availability of trustworthy, empathic, and caring individuals with whom life experiences can be shared (Liang, Ho, Li, & Turban, 2011). Emotional support is posited to be a protective factor and key resource for coping with stressors (Brinker & Cheruvu, 2017). Focus group participants discussed their experiences with other members being emotionally responsive or attuned to their emotional needs, which may enhance these fictive kinships. For instance, Pine Tree stated:

It was kind of funny because we were in the middle of self-defense and Baby was out of nowhere, "are you depressed?" It's funny how he was able to catch that

cause whenever I'm in open places I just try to smile or whatever. I was just like how? How? My family can't see that. But somebody that I recently met can.

I just had like a breakdown, I was crying and I ran out the room and Baby was with me and he was just there to help comfort me. He was like "oh you can get through this, I'm here if you ever want to talk.

Another participant, Charlie, a White GNC 17 year-old, stated: " We get to like talk about each other's feelings and other people can comment on what you said and try to help you in some way. " Marginalized teens may struggle with finding family members or peers who can empathize or relate to their experiences and this limits their availability of emotional support. This void facilitates a need for fictive kinships to meet the emotional needs of gender nonconforming youth.

**Affirmation through shared experiences and mutuality.** *Affirmation through shared experiences* refers to those experiences between group members that reflect a sense of understanding and familiarity with issues related to gender identity (Simich, Beiser, & Mawani, 2003). *Mutuality* denotes a shared experience and the recognition of "self as part of the larger relational unit" (Jordan, 1986). Focus group discussions revealed that GNC teens found comfort in socializing with peers who have common experiences as well as shared identity markers. GNC teens viewed themselves as fictive kin or "siblings" within this larger family type unit. Group participation enhanced respondents' level of interpersonal support by connecting individuals with fictive kin, or a chosen family, who can offer affirmational support. Pine Tree explained: "I have moments where I didn't know what the heck was going on and other people were reassuring that they were going through the same thing." Panda also discussed how she felt understood and validated by members of the group:

A lot of times I will have a specific issue and I'll just need to talk about it in group because they know what I'm talking about. But if I were talking about it with my cis friends they wouldn't know what I was talking about or they might not understand."

As discussed earlier, mutuality is an important part of these fictive kinships. As members share their personal experiences, a social exchange occurs that allows teens to be on the receiving and giving ends of social support. This social exchange that occurs vis-à-vis affirmation through shared experiences reinforces a culture of mutuality within SSGs. Participants coalesced strongly around shared experiences, and during the focus groups there was discussion about the social reciprocity and mutual understanding among members. For instance one GNC teen stated:

Yea I think there is like a *mutual* understanding that we're not here to start fights and if there is like a touchy topic that comes up we don't like, we have a safe word to drop topics. Like if it's too painful you also have the option to walk out and take a breather. There's no stigma. Yeah it's just a *mutual* understanding we're here to support each other and not fight.

Another GNC teen stated: "We're all there to listen to each other and support each other."

Group experiences appear to be enhanced by these fictive kinships that develop in part from shared experiences and mutuality. Further, group members' desire for family connectedness likely facilitates the development of these chosen families. Again, as these group relationships are characterized as "family," one would expect that as teens view themselves as part of this larger relational, family unit this affective experience transcends the group meetings. Like with families of origin that are characterized by

strong, supportive relationships, respondents looked forward to spending quality time with each other during group and outside of group meetings.

The two SSGs included in this research study met on a consistent basis. Group A meets on a monthly basis and plans additional social activities for GNC teens. The respondents that were members of Group A expressed a level of closeness that reinforces this notion of fictive kinships (e.g., Monroe's statement: "We're just a bunch of annoying brothers and sisters."). Participants from Group B, which met on a monthly basis, also described the group as family (e.g. Charlotte's statement: "I feel like these people are my family."). Using the term "family" highlights the emotional connection among group members and is indicative of satisfying experience curated during the group meeting. However, it also leaves Group B members wanting more opportunities to bond with the "family" outside group. One GNC teen from Group B expressed a desire to form relationships that extend beyond the group and stated:

Like we all get along really well but I just wish we were all like actual friends. I mean we're all friends but when we go home it ends there. But, I mean we don't really go home and be like I'm going to text someone. We all go on with our normal lives. I feel like if everyone was more buddy, buddy with each other and actual friends maybe it would be a different vibe.

Group B developed and maintained a tradition of members going out for pizza after each monthly group. This custom might be indicative of the attempt to preserve this family-like dynamic by spending quality time and offering support that extends beyond the group. During the focus group, members discussed this tradition.

According to one GNC teen:

Yea it's really fun because, well in group all of us are kind of a certain way.

We're all sort of focused on the things that are therapeutic but during pizza we can all relax, like have a full opportunity to talk. Like my first pizza was kind of awesome because I actually got to know, more than just like what they sharing group.

These support groups can often be highly structured, goal-oriented, or draw upon sensitive topics (e.g. self-harming behaviors). It makes sense that members want to spend informal time together with their chosen family, where they can talk about lighthearted topics and learn more about each other and create a more synthesized family unit.

**Social network/ interpersonal support.** *Social network/ interpersonal support* refers to the availability of a trusted group or valued individual to turn to in times of need or crisis to help enhance one's ability to cope with adverse events (Gottlieb & Bergen, 2010). The relationships among group members were best characterized as family. These alternate families provided group members with an opportunity to experience interpersonal connectedness and garner support to help them manage stressful life experiences. Those experiences that fall under the category of social network or interpersonal support were mentioned most often during focus group discussions.. Fictive kinships provided chosen family members with the availability of interpersonal support that may be otherwise missing from their lives, particularly if biological family members fail to offer this support. As discussed above, many gender minority teens found solace in each other after dealing with stressful experiences. Many teens indicated feeling lost, hopeless, and isolated before turning to the group and forming a social network comprised of gender minority peers. Several participants referenced this type of

support. For example, Cat a biracial GNC 15 year-old made the following statement: “We all get along and can talk about certain things we can’t talk about with other people.” Ikarus, a biracial GNC 17 year-old, echoed a similar sentiment: “Sometimes I feel like I have problems and I feel better if I were to say it to someone but I don’t really have anyone to say it to in school, I mean besides my friends, we don’t really see each other much.” Baby, a Hispanic GNC 18 year-old, made a statement that underscored the significance of this interpersonal support: “Like gaining friends and people and all this stuff it gave me the will to want to live again.”

Interpersonal support appears to be one of the most salient aspects of SSG experience. Social network/ interpersonal support is a broad category that reflects the overall support derived from teens coalescing around shared gender identity experiences, as this is essentially the impetus for convening support groups. In addition to interpersonal support to buffer against challenging experiences, the availability of social networks also offers members additional types of support. Three other categories of support were identified as by-products of social network support: emotional, esteem, and affirmation through shared experiences. The three aforementioned constructs reflect the quality of social relationships among group members.

**Esteem support.** *Esteem support* referred to the type of support shown in expressions of encouragement or confidence (Holmstrom & Burlison, 2011). For instance, Baby remarked: “Yeah I give people courage,” referring to the way in which he is able to enhance other members’ confidence. Another participant, Monroe, stated: “Basically I don’t have a lot of the same insecurities that I came in here with, Girl, I had a lot of them. Physically I did not like the way I looked.” The information provided by these respondents is congruent with research that suggests that youth with histories of

experiencing adverse events demonstrate improvement in their psychological functioning when they experience being connected to a family unit and enhanced self-esteem (Dang, 2014).

### **Support Extending Beyond Typical Family Ties**

Participants best defined the group experience as being like a family, highlighting the role of fictive kinships in creating a supportive and transformative experience for GNC teens. There were several types of support or qualities of the group experience related to this concept of fictive kin as discussed above. These included: emotional support/ empathy, affirmation through shared experiences/ mutuality, social network/ interpersonal support, and esteem support. Mostly, these relational qualities or modalities of support are non-tangible resources that enhance the coping capacity of GNC teens. However, respondents discussed other types of support and help provided by the group that went beyond what is characteristic of the ways in which families of origin might typically offer help.

As stated earlier when discussing impact of psychosocial stressors, some respondents revealed histories of suicide attempts, depression, and self-harming behaviors that were exacerbated by social isolation, peer victimization/ bullying, and family rejection. However, respondents also cited the group as helping to alleviate some of the distress they previously experienced. For instance Pine Tree stated, “This place in a way is like a metaphorical hospital in a way, because I’m pretty sure a lot of us have been damaged before we came here. I myself used to be an extremely heavy cutter.” Pine Tree’s statement reveals that the group helped to improve his psychological functioning and address maladaptive coping behaviors. The support provided helped him heal from the impact of past adverse experiences. Another GNC respondent echoed a similar



sentiment and stated: “I think this place cured us in a way. We’ve all been through so many things and this kind of just helped us forget everything.” This information is consistent with other research exploring the impact of support groups on the psychosocial functioning of patients with chronic health issues (Forgeron, King, Reszel, & Fournier, 2018). It appears that these types of group interventions have been found to help members by providing informational resources, counseling services, and practical support (Ussher, 2005; Zebrack et al., 2014). These types of support are beyond what is characteristic of family-like relationships but are more consistent with therapeutic interventions.

### **Impact of Fictive Kin Relationships and Social Support**

SSGs help GNC teens deal with psychosocial stressors by diminishing social isolation due to the presence of social networks and family-like relationships. The relationships that result from the closeness among members who coalesce around shared and challenging experiences, cultivate these “fictive kin” relationships. Social isolation among GNC teens is often involuntary as they may experience a sense of marginalization or disconnect from peers and biological family members. Social isolation has the impact of depriving teens from developing supportive or affirming relationships. When individuals feel connected, accepted, and understood by others in these fictive kin relationships, their capacity to cope with stressors is increased. While discussing their group-related experiences participants remarked on the ways in which group involvement diminished their social isolation as they experienced being a part of this alternate family. Several participants commented on relationships and opportunities for engagement while participating in SSGs. For example, one teen, Charlotte a Hispanic GNC 18 year-old, stated: “More than anything else about this group, I like that I can

come here and have a good time because I just don't really know anyone else." Another participant, Charlie an 17 year-old White GNC shared a similar sentiment: "Outside of the group I am pretty much entirely friendless and I don't really know anyone at all because I have no other ways to meet people." While this aspect of group involvement might seem intuitive given the nature of support groups, what was remarkable about this finding was the decreased sense of social isolation and social support appeared to have a "life saving" impact as Baby stated "gaining friends gave me the will to want to live again."

Providing *relief from self-harm* has been previously, briefly discussed but is worth mentioning given the severity of this issue. Focus group discussions suggest that participation in the SSGs serves as a way to address self-harming and suicidal behaviors, which are often maladaptive ways of coping with distress. Pine Tree's statement about "this place [being] like a metaphorical hospital" and his self-harm disclosure provide evidence of the how the group may have helped enhance his ability to manage psychosocial stressors by enhancing his coping capacity with increased social support. Pine Tree's testimonial was accompanied by non-verbal kinetics among several other focus group participants, such as gestures and facial expressions, which conveyed a sense of support for the statement. Given the sensitivity of this topic it is not surprising that members were seen nodding in agreement.

Overall, the focus group discussions suggested that group participation affords members opportunities to develop social networks and fictive kin relationships that provide interpersonal support. These social networks, in turn, provide members with esteem and emotional support as well as affirmation through shared experiences. Collectively, these supportive experiences provided relief from self-harm or opportunities

to activate more adaptive ways of coping with psychosocial stressors. For example, Pine Tree stated:

Yeah it's very therapeutic in a sense because umm I don't know I feel like before this I was depressed. I didn't know what to do. I didn't want to live. Because honestly I didn't know where else to turn and I was shit when I came here at first. I don't know if I would still be here on this earth if it wasn't for this, dealing with all that stuff. It has been life changing.

This quote illustrates the impact of participating in a SSG for GNC teens and how the support provided has improved this youth's psychosocial functioning. While this research was aimed at learning about the impact of group participation, another focus was to explore and analyze some of the factors impacting group participation to ascertain which aspects of group participation help to cultivate these positive and, in some instances, "life saving" experiences. In addition to examining what benefits one derives from group participation, participants were asked to discuss essentially what it is about participating in groups that make it a rewarding experience. While participants highlighted their positive experiences, there were also some challenges they encountered.

#### **Additional Factors that Impact TGNC SSG Experience**

In addition to the nature of the relationship among group members, participants also presented favorable opinions of group leaders that facilitated a positive experience. Participants remarked that current group leaders created a comfortable and supportive environment. For instance Panda stated, "Like I cant really work with my therapist but with \_\_\_\_\_ I feel like it's so much better because, I don't know, he [group facilitator]makes me feel really comfortable." Another participant remarked that the group leader helps to preserve the format of the group and keeps members on "track" so

that the group does not derail from its intended purpose of providing members with support and addressing their respective concerns.

Participants were asked about whether the gender identity of the leader impacts the group. There were some differences of opinion about this matter. While members reported positive experiences with current cisgender group leaders, some believe that a transgender group leader “might contribute to the conversation a little differently.” One member discussed her experience with a former transgender group leader and explained that while this woman was able to share her experiences, her perspective might have been different given the generational gap and overall “the group dynamic wasn’t any different.”

While participants reported positive attributes of fellow members and leaders that contributed to the experience, they also discussed some of the negative issues encountered while participating in these groups. The issues related to group involvement were: lack of diversity among members; disproportionate amount of transgender male or females; and members who appear disrespectful or insincere in intentions for coming to group. In terms of lack of diversity some members perceived that it might be helpful to have more racially/ ethnically diverse members as well as non-binary teens as opposed to transgender youth who reflect a gender dichotomy.

Additionally, members discussed having teens who are at different stages in the transitioning process to share their experiences. Participants also noted that at different times there has been a disproportionate amount of either transgender males or females and when this happens, the group that represents the minority may feel as though their respective concerns are not adequately addressed. Members could not clearly identify any factors that might contribute to these trends in group composition or offer any

explanations as to reasons why there may be more transgender males or females represented in the group at different times. It was merely an observation among some participants who had been members of the groups for several years and observed changes in members over time. For instance, Lucy stated that when she first started the group there were more transgender guys but now the group is made up of mostly transgender women.

There also appeared to be some internal consistency among the perception that some teens are insincere in their intentions for attending groups and may be motivated by incentives, such as free food or transportation assistance. Group A offers refreshments and may occasionally offer other incentives given they are based in a nonprofit organization that receives such incentives for youth members of the center which houses the group. However, some teens believe that some group attendees may be motivated by these extrinsic factors and this might impact their behavior or commitment to the group.

Like the people in this room I know they come here because they want to get something out of it but there's certain people who come in and they just want the incentive and they won't really participate in the group discussion.

Another teen echoed a similar sentiment, "Sometimes they're just here for like the food or the money and they don't really like care or pay attention to what the group is talking about today."

In terms of the group format, other concerns were that topics were often repeated, some members remarked the group was too large, and others indicated that the group was too small and they would prefer more members. In the case of one of the groups included in this study, there has been an overwhelming demand for the group since its inception and there were times when the group was very large, with more than 20 members. Some

focus group participants indicated that they preferred the larger group as it provided for opportunities to hear a variety of perspectives and experiences of gender minority teens. However, other teens indicated that while a larger group may give the impression of added support, it may be counter to the process if members feel inhibited because of the large group size, feel uncomfortable in the space as members pack into the room, or there is not enough time for everyone to speak about their experiences. Several participants also commented on changes in the group's leadership that put the group on hiatus, causing members to take intermittent breaks.

Focus group participants disclosed some personal issues that might have impacted their group experience. There was personal discomfort that arises in social situations reported by some of the teens. For instance Lucy stated: "It's also like sometimes you don't like to bring your troubles to the table. I guess a lot of the negative stuff is internal. The worry about sharing and often there is an irrational fear." Another participant, Charlotte, stated: "It's not them, it's me." It appears that Charlotte was reflecting on her personal insecurities and discomfort speaking in front of a group of people, which inhibits her ability to disclose personal information while participating in SSGs. These concerns were raised during the discussion with members of Group B, and given that the group operates out of a community mental health center, it is likely that many of the group participants might be struggling with social issues as well as anxiety-related concerns, particularly as many of them are dealing with school and family-related stressors. This personal discomfort might be an extension of their difficulty in social settings, particularly when placed in a vulnerable position to divulge intimate information about self. Lucy explained further: "Like just nervous and worried about how everyone's going to like think of me." Additionally, some teens reported personal life

circumstances, such as curfew that conflicted with group times, which made it difficult for them to attend meetings at times.

### **Summary**

To reiterate, teens reported that SSG groups were best characterized as largely fictive kin relationships that offered support and provided GNC teens with a positive relational experience in the following ways: providing members with social networks to diminish social isolation; enhancing coping capacity to facilitate relief-from self harm and alleviate mood-related symptoms; providing opportunities for identity exploration in a safe, validating environment; and providing members with a sense of family connectedness that generates several modalities of support. Overall, there was consensus among group members about the positive experienced derived from participating in SSGs for transgender and gender-nonconforming teens. The frequency and intensity of positive attitudes towards group participation exhibited by teens eclipsed any negative experiences mentioned. Positive attitude towards group participation manifested in verbal and nonverbal communication during the discussion. Some participants reflected on their group experience with a depth of emotion.

## **Chapter V: Discussion**

The purpose of this research project was to explore the impact of participating in community-based SSGs on the psychosocial functioning of TGNC adolescents. Focus group participants discussed some of their experiences with psychosocial stressors (e.g. bullying, harassment, and family rejection) and related psychological consequences. For some of the participants in this study, being TGNC facilitated an internal or proximal stress process that exacerbated depression symptoms and maladaptive coping behaviors, such as self-injurious and suicidal behaviors. Focus group discussions revealed that TGNC youth gravitated towards SSGs as these groups had a positive impact on their functioning and facilitated engagement with a social network. The relational processes that manifest during group participation served as a protective factor to ameliorate the impact of exposure to stressful situations. Participants in the current study characterized the relationships among group members as “family.” These fictive kinships provided opportunities for TGNC to experience being connected to a supportive relational unit. As a result, group membership afforded teens an opportunity to be on the receiving and giving ends of social support. Members were able to access several modalities of social support by virtue of group participation that diminished their social isolation and enhanced their coping capacity. Data generated from this current study provides information about the positive impact of participating in community-based SSGs on the psychosocial functioning of TGNC adolescents. Examining the different aspects of social support group experience contributes the dearth of literature on group interventions for TGNC youth.

### **Experiences of TGNC Youth in SSGs**



The first research question of this study was: What are the experiences of TGNC youth in support groups? Overall, the experiences of TGNC were best described as positive and transformative. Respondents indicated that they felt that the group and its members had been supportive and available during stressful times. Group membership created opportunities for TGNC teens to anchor themselves within supportive social networks as they navigated or explored gender identity and coped with family and school-related stressors. Additionally, the theme of family or fictive kinships demonstrates the depth of social and emotional connections that exist between members. This research question was broken down into four areas to gather more specific information about various aspects of the group experience related to group-based attachment bonds; how the group supports identity development; peer connectedness and belongingness; and social support.

**Group-based attachment bonds.** As stated previously, the fictive kinships that existed among members are highly indicative of the social and emotional connections among the youth. The TGNC youth who participated in this study reported feeling strongly bonded or connected to their groups. Respondents also expressed believing that the group was available during times of need and members were emotionally responsive to others during times of distress. The support seeking, social exchanges, and emotional disclosure described by respondents are all attachment processes that occur in groups (Reis & Patrick, 1996; Smith, Murphy & Coats, 1999). Essentially, TGNC youth in this current study viewed the group a secure base and safe space for mediating psychosocial stressors inherent to one's gender minority status. These findings are consistent with previous research (e.g. Boccato & Capozza, 2011; Mikulincer & Shaver, 2007) that suggested when individuals maintain closeness with a group, this creates opportunities

for social network support, comfort, safety, and a secure base to anchor oneself during identity exploration and reconciliation.

**Identity development.** A second area related to better understanding the group experience for TGNC teens that this research sought to explore was how the group facilitated identity development for transgender youth. Respondents talked about finding comfort in a gender affirming and accepting environment that allowed them to talk openly about their identity. Participants in this study were able to engage in the process of exploring and reconciling their gender identity with the support and advice of the group members who had similar experiences. Several participants in this study also commented on feeling more confident and being more comfortable expressing their gender identity after engagement with the group.

**Peer connectedness.** A third area related to exploring the group experience was how the group fulfilled adolescents' needs for belongingness and peer connectedness. Several participants in this study discussed dealing with social isolation and peer victimization. Some respondents discussed how they felt alone or rejected prior to coming to the group and how the group diminished their social isolation. These findings provide insight into the manner in which being a member of SSGs increased the adolescent's feeling of connectedness to TGNC peers and an innate desire to be affiliated with a group. An emergent finding in this study was that group participation not only fulfilled the need for peer connectedness but may also create opportunities for family connectedness. Family connectedness refers to a sense of being connected or attached to a family unit that provides support (Foster et al. 2017). Characterizing the group as "family" and framing the relationships among group members as fictive kinship may be indicative of how group participation can also fulfill the need for family connectedness,

particularly among those TGNC youth living in invalidating or rejecting family environments. Although family connectedness was not initially included as a research question, this is an important dimension of support to explore in future research.

**Social support.** The fourth area related to better understanding the group experience for TGNC youth that this research sought to explore was about the perception among group members about the social support received by peers. In his seminal work John Cassel (1976) posited that social support was a protective factor to counter the impact of stress. Additionally, social support has been found to enhance the coping capacity of individuals who have experienced stress related to minority status (Wong, Schragar, Holloway, Meyer, & Kipke, 2014). Consistent with this earlier research there was an overall positive perception among TGNC teens in this current study about the social support received by fellow members. A response from one participant reflected the overall sentiment: “We dangerously support each other to the point where it’s just crazy.” Members perceived that the group was highly supportive and strongly connected. Several dimensions of social support were revealed during the focus groups: emotional support/empathy; social network support; affirmation through shared experiences/ mutuality; and esteem support. Previous research has provided evidence of the role of social support in improving the psychosocial wellbeing of LGBT youth (e.g. Wong, et al., 2014).

One study conducted by Snapp and colleagues (2015) examined the role of social support during adolescence and found that those LGBT youth with friends who knew about and supported their gender or sexual identity reported better psychological outcomes (e.g. higher self-esteem and life satisfaction). Qualitative data from this current research project further corroborate this notion that increased social support is positively correlated with better psychosocial functioning. Respondents in this current study

discussed their positive experience being in a group comprised of TGNC teens where they could openly disclose their gender and/or sexual identity. This level of understanding and relatedness facilitates the affirmation through shared experiences, which is essentially the foundation for the fictive kinships among group members.

The emergence of the affirmation through shared experiences as a modality of support was a surprising finding and has great significance for several reasons. SSGs for TGNC teens would not exist if it were not for this shared aspect of identity. These groups were born out of a need for gender minority teens to connect with peers who could understand the socio-cultural and identity development issues unique to their experiences. While, all TGNC teens may not traverse the same exact developmental pathways, they are likely to encounter many of the same life stressors and gender identity issues. Schools and organizations offer support groups for LGBT teens but transgender youth are often underrepresented in these spaces (McKinney, 2005; Singh, Meng, & Hansen, 2013). SSGs comprised of gender minority youth provided these teens with an opportunity to have their unique needs address in a setting where they are no longer marginalized.

Unfortunately, affirmation through shared experiences, commonly referred to in the literature as affirmational support (Litwin, 1995; Nicole et al., 2007), is a highly salient but less recognized aspect of support. An exploratory approach was utilized for this current study that allowed the researcher to approach the data analysis phase with openness. Essentially, the researcher sought to identify emergent findings and explore how data from this current study supported or refuted existing theoretical frameworks and previous research findings. Given the dearth of research on support groups and TGNC teens it was difficult to find existing studies to refer to or replicate findings, particularly

related to affirmational support among TGNC youth. There have been few studies that explored how this dimension of support is correlated with psychosocial outcomes in other vulnerable populations (e.g. Nicole et al., 2007; Strauss & Falkin, 2001).

One study examined the role of affirmation through shared experiences in helping refugee migrants adapt to living in a new society (Simich, Beiser, & Mawani, 2003). Researchers found that those individuals who did not establish supportive relationships with peers who had similar experiences and could therefore help them adjust and adapt to their new environments, had poorer outcomes. Affirmational support was shown to be the primary concern for respondents in that study. Those individuals who were able to connect with other migrants who served as a “cultural bridge in adaptation through shared experience” (Simich et al., p. 886) reported less social isolation and better psychological well-being. Results of this current study and the study conducted by Simich et al. (2003) reveal that affirmation through shared experiences is key in helping individuals cope with stressful situations, such as forced migration or gender identity reconciliation/transitioning.

### **Minority Stress theory**

The second research question was about how group participation helps TGNC youth cope with daily life stressors. Minority stress theory provides a conceptual framework for understanding the stressful life experiences of gender minority adolescents. Emergent findings of this current study may add to the existing literature related to minority stress and gender minority adolescents. Earlier research findings suggested that the gender minority teens are likely to experience stressful situations in the school and home environments (Kosciw et al., 2014), which places them at increased risk for psychological (e.g. depression) and behavioral (e.g. substance use) health problems

(Klein & Golub, 2016). With few exceptions, research suggests that gender minority teens are more likely to experience electronic harassment and peer victimization than their cisgender counterparts (Abreu, 2018). Respondents substantiated these previous research findings during focus groups as they discussed their experiences with negative peer interactions (e.g. bullying and social isolation) and rejecting family members. Respondents shared stories about being on the receiving end of disparaging remarks that reflect family members' attitudes and biases about non-binary gender identification. Teens also discussed school-related stressors that contributed to their sense of social isolation and perpetuated stigma about gender nonconforming identity.

The experiences with distal stressors reported by respondents led to a high level of distress experienced, which seriously impacted the psychological well-being of several of the TGNC teens participating in this study. The qualitative data generated from the focus groups is consistent with other literature showing that exposure to psychosocial stressors has a negative impact on the psychological well-being of TGNC individuals and they are at increased risk for attempting suicide (Klein & Golub, 2016).

An important finding in this study was that participation in SSGs serves as a way to address psychosocial variables including, self-harm, suicidal behaviors, and depressed mood. One respondent described the group as being "like a metaphorical hospital" that provided help to TGNC teens with histories of self-cutting, suicide attempts, and depression. Respondents talked openly about their therapeutic experience within the group that extended beyond support typically offered by family or peers. It appears that increased social network support and fictive kin relationships appeared to have a "life saving" impact. As stated previously another respondent stated, "gaining friends gave me the will to want to live again." SSGs helped enhanced the coping capacity of teens

included in this study with increased social support, sense of connectedness to others, and opportunities to affirm their gender identity.

### **Intersectionality**

The third question that the research sought to answer was whether or not the experiences of transgender people of color (Black, Asian, Latino) in groups differ from those of White transgender individuals. This question relates to intersectionality theory (Crenshaw, 1991), which was one of the underlying theoretical frameworks for this study. Intersectionality is based on the notion that multiple aspects of identity or social categories, such as race/ ethnicity, SES, and sexual identity, intersect to shape our experiences. Additionally, systemic oppression is influenced by one's intersecting identities. As discussed previously, gender minority youth of color must contend with discrimination based on their status as both a racial and gender minority (Meyer, Dietrich, & Schwartz, 2008). In this current research study, participants indicated that TGNC youth of color were likely to encounter an additional layer of oppression and experience both transphobia and racism. Respondents also expressed feeling like TGNC people of color were not represented in the media and were less likely to find positive depictions of themselves than White TGNC individuals. Participants in this current study did not elaborate on the experiences of TGNC people of color specifically within the context of groups. Nonetheless, the information reported is consistent with intersectionality theory and these youth were able to understand how the experiences of TGNC might be different based on their racial/ ethnic identities.

### **Fictive Kin Relationships within SSGs as a Protective Factor**

TGNC teens that have experienced distal stressors, social isolation, and psychological problems found respite within the group setting as discussed during focus

groups. This positive and comforting experience was largely due to the interpersonal relationships among group members. Respondents characterized their relationships as “family.” This notion of family was an emergent finding but is consistent with the concept of fictive kin or chosen family (Braithwaite et al., 2010; Floyd & Morman, 2006; Nelson, 2013). Respondents in this current study discussed the aspects of the group experience that contributed to these fictive kinships. Group members bonded around their shared gender minority status, relationships deepened over time, and evolved from friendships to “like family” status. When asked to describe their group experience one respondent stated, “this da fam.” This laconic response has great implications, and several other participants corroborated this statement with their own account of family-like relationships. Overall, there was consensus among TGNC teens in this current study that groups provided members with fictive kin relationships that generated several modalities of support.

There is existing literature on the role of fictive kinships within minority communities and marginalized populations. For instance several studies have looked the role of fictive kin in the African American community (e.g. Brooks & Allen, 2016; Bryant, 2018; Nelson, 2014) and within immigrant populations (Gleeson, 2014, Kim, 2009). There has also been research examining the ways in which fictive kinships function as a protective factor to counter challenging life experiences (Gazso, McDaniel, & Waldron, 2016; Jordan-Marsh & Harden, 2005; Tierney & Venegas, 2006). More recent studies have started to explore the role of fictive kinships in the LGBT community (e.g. Catalpa & Routon, 2018). However, very few studies have generated data regarding the role of fictive kinships in support groups for transgender individuals.



One study explored biological and fictive kinships among transgender individuals who attended support groups (Schindler, 2015). Interviews were conducted with twenty transgender individuals, ranging in age from 25 to 70 years old. An emergent theme in this study was the development of fictive kinships among transgender community members who connected in groups because of their shared experiences. For instance, one participant described their respective support group as being “like a family to me” (Schindler, 2015, p. 61) and members provided tangible (e.g. money) and non-tangible (e.g. emotional) support. Schindler also suggested that these non-biological kinships were more influential than blood ties as identity formation and related life experiences may be more salient than biological markers.

Another study explored the experiences of transgender Latinas attending NYC harm reduction support groups (Hwahng et al., 2018). Thirteen participants who ranged in age from 22-50 and identified as transgender Latina(?) immigrants participated in focus group discussions. Among the findings of this study was the notion that transgender group members assumed the position of surrogate family members, or chosen family. Respondents in this study discussed the emotional, social, and psychological connections that developed among group members who provided each other with support and resources. For instance, some participants discussed offering shelter to homeless members and engaging in leisure activities together (e.g. shopping). Some respondents in the study conducted by Hwahng and colleagues also indicated that their participation in support groups contributed to decreased substance use and other risky behaviors such as sex work. Hwahng et al. argued that the social support afforded by group participation allowed transgender members to have their emotional and psychological needs met while

fostering resiliency. The findings of this current study are consistent with the research conducted by Schindler (2015) and Hwahng and colleagues (2018).

Similar to the aforementioned studies, respondents in this research project discussed fictive kin style relationships among group members and it appears that this contributed to SSGs functioning as a protective factor. However, a difference between the findings of Schindler's and Hwahng and colleagues' studies and this current research project is that the participants in this current study not only referenced modalities of support typically received from family relationships, but also discussed support that extends beyond what is typically offered by families. While there was emphasis on family-like relationships, participants also stressed the clinical nature of social support groups that helped address psychological issues, such as self-harming behaviors and depression. This study adds to the literature on transgender individuals participating in support groups and fictive kinships that may develop in such settings; but provides additional information about how these groups also meet some of the mental health needs of transgender youth.

### **Implications for Practice**

To ensure the psychosocial needs of gender nonconforming adolescents are adequately addressed, it is helpful for agencies to develop and maintain social support groups exclusively for gender minority youth. Given that respondents described a highly positive and, in some cases life-saving experience, it is crucial that service providers continue to establish and sustain these supportive spaces. As previously discussed, schools are often hostile and unsafe environments for gender minority youth. Unfortunately, TGNC teens continue to confront peer victimization, cyberbullying, and

relational aggression and yearn for a space to seek refuge (Hatchel, Valido, DePedro, Huang, & Espelage, 2018)

Schools have an obligation to ensure the safety and well-being of gender minority students by creating more inclusive and gender-affirming environments. This can be accomplished by making institutional changes, such as implementing policies that support the rights of TGNC students to exist in school settings without discrimination (e.g. gender neutral bathrooms, LGBT inclusive curricula). Additionally, schools could provide educational workshops for staff and students to increase familiarity with gender identity terminology. Unfortunately, until the appropriate changes are made to transform schools to more gender affirming environments, TGNC teens will need alternative ways of establishing supportive networks to diminish social isolation. It is possible that SSGs for TGNC could be facilitated in schools. An advantage to offering SSGs in schools would be that the presence of such groups promotes a more inclusive environment and increases the visibility of this marginalized population. Also, offering groups in the schools might increase accessibility and support group attendance. During the focus groups, some youth mentioned not being able to attend groups due to the meeting hours. For instance, if groups were offered during lunch periods or after school hours this might alleviate some of the barriers to group attendance. Lastly, if these groups are comprised of TGNC peers, then students will have an opportunity to establish relationships in the school setting, which might help to diminish social isolation and increase social network support in the schools. An important consideration is that some TGNC students are not open about their gender identity and may not want to come out in schools. They may prefer to attend community-based groups to protect their identity, especially if they feel unsafe in the school environment. Schools also have limited resources to address the

mental health needs of students and would likely have to refer out when clinical issues arise. Many school-based groups are often facilitated by teachers, who may have the ability to create a supportive space but not have the training to address serious psychological issues that may be disclosed in groups (Reinke, Stormont, Herman, Puri, & Goel, 2011). Given this, community-based mental health organizations should continue to facilitate social support groups as they have the resources to address the psychosocial needs of TGNC youth.

SSGs for TGNC youth are a highly valuable resource and the relational qualities are a salient part of the group experience. Group facilitators should be mindful of the intimate ties among group members. TGNC youth are prone to rejection sensitivity and may have difficulty establishing trusting relationships. As repeatedly stated in this dissertation, many of the teens participating the focus groups reported facing parental rejection or have invalidating family members. Results of this current study suggest that SSGs provide these teens with an alternate family to meet some of their social, emotional, and attachment-related needs. Members become embedded in these groups and their individual identity is inextricably linked to the group. These groups are a secure base amidst the chaos that ensues in the lives of the members and are highly important to TGNC teens. During the focus groups, teens discussed incidences of the groups being on hiatus for reasons unknown to the group members, but suspected that sometimes it was due to transitions in the group's facilitators. When this happens group members may feel abandoned or uprooted as they lose their supportive network and chosen family. Given this, organizations should do their due diligence to ensure the continuity of service provision and communicate changes to group members.

Again, organizations and facilitators should be mindful of the importance of these groups in the lives of TGNC teens. This notion of fictive kin is powerful and group leaders should consider how group members prioritize these relationships. Group leaders have an opportunity to facilitate change and promote positive outcomes in the lives of these youth and should make an effort to promote an optimal group experience. Based on the findings herein, facilitators can help ensure TGNC teens access the benefits of group membership by considering the following actions:

- Maintaining a consistent group schedule. Group meetings should be held on a regularly scheduled day/time that is congruent with the schedules of teen attendees. Consistency and predictability reinforces the idea that the group will be available to help members manage crises or stressors.
- Ensuring continuity of service provision. Organizations should work internally to identify any barriers to service provision (e.g. funding issues, group leader transitions) and work to effectively address the issues in a manner that prevents service interruption.
- Facilitating open communication with group members throughout the group process. As deemed appropriate, TGNC teens should be well informed about relevant changes that are happening within the organization that may impact service delivery and how the agency plans to sustain the group.
- Providing group members with an opportunity to give ongoing feedback about their experience. Group facilitators should continue to explore and process the experiences of group members. Focus group discussions revealed that these teens have a wealth of information to provide about their experience and this feedback may help

organizations better understand what aspects of the group experience contribute to better psychosocial outcomes.

Respondents in this study reported an overall satisfaction with their group experience. However, some participants identified some issues they encountered within the group. Organizations and facilitators should consider this feedback and what, if any, modifications could be made to address these concerns. Some respondents were concerned about the lack of diversity among members or the disproportionate amount of transgender male or female group members. A way to address this might be to utilize broader outreach strategies to engage more diverse members. Also, organizations might need to explore what barriers might make it difficult for TGNC teens to access services (e.g. location, hours). When members disengage from the group it would be helpful to follow-up with them to discuss the reasons for their departure. Another concern was that some teens were highly motivated to attend groups for incentives, such as free food, but were not interested in the content of the discussions. This often created a disturbance for some of the members who were more invested in the group. SSGs are typically open groups and incentives may be offered to enhance attendance, however, organizations should carefully monitor the ways in which incentives are promoted.

### **Limitations and Directions for Future Research**

There are several limitations to this study. First, focus group methodology was used and there are some limitations inherent to this type of approach. Respondents might have been influenced by the presence of peers during the discussions. Some TGNC teens might have felt pressured to align themselves with other members and offer commentary that reflects groupthink. In other words, it might have been difficult for individuals to speak openly or oppose other members and risk compromising relationships. This is

particularly the case when there were one or two dominant people in the focus groups. Drawing upon the sample of respondents included in this study, there were instances when some members were more engaged and talkative and other members did not speak as much. Also, group discussions can be challenging to manage and there were occasions when focus group respondents got off-topic and needed to be redirected.

Another limitation in this study relates to how the presence of the moderator/ PI might have impacted the group discussion. Some participants might have been reluctant to discuss personal, sensitive topics in the presence of the moderator who identified as a cisgender, heterosexual woman. Participants were aware of this identity and it is possible that the moderator's social stimulus value might have influenced participant's willingness to talk openly. If participants were inhibited in their responding to questions, this might have influenced data collection. Demand characteristics (Orne, 1962; 2009) may also impact psychological research as participants may be influenced by what they perceive to be the expectations of the researcher or the manner in which the moderator presented questions (e.g. tone of voice, facial expressions). Additionally, the purpose of the research project was explicitly stated during the consent process. It is possible that the respondents altered their behaviors and responses to conform to what they perceived to be the expectations of the moderator/ researcher.

A third limitation was the limited knowledge of the moderator/ researcher due to being an outsider of the transgender/ gender minority community. Given that the moderator/ PI was not a member of the community she was not familiar with variations of gender identity across the spectrum (e.g. gender queer, gender nonconforming) and initially approached this research project with the assumption that the SSGs were mainly comprised of transgender male or transgender female adolescents. This thinking

reinforces the traditional gender binary and neglects to consider the nuances or fluidity of gender identity. The researcher did not allow this lack of knowledge to impact the study or ability to recruit a diverse group of gender nonbinary youth. The researcher approached this project with a willingness to learn about the experiences of TGNC youth and broaden her understanding gender identity.

A fourth limitation is that focus group results may be difficult to generalize to other settings for several reasons. Two focus groups were held with 4 and 8 attendees. This is a relatively small sample size and the experiences of the research participants may not be representative of the larger population of gender minority teens. Small sample sizes limits the diversity or types of experiences presented. Also, the focus groups consisted of members from two community-based SSGs and data output may reflect their unique experiences, which may be different than that of gender minority teens in other groups or settings. One of the focus groups was primarily attended by White TGNC teens who may not have been able to speak with any credibility or authority to the experiences TGNC teens of color.

A final limitation relates to the theoretical framework of this research project. Minority stress theory was used to explain the proximal and distal stressors experienced by TGNC teens. However, one premise of this theory is that part of the proximal or internal stress process might be related to internalized transphobia. Although, data was generated about some aspects of proximal stressors, such as psychological issues experienced by the teens, there was not enough information provided by the respondents about internalized transphobia to support this aspect of the minority stress model. An area for future research might be to completely and comprehensively explore the experiences



of gender minority teens with internalized transphobia and how social support groups might help teens reconcile this inner conflict and related proximal stress.

Another potential area for future research might be to examine the experiences of group leaders and how they would characterize (1) the relationship between group members and (2) the relationship between the group facilitator and members. Does the facilitator also experience a family-like relationship and how does the leader identify their role within this fictive kin network? Also, gender identity development is a complex issue and individual members will undergo a unique process as they attempt to reconcile their identities. For some teens this may include a physical, medical, or legal transition. Other teens may waiver back and forth across the gender spectrum over time. Future research should explore how the group experience might vary based on where teens are in the gender identity development process. Potential questions to guide future research are: Does the individual's connection or closeness to the group fluctuate based on their stage of gender identity development? Lastly, additional research is needed to further substantiate the findings of this current research project. Fictive kin and its related benefits (e.g. social support) are an integral part of the group experience and more research is needed to better explore fictive kinships within the context of social support groups.

Despite the limitations noted above, this research offers useful information to guide the development of effective interventions aimed at addressing the psychosocial needs of gender minority youth. The American Psychological Association (2015) issued a statement on *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* to ensure psychologists provide “culturally competent and trans-affirmative” (APA, 2015, p. 840) psychological services to gender nonconforming

people. This is a call to action and clinicians have been tasked with rising to the challenge to meet the needs of this marginalized, underserved, and misunderstood community. One of the guidelines set forth by APA is that clinicians assist with creating gender nonconforming- affirmative environments. SSGs are such environments and disseminating information obtained from this current study could potentially help to ensure organizations are adherent to these guidelines while drawing upon best practices to develop effective psychosocial interventions. The situation is dire for gender minority youth who lack support and resources. This current study contributes to the body of literature about promoting resiliency and positive psychological outcomes to improve the health and well-being of gender minority adolescents.

## Appendix A

**Definition Of Terms**

**Cisgender:** A term used to describe individuals whose gender identity matches their assigned sex.

**Gender Identity:** Refers to one's internal sense of gender. For transgender people, their internal sense of gender identity does not match the sex assigned at birth.

**Gender Minorities:** An umbrella term for gender conforming, genderqueer, and transgender people; individuals whose gender identity or expression does not adhere to traditional norms or societal expectations consistent with those of their assigned birth.

**Gender Nonconforming:** A term used to describe individuals whose gender expression varies from traditional expectations or societal norms regarding femininity and masculinity. Gender nonconforming people may not identify as transgender.

**Genderqueer:** A term used to describe those whose sense of gender identity does not subscribe to conventional gender binaries, that is they are not exclusively feminine or masculine.

**Sexual Minorities:** An umbrella term used to describe to individuals whose sexual identity is outside the heterosexual mainstream.

**Transgender:** A term used to a describe individuals whose internal sense of gender identity does not match their biological sex.

**Trans woman or Male to Female (FTM):** Individuals who were assigned male at birth and identify as women.

**Trans man or Female to Male (MTF):** Individuals were assigned female at birth and identify as male.

*Definitions adapted from GLAAD. (2014). GLAAD media reference guide – transgender issues. Retrieved from <http://www.glaad.org/reference/transgender>.*

## Appendix B

**Focus Group Protocol****I. Welcome and Facilitator Introduction**

Good morning/ afternoon/ evening and welcome to our discussion. Thank you for taking the time to participate in this focus group. My name is Aishah and assisting me is [research assistant]. I am a graduate student at Rutgers University. I am a cisgender woman preparing to be a psychologist and my professional goal is to be able to help trans youth. I am interested in this research because I understand trans youth often experience discrimination and other stressful events placing you at risk for problems like depression. I would like to learn more about how social support groups can help trans youth deal with some of these stressful life experiences.

**II. Background on Research Project and Purpose of Focus Group**

I'm going to tell you a little bit about this project and what you can expect today. I am interested in doing research to examine the impact of participating in supportive groups for transgender or gender nonconforming teens. In particular, I am interested in examining how these group experiences might create opportunities for social support and peer connections that might in turn help youth deal with stressful life events. I wanted to meet and talk to teens that have participated in these groups to learn, firsthand, how these experiences have been.

Our focus group discussion is going to last about two hours. Focus groups are different from classes at school and other groups you might be a part of. Once we get started, I am going to ask you questions and you can share your thoughts and opinions. You will do most of the talking. I will be doing a lot of listening. Remember I want to learn from you.

**III. No "Right" or "Wrong" Answers and Participation**

I'll be asking you several questions about your experiences in groups over the next hour or so. There are no "right" or "wrong" answers, and it's okay to have different opinions from others in the group. It's important to hear all the different points of view in the room. I want you to share your point of view, even if it is different from what others are saying. Please be respectful, don't make fun of what other people say, or argue with them." We want everyone to have a chance to talk and respond to questions. We may need to interrupt or call on people to make sure this happens. Please do not feel offended if we do this.

**IV. Audio Recording and Confidentiality**

Before we get started, I want to remind you that we will be audio recording the discussion because we don't want to miss any of your comments. People often say things in these sessions, and we can't write fast enough to write them all down.

I ask that you not use any first or real names during this discussion. Instead we will use pseudonyms or "fake names" during the group discussion. Each of you were given a nametag and asked to write a pseudonym that will be used today. This will

help to ensure complete confidentiality. Also, all information discussed during the session is confidential and should not be shared outside of the focus group.

Are there any questions before we get started? (respond to questions).

Okay, let's get started.

## V. Focus Group Questions

### Introduction Question

1. What types of groups have you heard of for transgender youth?
  - a. What groups have you participated in?
  - b. Where were the groups located?
  - c. Who facilitated or led the groups?
  - d. About how many other teens participated in the group?
    - i. What was the age, race, sexual orientation, and gender make-up of the group?
  - e. How long did you stay involved with the group?

### Main Questions

2. What are the most positive, rewarding parts of being transgender?
  - a. What are the difficult parts of being a transgender youth?
3. Who knows about your transgender identity? Who does not? Who was/is it harder to tell?
  - a. Does your family know? Do they support you?
  - b. How about your friends?
4. Have you experienced discrimination, bullying or other types of verbal or physical abuse due to being transgender?
  - a. Please describe.
5. How are these issues different for other trans youth who are Black, Latino, and Asian or from other ethnic or religious minority groups?
6. What is one word you would use to describe what it was like for you being a member of a group for transgender adolescents?
7. What was it like, being in the group?
  - a. How, if at all, did the group help with any of the problems you described earlier?
8. What type of support did you receive from other members?
9. What type of support did you provide for other members?
10. Can you share an experience when you were dealing with a problem and you were able to turn to a group member for support?
11. How would you describe the relationship among group members?
12. In what ways did being a member of the group help you deal with challenges you might experience related to school, work, or family.
13. Tell me in what ways did you feel bonded or connected to other group members.
14. Did you get a sense that your group, or members of it, would be available to you during times of need?
  - a. Were you ever worried that your group wouldn't be there to provide support during your time of need?
15. Did you find it difficult to trust you're your group or depend on members for support?
16. Were you encouraged to interact with other members outside the group?
  - a. If so, what was that like?

17. What did you like most about participating in groups?
  - a. What did you like least about participating in groups?
18. Tell me about some of the positive experiences you had in group.
19. What would you want to change about your group experience?
  - a. What would you want to change about your group experience in terms of relationship with other members?
20. Tell me about any negative experiences you have had in your group.
  - i. How could they have been avoided?
21. Do you think the experiences of trans people of color (Black, Asian, Latino) in groups are different than those of whites?
  - a. Does the racial/ethnic make-up of the group make a difference?
    - i. If so, how?
16. Describe the ideal group to me, based on your needs and experiences.

Wrap Up Question

22. Is there anything else you want to tell me about your experience in transgender teen groups?
23. What was it like for you to participate in this group?
24. Any other suggestions you have for me and other psychologists or therapists who want to help and support trans youth?

**VI. Goodbye/ End Focus Group**

I am very grateful for your willingness to participate in this focus group today and I enjoyed learning from you.

Appendix C- Recruitment Flyer



## We Want to Hear From You!

**Are you a transgender or gender-nonconforming teen between the ages of 14-22 who has participated in a support group for trans youth?**

**If so, we invite you to participate in a focus group!**

I'm interested in learning more about the experiences of teens that have participated in social support groups for trans youth.

I'm looking for teens to discuss their experiences in these groups, particularly the challenges/ rewards, relationships that develop, and how these groups might help them deal with problems.

Participants will attend a 2- hour focus group discussion with 5-7 other teens and will receive **\$25** for participating in the entire focus group. Snacks will be served!

To be eligible to participate, you must:

- ✓ Identify as transgender or gender-nonconforming
- ✓ Have participated in a social /support group for trans teens
  - ✓ Be between the ages of 14-22

**DATE:** Sunday, December 17<sup>th</sup> 2017      **TIME:** 1:30pm

**PLACE:** Institute for Personal Growth (IPG), 1119 Karitan Ave, Highland Park, NJ 08904

**For more information please contact Aishah @ (973) 495-5454**

## Appendix D- Oral Assent Script

### General Information

**Study Title:** Examining the Impact of Social Support Groups on the Psychosocial Functioning of Transgender Adolescents

**Person in Charge of Study:** Hi, my name is Aishah Manuel. I am a graduate student at Rutgers University, Graduate School of Applied and Professional Psychology and I am the person in charge of this research study. Right now, I'm working under the direction of Dr. Michael LaSala to complete this project as part of the requirement for my doctorate degree.

### Study Description

**What we are studying (purpose):** A research study is when someone collects information to learn more about a topic. I'm interested in learning more about the experiences of transgender teens that have participated in social support groups just for trans youth. In particular, I want to find out how being in these groups might create opportunities for peers to have other people that you can turn to in times of need who provide comfort. We call this social support. I also want to learn about how being in these groups might help trans teens deal with stressful life events, like bullying and school or family problems. You are being asked to participate because you attended a support group for transgender adolescents. Before you agree to be a part of this study, I want to explain what will happen if you decide to participate.

**What we will ask you to do (procedure):** If you agree to be a part of my study, you will attend a 2- hour focus group. A focus group is a group of people who have been brought together to discuss a topic. During the focus group, I will ask you some questions about your experience participating in support groups, including the parts that you found to be rewarding as well as challenging; the kinds of support, if any, that you received and provided to other group members; problems that transgender teens might experience, such as bullying; and ways in which being a part of the group might help members deal with these types of things. Each focus group will last about two hours and consists of 6-8 teens, aged 14-22, who have participated in a support group for transgender youth.

### Risks and Minimizing Risks

**What risks you might face by participating in this study:** The potential risks for participating in this study are likely no greater than what you might experience in the groups you already participate in at the center. Sometimes teens may feel upset or embarrassed when discussing certain topics. If you feel uncomfortable you can stop at any time. Also, there are some questions that require participants to share personal information about their experiences in groups that some may feel uncomfortable sharing, particularly if other members of the group are here. Again, at any time you have the right to stop participating in the focus group. In the event that you feel upset by participating in this study, you may choose to talk



immediately or after the session is over in private. Furthermore, you will be provided with referrals to local counseling services in your area if needed. Note that the study will not pay for any counseling services recommended following participation in this research project.

Everything that is discussed in the group is kept confidential, in that no one outside of the group will know exactly what each person says or the real names of each participant. However, there are some instances where by law I may have to share information with someone. For instance, if a group member talks about suicide, hurting someone else, or indicates that he or she is being abused, we may have to report this to the appropriate people.

### **Benefits**

While you may not receive a direct benefit from participating in this research, some teens find sharing their stories with others who have similar experiences to be a valuable and positive experience. The main benefit is that you are participating in a project that may help others in the future.

### **Study Costs and Compensation**

**Will you be charged for participating in this study:** You do not have to pay to be a part of this study.

**Will you be paid or given anything for being in this study:** As a token of my appreciation for your participation, snacks will be served. In addition you will receive \$25 for your participation at the end of the focus group. You must participate in the entire focus group in order to get the \$25.

### **Confidentiality**

**During the focus group:** This research is confidential, which means that I will not share any information about whether or not you took part in this study. I will not write down your real names or using any information that can identify you. Also, during the focus groups we will use aliases or fake names instead of real names. All information discussed during the focus group is confidential and should not be shared outside of the session. In other words, what ever is said here should stay here. This will help maintain everyone's confidentiality.

Focus groups will be audio recorded and this is a requirement for participating in this study. There will be a lot of talking during the focus group and recording the discussion will help make sure I don't miss anything that anyone says. This is really important because the information you provide will be used to help me learn more about the social support groups.

**What we will do with the information after the focus group:** After the focus groups, I will listen to the audio recording and write out everything that was said, this is what we call a transcript. I am required to keep a copy of the transcripts in a locked cabinet at my home and no one else will have access to the information. To

protect your privacy, no real names or identifying information will be used in the transcripts or when I write about this study. Quotes from the focus groups may be included when I write about the study, but your identity will not be revealed. When I tell other people about my study, I will not use your name, and no one will be able to tell whom I'm talking about. Any names will be replaced with fake names when I write about this study.

A copy of the transcript will be stored on a secure computer at my home. After the completion of the study, all documents including audio files, transcriptions, and other computer files will be kept for five years, after which time I will destroy all the files. You may be able to look at or get a copy of the information that you gave us at the end of the study.

**Who will see this information:** To protect your privacy I will limit who has access to this information. Other than myself, Dr. LaSala, who is the person overseeing my work, and the Rutgers University Institutional Review Board (IRB) might see this information. But again, no real names will be revealed to anyone. The IRB is a department at Rutgers University that reviews research studies to make sure that the people participating in these projects are protected as much as possible. As I said earlier, I am working on my dissertation. This means that I will write a paper based on the information I get in the focus groups. Also, I may decide to present what I find to others at conferences or publishing in a journal. But, when I write or talk about this study I will not use any real names or information that might reveal your identity.

### Research Standards and Rights

Taking part in this study is your choice, and you do not have to participate if you do not want to. There is no penalty or any bad feelings, no one will be upset with you, if you don't want to be in this study. You can also decide that you do not want to continue at any time, even if you have already started. In addition, you may choose not to answer any questions with which you are not comfortable.

You can ask me questions about the study. If you have a question later that you don't think of now, you can call me or send me an email at:

Aishah Manuel, MA  
GSAPP, Rutgers University  
152 Frelinghuysen Road  
Piscataway, NJ 08854  
Tel: (973) 495-5454  
Email: [aishahmanuel@gmail.com](mailto:aishahmanuel@gmail.com)

Additionally, you may contact my dissertation faculty chairperson Dr. Michael LaSala at:

Michael LaSala, Ph.D.  
Associate Professor, School of Social Work, Rutgers University  
536 George Street

New Brunswick, NJ 08901  
Tel: (848) 932-5368  
Email: [mlasala@ssw.rutgers.edu](mailto:mlasala@ssw.rutgers.edu)

If you have any questions about your rights for being in a research study, you may contact the Institutional Review Board (IRB) at Rutgers University. Again, the IRB is a department at Rutgers University that reviews research studies to make sure that the people participating in these projects are protected as much as possible. The IRB can be reached at:

Institutional Review Board  
Rutgers University, the State University of New Jersey  
Liberty Plaza / Suite 3200  
335 George Street, 3rd Floor  
New Brunswick, NJ 08901  
Phone: [732-235-9806](tel:732-235-9806)  
Email: [humansubjects@orsp.rutgers.edu](mailto:humansubjects@orsp.rutgers.edu).

#### **Assent Questions**

- Do you have any questions for me now? *[Answer questions.]*
- Would you like to be in my study and participate in the focus group discussion, knowing that you can withdraw at any time with no consequences to you?
- Do you also agree to be audio recorded?

*[If yes, begin the focus group.]*

*[If no, thank the participant(s) for his/her time.]*

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