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Exploring Health Inequities among Marginalized Youth Populations Using Innovative Visual Qualitative Methods

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Exploring Health Inequities among Marginalized Youth Populations Using Innovative Visual Qualitative Methods

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Abstract

Exploring Health Inequities among Marginalized Youth Populations Using Innovative Visual Qualitative Methods

By

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Significant health inequities have been documented among marginalized youth populations, particularly among gender minority (e.g. trans, genderqueer, non-binary) and homeless youth. Stressors related to social exclusion, stigma, and discrimination have been shown to contribute to higher risk factors for adverse health outcomes among both populations; however, these populations may not benefit from research and innovative public health interventions to the same extent as other youth populations. There is a critical need for research that explores the risk and protective factors for health disparities among marginalized youth populations in order to inform the development of interventions to promote their health and well-being. This dissertation uses innovative qualitative visual methods to explore stressors related to social exclusion among both marginalized youth populations – gender minority adolescents and formerly homeless transitional aged youth – as well as the psychosocial resources that they use to manage those stressors.

The dissertation is composed of three separate papers: The data presented in the first two papers are drawn from the author's independent research study of minority stress and psychosocial resources among trans, genderqueer and non-binary adolescents in New York City and the SF Bay Area. This study used a combination of "lifeline" interviews and "photo elicitation" interviews. The first paper focuses on the non-binary participants in the sample – or those who do not identify as solely male or female. The paper explores participants' experiences of "identity invalidation," defined as having one's identity dismissed by others as not real or valid. The study data demonstrate that identity invalidation is a unique from of minority stress for non-binary individuals, with significant implications for their social and emotional well-being. Protective factors and internal resilience strategies were identified, and implications for interventions to reduce identity invalidation and promote better mental health among non-binary adolescents are discussed.

The second paper examines parental support among trans, genderqueer, and non-binary adolescents. This paper explores participants' perceptions, meanings, and experiences of their

parents' behaviors across three categories: supportive, rejecting, and mixed behaviors. Overall, participants reported that rejecting behaviors exacerbated their mental health problems and led to adverse psychological and social consequences, while supportive behaviors were related to positive psychological and social consequences. Intervention implications for improving family functioning, reducing rejecting parental behaviors, and supporting trans adolescent mental health and well-being are discussed.

The data presented in the third paper are drawn from a community based participatory research study conducted in the first permanent supportive housing building designed for formerly homeless transitional aged youth in San Francisco. This study used "PhotoVoice" to explore the interconnections between structural violence and food insecurity in participants' lives. Participants reported several forms of structural violence that constrain their ability to access adequate and healthy food. Participant adaptations and coping responses to food insecurity are explored, as well as participant- and policy-driven solutions for reducing food insecurity within their community.

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Introduction

Marginalized youth experience significant health disparities.[1] Marginalization is defined here as the exclusion from social, economic, and educational opportunities due to factors beyond an individuals' control.[2] Youth can be marginalized due to their social class, gender identity, sexual orientation, citizenship status, ability, race, ethnicity, or cultural identity. Marginalized youth experience multiple forms of social exclusion, stigma, and discrimination, all of which contribute to higher risk factors for adverse health outcomes.[1,3–6] As a result, marginalized youth experience greater rates of health inequities as compared to those of the general youth population.[1]

This dissertation focuses on two populations of marginalized youth who suffer from significant health disparities: gender minority youth (e.g. trans, genderqueer, and non-binary) and homeless youth. Gender minority youth experience significantly higher rates of mental health disorders than their cisgender peers, including depression,[7,8] anxiety,[9] suicidal ideation,[4,7] eating disorders,[10,11] non-suicidal self-injury,[7,12] substance abuse,[3,13] and suicide.[7,8,10] Gender minority youth also make up a disproportionate amount of the population of youth experiencing homelessness in the United States: Surveys in New York City and San Francisco found that trans and non-binary youth made up 9% and 11% percent of the homeless and unstably housed youth populations in those cities, respectively.[14,15] Those percentages are 12-15 times greater than the national estimate of trans youth, which is estimated to be 0.7 of the general youth population in the US.[16]

Similarly, homeless youth experience numerous health inequities, including mental health disorders,[17,18] substance abuse,[17,19] HIV and STI infection,[19] and malnutrition.[20,21] They are also more likely than their housed counterparts to have experienced emotional abuse and neglect,[22] sexual abuse,[23] violence,[24] and other forms of trauma,[25] all of which can further contribute to mental health disorders and substance abuse among this population.[23,26] The outcomes of these risk factors are dire: A recent study conducted in San Francisco found that mortality rates for homeless youth were over 10 times higher than those of the general youth population in California, with suicide and substance abuse accounting for their leading causes of death.[27]

Despite these documented health disparities, marginalized youth may not benefit from research and innovative public health interventions to the same extent as other youth populations.[2] Several significant barriers to identifying and recruiting marginalized youth have been noted by researchers and public health practitioners: First, marginalized youth populations are often "hidden" and are therefore difficult to locate. Homeless youth tend to be highly mobile and frequently avoid health and social service programs, due to the stigma associated with accessing services designated for homeless populations, prior negative experiences, and concerns about confidentiality.[28] Likewise, gender minority youth may not disclose their gender identities to researchers or service providers, due to fears of sigma and discrimination. Second, the most commonly used surveillance methods for capturing youth data (i.e. school-based surveys) are often unable to capture sufficient numbers or representative samples of marginalized youth.[29] Homeless youth are more likely to drop out of school or attend intermittently, and therefore are often excluded or underrepresented in school-based surveys.[2] In addition, school-based surveys have historically not included questions about gender minority identities (outside of male or female), which obscures data about gender minority students.[30]

For these reasons, there is a critical need for more research that explores the risk and protective factors for health disparities among marginalized youth populations – specifically among gender minority and homeless youth – in order to inform the development of interventions to promote their health and well-being. There is also a need for research that employs innovative methodologies that allow for a deeper exploration of the stressors related to social exclusion experienced by marginalized youth populations, as well as the psychosocial resources that they use to manage stressors, such as social support, community resources, internal resiliency assets, and safe spaces.

This dissertation uses innovative qualitative visual methods to explore health disparities among two marginalized youth populations: 1) gender minority (trans, genderqueer and non-binary) adolescents, ages 16 to 20; and 2) formerly homeless transitional-aged youth, ages 18 to 24. The dissertation is composed of three separate papers. All three papers qualitatively explore the risk and protective factors related to negative health outcomes among the marginalized youth population of focus.

The data presented in the first two papers are drawn from the author's independent research study of minority stress and psychosocial resources among 28 trans, genderqueer and non-binary adolescents in New York City and the SF Bay Area. The term "minority stress" is drawn from Meyer's minority stress theory, which posits that individuals with stigmatized minority identities (such as gender minority youth) experience unique stressors that can lead to poor mental health outcomes.[31,32] It also contends that protective factors, such as coping strategies and social support, can buffer the pathways between minority stressors and adverse mental health outcomes. Psychosocial resources are defined as both personal qualities and resources in one's social environment that can reduce the effect of stressors on an individual's mental health.[33] This study used a combination of two visual qualitative methodologies – "lifeline interviews"[34] and "photo elicitation"[35] – to examine minority stress and psychosocial resources among trans, genderqueer and non-binary adolescents.

The data presented in the third paper are drawn from a community based participatory research study conducted in the first permanent supportive housing building designed for formerly homeless transitional aged youth in San Francisco. The research project was undertaken through a collaboration between an academic institution and the community-based housing program. This study used "PhotoVoice"[36] methodology to explore risk and protective factors for food insecurity among eight participants who lived in the permanent supportive housing building.

The first paper examines the unique stressors experienced by the non-binary participants in the study sample, or those who do not identify as solely male or female. The paper explores the minority stressor of "identity invalidation," which is defined as having one's identity dismissed by others as not real or valid. The lived experiences and resulting consequences of identity invalidation is explored among 14 non-binary adolescents, through the following questions:

1. How do non-binary adolescents perceive and experience stressors related to identity invalidation?
2. What is the emotional impact of these identity invalidation-related stressors?

3. What are the protective factors and resiliency strategies used by non-binary adolescents to manage identity invalidation related stressors?

The second paper explores the protective factor of parental support among 24 trans, genderqueer, and non-binary adolescents, and examines participants' perceptions and reactions to their parents' various supportive and rejecting behaviors. The paper explores the following questions:

1. How do participants identify and experience specific parental behaviors across three categories: supportive, rejecting, and mixed behaviors?
2. How do these specific parental behaviors affect the lives of participants?

The third paper uses PhotoVoice to explore the interconnections between structural violence and food insecurity in the lives of the eight formerly homeless young adult participants living in permanent supportive housing. Structural violence is a theoretical framework which refers to the systematic ways in which political and economic structures harm or otherwise disadvantage marginalized individuals, leading to physical harm and emotional distress.[26,27] The paper poses four research questions:

1. How does structural violence contribute to food insecurity in the lives of participants?
2. What role does the permanent supportive housing program play in addressing food insecurity among participants?
3. How do participants manage and cope with food insecurity?
4. What are the participants' proposed solutions for reducing food insecurity in their community?

Methodological Challenges of Research with Marginalized Youth Populations

There are myriad challenges involved in conducting research with marginalized youth. In addition to identifying and recruiting marginalized youth individuals (as described earlier), several other challenges have been identified, including: overcoming youths' distrust of researchers, generating interest in research participation, and retaining youth in research who simultaneously struggle with competing life priorities and/or physical and mental health issues.[37] Another key challenge is identifying developmentally appropriate research methods that facilitate the engagement of marginalized youth and allow for in-depth, contextually-based explorations of their lived experiences. Too often, methods designed for research with adult populations are applied to marginalized youth populations without sufficient adaptation, resulting in problems with participant engagement, retention, and data quality.[2]

Although the use of traditional interviews is well-established within qualitative public health research, they present several limitations for research with marginalized youth: First, unequal power dynamics between researchers and the marginalized youth participants may impede participants from opening up and speaking freely about their own experiences. The use of a traditional interview format (where the researcher controls the interview and asks the participant questions) may inadvertently heighten the authority of the adult researcher, causing the participant to feel pressured to answer in socially prescribed manners. Second, traditional interview guides are often limited to questions and subject areas that the researcher considers important, which can hinder the exploration of other issues that are pertinent to the lives of

marginalized youth. Third, participants may have varying linguistic capacities and communication styles, and a traditional verbal-only interview may limit the ability of some participants to express themselves in the manner best suited to them.

In sum, there is a need for innovative, developmentally-appropriate methods that reduce power barriers, increase youth participation, and include creative options for expression within research among marginalized youth. This dissertation used several different visual qualitative methods in order to facilitate participant engagement, center the voices of marginalized youth participants, and improve the quality of data collected during the participant interviews.

Visual Qualitative Methods

Visual qualitative methods incorporate visual images and representations within the process of data collection. Although the visual images may sometimes be chosen ahead of time by the researcher, more often the participants are asked to create their own visual images and representations, which are guided by prompts or cues given by the researcher. The visual images can include: photographs, drawings, timelines, mapping, diaries, videos and collages, among others. The visual images are then used as part of the data collection procedures to guide the conversations between the researcher and the participant.

The use of visual qualitative methods has been shown to facilitate the exploration of experiences that cannot easily be put into words.[38] As such, visual images can add additional meaning to conversations, as they can help participants express complex thoughts and concepts that may not otherwise be elicited or captured in traditional interviews. Giving participants creative tasks can encourage them to think in non-traditional manners, which can increase reflexivity during interviews.[39] Thus, the use of a creative visual method may "encourage a holistic narration of self, and also help overcoming silences, including those aspects of one's life that might for some reason be sensitive and difficult to be related in words." [40] Offering participants creative visual means of expression during an interview also allows researchers to cater to youth who may have different expressive styles and linguistic capacities.[39]

In addition, the use of visual qualitative methods has been shown to improve rapport and reduce power imbalances between researchers and participants.[39,41] Because the participants themselves are tasked with choosing the visual image that they feel best represents their lives, they become the "expert" during the interview and maintain control over their own narratives. This is especially important when conducting research with marginalized youth, where issues of trust of authority and communication may be present.

Finally, the use of visual images during data collection can help to reduce tension for marginalized youth participants. During the discussions, the visual images can serve as focal points, which can allow participants to direct their gaze on something else besides the researcher.[38] Looking directly at an adult researcher while trying to answer questions about sensitive and personal issues can sometimes be overwhelming for marginalized youth participants; thus, having an alternative focal point can help to increase their comfort levels during interviews.

For all of these reasons, visual qualitative methods are effective tools for conducting research on health inequities among marginalized youth. Three different visual qualitative methods were therefore utilized in this dissertation – lifelines, photo elicitation, and PhotoVoice – in order to explore the risk and protective factors of health inequities among gender minority adolescents and formerly homeless transitional-aged youth. It is believed that the use of these visual qualitative methods allowed for a deeper exploration of the participants' stressors related to social exclusion, as well as the psychosocial resources that they used to manage those stressors. The data presented in the following three papers contributes to a better understanding of the risk and protective factors for health disparities among these two understudied marginalized populations, and will inform the development of public health interventions designed to promote their health and well-being.

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Terminology Definitions

The term *transgender* is used to describe individuals whose gender identity and expression are different from those typically associated with their assigned sex at birth.[1] The shorthand term *trans* is increasingly used as an "umbrella term" to include a spectrum of gender identities, including both binary trans identities (trans men and trans women) and non-binary identities. C*isgender*[2] is the term used to describe individuals who do not identify as transgender, or whose gender identity is congruent with their assigned sex at birth.

The term *transition*[1] refers to the process of living as the gender with which one identifies, rather than the gender assigned at birth. Transitioning may or may not include changing one's name, manner of dress and appearance, legal identity documents (i.e. driver's license, social security record), and/or body through hormones or surgery. There are multiple ways to be trans, however, and growing numbers of trans youth and adults (both binary and non-binary identified) are not interested in medically transitioning.[2] Many feel comfortable with a gender-neutral presentation of gender which does not require the use of hormones or other medical interventions (e.g. gender affirming surgeries).

Gender dysphoria[3] refers to a strong discomfort and distress with one's biological sex, body and gender-assigned at birth. It can manifest itself in a persistent unease with one's primary and secondary sex characteristics, a sense of inappropriateness in one's gender role, and a strong and enduring identification with -- and desire to live -- in a different gender role. These feelings of distress can become markedly more severe when youth begin puberty and develop secondary sex characteristics that are incongruent with their identified gender. While gender dysphoria is more often experienced in more severe forms among binary trans youth, non-binary identified youth may also experience varying degrees of gender dysphoria. Both binary and non-binary identified youth often experience gender dysphoria before they come out to friends and family and consider whether or not to transition.[4]

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Paper 1: Invalidation Experiences and Resilience Strategies among Non-binary Adolescents

Introduction

Transgender adolescents suffer from disproportionately high rates of mental health disorders, with 53% of respondents ages 18 to 24 (N = 11,640) reporting serious psychological distress in the past month and 10% attempting suicide in the past year (US Transgender Survey, 2015). This suicide attempt rate is approximately six times the national average for non-transgender youth in that age range.[1]

While a growing body of research is emerging on the health disparities that exist between transgender and cisgender adolescents, significantly fewer studies have focused on adolescents with non-binary gender identities, or those who do not identify as entirely male or female.[2,3] The majority of studies to date have only included the identity options of male, female, and transgender, which obscures the experiences of adolescents with non-binary gender identities.[4] Even when additional non-binary gender identities are included in researchers' samples, they are often subsumed under the larger "transgender umbrella" during analysis, which results in a limited understanding of their experiences.

Despite these limitations, there is empirical evidence to suggest that non-binary individuals may have *worse* mental health outcomes than binary-identified trans individuals. For example, the 2015 US Transgender Survey found that 49% of non-binary respondents (of all ages) reported serious psychological distress in the past month, compared to 35% of transgender men and women, and 5% of the overall US population.[1] Studies of non-binary adolescents show similar trends: A survey of trans adolescents ages 14 to 25 in Canada (N = 923) found non-binary participants consistently reported worse mental health outcomes compared to their binary-identified counterparts.[5] In addition, the rate of self-harm (i.e., non-suicidal self-injury, such as cutting) was significantly higher for non-binary young adults (60.7%) compared to trans boys/men (48%) and trans girls/women (40.3%). These findings underscore the need for a better understanding of the risk and protective factors for poor mental health outcomes among non-binary adolescents.

Minority stress theory is the predominate framework used to explain mental health disparities among transgender populations.[6,7] It posits that these individuals experience unique minority stressors stemming from their socially stigmatized identities. These minority stressors exist along a continuum from external, discrimination-related experiences (e.g. discrimination, rejection) to internal, cognitive processes (e.g. anticipated rejection, identity concealment, and self-stigma). It is theorized that the life-long accumulation of these minority stressors can result in poor mental health outcomes, but that protective factors, such as coping strategies and social support, can disrupt the developmental pathways between minority stressors and adverse mental health outcomes. While minority stress theory was originally developed to understand these processes among sexual minority populations, empirical support has confirmed its applicability for transgender populations, and there is now a significant body of evidence that documents associations between minority stress experiences and adverse mental health outcomes among transgender youth.[8–15]

Scholars have recently posited that the types of minority stressors should be expanded to include stressors unique to transgender and gender non-conforming individuals.[16,17] For example, Testa et al. (2015) contends that an additional minority stressor of "non-affirmation of gender identity" should be included as an external, discrimination-related experience. Non-affirmation is defined as a phenomenon that occurs when one's gender identity is not affirmed by others: for example, when a transgender male is identified as "Miss" or is referred to by their former female name in public. Indeed, Testa et al.'s (2015) study found that more frequent gender identity non-affirmation was positively associated with higher levels of depressive and social anxiety symptoms.[18] Similarly, a recent study of trans youth (N = 129) found that affirmation of gender identity through the use of the chosen name of participants was associated with reduced depressive symptoms, suicidal ideation, and suicidal behavior.[19]

Although the aforementioned studies provide important foundational work about non-affirmation as a minority stressor, little is known about the unique ways that non-affirmation is experienced by non-binary adolescents. There is a significant need to better understand how non-binary identified adolescents experience non-affirmation, how they cope with it, and how they relate its effects to their mental health and well-being. This paper expands upon previous work by qualitatively exploring the lived experiences of non-affirmation among a diverse sample of non-binary adolescents.

Adolescence represents a particularly important developmental period in which to examine non-affirmation among non-binary individuals. First, identity formation is a central developmental task during adolescence,[20] and although some non-binary individuals have a strong sense of their gender identity at a young age, many non-binary adolescents are still in the process of exploring and negotiating their gender identity. Therefore, while identity formation is stressful for all adolescents, for non-binary adolescents this can be further compounded by the additional stressor of non-affirmation. Second, due to heightened brain plasticity,[21,22] adolescents are more vulnerable to stressors, and therefore exposure to chronic stressors (such as non-affirmation) can potentially contribute to the development of mental health disorders.[23–26] Thus, non-affirmation represents a potentially damaging stressor for non-binary adolescents, and one that warrants a deeper understanding in order to inform future mental health interventions.

Terminology Definitions

The term *non-binary* is used in this paper to describe any gender identity that does not exclusively fall into the traditional binary categories of male or female.[27] People with non-binary gender identities may feel that their gender is somewhere on a spectrum between male and female or somewhere outside of this spectrum. Some people with non-binary gender identities feel that they do not have a gender at all or they may reject the construct of gender altogether. Some have gender identities that shift over time and others are more constant. The terminologies used to describe non-binary gender identities vary and continue to evolve over time. Commonly used terms for non-binary gender identities include: genderqueer, genderfluid, bigender, agender, two spirit, gender neutral, and gender non-conforming.[28] For the purpose of this paper, the broader term of non-binary will be utilized to include all of these identities, with the recognition that not all individuals in the study used this term to describe themselves.

Many non-binary individuals use gender-neutral pronouns, such as they/them/theirs, to describe themselves. Some non-binary individuals use a range of other gender-neutral pronouns taken from outside of the English language, such as zie/hir/hirs or xe/xem/xyr.[29] Some non-binary individuals use a combination of pronouns, such as they/them and he/him simultaneously, and others may shift their pronoun use to correspond to their fluid gender identities. The failure to recognize an individual's preferred pronouns or to misclassify an individual's gender identity is referred to as *misgendering.*[30]

Non-binary Youth Data

Despite the exclusion of non-binary gender identities within most research studies, there is evidence to suggest that significant percentages of young people within the "trans umbrella" identify as non-binary. While there are currently no population-based studies available that include data on non-binary individuals, several studies of trans populations include sizable numbers of non-binary youth. For example, the 2015 US Trans Survey found that 35% of the total 27,715 participants identified as non-binary, and that 61% of the 18-24 year old participants (11,640) identified as non-binary.[1] Other studies show similar trends: a 2016 Canadian study that focused exclusively on trans and gender conforming youth between the ages 14-25 (N= 923) found that 41% of its total participants identified as non-binary.[5]

In addition, the available data suggest that people with non-binary identities may be more likely to be assigned female at birth (AFAB) than assigned male at birth (AMAB). Data from the 2008 National Transgender Discrimination Survey found that 73% of the 860 non-binary identified participants were assigned female at birth compared to 40% of the total sample of 6,456 trans participants.[31]

There is limited empirical work focusing on the identity development trajectories of non-binary individuals. Although fewer non-binary people seek gender affirming medical procedures than binary identified trans people, existing data demonstrate that many non-binary individuals desire procedures such as hormone therapy or surgeries.[28] For example, among the 9,700 non-binary participants in the 2015 US Trans Survey, 43% reported that they had already accessed gender affirming medical procedures, 21% reported that they wanted to access these procedures someday, 31% were unsure, and 5% did not want to access these procedures.[1]

Minority Stress among Non-binary Populations

A growing body of evidence has documented minority stress experiences among non-binary individuals, including discrimination, victimization and non-affirmation. Harrison et. al's secondary analysis of the 2008 National Transgender Discrimination Survey found that the non-binary participants in the sample experienced unique patterns of gender-related discrimination, and concluded that, in some cases, they were at "higher risk for discrimination and violence than their transgender counterparts in the study."[31] For example, the non-binary participants who expressed gender non-conformity in K-12 schools reported higher rates of harassment and sexual assault than other respondents. In addition, non-binary participants reported higher rates of police harassment than their binary-identified trans counterparts. And despite having completed college or graduate degrees at significantly higher rates, non-binary participants were more likely to live on $10,000 a year or less, were more likely to be out of work, and more likely to find work in underground economies, including sex work and the drug trade.

There is also evidence documenting experiences of minority stress among non-binary adolescents. Sterzing et al's 2016 study on polyvictimization among gender and sexual minority adolescents found that a significantly higher percentage of non-binary adolescents experienced 10 or more different forms of victimization in the last year when compared to their cisgender sexual minority male counterparts. [12] Another study of family microaggressions among sexual and gender minority adolescents found that the non-binary adolescents in the sample experienced a significantly higher frequency of interpersonal and environmental family microaggressions (subtle forms of discrimination) than their cisgender sexual minority male counterparts.[32]

In addition, a handful of studies have documented experiences of anticipation of discrimination, non-affirmation, and concealment among non-binary individuals. For example, in the 2015 US Trans Survey, 97% of the non-binary participants reported that they do not always disclose their gender identities to others, due to fears that they will not be affirmed or taken seriously. The survey asked participants about their reasons for non-disclosure: 86% reported that it's because other people don't understand non-binary gender identities, 82% reported that it's easier to not say anything, and 63% reported that they felt others would dismiss their identity as not being real or being a "phase."[1] Other studies have confirmed similar experiences of non-affirmation related to preferred pronoun use and identity disclosure among non-binary identified individuals. [33,34]

Finally, several studies have documented the invisibility of non-binary individuals within school and health care settings.[35,36] For example, Goldburg and Kuvalanka (2018) found that non-binary identified college students reported myriad struggles trying to navigate university systems that privileged the gender binary, such as male/female bathrooms, the exclusive use of binary pronouns by teachers in classrooms, and the difficulties changing their names in the university computer systems.[37] Other studies have demonstrated that medical providers often lack a basic understanding of the unique needs of non-binary individuals. For example, Lykens 2016 study of healthcare seeking experiences among non-binary patients revealed that participants regularly felt pressured by medical providers to undergo medical procedures in order to medically transition, even if they did not request or desire these services.[38] The fear of incompetent care and discrimination has been shown to cause non-binary individuals to delay seeking healthcare[31] or to conceal their identities and present as male or female when accessing medical care.[39]

This study builds upon the existing literature in order to examine the lived experiences of non-affirmation among a diverse sample of non-binary identified adolescents. Using in-depth qualitative interviews, we present an exploration of non-binary adolescent's perceptions and experiences of stressors related to non-affirmation, the emotional impact of these stressors, and the protective factors and resiliency strategies used by non-binary adolescents to manage these stressors.

Methods

Recruitment and Eligibility

The study sample was taken from a larger dissertation study that included 28 trans and non-binary adolescents between the ages of 16 to 20 in New York City and the San Francisco Bay Area. Participants in this larger sample were partially recruited from eligible and oversampled participants of Project Affirm, an NICHD-funded, mixed-method, transgender identity

development study in New York, San Francisco and Atlanta. Participants for Project Affirm were recruited through purposeful, venue-based sampling across a variety of settings (online and offline) frequented by the target population. As we were unable to complete our targeted sample size through the Project AFFIRM participants, the first author recruited additional participants for this study through local clinics and non-profits that served trans youth in New York and the San Francisco Bay Area. The author distributed fliers to these organizations, visited several trans youth groups, and gave short presentations about the study. In addition, several of the non-profit groups agreed to post study information on their Facebook pages and through their email listservs.

Interested participants were contacted and screened for eligibility via phone, email or in-person. Individuals who met the study criteria were scheduled for the first of two interviews (described below) at one of the two Project AFFIRM study offices in New York City or San Francisco, or at other designated study sites (i.e. the above mentioned clinics and NGOs).

Eligibility criteria were that participants: (1) identify as trans or non-binary (i.e. identify as a gender other than the sex assigned to them at birth), (2) be from 16 to 20 years of age, (3) live in New York City or the San Francisco Bay Area, and (4) speak English or Spanish. Fourteen participants between the two study sites had non-binary gender identities and are the subject of the analyses in this paper.

The study received approval from the University of California, Berkeley research ethics board. A waiver of parental consent was obtained for the study in order to minimize the potential harm associated with unintended disclosure for youth who had not yet disclosed their gender identity to their parents/guardians. All participants signed an informed consent form. Participants received $50 in cash for each interview they completed, for a total of $100 if they completed both interviews.

Data Collection

Qualitative data collection was conducted between June and November of 2017 in two phases. During the first phase, in-depth interviews were conducted using a "lifeline" methodology. Lifelines are a visual depiction of a participant's life history, in which events are displayed in chronological order.[40] The lifeline method was chosen to facilitate recollection and sequencing of personal events within an age and gender identity developmental framework. Participants were given a large sheet of paper in which a horizontal line was displayed, with "birth" listed at one end and "today" listed on the other. Participants were first asked to label key events and periods of time related to their gender identity that were challenging. Following this, participants were then asked to label events and periods of time when they felt supported in their identities. The interviewer then asked the participant to describe the events marked on the line. The interviews were narrative in nature, and focused on the challenges and stress associated with these events/periods, and how participants managed and coped with these challenges. These interviews lasted between two and three hours.

The second phase of the data collection was guided by photo elicitation, which uses photographs as an alternative to verbal-only interviews.[41] Photo elicitation was chosen to allow for a creative exploration of the meanings and interpretations of participant experiences. At the end of the

lifeline interview sessions, participants were given a list of specific prompts and asked to take photographs based on these prompts. The prompts for this study aimed to explore participants' personal experiences with minority stressors, and both internal and external psychosocial resources. An example of a prompt that explored internal resources is: "Take a picture that illustrates how you feel when you are supported in your identity." An example of a prompt that explored external resources is: "Take a photo that represents a safe space for you." Additional prompts were included halfway through the study, in response to participant feedback. The final list of prompts is included in Appendix B. Participants were encouraged to take original photos, but were also given the option to bring in photos that they had previously taken or other images that they found online.

The first author engaged in a brief discussion with all participants about the safety and ethics of taking photographs. Participants were asked to review and sign a study ethics form in order to protect the safety and confidentiality of the participants and the individuals they photographed. Participants were also given photograph release forms and were instructed to obtain signed consent forms from all individuals that they photographed. The majority of participants used their own personal smartphones to take pictures, but they were also given the option to borrow a digital camera from the study.

Participants returned 2 to 3 weeks later with their photos, which were used to guide the second interview. Questions were framed in terms of why the participant chose the particular image, what they were trying to convey, what might be left out, and what different images they might select in the future to express their thoughts and feelings about the photo prompts. The photo elicitation interviews lasted between one and two hours. All participants who completed the photo elicitation interviews were asked to sign a media release form and were given an option for the media formats that they would allow each photo to be disseminated in. Ten out of the fourteen participants completed both interviews; four were lost to follow-up and only completed the initial lifeline interview. A total of 24 interviews were analyzed for this paper.

Data Analysis

All interviews were audio recorded, sent to a professional transcription company, and transcribed verbatim with identifiers removed. After transcription, interviews were read and reviewed while simultaneously listening to the audio recordings in order to ensure accuracy. Data were analyzed using an inductive thematic approach.[42] A codebook draft was developed that included both *a priori* theory-driven codes (such as discrimination and self-stigma), and themes that emerged from initial reviews of the transcripts (such as normalcy and resistance/rejection of the gender binary). The research team used the codebook draft to independently code several rounds of three transcripts. After each round, the coding was compared side by side and discussed among all three coders, and the codebook was further refined. This process was repeated three times until the codebook was finalized. The remaining transcripts were then coded using the qualitative analysis software Dedoose. The coders also attached written memos to segments of the transcripts in order to record preliminary analytic ideas about the data.[43] Select transcripts coded by the research assistants were double coded by the first author in order to ensure coding consistency.

Following coding, reports of the code excerpts were reviewed and synthesized in order to identify salient themes and patterns from the data. The strategies for identifying patterns and themes included searching for the following occurrences: repetition (reoccurring topics or concepts), indigenous typologies ("local" terms used by the participants), metaphors and analogies used by participants, and paradigm cases (particularly vibrant examples that stand out from the other text, and which embody the meaning of participants' practices).[44,45] Pile sorting exercises were conducted with all three coders to identity additional themes and reinforce the validity of study findings.[46] Cards were printed with excerpts from the interview transcripts pertaining to each code, which were then reviewed and arranged collaboratively by the research team into different piles that represented discrete constructs and themes. Themes were increasingly refined and collapsed into higher-level themes. Illustrative quotes related to these themes were selected from the transcripts to communicate the study findings. The themes presented in the results section emerged from data that were collected during both the lifeline and the photo elicitation interviews; however, the participants' photographs are not presented in this paper.

Results

Sample Characteristics

Fourteen participants with non-binary gender identities were included in this sample. Participants reported the following gender identities: non-binary, genderqueer, genderfluid, non-binary trans guy, two-spirited, genderfluid transman, agender, non-binary trans masculine, and gender non-conforming. Many of the participants also used the umbrella term "trans" in addition to their non-binary identity term. Thirteen of the participants used gender neutral pronouns. The most common gender neutral pronouns used were "they/them," but one participant used "ne/nem/nems" pronouns. Four of the participants used they/them and he/him or she/her pronouns simultaneously. One of the participants used he/him pronouns exclusively. The participants' own identity terms and preferred pronouns are used throughout this paper in conjunction with their corresponding quotes.

Thirteen of the participants were assigned female at birth (AFAB) and only one was assigned male at birth (AMAB). Six of the participants lived in New York City and eight lived in the San Francisco Bay Area. Eight participants were in the 16-17 age range and six were in the 18-20 age range. The sample was racially and ethnically diverse: five participants were white, three participants were African-American, three were mixed race, one was Latinx, one was Asian, and one was Middle Eastern. At the time of the study, three of the participants had already initiated gender affirming medical procedures (e.g. hormone therapy and/or top surgery), four participants wanted to obtain those procedures but did not have their parents' permission to do so, two were unsure whether or not they wanted those procedures, and five did not want them. Eight of the participants were in high school, three were attending college, and three were not in school. Nine were living full time at home with family members, three were living with family when they were on break from college, and two were living independently.

#	Age	Site	Gender Identity	Sex Assigned at Birth	Pronouns	Race
1	18	NYC	Genderqueer	AFAB	they/them	Mixed
2	17	NYC	Non-binary trans guy	AFAB	he/him	Black
3	20	NYC	Two-spirited	AFAB	ne/nem/nems	Black
4	16	NYC	Non-binary	AFAB	they/them	Mixed
5	17	NYC	Non-binary trans man	AFAB	they/them and he/him	Middle Eastern
6	17	NYC	Non-binary	AFAB	they/them and she/her	Black
7	19	SF	Agender	AFAB	they/them or he/him	White
8	19	SF	Genderqueer	AMAB	they/them	Asian
9	17	SF	Non-binary trans masculine	AFAB	they/them	White
10	17	SF	Non-binary	AFAB	they/them	Latinx
11	18	SF	Agender	AFAB	they/them or he/him	White
12	17	SF	Non-binary	AFAB	they/them	White
13	18	SF	Non-binary	AFAB	they/them	Mixed
14	16	SF	Non-binary	AFAB	they/them	White

Table 1-1: Participant Demographics

Identity Descriptions

Participants described their gender identities in multiple ways, ranging from fluid, to a combination of both male and female elements, to those that disengaged entirely from the concept of gender. The following three excerpts highlight some of the diversity of identity descriptions among participants:

> *I'm basically fluid with my identity. Sometimes I identity as a man, and sometimes I don't identify as any gender. It can change over time, over a day.* (age 17, non-binary trans man, Middle Eastern)

> *It's usually defined as a neither or both [male or female] kind of situation. For me, it's always been both, I guess. But not in the fluid kind of way. It's very set, like, I don't feel different day to day. (age 16, non-binary, white)*

> *At this point, I feel like my main gender identity is that it doesn't really exist for me. I'm just me. I guess agender is the word that I use, just because it's something. But really, I just feel like I don't have a gender. It's not something that affects me at all.* (age 19, agender, white)

Some participants reported using both gender neutral pronouns and binary gender pronouns interchangeably. For some of these participants, this designation depended on how they felt about their gender on any given day. One participant explained:

> *If I know I'm a man that day, I use 'he/him,' and when I really don't know and I just identify as a person, I use 'they/them.'* (age 17, non-binary trans man, Middle Eastern)

Others asserted that while they preferred gender neutral pronouns, they were also comfortable when people used binary pronouns to identify them, as long as they were not the binary pronouns that aligned with their sex assigned at birth. One participant explained:

> *It's kind of like, when people use 'she' pronouns, I feel bad, and when people use 'he' pronouns, I feel nothing. And when people use 'they' pronouns, I feel good.* (age 17, non-binary trans masculine, white)

Identity Invalidation: a Reconceptualization of Non-affirmation

We present participants' experiences of non-affirmation using the construct of "invalidation," which we define as the refusal to accept someone's identity as "real" or "valid." While the two terms may appear similar, we argue that the experience of invalidation is conceptually distinct from the established minority stressor of "non-affirmation." In experiences of invalidation, the legitimacy of a non-binary individual's identity is questioned (and frequently dismissed). This is in contrast to non-affirmation of binary-identified trans individuals, where one's gender identity has a recognized place in the binary, but ownership of that identity is questioned. One participant aptly summarized this distinction:

> *People are super quick to dismiss [non-binary identities] as fake or something like that….At least with trans people in the binary, it's like, "Yes, I am this." People still question your transness, but at the same time it's easier, because they don't question as to whether or not the thing you identify as actually exists.* (age 16, non-binary, white)

Another participant echoed this experience of identity invalidation:

> *You are not validated. You explain so much because there are so many more people who know that [binary] trans men and trans women exist. A lot of people don't know that there are more than two genders.* (age 16, non-binary, mixed race)

Identity invalidation was pervasive among all study participants, and occurred across multiple social contexts. The following section summarizes the types of invalidation that participants experienced from the micro to the macro levels, including the interpersonal, community, institutional, and media levels.

Forms of Interpersonal Invalidation -- "Your identity isn't real"

Due to a lack of public awareness of non-binary identities, participants were often met with reactions of disbelief when they disclosed their gender identities to others. They reported that people would frequently laugh, act confused, "brush it off," or dismiss their identity as "fake." Participants were commonly accused of fabricating their identity as a ploy to get attention from others. One participant -- who had not yet disclosed their identity to their father -- described their father's dismissal of their friend's non-binary identity:

> *I talked to him about my friend who uses they/them/their pronouns. And my dad is really confused. He's like, "They? Why are you using 'they?' 'Them?' Why is she using that? She's so 'extra,' millennials are just so 'extra,' always trying to make themselves different." I don't think he thinks it's a "thing" -- being outside the binary. I don't think he thinks it's valid*. (age 18, genderqueer, mixed race)

Another participant described a similar experience of dismissal when they disclosed their identity to their family doctor. Their doctor responded by saying that the participant must be confused; that the participant's feelings about their gender were caused by being overweight and having bad body image:

> *"You just don't see your body as female, because you don't have an hour glass figure." That's what my doctor told me when I was 14. She was like, "No, it's just because you are overweight. Lose weight, and you will be good. And then you will have a more female looking body."* (age 17, non-binary trans masculine, white)

In addition to invalidating the existence of non-binary identities, participants were often met with resistance towards using gender neutral pronouns. People commonly expressed discomfort with 'they/them' pronouns, and would argue that they were grammatically incorrect. Other types of gender-neutral pronouns were deemed even more inappropriate. One participant described:

> *People don't like to use "they" pronouns. It freaks them out. And then there are like "ze and zere" pronouns and things like that, that people are like, "I don't want to learn a whole new set of pronouns."* (age 17, non-binary trans masculine, white)

Another participant described their frustration at having to constantly defend the use of gender neutral pronouns:

> *I hate having these discussions about they/them being a valid pronoun, even though it's in the English dictionary and people use it all the time. But as soon as you mention it, it's like, "What? It's a plural!"* (age 17, non-binary trans guy, Black)

Many participants believed that the refusal to recognize non-binary identities was not only due to a lack of awareness or discomfort with gender neutral pronouns, but was also motivated by an underlying lack of respect for non-binary people. Several participants gave examples of being treated poorly in school by classmates. For example, after explaining their preferred pronouns to others, participants reported that classmates would make fun of them by calling them "it" or saying that their identity was as outlandish as calling yourself an unrelated object, such as an "attack helicopter." One participant described how painful this type of invalidation was:

> *People would call me "it." Like, 'Oh, so you are just an "it".' Oh my God, that word -- "it". Just because I'm not he or she, doesn't mean I'm an "it"….Classmates that would say "it" as a joke, but clearly for me, it wasn't a joke. It took me so long to accept who I was and now you are calling me an "it". It just hurt.* (age 17, non-binary, Latinx)

Across the board, participants felt that other people were dismissive of their insistence to have their identity recognized and validated. Many of the participants described how their parents or teachers did not understand "what the big deal was" or why they would be so upset when their identity was not affirmed. One participant described an ongoing struggle with their father, who consistently failed to use their preferred name and pronouns:

> *He didn't get what I was upset about. He didn't really process any of it, I don't think. So, he just kind of kept using she/her, kept using [name] and so I tried again and cried at him. It kept being like that. And then he would start getting upset that I was like, bugging*

him about my pronouns so much. And stress. Lots of stress. (age 16, non-binary, mixed race)

Invalidation from LGBT Communities – "You have to be doubly on edge"

Participants reported that they often felt invalidated within LGBT spaces. Many participants explained that they believed that binary-identified trans people did not consider non-binary individuals to be "authentically trans." This made participants apprehensive to seek support within binary trans spaces. One participant explained:

You can't necessarily feel totally safe in trans environments either. Like, binary trans people, they have each other. But if I walk into a room full of binary trans people, I don't know if they all think that non-binary genders are valid or if they think that any of that is really trans. Because there are people who are like, "Oh, you are not really trans unless you have dysphoria and unless you medically transition." So, you have to be kind of doubly on edge….It's definitely not guaranteed that you are going to meet a binary trans person and they are going to be like, "Oh yeah, you are great. You are definitely trans."(age 18, agender, white)

Other participants felt that many gay and lesbian people were prejudiced toward trans and non-binary people. They reported that queer spaces were often dominated by cisgendered gay men, which made them feel unwelcome. One participant stated:

I think there's still just so much transphobia within the gay/queer community still. Even if people aren't mal-intentioned – there's still just like this latent transphobia. Being at the receiving end of those slights just opens yourself up – you will be more sensitive to just the environment around you. (age 18, genderqueer, mixed race)

Another participant, who was raised by gay parents, reported that they were scared to come out to their father because they had heard him say transphobic remarks in the past. The participant felt worried that he wouldn't be accepting of their identity:

I don't know how I'm gonna tell my dads. My biological dad is transphobic, racist, biphobic, you name it. Gay people who are transphobic really upset me. But I guess that's pretty typical in San Francisco for white, gay men to not really lack privilege. (age 16, non-binary, white)

Institutional Invalidation – "No one wants to be misgendered"

Invalidation of non-binary identities was also reinforced on an institutional level. Many of the participants reported that their school environments were not affirming. In some cases, this was due to a lack of institutional commitment to recognize and affirm gender diverse students. Yet even in schools that were considered "progressive," participants felt that the administrations were not making concerted efforts to recognize and support non-binary students. One participant stated that even though their school was widely regarded to be trans-friendly, the administration had failed to adequately educate teachers about non-binary identities. As a result, teachers regularly misgendered students in class by failing to use their correct pronouns. This participant explained:

> *It bothers me that it's pretty much the best school in the Bay Area to be trans. And then the teachers believe that they're so good with trans kids because they work at this great school. It's like, trans kids get beat up at other schools. So then they come to [our school] to get misgendered. And it's like, well, being misgendered is better than being beat up -- so we're the best. Well, no one wants to be misgendered.* (age 16, non-binary, white)

In addition to a lack of teacher training, participants reported that their schools didn't include any information about gender diverse identities within their curriculum. Even in health and sex education classes, participants reported that the curriculum focused on cisnormative and heteronormative information. This lack of inclusion contributed to feeling of erasure among non-binary students. One participant explained:

> *Nothing about gender identity was ever included. We got very heteronormative Sex Ed. …They were like, we are going to assume that you are going to be having straight sex -- penis and vagina, here is how to put on a condom. But there was nothing about gender identity, nothing about safe sex if you are not straight.* (age 17, non-binary, white)

Finally, participants described structural examples of non-affirming school practices, such as the lack of gender neutral bathrooms or locker rooms, and the absence of policies and procedures to facilitate name and pronoun changes for students. One participant explained how the absence of affirming procedures can result in the (sometimes unintentional) reinforcement of identity invalidation by teachers:

> *There is this thing called Google Classroom and you can't change your name on it, which sucks. So, that means it has my birth name on my Google Classroom, which I have to use with my whole class. I'm in a class of people I don't know. It's really stressful*. (age 17, non-binary trans masculine, white)

Media Invalidation – "We need representation in media"

Participants emphasized the invisibility of non-binary gender identities in the media. They believed that this lack of representation was problematic, both because it denied them access to non-binary role models, and because it perpetuated a limited narrative about trans people. The majority of participants had never been exposed to other non-binary people when they first began questioning their gender identities, and thus felt isolated and alone. As one participant explained, *"I didn't know there was more out there beforehand, so I wouldn't have known that maybe it wasn't just me*." (age 17, non-binary, Latinx) Another participant emphasized the importance of giving more visibility to non-binary people:

> *We need representation in media. And in books, and schools, we need more people to be teachers, to be doctors, things like that. We need more than just Laverne Cox as our representation -- We need non- binary people. We need people who haven't transitioned. Trans people who aren't going to transition. Yeah. I think that's what needs to happen.* (age 17, non-binary trans masculine, white)

This participant argued that the only trans people depicted in mainstream media tended to be individuals who identified within the gender binary and who had undergone medical transition. This, in their view, perpetuated a societal belief that there was only one way to be trans. Participants described this stereotypical "trans narrative" as following a linear progression

through distinct phases: from feeling "trapped in the wrong body," to identifying as the "opposite" sex, to starting hormones, to changing one's legal name and gender marker on all personal documents, and finally "completing" one's transition by undergoing "top" and/or "bottom" surgery. Participants asserted that this limited narrative did not allow space for all trans and non-binary people and consequently made it hard for other people to understand their experiences.

Internal Cognitive and Affective Processes Related to Invalidation

For the majority of participants, experiences of invalidation led to several internal cognitive and affective processes. Most participants reported initial experiences of confusion and self-doubt. After coming to terms with their identity, participants faced ongoing decisions about how and when to disclose to others. Subsequently, participants struggled with the shame of being misgendered and the burden of having to decide whether to correct people.

Confusion and Self-Doubt

Many participants reported that they were confused when they began to question their gender identities. These participants explained that they did not know that there were more options outside of the gender binary, so they were unable to understand the thoughts and feelings they were having. Participants described persistent rumination as they tried to make sense of their identity:

> *I had questioned my gender identity, multiple times, actually, throughout my childhood. But I kept going, I guess, because I also was like, "I'm not a guy. It feels weird." I did a lot of thinking and so I would be lying in bed and I would just try to imagine myself as a boy. Calling myself a boy felt wrong, but I also didn't feel like a girl, and I just didn't know what to do with that.* (age 16, non-binary, mixed race)

Participants reported that ongoing rumination and confusion led them to repress their feelings or to question whether they were real or valid. This led to intense self-doubt, coupled with significant distress. One participant reported:

> *I didn't know what was happening, because no one really talked about it. I was just so confused all the time. And I was just crying late at night, because I didn't know what was wrong with me, what was going on with me. It was just a very confusing time…. I felt like, maybe it's just all in my head, you know? Maybe this isn't real. Maybe it was my problem, because I was making it up. Like, I was invalidating my own feelings.* (age 17, non-binary, Latinx)

In an attempt to quell their confusion, some participants searched online for information about transgender people. But for many participants, they reported initial concerns about not feeling "trans enough." Participants who did not experience gender dysphoria or who did not feel like they identified strongly with either gender worried that they couldn't authentically identify as trans, and thus were unable to locate an identity that fit them. One participant explained:

> *There was a long time where it was like, "Oh, it would be really nice if I could identify as trans, but I can't really, because I'm certainly a faker"… I don't have an internal*

sense of gender identity, so I can't be like, "Oh yes, I certainly feel male."(age 18, agender, white)

One participant thought that to be trans, a person must experience dysphoria at an early age, starting at 4 or 5 years old. Since this participant began to experience dysphoria later, at the onset of puberty, they did not think they met the criteria for identifying as trans. Another participant reported that they did not feel like their dysphoria was extreme enough to claim a trans identity. They stated:

> *As far as dysphoria -- I don't know. I know for some people, it's a real issue, which confused me. Like, actual people, for them, this is a really big thing and then they take them [their breasts] off, because it's such a big thing. I did feel this intensely, but clearly not as intensely as these people did, so maybe I'm not transgender.* (age 17, non-binary, Latinx)

Being misgendered and the burden of correcting people

After coming to terms with their non-binary gender identities, participants described the challenges of navigating how and when to disclose their identities to others. In contexts where their identities were not affirmed, they described the additional challenge of having to decide whether or not to correct people.

For many participants, disclosing their identity in group settings was an intimidating process. Based on previous experiences of rejection, participants were frequently nervous about having their identity dismissed. In addition, participants were wary of the emotional labor involved with having to explain what their identities mean to others. One participant described why they were reticent to ask their teachers to use their preferred pronouns during class:

> *I never really tried to use my pronouns, because I was scared to ask them. Because coming from my family not being supportive, I was like, "Wow, I'm really being discriminated against, I have to protect myself."...I guess I was just worried that [my teachers] would be like, "What?" And I didn't want to have to go through and explain. It's exhausting. And at that point, I was so emotionally tired.* (age 17, non-binary trans masculine, white)

When participants were able to muster up the courage to disclose their identity to others, they reported feeling defeated when people continued to misgender them. One participant explained:

> *I don't think people know what misgendering does to people. Because, if you look at a cis man and you're like, "She," he's gonna shrug it off, because he doesn't care. Because no one actually sees him as a woman. Like, it's obviously a joke. But for us it's not a joke and people don't get that.* (age 16, non-binary, white)

Participants described feeling frustrated about having to constantly educate others about their identities, especially when their initial requests were not honored. For some participants, the efforts required to correct people every time they were misgendered felt overwhelming. As a result, they often remained silent. One participant explained:

> *I'm not very good at correcting people. It's tiring. And I have better things to do with my time. It depends on the day. Sometimes I sigh and walk away and sometimes it literally ruins my entire day.* (age 16, non-binary, white)

Participants described feelings of shame resulting from being misgendered and then receiving unwanted negative attention when they tried to correct people. Several participants felt that they were perceived as reactionary and "ridiculous" when they stood up for themselves. One participant stated:

> *It's exhausting, and you still get this feeling of shame when you correct someone and they ignore you and move on. And then your classmates look at you like you're weird.* (age 16, non-binary, white)

Due to these stressors, many participants chose to conceal their identities in certain settings. Some participants decided that it wasn't worth it to disclose to casual acquaintances or to people that they were not going to see again. While concealment reduced the cognitive burden of disclosure, participants reported that it also led to feelings of distress. One participant explained:

> *I go into every new conversation with somebody who I don't know expecting to have to explain pretty much my entire identity, unless I cover it up and accept that they are going to call me she/her pronouns and assume I'm a girl. So, that kind of sucks. It's kind of a lose-lose situation. You either have people questioning you or people calling you something that you are not.* (age 16, non-binary, mixed race)

<u>Cognitive and Affective Impact of Invalidation</u>

Loneliness, Vulnerability, and Tokenization

The combination of invalidation-related stressors described above often led to significant emotional distress for participants. For some participants, being invalidated made them feel invisible and ignored, which resulted in feelings of loneliness. Other participants felt disregarded and excluded when people constantly misgendered them. One participant explained:

> *After I asked them [my friends], and I explained why, it's like they wouldn't remember what I told them. So, it's not like they said, 'I'm so sorry.' They wouldn't correct themselves, they would just leave it be. That's what hurt me.* (age 17, non-binary, Latinx)

For some participants, the constant experience of being invalidated made them feel vulnerable and self-conscious. One participant described how being "read" as female in school by teachers and other students – despite their attempts to ask people to use their preferred name and pronouns – made them feel exposed:

> *When I'm misgendered, I feel very naked. Like, there's something you know about me, that you shouldn't know. Like, why do you know that? Obviously, it's because I don't pass – and that's fine, because the idea of passing isn't great – but still, something about it makes me feel very vulnerable, in a bad way. Like forced vulnerability. And I feel naked.* (age 17, non-binary trans masculine, white)

One participant described feeling tokenized after disclosing their identity to others. This participant felt that they became one dimensional in people's eyes, and that their other unique characteristics and qualities were minimized:

> *One of the biggest ways that I feel discriminated against is [that] my identity is like a flaw and that it's the only thing that they see. Because I'm a whole lot of different things….But then once I [tell them] then that's the only thing that they see about me…It's a problem for people, feeling like they're like stuck into one part of their identity and then that's who they are.* (age 17, non-binary trans masculine, white)

Adverse Mental Health Outcomes

For some of the participants, the cumulative stressors related to invalidation contributed to adverse mental health outcomes, including depression, anxiety, self-harm, and suicidal ideation. While participants acknowledged that there were other factors affecting their mental health, they felt that the stressors related to identity invalidation were major contributors. One participant described how being misgendered influenced their depression:

> *I would get misgendered all the time. And I think that's where a lot of my depression was coming from, because I was like, I have no control over my body, or how other people see me. So, I felt very out of control in that sense.* (age 17, non-binary trans masculine, white)

Some participants reported cutting themselves or engaging in other forms of self-harm as a way to cope with the distress of being invalidated. One participant described their response to family invalidation:

> ***Interviewer****: How did this feel to hear all of this stuff?*
> ***Participant:*** *Oh, horrible. It was real bad.*
> ***Interviewer****: So, how were you reacting?*
> ***Participant:*** *I mean, they were talking to me, I was crying. I did not react well for like, a while. I felt like, "Wow, I'm a disappointment to my parents. They don't love me, whatever."…*
> ***Interviewer****: How were you managing?*
> ***Participant****: Not well. Not good. I was like, cutting and stuff. It was bad.* (age 17, non-binary trans masculine, white)

For some participants, the cumulative effects of invalidation impeded their ability to function in school and in their daily lives. One participant described the effect of distress on their mental health:

> *Towards the end, it started really affecting my mental health, and I dipped into a really, really, really bad depression. It was to the point where I couldn't bring myself to go to school, and I had to leave my city for a week, and come stay with my aunt, because I couldn't handle going to school and being seen in public and stuff like that. It was really, really bad.* (age 17, non-binary, white)

Protective Factors and Resilience Strategies of Non-binary Youth

Participants described several protective factors that helped to buffer the experiences of invalidation. Several sources of social support were emphasized, including online support, LGBT support groups, peer support, and family support. Some participants viewed the obtainment of gender affirming medical procedures as a critical strategy for relieving psychological distress. Community connection through activism and advocacy efforts also led to increased empowerment among participants. Finally, participants reported the use of internal resilience strategies and cognitive behavioral techniques, such as resisting and rejecting the binary, self-acceptance, externalizing/reframing, mindfulness, and future orientation.

Online and Offline Social Support

The majority of participants initially found social support online. Many participants were first introduced to the concept of non-binary identities by reading blogs or watching YouTube videos made by non-binary people. Several participants reported that this initial discovery greatly relieved the confusion and self-doubt that they had been previously feeling. One participant stated: "*Just knowing that there was more people out there who felt like that crushed my self-doubt finally -- that it wasn't just me and I wasn't making it up."* (age 17, non-binary, Latinx)

Through online social networking cites, participants could acquire information and gain exposure to other non-binary people. Participants reported that these online connections were empowering to them:

> *Tumblr is really great. Just affirming, like, wow! There are androgynous or non-binary models or whatever that I can emulate.* (age 18, genderqueer, mixed race)

> *I have a lot of friends online who are also non-binary and we all kind of band together and make sure everybody else feels good and safe in their identity. It's comforting to know that other people feel the same way as you do.* (age 19, agender, white)

In addition to online support, many participants found support through trans or queer youth groups at local LGBT centers or through their school Gay Straight Alliances (GSA's). Over half of the participants regularly attended support groups. For many of these participants, the group was the first place where their identities were validated. One participant described the benefit of being introduced to a support group:

> *They used my pronouns, they were so accepting and they encouraged me to tell them more about myself and [said] that they were going to be there for me. I was shocked, because I wasn't used to that. I grew up in a household where there was just – "No, you are this, you are not this. Don't question it. Society will tell you who you are. You were born that way." So, I was afraid, but they were really accepting.* (age 17, non-binary trans man, Middle Eastern)

Many participants reported that the friendships they made through support groups were enormously important to them. They explained that their friends helped to normalize and affirm their identities. One participant stated:

> *Trans masculine support group is a big coping mechanism for me to go every week. At least be surrounded by people who I know affirm me, and have shared a similar experience. Plus, they are just amazing guys. Like, they are so great. Like, literally I cry every day thinking about how much I love my friends.* (age 17, non-binary trans guy, Black)

Participants reported that peer support helped them to manage the onslaught of daily invalidation. One participant described their friend's efforts to normalize their preferred pronouns and offer affirmation in an otherwise unsupportive school environment:

> *Every day he would be like, "Good morning, what are your pronouns today?" Because at that point I was identifying as genderfluid. So, that was just really nice. Every day he would ask. Every day he would make sure I was okay. That was a nice gesture.* (age 19, agender, white)

All of the participants emphasized the importance of family support. However, the majority felt that their families did not fully understand or accept their identities. Five of the fourteen participants had not disclosed their identities to their parents at the time of data collection because they were afraid of being rejected. Of the nine participants who had come out to their parents, four of them reported that they didn't feel that their families fully accepted them. However, five participants described having support from at least one affirming family member. One participant shared an example of how their mother responded to their identity disclosure and demonstrated support:

> *At first, I thought she was going to like, disown me, and be really nasty about it. Treat me differently. But surprisingly, she was really supportive....She was like, "Alright, what is non-binary?" She said, "We have to sit down and do the Googling." She wasn't understanding of it at first, but once I found out that she was supportive of me, I started to be more open about it. So, after that, she become very loving about it, and accepting, and now I know there is no more of any type of homophobia or transphobia in her heart.* (age 17, non-binary, Black)

Access to Gender Affirming Medical Procedures

For some participants, seeking gender affirming medical procedures offered another way to reduce stressors related to invalidation. While the primary motivation for most participants was to relieve dysphoria, some participants reported that they also wanted to medically transition in order to be misgendered less frequently. One participant who was assigned female at birth felt that starting testosterone would allow them to present in a more ambiguous manner, which would stop people from perceiving them as female. They explained:

> *I'm planning to transition far enough that I have a choice about how to present. Not being on testosterone makes it practically impossible to be read as anything but female. So I want that option.* (age 16, non-binary, white)

Other participants felt unsure about whether they wanted to commit to the ambiguous gender presentation that starting hormones might create. One participant explained:

I will much less have the ability to just let my gender fly under the radar... If I go on T, that's like committing to -- this is a bigger part of my life. This is something that I'm sharing with everyone regardless. I'm going to have to spend a lot of time explaining non-binariness, which wears on you after a while. (age 16, non-binary, mixed race)

However, other participants were not interested in any form of medical transition. One participant explained how the process of accepting their identity allowed them to feel less distressed about how they were perceived by others:

I think as I came to accept myself more, it became less of an issue. Especially because I feel like most of it was socially based. I was concerned with how people were viewing me, and it distressed me to think of them viewing me as a girl. Now I feel like I know myself well enough -- I know I'm not a girl, I know who I am. As fun as it is to confuse people and for people to not be able to make that assumption, it doesn't affect me so much when they do. So, seeing myself, and seeing that I look kind of feminine isn't that big of a deal anymore. (age 19, agender, white)

Participation in Activism

The majority of the study participants reported involvement in trans-related activism and advocacy efforts, either at their schools or in partnership with local LGBT organizations. These efforts ranged from giving educational presentations to other students, organizing school-wide workshops and events, creating educational films, attending marches, and petitioning school administrators for structural and environmental reforms, such as the implementation of gender neutral bathrooms. Most participants felt passionate about activism, and reported that it made them feel empowered and more connected to other people in the LGBT community. Several participants described how their prior experiences with invalidation strengthened their motivation to advocate for themselves and the community. One participant stated:

I realized that if my family wasn't going to support me, then I needed to find other people, and that I do need to take a stand and take action and educate these people, because if they are not getting educated by society, then I might as well be society and be the one that is educating them. So, that is what I do every single day. (age 17, non-binary trans man, Middle Eastern)

However, this same participant noted that engagement in activism also made them feel more vulnerable, as it could potentially increase their exposure to transphobic people. This participant noted that they anticipated being the target of discrimination or violence during the LGBT Pride parade:

I was scared that something was going to happen…some discrimination or a shooting even. We were talking about a lot of things, like the trans murders that were happening. And all I was thinking about was something is going to happen, we're all in danger. You know, we're walking the streets, like, five hours, and something can happen, you know, somebody can die. So that scared me, but I was there. And I was ready to support myself and my community. (age 17, non-binary trans man, Middle Eastern)

Some participants with social anxiety and histories of trauma reported that this exposure and vulnerability from participating in activism felt like too much to handle. One participant explained:

> *I think it's great and I hugely appreciate people who are really active in that. I just don't have the patience, the strength, I don't know what it is. But it just ends up upsetting me.* (age 19, agender, white)

Internal Resilience Strategies

Participants also relied on several internal resilience strategies to help buffer the negative experience of invalidation. One common strategy involved adopting a stance of resistance to living in accordance with the binary gendered world. These participants actively refused to conform to binary standards of gender expression, which gave them a sense of freedom and empowerment. For example, one participant who identified as trans masculine non-binary reported that they felt proud that they were self-confident enough to wear make-up in public and express their gender in fluid ways. They explained:

> *I don't present as masculine all the time, and I'm not the stereotype. I'm not this binary man that everybody wants me to be, but I'm my own person. I'm my own self, and I'm not changing for anybody.* (age 17, non-binary trans man, Middle Eastern)

Another participant described how they were able to let go of their preoccupations with "fitting in" to the binary world:

> *I guess I just don't like to be normal. I would rather be my own person. That's not the case for everybody. My partner really struggles with the fact that non-binary existence isn't perceived as normal. I know they struggle with that, and they don't want to be seen as weird. And I'm happy to be seen as weird. I'm fine with it. I would rather be weird and happy, then normal and not happy.* (age 19, agender, white)

Another participant explained that they enjoyed having an ambiguous gender presentation, and took pleasure in confusing others:

> *The ambiguity -- I still love that. I love confusing people. I love it when people look at you, and they look away, and they look back, and they are trying to figure it out. I'm like, ha! You can't! And I can't either.* (age 16, non-binary, mixed race)

Participants also described learning to let go of the notion that they had to find the perfect "box" or label to describe their gender identity. While this was initially a concern for most participants, over time some participants learned to become more comfortable with the evolution of their identities and to accept them for what they were. One participant explained:

> *I feel like I have really come to a level of acceptance with my identity, that I wasn't at before. It's just who I am. I used to be very worried about finding the right box and now I have realized that I can just make my own box, and sit in it by myself. And I don't need to be in the same box as anyone else*. (age 19, agender, white)

In addition to resisting the gender binary, participants described several cognitive behavioral techniques which helped to alleviate stressors. One common strategy involved reframing situations to avoid internalizing negative feelings. For example, one participant described how they frequently reminded themselves that the invalidation they received from their teachers was not a reflection of what they deserved as a person, but was instead due to the teacher's lack of education and understanding. Another participant described how ne was able to reframe invalidation from nem's boss in way that made ne feel more empowered:

> *Being with a boss who is very hetero, and understanding that there is a separation between person-self and work-self -- and that that's okay. It doesn't mean I'm invalidating myself or not supporting myself. And it doesn't mean that I'm not trans, just because she doesn't know that I'm trans. That separation is okay, and it's necessary sometimes for survival, because I think if I were to bring that I was trans, or if I told her my pronouns during the interview, I wouldn't have gotten the job….So, just knowing that difference has been a saving grace.* (age 20, two-spirited, Black)

Another participant described being conscious of their thought patterns and "catching themselves" when they noticed negative thinking that wasn't rooted in reality:

> *I have to be conscious of the way that I think about things. Because you can easily overthink things or you can think things that don't make sense, or that there's no evidence for it…..It's really easy to think of hypothetical situations that could happen. Like you could be like, "OK I'm going to talk to my mom about my name change tomorrow." And then you can be like, "Oh, but what if she says: 'No I don't respect [that], I don't think this should happen.'" I have to stop myself from thinking those things or I'll get mad at her for no reason. And it's just in my own head.* (age 17, non-binary trans masculine, white)

Many participants described how thinking about future positive events helped them to cope with their present challenges. Using a future orientation gave them a sense of hope and optimism, which in turn averted attention from their current stressors. Some participants reported that they looked forward to starting hormones or getting top surgery; other participants anticipated independence from their unsupportive parents or access to more affirming communities in college. One participant described how using a future orientation helped them:

> *I feel like I can like calm down more, and like just be like, "All right, so this is not necessarily a forever thing, like getting misgendered and stuff like that. Like it's a thing, [but] it's not going to happen forever."* (age 17, non-binary, white)

Another participant stated:

> *Even though this year has been laced with this melancholy, I still feel something pushing me forward: This optimism for the future, and like, my excitement for top surgery and my excitement for just aging.* (age 17, non-binary trans guy, Black)

Several participants used self-affirmation as a strategy to reduce stress and validate their identities. One participant described their process of self-affirmation:

It's just that persistence I was in. It was like, "No, your feelings are valid. This is real." Being able to finally overcome those giant mountains, which is my own self-doubt, I finally felt calm and at peace with where I was and who I am. (age 17, non-binary, Latinx)

Discussion

This paper aimed to qualitatively explore the experiences of invalidation in the lives of a diverse sample of non-binary adolescents. It sought to provide an understanding of the various types of invalidation-related stressors experienced by non-binary adolescents, the affective and cognitive processes that occurred as a result of experiences of invalidation, the affective and cognitive impact of invalidation-related stressors on participants' mental health and well-being, and the protective factors and resilience strategies that participants used to manage and cope with these stressors. Through in-depth interviews, the study findings demonstrate that non-binary adolescents experience frequent types of invalidation across multiple social contexts, and that the stressors related to these experiences are the source of significant psychological distress. Among study participants, invalidation was tied to self-doubt, confusion, increased rumination, and internalized shame. Participants reported feelings of shame as a result of being misgendered and also during the process of having to decide when and how to correct and educate others about their identity. Participants reported that the combination of these stressors contributed to poor mental health outcomes. However, important protective factors and internal resilience strategies were also identified that help to mitigate these stressors.

This study offers support for the inclusion of invalidation as a unique minority stress experience for non-binary individuals. Findings demonstrate how experiences of invalidation, while similar to experiences of non-affirmation for binary-identified trans individuals, have different implications for non-binary individuals due to the lack of societal visibility and understanding of non-binary identities. Non-binary adolescents in this study regularly reported that their identities were dismissed by others as fake, fabricated, or "a phase" that they were expected to grow out of. This refusal to view non-binary identities as valid came from cisgender communities as well as from trans and LGBQ communities, leaving participants with limited spaces where they felt accepted and understood. Consequently, many participants reported worrying that were not "trans enough," and felt excluded and alienated from trans communities. These experiences are consistent with findings from the emerging literature examining non-affirmation among non-binary and gender non-conforming individuals.[33–35,47–50] We argue that the construct of invalidation is an important phenomenon that should be included when examining minority stress processes among non-binary populations.

The experience of gender identity invalidation described in this study also has some parallels to other minority populations who have aspects of their identities that don't neatly fit socially prescribed categories. For example, bisexual individuals often find themselves situated between two socially constructed binaries of sexual orientation (gay/straight). Studies have shown that, like non-binary individuals, bisexual people frequently report being ostracized by gay and lesbian spaces for not being "queer enough," and are simultaneously accused by heterosexual communities of being confused about their sexual orientation or simply in an experimental phase.[51–55] Numerous studies have also demonstrated that bisexual individuals have worse mental health outcomes than gay or lesbian populations, and it has been theorized that minority

stress processes related to social exclusion and invalidation of their sexual identities contribute to these outcomes.[56–58] Findings from the current study offer support that similar processes of invalidation and exclusion may contribute to the poor mental health outcomes of non-binary adolescents.

The stress of not fitting into a socially prescribed gender category is likely heightened for non-binary adolescents, due to the importance of identity formation during this developmental period. While developing and integrating a positive identity is a central task for all adolescents,[26] the majority of non-binary participants in this study faced the additional challenge of conceptualizing their own gender without any prior knowledge of non-binary gender identities or exposure to social modeling by other non-binary individuals. Thus, many participants experienced a profound sense of confusion and self-doubt during their initial stages of gender identity exploration. In addition, because it is common for all adolescents to experiment and "try on" different identities,[59] it is likely that some adults dismissed participants' gender identities as normal adolescent experimentation, which may explain why participants were told that they were in a phase that they would eventually grow out of. Many non-binary adolescents are therefore subject to a double burden of identity invalidation: not only must they contend with external and internal doubts about the legitimacy of their gender identities, but due to their age, their feelings and behaviors are also perceived by adults as typical adolescent experimentation and therefore taken less seriously. Future longitudinal research should examine the specific effects of identity invalidation experienced during adolescence on long-term developmental and mental health outcomes of non-binary individuals.

Consistent with minority stress theory, several participants reported that invalidation experiences were related to internalized stress processes such as identity concealment and self-shame. The anticipated burden of having to simultaneously disclose one's identity and educate others about the identity was often prohibitive, and resulted in concealment and instances where participants allowed others to make assumptions about their identities. While this was sometimes protective in situations where participants anticipated rejection, the act of concealing their identity also exacerbated psychological distress for many participants. Experiences of invalidation also led some participants to internalize feelings of shame about themselves. These stress processes are consistent with the minority stress theory,[6,60] and support the inclusion of invalidation as a unique minority stressor for non-binary individuals.

Participants in this study described the emotional labor required to navigate life as a non-binary identified adolescent in a predominately binary world. The stressors involved in this endeavor were taxing and reportedly contributed to psychological distress, depression, anxiety, self-harm, and suicidal ideation. This finding is consistent with the extant literature that documents higher rates of adverse mental health outcomes among non-binary adults and youth.[1,5,50] While qualitative studies are not designed to demonstrate causality, many of the participants reported that invalidation had a deleterious effect on their mental health. For some participants, the stressors associated with invalidation exacerbated their existing depression or anxiety, while others believed that those stressors were the primary cause of their psychological distress. These findings suggest that identity invalidation plays an important role in the mental health disparities for non-binary adolescents. Future longitudinal research should be conducted to assess the

association and directionality between invalidation experiences and adverse mental health outcomes among non-binary adolescents.

This study also highlights several important protective factors for non-binary adolescents. In line with other literature on trans and gender non-conforming youth, social support was critical in helping non-binary participants to manage invalidation-related stressors.[61–65] However, while family support has consistently been demonstrated in the literature as one of the strongest protective factors for trans youth,[8,66–69] the majority of participants in this study had either not disclosed their identities to their parents due to fears of anticipated rejection or reported that their families were not fully supportive. For the remaining participants with supportive families, they attributed this support as crucial to their emotional well-being. Future longitudinal research should examine samples of non-binary youth with supportive and non-supportive families to determine to what extent family support serves as a protective factor against invalidation for these individuals, and how family support changes over time.

Participants without affirming families often sought social support elsewhere, including online sites, through peers, or in support groups. Support groups emerged as a critical protective factor for participants in this study, and were often the first place participants received affirmation of their identity and met other non-binary youth. This is consistent with previous research that found identity affirmation[18,65,70] and connection to trans communities[62,64,65,71,72] were important protective factors for trans populations. Participation in school GSA's has been also shown to be protective for LGBT youth.[73–77] This study finding corroborates prior research and underscores the importance of continuing to fund local LGBT centers and youth groups that focus on trans and non-binary youth.

Many of the participants described the importance of accessing gender affirming medical procedures, including hormones and/or surgical procedures such as top surgery. For the participants who had already accessed these services, they described the resulting physiological changes as instrumental in helping to both relieve their dysphoria and to reduce their frequency of invalidation experiences. For participants who wanted to access these services but could not because they lacked the necessary parental approval, thinking optimistically about the future after accessing these procedures helped them to endure the current stressors that they were experiencing. While not all participants wanted gender affirming medical procedures, these findings indicate the importance in making these procedures accessible to non-binary adolescents. Due to the documented challenges that non-binary individuals often face when trying to access these services,[38,39,78] these findings also underscore the need to increase the competency of medical providers who serve non-binary individuals.

For some participants, engagement in activism helped to mitigate the stressors of invalidation and increase their emotional well-being. Participants involved with activism reported that they felt better about themselves knowing that they were educating others and working to create structural changes in their schools and communities. However, for some participants, involvement in activism made them feel vulnerable and hyper-visible, which was often too much to manage, especially for participants with social anxiety and PTSD. These findings are consistent with quantitative studies that have examined activism as a protective factor for sexual and gender minority populations: While activism has been found to be protective for LGB

populations,[79–81] a study that focused specifically on trans individuals found that participation in activism strengthened the positive relation between internalized transphobia with psychological distress.[82] The authors of this study hypothesized that this could be caused by fatigue or burnout, or that individuals engaged in activism may be exposed to a greater number of transphobic contexts than those who are not putting themselves on the front lines. Further research should examine activism as a protective factor longitudinally in the lives of trans and non-binary adolescents to assess its role in increasing personal agency and resilience.

This study also illuminated several internal resilience strategies used by non-binary adolescents to manage invalidation-related stressors. Resisting the gender binary and refusing to conform to binary standards of gender expression helped participants to gain self-acceptance and increase their self-esteem. This finding is consistent with previous research among trans populations that found that self-theorizing one's gender identity was a key component to resilience.[62,83] Participants also reported that the use of hope, future orientation and self-affirmation were effective strategies to buffer invalidation-related stressors. These strategies have consistently been promoted as resiliency factors within the theoretical frameworks of Positive Psychology[84] and Positive Youth Development.[85]

Finally, several participants reported the use of cognitive strategies to recognize and change negative thought patterns, and to reframe and externalize negative situations to be effective in reducing stress. These techniques are consistent with the core principles of Cognitive Behavioral Therapy (CBT), one of the most empirically supported interventions for treating mental health issues such as anxiety and depression.[86,87] Recently, scholars have promoted the use of an adapted form of CBT to reduce the impact of minority stress among trans individuals.[88,89] A recent intervention study found that a gender affirmative CBT intervention was effective in significantly decreasing depression scores among transgender youth.[90] While one of the participants in this study reported learning CBT techniques from their own therapist, the majority who utilized these techniques figured out how to modify their negative thinking and externalize discrimination-related stressors without prior formal knowledge of the CBT method. These findings suggest that interventions that incorporate tenants of CBT may be effective in helping to promote resilience and mental well-being among non-binary adolescents.

Limitations

This study has several limitations. First, because it employed a cross-sectional approach, directionality and causality cannot be determined from these data. While the use of the lifeline methodology allowed participants to speak retrospectively about past events and envision anticipated future events, their narratives may have been affected by recall bias. Qualitative interviews also inherently present a risk of social desirability bias. The participant-driven methods were specifically chosen to empower participants to take ownership of their narratives; however, participants still may have felt pressured to present information that they felt the interviewer wanted to hear. In addition, many of the participants were recruited from LGBTQ centers and support groups, which may have led to selection bias. These recruitment patterns may have skewed findings to over emphasize the benefits of support groups and activism.

In addition, while participants reported varying levels of family acceptance, all but one of the participants received instrumental and financial support from their families at the time of data

collection. These findings therefore may not be reflective of non-binary adolescents who have been rejected by their families, kicked out of their homes, or otherwise forced to live without any family financial assistance.

Finally, although the participants in the sample were diverse in terms of racial or ethnic backgrounds, only one of the participants in the sample was assigned male at birth. While the existing data suggests that a higher percentage of adolescents with non-binary identities are assigned female at birth, nevertheless this sample may not be representative of the unique experiences of adolescents who were assigned male at birth. Likewise, the participants lived in two urban areas that are generally considered to be progressive and LGBT friendly, and thus the findings may not be generalizable to non-binary adolescents living in more conservative or rural regions of the country.

Implications for Practice

Findings from this study have several important implications for prevention and intervention efforts. Given the amount of time that adolescents spend in school, the school environment can have a critical influence on their mental health outcomes. It is important to offer training to teachers, school faculty, and support staff so they can become equipped to validate and affirm gender diverse people. These trainings should include information about the unique psychosocial needs of non-binary youth as well as offer an overview of how societal stigma and minority stress processes, including invalidation, affect their lives. Teachers should be instructed to ask students about their preferred pronouns in class, and model behaviors for correct pronoun use.

On a structural level, school curricula should be amended to include non-binary and gender diverse people. Sexual education and health course curricula should also include information about diverse sexual orientations and gender identities. As many of the participants reported a lack of trans and non-binary role models, schools should make efforts to include gender diverse people as school administrators, teachers, counselors, and staff. In addition, schools should take efforts to make their environments more affirming, by implementing gender neutral bathrooms and locker rooms, and updating administrative systems to allow students to change their names and pronouns easily.

Within health care settings, providers should receive comprehensive training about the unique medical and psychosocial needs of non-binary adolescents, and they should be instructed to refrain from making assumptions about what types of medical interventions non-binary adolescents may desire or request. Health care providers should meet non-binary patients "where they are at," provide information about the full range of medial transitions services available, and allow space for youth to make informed decisions about their own treatment.

Given the reported benefits of support groups, increased funding should be allocated to trans and LGBQ youth support groups in schools, community centers and clinics. Mental health providers and counselors working with non-binary youth should be trained in gender affirming CBT techniques. Finally, increased resources and services should be made available to support families of non-binary youth. Organizations such as Gender Spectrum offer excellent resources to families of gender diverse youth (www.genderspectrum.org), including online and in-person support groups, educational webinars, counseling referrals, and yearly conferences that focus on the health and psychosocial needs of gender diverse youth and their families.

Conclusion

This research represents one of the first studies to qualitatively explore experiences of minority stress among a diverse sample of non-binary adolescents. These data demonstrate that invalidation is a unique from of minority stress for non-binary individuals, with significant implications for their social and emotional well-being. Non-binary adolescents experience myriad forms of invalidation within multiple social contexts, contributing to the psychological processes of confusion, self-doubt, rumination, distress and internalized shame. The combination of these stressors was also reported to contribute to adverse mental health outcomes among some of the study participants, such as depression, anxiety, self-harm, and suicidal ideation.

Adolescence is a critical stage of life which includes rapid biological, emotional, and social development.[91] As such, it is a period of particularly acute vulnerability, and extended exposure to stress during adolescence can lead to long-term consequences for mental health and well-being.[21] While most young people experience challenges during adolescence, this study provides evidence that non-binary adolescents face additional challenges due to the unique forms of invalidation that they experience. These data underscore the importance of designing interventions to both prevent invalidation from occurring and to reduce the impact of invalidation on non-binary adolescents. Findings from this study highlight several protective factors that participants found to be helpful in managing invalidation, including social support, engagement in activism, access to gender affirming resources, and internal resilience strategies. Future intervention development and testing should incorporate these protective factors to promote the resilience and well-being of this vulnerable adolescent population.

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Paper 2: Trans Adolescents' Perceptions and Experiences of Parental Support Behaviors

Introduction

A growing body of evidence has documented significant disparities in mental health outcomes between transgender adolescents – individuals whose identity is incongruent with their sex assigned at birth – and their non-transgendered peers. A recent systematic literature review revealed that transgender youth consistently have higher rates of depression, suicidality, self-harm, and eating disorders than non-transgender adolescents.[1] For example, a 2017 study of California high school students – the first known study to examine gender-identity related disparities using a representative, population-based sample – found that transgender youth reported past-year suicidal ideation at a rate three times greater than that of non-transgender youth.[2] Mental illness during this critical developmental period can jeopardize successful transitions to adulthood, and can lead to negative long term consequences, such as school dropout, unstable employment, homelessness, and substance abuse.[3]

The disproportionate burden of mental health outcomes among transgender populations is commonly attributed to gender-based minority stress.[4–6] The minority stress theory posits that individuals with stigmatized identities experience unique stressors, which occur on a continuum from discrimination-related events and experiences (e.g. bullying and victimization) to internalized cognitive processes (e.g. anticipated stigma, concealment of one's identity, and self-stigma).[7] It is theorized that the accumulation of general and minority-specific stressors can result in poor mental health outcomes, but that protective factors, such as coping strategies and social support, can buffer the pathways between minority stressors and adverse mental health outcomes, including suicide. Empirical support for the minority stress theory has come from numerous lines of research examining transgender populations,[5,8–11] and several studies have documented associations between gender-based minority stressors and adverse mental health outcomes among LGBT and trans youth.[12–18]

Critically, studies have also identified several protective factors among transgender youth.[9,19–25] Parental support has consistently been found to be one of the strongest factors associated with positive mental health outcomes for this population.[4,12,25–28] In a study of 66 transgender adolescents in Los Angeles, researchers found that parental support was associated with higher life satisfaction, lower perceived burden of being transgender, and fewer depressive symptoms.[29] Similarly, the Trans Pulse study in Ontario (N = 123 transgender youth) found that youth with parents who demonstrated strong support for their gender identity and expression reported higher life satisfaction, higher self-esteem, and lower rates of adverse mental health outcomes, including depression, suicidal ideation, and suicide attempts.[30] Studies that lump trans youth into the larger population category of lesbian, gay, bisexual, and transgender (LGBT) youth have confirmed similar findings: across the board, parental support has been associated with improved mental health and well-being,[18,31,32] and parental rejection has been associated with adverse mental health outcomes, such as depression, anxiety, suicidal ideation, and suicide attempts.[33]

While the extant literature confirms the protective nature of parental support, little is known about the specific types of parental behaviors and attitudes that transgender adolescents consider most supportive. For example, while studies have found that parental closeness is correlated with

reduced rates of depression, that association alone does not explain *how* parental closeness is perceived or experienced by transgender adolescents, nor its specific effects on the adolescent's emotional wellbeing. In addition, most previous studies have relied on numeric scales to assess parental support, which can limit our understanding of the specific qualities and characteristics of parental behaviors that transgender adolescents value the most, as well as the social contexts that foster supportive behaviors. Furthermore, most existing measures of parental support were developed for use with the general population and were not tailored for individuals with specific identities. This constrains researchers' ability to ascertain which specific parental behaviors are most helpful for specific populations with unique issues and needs, including transgender adolescents. A more nuanced exploration of parental support behaviors and their associated social contexts is needed to better understand the particular situations that lead to improved mental health outcomes for transgender adolescents.

The purpose of this study is to address the aforementioned gaps in the research by qualitatively exploring the perceptions, meanings, and experiences of parental support behaviors among a diverse group of trans adolescents between the ages of 16 to 20 in New York City and the San Francisco Bay Area. "Trans" is defined here as an umbrella term that includes all transgender, non-binary, and gender non-conforming identities. This paper has two aims: 1) To describe the spectrum of specific parental behaviors across three categories: supportive, rejecting, and mixed behaviors and 2) To describe the consequences of each of the three categories of parental behaviors on the lives of trans adolescents.

Methods

Recruitment and Eligibility

This study included 24 trans adolescents between the ages of 16 to 20 in New York City and the San Francisco Bay Area. The study sample was taken from a larger dissertation study that included 28 participants across both study sites. Participants in this larger sample were partially recruited from eligible and oversampled participants of Project Affirm, an NICHD-funded, mixed-method, transgender identity development study in New York, San Francisco, and Atlanta. Participants for Project Affirm were recruited through purposeful, venue-based sampling across a variety of settings (online and offline) frequented by the target population. As we were unable to complete our targeted sample size with the Project AFFIRM participants, we also recruited additional participants for this study through local clinics and non-profits that served trans youth in New York City and the San Francisco Bay Area. The first author distributed fliers to these organizations, and also visited several trans youth groups and delivered short presentations about the study. In addition, several of the non-profit groups agreed to post study information on their Facebook pages and in email listservs.

Interested participants were contacted and screened for eligibility via phone, email, or in-person. Individuals who met the study criteria were scheduled for an interview at one of the two Project AFFIRM study offices in New York City or San Francisco, or at the clinics and NGOs where recruitment took place.

Eligibility criteria were that participants: (1) identify as trans (i.e. identify as a gender other than the sex assigned to them at birth), (2) be from 16 to 20 years of age, (3) live in New York City or the San Francisco Bay Area, and (4) speak English or Spanish. Twenty-eight eligible participants

were recruited from both study sites and included in the larger dissertation study. Four of those participants had not yet disclosed their gender identity to their parents and were therefore excluded from the analysis for this paper, as our objective was to explore the behaviors of parents who were already aware of their children's trans identities. Thus, the final sample for this paper included 24 participants.

The study received approval from the University of California, Berkeley's Committee on the Protection of Human Subjects. A waiver of parental consent was obtained for the study in order to minimize the potential harm associated with unintended disclosure for youth who had not yet disclosed their gender identity to their parents/guardians. All participants signed an informed consent form. Participants received $50 in cash for each interview they completed, which resulted in a total of $100 if they completed both interviews included in the study design.

Data Collection

Qualitative data collection was conducted between June and November of 2017 and occurred in two phases. During the first phase, in-depth interviews were conducted using a "lifeline" methodology. Lifelines are a visual depiction of a participant's life history, in which events are displayed in chronological order.[34] The lifeline method was chosen to facilitate recollection and sequencing of personal events within an age and gender identity developmental framework. Participants were given a large sheet of paper in which a horizontal line was displayed, with "birth" listed at one end and "today" listed on the other. Participants were first asked to label key events and periods of time related to their gender identity that were challenging. Following this, participants were then asked to label events and periods of time when they felt supported in their identities. The interviewer then asked the participant to describe the events marked on the line. The interviews were narrative in nature and focused on the challenges and stress associated with these events/periods, and how participants managed and coped with these challenges. These interviews lasted between 2 and 3 hours.

The second phase of the data collection was guided by photo elicitation, which uses photographs as an alternative to verbal-only interviews.[35] Photo elicitation was chosen to allow for a creative exploration of the meanings and interpretations of participant experiences. At the end of the lifeline interview sessions, participants were given a list of specific prompts and asked to take photographs based on these prompts. The prompts for this study aimed to explore participants' personal experiences with minority stressors, and both internal and external psychosocial resources. An example of a prompt that explored internal resources is: "Take a picture that illustrates how you feel when you are supported in your identity." An example of a prompt that explored external resources is: "Take a photo that represents a safe space for you." Additional prompts were added halfway through the study, in response to participant feedback. The final list of prompts is included in Appendix B. Participants were encouraged to take original photos, but were also given the option to bring in photos that they had previously taken or other images that they found online.

The first author engaged in a brief discussion with all participants about the safety and ethics of taking photographs. Participants were asked to review and sign a study ethics form in order to protect the safety and confidentiality of the participants and the individuals they photographed. Participants were also given photograph release forms and were instructed to obtain signed

consent forms from all individuals that they photographed. The majority of participants used their own personal smartphones to take pictures, but they were also given the option to borrow a digital camera from the study.

Participants returned 2 to 3 weeks later with their photos, which were used to guide the second interview. Questions were framed in terms of why the participant chose the particular image, what they were trying to convey, what might be left out, and what different images they might select in the future to express their thoughts and feelings about the photo prompts. The photo elicitation interviews lasted between 1 and 2 hours. All participants who completed the photo elicitation interviews were asked to sign a media release form and were given an option for the media formats that they would allow each photo to be disseminated in.

Nineteen out of the twenty-four participants completed both interviews; five were lost to follow-up and only completed the initial lifeline interview. A total of 43 interviews were analyzed for this paper.

Data Analysis

All interviews were audio recorded, sent to a professional transcription company, and transcribed verbatim with identifiers removed. After transcription, interviews were read and reviewed while simultaneously listening to the audio recordings in order to ensure accuracy. Data were analyzed using an inductive thematic approach.[36] A codebook draft was developed that included both *a priori* theory-driven codes (such as discrimination and self-stigma), and themes that emerged from initial reviews of the transcripts (such as normalcy and resistance/rejection of the gender binary). The research team used the codebook draft to independently code several rounds of three transcripts. After each round, the coding was compared side by side and discussed among all three coders, and the codebook was further refined. This process was repeated three times until the codebook was finalized. The remaining transcripts were then coded using the qualitative analysis software Dedoose. The coders also attached written memos to segments of the transcripts in order to record preliminary analytic ideas about the data.[37] Select transcripts coded by the research assistants were double coded by the first author in order to ensure coding consistency.

Following coding, reports of the code excerpts were reviewed and synthesized in order to identify salient themes and patterns. The strategies for identifying patterns and themes included searching for the following occurrences: repetition (reoccurring topics or concepts), indigenous typologies ("local" terms used by the participants), metaphors and analogies used by participants, and paradigm cases (i.e., particularly vibrant examples that stand out from the other text, and which embody the meaning of participants' practices).[38,39] Pile sorting exercises were conducted with all three coders to identity additional themes and reinforce the validity of study findings.[40] Cards were printed with excerpts from the interview transcripts pertaining to each code, which were then reviewed and arranged collaboratively by the research team into different piles that represented discrete constructs and themes. Themes were increasingly refined and collapsed into higher-level themes. Illustrative quotes related to these themes were selected from the transcripts to communicate the study's findings. The themes presented in the results section emerged from data that were collected during both the lifeline and the photo elicitation interviews; however, the participants' photographs are not presented in this paper.

Sample Characteristics

Twenty-four participants were included in this sample. Participants used the following terminologies to describe their gender identities: trans female, trans male, female, male, non-binary, genderqueer, genderfluid, non-binary trans guy, two-spirited, genderfluid transman, agender, non-binary trans masculine, and gender non-conforming. Many of the participants used the umbrella term "trans" in addition to the gender identity terms listed above. Thirteen of the participants used gender neutral pronouns (such as they/them) and eleven participants used binary gender pronouns (he/him and she/her). The participants' own identity terms and preferred pronouns are used throughout this paper in conjunction with their corresponding quotes.

Eighteen of the participants were assigned female at birth (AFAB) and six were assigned male at birth (AMAB). Half of the participants lived in New York City (n = 12) and the other half in the San Francisco Bay Area (n = 12). Half of the participants were in the 16 to 17 age range and half were in the 18-20 age range. The sample was racially and ethnically diverse: nine participants were white, five participants were African-American, four were Latinx, three were Asian, two were mixed race, and one was Middle Eastern. At the time of the study, thirteen of the participants were in high school, eight were attending college, and three were not in school. Fourteen were living full time at home with family members, seven were living with family when they were on break from college, and three were living independently. A demographic table of the participants is included below.

#	Age	Site	Gender Identity	Sex Assigned at Birth	Race
1	19	NYC	Male	AFAB	Black
2	17	NYC	Transgender female	AMAB	Latina
3	19	NYC	Female	AMAB	Black
4	17	NYC	Trans male	AFAB	White
5	17	NYC	Trans man	AFAB	Latinx
6	17	NYC	Non-binary trans guy	AFAB	Black
7	17	NYC	Trans female	AMAB	Latinx
8	16	NYC	Non-binary	AFAB	Mixed race
9	17	NYC	Non-binary trans man	AFAB	Middle Eastern
10	17	NYC	Non-binary	AFAB	Black
11	18	NYC	Trans male	AFAB	Black
12	19	NYC	Trans male	AFAB	White
13	19	SF	Agender	AFAB	White
14	17	SF	Trans male	AFAB	White
15	19	SF	Genderqueer	AMAB	Asian
16	17	SF	Non-binary trans masculine	AFAB	White
17	18	SF	Agender	AFAB	White
18	17	SF	Non-binary	AFAB	White
19	20	SF	Trans male	AFAB	Latinx
20	16	SF	Non-binary	AFAB	White
21	18	SF	Trans male	AFAB	White
22	18	SF	Trans female	AMAB	Asian
23	19	SF	Trans male	AFAB	Asian
24	18	SF	Trans female	AMAB	Mixed race

Table 2-1: Participant Demographics

Results

The results are presented within three overarching categories of parental behaviors: rejecting, supportive, and mixed (simultaneous rejecting and supportive behaviors). Each section includes descriptions of the specific types of parental behaviors as identified by participants, followed by descriptions of the consequences of the parental behaviors on the lives of the participants.

1. Rejecting Parental Behaviors

Participants reported five types of rejecting parental behaviors related to their gender identity: (1) non-affirmation of gender identity (disclosure and post disclosure); (2) discriminatory comments; (3) critical/deriding behaviors; (4) restricted freedom; and (5) limited instrumental support.

Non-Affirmation of Gender Identity: Disclosure

Over half of the participants reported that one or both of their parents reacted negatively during their initial disclosure of their gender identity. Examples of non-affirmation of identity upon disclosure included dismissing their child's identity, refusing to believe their child's disclosure, arguing their child was "confused," and describing their child's gender identity as "just a phase" or the result of past trauma. Some parents quoted criteria that they had read online to "prove" to their child that they did not meet the requirements for being transgender. Other parents used examples of the participants' gendered behaviors when they were young children as proof that they could not possibly be trans. One participant described their parents' non-affirming response to his disclosure:

> *They talked for a while, and then they sat me down in our living room. And my dad got a picture of me as a toddler in a tutu, and he said, "Does this look like a boy to you?" And I was like, "Oooh, not the reaction I was hoping for." ... They just were like, "You are not trans. You are just having problems, and you need to figure them out before you hurt yourself emotionally, or you make a decision and you tell people you are trans, and then you decide you are not. And then you are going to regret that decision and have to go back and retell everybody, and it will be stressful."* (age 17, non-binary trans masculine, white)

Another participant, whose mother identified as a lesbian, reported that he expected her to be more supportive of his gender identity because of her involvement with the LGBT community. However, he reported that she did not believe that he was actually trans and instead asserted that he was most likely confused about his sexual orientation:

> *The first thing she said was, "Well, are you sure you are not just a lesbian but you are confused?" ... She was basically saying that I was just trying to convince myself that I was a guy, because I was attracted to girls and I didn't want to come to terms with it.... [It] wasn't getting through to her and then she kind of shut the conversation down.* (age 17, trans male, white)

Non-Affirmation of Gender Identity: Post Disclosure

Even after coming out, many participants reported that their parents continually refused to acknowledge or affirm their gender identities. Specifically, participants reported that their

parents would not use their preferred names or pronouns, which was often the source of great strife. One participant explained:

> *One of the biggest things for me was pronouns, especially within my family, because I let them know that I cared and I let them know that it really bothered me. They wouldn't use my preferred name, they wouldn't use my preferred pronouns … My dad was calling me [name], he was [using] she/her pronouns, [saying]: "You are my daughter, blah, blah, blah." He wanted me to be his happy, straight little daughter. And I was an unhappy queer child.* (age 16, non-binary, mixed race)

Other participants reported that their parents' refusal to affirm their gender identities extended to their interactions outside of the home. For example, some participants reported that their parents insisted on using the wrong name and pronouns in public, and thus "outed them" to others without their permission. This was described as deeply distressing by participants, especially for those who were able to "pass" consistently in public and did not want others to know that they were trans. One participant described how his father's attempts to "out" him in public constituted a serious threat to his safety:

> *I know how this world is. It's an ugly place. The way people speak, things that people do. I feel scared to go out with my dad the majority of the times. Because he outs me a lot. He says, "daughter," he says, "she," he tries to correct them when they say "he" … I really hate going out in public with him. It just irks me. Like, he talks about my safety all the time. Like, "Doing this is putting you in danger." But I'm just like, "You are going to put me in more danger."* (age 18, trans male, Black)

Discriminatory Comments

Participants described instances where their parents were actively discriminatory towards them. For example, participants reported that their parents made transphobic and homophobic comments in their presence. Even if these comments were not directed towards the participants themselves, they reported that they still received them negatively. For example, one participant described their father's frequent slurs about sexual and gender minority people:

> *He is a really difficult person. He is sexist, he is racist, he is homophobic. And the fact that he's homophobic made me think that he's transphobic. He hates, hates, hates Caitlyn Jenner with his life. He calls everybody trannies and faggots*. (age 17, non-binary trans man, Middle Eastern)

Critical/Deriding Behaviors

Participants described the experience and affective impact of instances when parents failed to recognize their distress stemming from gender dysphoria and/or minority stressors. Instead of offering empathy and support, some participants reported that their parents responded by ridiculing or criticizing them during periods when they were attempting to cope with stressors. For example, one participant described his mother's deriding behaviors when he was suffering from dysphoria-related depression:

> *She had taken away my house keys and wouldn't let me be home alone and kept insinuating that I was going to kill myself, but not in a sympathetic, kind-of caring way. It*

was like, an accusation, like this was something that I was doing and ominous evil and that sort of thing. Even just her constantly making side comments about me when I was depressed. … I'd just be in the living room, laying on the couch in the dark. She would make fun of me for that and be angry at me for that. (age 20, trans male, Black).

Another participant described their mother's unsympathetic response when they told her about their desire to alleviate their gender dysphoria through hormone therapy:

I explained to her what would happen to me if I went on testosterone. How long it would take, how it would help me. How I would feel more comfortable being myself and everything like that. She just laughed in my face. Just laughed. (age 17, non-binary trans male, Middle Eastern).

Restricted Freedom

Several participants reported that their parents put restrictions on their daily activities after learning about their gender identity. For example, one participant described how their parents took away their cell phone and internet access and forbade them from hanging out with their trans and non-binary friends:

[My parents] were like, "This is a problem, you are not allowed to talk to [your trans friend] anymore." I have a cousin who's trans, and they said, "Nope, can't talk to your cousin anymore." And then I wasn't allowed to discuss my gender with anybody except my parents or my counselor. Also, I got my phone take away. That was a big one. I wasn't allowed to be on the internet without their permission [on] our desktop computer." (age 17, non-binary trans masculine, white)

Limited Instrumental Support

Some participants reported that their parents restricted their provision of instrumental support after they disclosed their gender identity to them. For example, participants explained how their parents refused to give them money for gender affirming clothing or binders (i.e. compressive garments designed to flatten breasts and minimize their appearance). One participant described the physical implication of this restricted instrumental support:

I messed up my ribs when I was younger, because I would bind with duct tape, which is really bad for you, but my parents wouldn't buy me a binder. So, now even though I have real binders, they really hurt my ribs. (age 17, non-binary trans masculine, white)

Other participants reported that their parents threated to pull them out of college, cut off financial support, or kick them out of their house if they underwent gender affirming medical procedures. One participant described her mother's harsh response to her decision to start hormone therapy:

She goes and says to me, "Well, I thought about it and your shit is becoming a lot unto me. Because at first, you showed me you was gay, and now it seems like you started doing the hair thing and all of that starts to stress me out." And she told me, "Well, you could do it, but you are not doing it in my house. And I feel like you are too young to do it. And then, two, I feel like you would be an ugly girl." (age 19, female, Black)

Rejecting Parental Behaviors: Consequences

Across the sample, participants consistently emphasized how distressful rejecting parental behaviors were on them psychologically. One participant described:

> *It's hard to imagine any other opinion that matters as much as your parents' opinion…. That was the most traumatic time for me in terms of gender like, ever… I think it was less about feeling rejected, but feeling like there was no way that my parents and I could agree. And I really wanted us to be able to agree, because I respect my parents' intelligence and ideas about the world in in basically everything else, so the fact that we couldn't see eye to eye on this felt very bad to me.* (age 19, trans male, Asian)

Another participant described the emotional pain that they felt after coming out to their mother, who subsequently refused to acknowledge or validate their non-binary gender identity:

> *It hurt me so badly. Like, it can come from a stranger and it can hurt, but if it comes from your family, that hits me the most. Because you want your family to accept you and have unconditional love for you … She made me feel like my life was not worth living, if I had to be with people who literally hate me and don't want to accept me. Why wouldn't you accept your child?* (age 17, non-binary trans man, Middle Eastern)

One participant reported that his mother's rejecting behaviors caused him to internalize negative feelings about himself. His feelings of shame subsequently resulted in attempts to conceal his gender identity in certain social contexts. He described his internalized shame and stigma:

> *For a long time, I wouldn't let myself be who I was, because [my mom] made me feel so guilty. Like, I was hurting so many people, just by being transgender. That's a big thing that I think a lot of people don't realize, is that they make trans people feel like they are burdens on other people.* (age 20, trans male, Latino)

The majority of participants reported that they struggled with mental health issues, including depression, anxiety, and suicidal ideation. Participants with parents who mostly exhibited rejecting behaviors reported that they believed that feeling rejected by their parents exacerbated their own mental health problems. In order to cope with parental rejection, some participants engaged in self-harm behaviors, such as cutting and suicidal attempts. One participant described the impact of his mother's rejecting behaviors on his mental health:

> *I came out to my mom, and initially it was very bad. Like, she was not cool with it. Like, we fought like every day. It was awful. I tried to kill myself a bunch of times. I was really upset. It was just awful going home, because just dealing with her and not being able to talk about how I was feeling.* (age 17, non-binary trans guy, Black)

Participants also reported adverse social consequences related to rejecting parental behaviors, such as cutting off ties from parents and extended families as well as financial and housing instability. Participants with parents who displayed rejecting behaviors often responded to their parents by shutting down and distancing themselves from them. One participant explained:

> *I'm not engaging with [my father] anymore. I'm blocking him out. So, that kind of pisses him off. Because the more I engage, the more he feels like he needs to tell me what he*

needs to think. I don't care, so I just walk away and that pisses him off the most. Walk away and stop engaging, wasting my energy, my breath." (age 19, trans male, Black)

Participants with rejecting parents often looked to other family members for support. Some participants left their parent's house and moved in with other relatives in order to live in more affirming environments. Other participants looked to friends to compensate for their lack of parental support. One participant reported:

> *It's difficult not really having my mom's support …[But] I can't keep asking and begging you to accept me for who I am, you know what I mean? So, I have just given up.... I've kind of learned that blood isn't always family…Sometimes you have to make a family, and I feel like that's what I've done with my friends, and my aunts and my boyfriend.* (age 19, trans male, white)

A few participants reported that their lack of parental support resulted in financial and housing instability. One participant explained:

> *The societal obstacles that I faced, like almost entirely because I had an unsupportive family, were far more stressful than any kind of transphobia or homophobia I have faced…Something that strikes terror in me is not knowing if I'm going to be safe in the long run, because I can't make enough fucking money at my job, or because rents in this area go up so fucking fast and because I can't get on any lease even. And I have to keep illegally subletting, because I don't make enough money to meet the standards of any landlord, and I don't have anyone to cosign.* (age 19, genderqueer, Asian)

2. <u>Supportive Parental Behaviors</u>

Participants reported six types of supportive parental behaviors: (1) affirmation of gender identity (disclosure and post-disclosure); (2) making efforts to become better informed about trans issues; (3) gender dysphoria-specific emotional support; (4) advocacy on behalf of the child; (5) instrumental support; and (6) assistance obtaining gender affirming medical procedures.

Affirmation of Gender Identity: Disclosure

In contrast to rejecting parental behaviors, some participants reported having parents who immediately accepted their gender identity and made sincere efforts to affirm it. Participants with supportive parents reported that their parents responded to their gender identity disclosure with curiosity and a lack of judgment, and communicated their intentions to be supportive, even if they didn't have prior knowledge about trans issues. One participant described her relief after disclosing her gender identity to her parents and receiving an affirming response:

> *I came out to my parents at night, when everyone was fast asleep. I wrote a note and slipped it under my parents' door, went back to my room, locked the door, tried to fall asleep. And then the next morning they woke me up. And of course they had questions, but before they even asked anything, they just said that they were supportive and that they didn't understand, but that they would try to. [It was] so much relief! It's so hard to*

describe, everything that had built up to that moment just floated away. (age 18, trans female, mixed race)

Affirmation of Gender Identity: Post Disclosure

Participants described how their parents also affirmed their identity post disclosure by consistently using their preferred name and pronouns. Participants emphasized how important it was to them that their parents made these efforts, and explained that even if they sometimes made mistakes, they felt grateful that their parents were actively affirming them. One participant explained:

[My mom] doesn't necessarily know everything, but she always accepts what I tell her and pretty much from day one she's been there using my correct name, correct pronouns and buying me boy clothes when I first came out … she's been a big ally. (age 19, agender, white)

Making Efforts to Become Better Informed about Trans Issues

Participants described how their parents proactively made efforts to become better informed about diverse gender identities and trans health. These participants believed that these efforts demonstrated a sincere interest in trying to help them, and they appreciated the fact that the burden of educating their parents did not fall entirely on them. One participant explained:

At first I came out as a trans man, not just non-binary, and I remember [my mom] researched a bunch about surgeries and hormones and stuff and asked me about all that. Just like, "What are you thinking, do you want to do any of this?" I feel her tone of it was like, "OK, how can we make this work? How can we realize this for you?" And it ended up being that I don't really want any of that stuff now. But at that point it felt very validating. (age 19, agender, white)

Another participant described how proactive her parents were in their effort to become educated about trans issues:

[My parents] didn't really understand the whole thing, but they really took it upon themselves to learn about it. Like, without me even asking, they bought books, watched movies and documentaries. They wanted to reach out to any resources that were available -- like different organizations and different things online. (age 18, trans female, mixed race)

Gender Dysphoria-Specific Emotional Support

Participants also gave examples of their parents providing emotional support (e.g., listening empathetically) specific to their experiences of gender dysphoria. One participant described how his mother comforted him when he was distressed about the barriers to obtaining top surgery that he was facing:

I was upset the other day about top surgery and when I found out that probably I won't be having top surgery this summer. I really wanted to just have top surgery this summer, before I go away to school and everything like that. We just like, hugged for a really long

time ... She was just like, "Yeah, I wish I could do more to help." And that I was lucky to have a small chest and that it's going to happen, and that all we have to do is wait. My time will come. Stuff that I don't really want to hear, but I know she had a nice sentiment behind it. It was pretty positive. (age 17, non-binary trans guy, Black)

Another participant described how his mother recognized the impact that gender dysphoria and experiences of non-affirmation had on his mental health, and because of this she allowed him to take time off from school when he was struggling emotionally:

My parents definitely picked up on stuff and my mom would let me take mental health days when it was really bad. You know, when I just didn't want anyone to even look at me, and I didn't wanna go outside. She was really supportive and she would push me to go to school -- and she was pushing me for sure, because she was afraid of me getting back into those depressive habits. But then she would give me leniency a lot of the time too. She's always been pretty good at that. (age 18, trans male, white)

Advocacy of Behalf of the Child

Participants described parents who advocated on their behalf in various social settings. Several participants described how their parents made efforts to educate conservative extended family members about their trans gender identities. One participant described how their mother would scout out restaurants ahead of time to see if they had gender neutral bathrooms, so that the participant would feel comfortable eating at that restaurant. Some participants reported that their parents put pressure on school administrators to implement better gender affirming policies in their schools, such as gender neutral bathrooms and locker rooms, and to offer teacher and staff training around trans and non-binary issues. One participant described his mother's willingness to act as a trans advocate during her interactions with strangers:

My mom is a really outspoken person ... when someone does something or says something shitty she's immediately on it. Like, "You can't. Don't say that, like you're wrong, you're awful. Why are you saying that?" She has become a cis ally in the best kind of way. (20, trans male, Latinx)

Another participant described how his mother advocated on his behalf when the administration of his therapeutic boarding school refused to affirm his gender identity:

We went into the room, and they basically sat us down and were like, "We're gonna need you to use female pronouns while you're here." They were like, "Yeah, like we heard about the 'they/them thing,' but we basically didn't take that seriously." ... So my mom was like, "Not gonna leave my kid here. This isn't going to help him get better." So we packed up all the stuff we'd put in my room, and we drove back. (18, trans male, white)

Instrumental Support

Participants reported that their parents offered instrumental support related to their gender identity, such as purchasing gender affirming clothing, makeup, and/or binders for them and giving them money for transportation to attend support groups or medical appointments. This instrumental support was critical, as most participants were financially dependent on their

parents. One participant explained how grateful she was that her mother went to great efforts to provide her with instrumental support, despite the fact that she had limited resources:

> *My Mom – thank god she's a smart woman, and she rations things out. She's very frugal with some things, so she will be able to give me money so I can buy makeup. I'm able to buy clothing. So, I can buy perfume. So, I can buy wigs and stuff like that. So, I'm able to feel better transitioning. Like, you know, just make my self-esteem be up there, instead of down here*. (age 17, transgender female, Latinx)

Assistance in Obtaining Gender Affirming Medical Procedures

In New York and California, youth below the age of 18 need their parents' permission in order to begin hormone therapy or to access gender affirming surgeries. While not all of the participants desired gender affirming medical procedures, those who did reported that having parental permission and assistance with the process of obtaining these procedures was extremely helpful. Although many parents did express concerns about safety and side-effects, participants with supportive parents reported that they were open to learning more about the potential risks and benefits and demonstrated this by helping them navigate the complex appointment systems and medical insurance processes and attending medical appointments with them. One participant emphasized how critical her parents were in obtaining her desired surgeries:

> *It was definitely jumping through hoops. There was a lot of red tape surrounding it ... I think at the age I was at, I didn't really understand every barrier that was happening, 'cause my parents were really the ones to look through the paperwork and just tell me what I needed to do. Without my parents, I don't even know if I would've been able to have the surgery at that moment in time*. (age 18, trans female, mixed race)

Similarly, another participant reported that his mother helped to expedite the appointment process required to begin testosterone:

> *They kept postponing our appointments and they canceled on us a couple times and rescheduled like three months later. They tried to do that for my final T [testosterone] appointment too, but my Mom got hella tiger-mom on them and called them and yelled at the receptionist for an hour. And I felt kind of bad, but we got to keep the appointment...My mom was seeing the toll that it had on me, and she kind of wanted it to be over as much as I did.* (age 18, trans male, white)

We note that this specific type of parental support was extremely valued by participants; when it was not offered, participants reported feeling extremely frustrated. For example, one participant described his anguish with his father's refusal to let him go on testosterone:

> *I met this woman who was willing to help me transition, but I needed my dad's consent. And he was not with it, and that created a lot of trauma. So that put me back in an even more depressive state. My dad is really old-fashioned…he always throws this Biblical crap at me, and it is just annoying, because I just wanted to be happy. (age 18, trans male, Black)*

Supportive Parental Behaviors: Consequences

Participants with parents who mostly exhibited supportive behaviors described their support as having a positive influence on their mental health. While many of these participants still struggled with depression, anxiety, and suicidal ideation due to the gender-based minority stressors that they faced, they believed that having their parents' affirmation and support helped them to better endure these stressors. One participant described how she had felt suicidal before coming out to her parents, but that after she told them and discovered how supportive they were, her depression lessoned considerably and she began to feel more hopeful about her future:

> *I knew that as long as I had one person supporting me, that I could make it. And knowing that I had both of my parents really helped me move forward.* (age 18, transfemale, mixed race).

Another participant credited their mother's support for the fact that she was more emotionally stable than the majority of their trans peers:

> *I just feel like I'm an anomaly -- that I have my shit together. A bunch of other trans kids I know are like, miserable. And I'm pretty stable and I think that's uncommon. Like the structure of my life is stable and so is my mental health. (age 16, non-binary, white)*

Other participants explained how having parental support facilitated the development of their own internal resilience. For example, one participant described his struggles with mental health issues: in his early teens, he suffered from clinical depression, which ultimately led to a suicide attempt and an in-patient stay at a psychiatric hospital. When he reflected on his experiences, he realized that through the processes of enduring those hardships, he became a stronger person. Recognizing his own strength in turn helped him to foster a sense of hope and optimism about the future. However, he believed that the development of his internal strength would not have been possible without the ongoing support he received from his father:

> *I definitely think that there are things that without [them], I wouldn't have been able to succeed as I did. I think that I had a lot of support. My dad was a really big part of it, and still is … Having more people on your side, even if they're not necessarily doing anything, is still empowering, or helps as a fallback. I think that a lot of people don't have that, and I'm really lucky to say that I have a lot of people that care about me and want to see me grow and succeed.* (age 17, trans male, white)

Participants also reported that having parental support influenced their ability to make important life decisions. One participant described how his mother's support helped him to navigate the complex decisions about whether to undergo gender affirming medical procedures:

> *It's really hard for me to act confident without my Mom's support. So she is very much my support. When I was on testosterone for that little stint, she gave me kinda like the "go for it," 'cause I wasn't sure yet. But when she gave me her support it was like, "Okay I can do it."* (age 20, trans male, Latinx)

Other participants described how their parent's support allowed them to participate more actively in their schools and communities:

> *If I didn't have the support that I had, I don't think I would have engaged in the community as fully as I did. I think the more support that I was given, the more opportunity I had to really get involved with my community. I think because of [my family], I really was able to embrace life more.* (age 18, trans female, mixed race).

3. Mixed Rejecting and Supportive Parental Behaviors

Although some participants reported that their parents primarily exhibited supportive or rejecting behaviors, the majority of participants had parents whose behaviors fell somewhere along a continuum between the two. Some participants also reported periods of time when their parents displayed both rejecting and supportive (or mixed) behaviors simultaneously.

The most common report of mixed behaviors was when parents affirmed their child's gender and provided emotional support but simultaneously did not allow their child to access gender affirming medical services. According to participants, this restriction was often fueled by their parents' fears about adverse medical consequences of hormone therapies or surgeries. Participants reported that their parents also expressed concerns that their child would later regret this decision and would subsequently blame their parents for any irreversible physical changes, or that they feared that their child would become unrecognizable to them and would become a different person. While many of the participants reported that they empathized with their parents and could even understand their hesitations, they were nevertheless extremely frustrated that they could not access their desired medical procedures. The majority of participants reported that for them, the potential benefits of these procedures (such as the alleviation of gender dysphoria) greatly outweighed any potential risks. Most participants also reported that they had already spent a significant amount of time considering whether or not to access these procedures prior to asking their parent's permission, so they felt discouraged when their parents viewed their requests as uniformed, impulsive, or immature. One participant, who had spent a full year reading medical journals and doing their own research about the efficacy and safety of medical transition procedures, described their frustration when their otherwise supportive parents refused to grant them permission:

> *"I can definitely see where [my parents] were coming from, although I didn't like the consequences of it…I'm very responsible, compared to most people, [so] I kind of resented that they didn't let me do exactly what I wanted, especially with respect to getting testosterone. I waited a year after I came out, to make 100% sure that I wanted to transition medically. At that point, I really would have appreciated it if they just let me do it immediately."* (age 20, agender, white)

Another less frequently reported example of mixed parental behaviors related to the multiple marginalized identities of participants (i.e. participants who identified as both trans and as non-heterosexual). Several participants described their parents as accepting of their sexual orientation but not of their gender identity, or vice versa. The majority of participants disclosed their sexual orientations to their parents prior to disclosing their gender identity, and some participants reported that their parents gave affirming responses to both identity disclosures. However, some participants reported that their parent's level of acceptance shifted significantly after their second disclosure. One participant described their mother's unwillingness to accept their gender identity, despite the fact that she previously offered enthusiastic support of their sexual orientation, to the point of joining an LGBT parents group:

> *A lot of people are pro-LGBT, but they don't accept trans people…That's her. She doesn't see the "T" in LGBT. … I saw some parents [at the trans march] and they said, like, "I support my trans kid." Or, "I love my trans kid. Or, "I have a trans son." I saw all of these supportive parents. And I wish one day my mom would be like that. Because the first LGBT group that she went to, she brought rainbow plates for picnic and rainbow balloons. But that was just when I told her I was, like, gay. You know, but being trans is totally different with her. It's just a whole different thing.* (age 17, non-binary trans man, Middle Eastern)

Conversely, another participant reported that his mother was accepting of his gender identity, but not of his sexual orientation. For example, his mother began making homophobic comments in his presence, and warning him about the dangers of dating other gay men, which greatly disturbed him:

> *She said some really homophobic stuff. I don't feel comfortable talking to her, knowing that stuff like that just rattles around in her head….She's like a support with the trans stuff, but not really supportive of the sexuality stuff, and that's more of a bigger deal in my life now, than me being trans.* (age 17, non-binary trans guy, Black)

When parents exhibited mixed behaviors, participants reported that they tended to focus on the rejecting behaviors. Although these participants conceded that the presence of some supportive parental behaviors was preferable to none, for them, ultimately the rejecting behaviors outweighed the supportive ones. Thus, these participants experienced many of the same consequences as reported above in the rejecting behaviors section. The major difference in impact for participants with mixed parental support was that they reported feeling confused and disappointed by their parent's seemingly conflicting behaviors.

It should be noted, additionally, that while some participants reported that their parents exhibited consistent behaviors across time (either rejecting or supportive), the majority of participants reported that their parents' behaviors gradually improved over time. Thus, many of the participants whose parents initially exhibited mostly rejecting behaviors reported that their parents' behaviors became more supportive over the course of several years.

Discussion

The results of this study add to the extant literature by offering a more nuanced understanding of how trans adolescents experience and perceive parental support and rejection. Participants in this study offered detailed descriptions of these parental behaviors. Participants also described the consequences that they attributed to specific parental behaviors.

These findings expand upon the binary descriptions of parental support (e.g. supportive vs. rejecting) commonly used in previous studies with trans youth. Instead of a single classification of "supportive" to describe their relationships with their parents, participants detailed several specific behaviors that they viewed as helpful, including gender affirmation, making efforts to become better informed about trans issues, gender dysphoria-specific emotional support, advocacy on behalf of a child, instrumental support, and assistance in obtaining gender affirming medical procedures. Likewise, participants identified specific types of parental behaviors that they viewed as harmful, and gave examples of cases where supportive and rejecting behaviors

occurred simultaneously in the same family. These descriptions offer a more comprehensive understanding of parental support, and can help practitioners who work with trans adolescents and their families to better target specific behaviors for interventions. Furthermore, the specific parental behavior types identified in this study could be used to create quantitative measures that could be used in future longitudinal studies to better understand risk and resiliency mechanisms and mental health pathways for trans adolescents, both continuously over time and at distinct developmental stages.

Furthermore, these findings offer an important contribution to the family support literature by centering the voices and experiences of trans adolescents, which are often underrepresented in research. Much of the previous work on families of trans youth has focused on the experiences of parents and caregivers, and this study offers a complementary perspective. While both perspectives are critical, existing research suggests that the youth's perspective may even be more important than that of their parents, in terms of assessing the youth's mental health outcomes. For example, a recent study with trans and gender non-conforming youth and their families found that the youth's own reports of family functioning were significantly associated with their mental health outcomes, but that their family's reports were not.[28] In other words, a parent may believe that the quality of communication that they have with their child is excellent, but the adolescent may feel otherwise, and it is the adolescent's perception that is most closely related to their own mental health. This suggests that it is critical to include the perspectives of trans adolescents when designing mental health interventions. The specific parental behaviors identified by trans adolescents in this study could therefore help to improve the effectiveness of interventions targeting families of trans adolescents.

As expected, participants with parents who exhibited more supportive behaviors reported better psychological and social consequences than participants whose parents exhibited more rejecting behaviors. For example, participants attributed their parents' supportive behaviors as having a positive influence on their emotional stability and improving their self-confidence. In contrast, participants with more rejecting parents felt that their parents' behaviors contributed to their emotional distress. While qualitative studies are not designed to assess causality, these results align with prior research that found parental support to be protective against adverse mental health outcomes.[12,27,29–31,41] These results also expand upon previous quantitative findings by offering a deeper exploration of how trans adolescents perceive and interpret their particular experience of parental support, and how they attribute the effects of parental behaviors on their own emotional well-being.

An important implication of these findings is that, despite good intentions, some parental behaviors can still be perceived as rejecting by trans adolescents and can thus have deleterious effects on their emotional well-being and physical safety. Previous research with families of LGBT youth found that parents who are perceived as rejecting by their adolescent children are often motivated by care and concern, and usually view their behaviors as necessary actions to increase the safety and well-being of their child.[31,42] However, results from this current study demonstrate that certain parental behaviors can actually decrease the safety and well-being of trans adolescents, even if their parents are primarily motivated by care and concern. For example, one of the participants described how his father regularly "outed" him in public because he thought that being recognized as trans was a threat to his safety; however, from the participant's perspective, this behavior actually decreased his safety, since he was otherwise able

to pass as male and his father jeopardized his ability to do that. Similarly, other participants described how their parents would not let them start hormone therapy because of concern about the safety of these procedures; yet by delaying this treatment, the participants reported that they continued to suffer from gender dysphoria and other negative mental health outcomes. These results underscore the importance of understanding the perceptions and meanings of parental behaviors from the perspective of trans adolescents themselves, so that interventions can be better targeted to help parents reduce behaviors that adolescents perceive as damaging.

Previous research with families of LGBT youth has demonstrated that parental acceptance and rejection are different constructs, and as such, both supportive and rejecting parental behaviors can occur simultaneously in the same family.[43] The findings from this current study corroborate these previous findings, as several of the study participants reported that their parents exhibited a mix of both supportive and rejecting behaviors. While this study was not designed to assess causality, participants with parents who displayed mixed behaviors reported similar psychological and social consequences as the participants with parents who exhibited predominately rejecting behaviors. In other words, this data suggests that anything less than strong support can have a detrimental effect on the well-being of trans adolescents. This potential implication aligns with previous research from the Trans Pulse study, which found that among trans youth, having a "somewhat supportive" parent did not have a significantly more positive effect than having "not at all supportive" parents in terms of its effect on mental health outcomes.[30] Future longitudinal research should assess the impact of the different types of parental behaviors identified in this study on the mental health outcomes of trans adolescents, and explore which supportive behaviors have the strongest correlation with positive outcomes over time.

Limitations

This study has several limitations. First, because it employed a cross-sectional approach, directionality and causality cannot be determined from these data. The lack of longitudinal data also limits the ability to assess how parents' behaviors change over time, and whether those behaviors are affected by their child's gender identity developmental trajectory. Future longitudinal research should be conducted to examine how parental behaviors change and evolve with respect to trans adolescents' developmental trajectories. In addition, while the use of the lifeline methodology allowed participants to speak retrospectively about past events and envision anticipated future events, their narratives may have been affected by recall bias. Qualitative interviews also inherently present a risk of social desirability bias. The participant-driven methods were specifically chosen to empower participants to take ownership of their narratives; however, participants still may have felt pressured to present information that they felt the interviewer wanted to hear.

In addition, the majority of participants were financially dependent on their parents. Although some parents did cut off financial support upon learning about their child's gender identity, the majority still provided food and shelter for their children. As such, the results of this study may not adequately reflect the experiences of trans adolescents who are homeless and/or are forced to live independently due to family rejection. This lack of sampling heterogeneity may be a result of selection bias, as many of the participants were recruited from LGBTQ centers and support groups, and not from homeless shelters or through street-based outreach. Existing studies have

found trans youth to be disproportionately represented among homeless youth populations in the United States,[44–46] and therefore future research should attempt to include greater samples of trans youth experiencing homelessness and unstable housing, in order to assess how parental behaviors contributed to their housing outcomes. Furthermore, while the participants in the sample were diverse in terms of racial or ethnic backgrounds, the participants lived in urban areas generally considered to be progressive and LGBT friendly, and thus the findings may not be generalizable to trans adolescents living in more conservative or rural regions of the country.

Another limitation is that this paper did not include data concerning other supportive family members besides parents, such as siblings, aunts/uncles, and grandparents. Although some participants did report receiving support from other family members, we limited the analysis for this paper to parental behaviors. Future studies should explore how varying levels of support from different family members can influence the overall mental health and well-being of trans adolescents. Furthermore, this paper did not include an analysis of the processes that lead to improvements in parental behaviors over time. Previous research with families of LGBT youth has demonstrated that rejecting families tend to become less rejecting over time.[31,43] Indeed, many of the participants in this study reported that their parents did adopt more supportive behaviors over time; however, this paper did not include these data in the analysis. Future research should examine the factors that facilitate a shift in parental behaviors over time, in order to determine which processes are most amenable to interventions.

Finally, while this study sought to explore family support behaviors from the perspective of trans adolescents, we acknowledge that it is also critical to explore parents' perceptions of their own behaviors. Thus, another limitation of this study is that we were not able to interview parents and caregivers. Although there are ethical challenges involved with including both trans adolescents and parents in the same study (especially for participants who have not yet disclosed their gender identity to their parents), including both parties could offer a better understanding of the dyadic parent-child relationships, and could more effectively tease out the differences between intentions and impact of behaviors. Future research should include both trans adolescents and their parents in order to seek a more comprehensive understanding of these relationships.

Implications

For Parents

Across the board, participants emphasized the importance of supportive parental behaviors. In order to help parents adopt the types of supportive behaviors outlined in this study, it is important to connect them to counseling and education programs. Programs such as Gender Spectrum (www.genderspectrum.org) and the Family Acceptance Project (https://familyproject.sfsu.edu) offer excellent resources for families with gender diverse children, including online and in-person support groups, educational webinars, counseling referrals, and yearly conferences that focus on the health and psychosocial needs of gender diverse youth and their families. As many of the participants noted that their parents' behaviors shifted as a result of meeting other parents with trans children, joining support groups and attending conferences represents an excellent strategy for parents to connect with other parents and to learn from each other's' experiences.

For Counselors/Mental Health Professionals

Counselors and mental health professionals that work with parents of trans adolescents should meet all parents with empathy and non-judgmentally assess them for the rejecting and supportive behaviors outlined in this paper. Their assessments should explore their perspectives and the motivations behind their behaviors, while also assessing for any misinformation that they may have about trans gender identities. Counselors should be cognizant of how emotions such as grief, loss, surprise, confusion, fear, and anger can motivate parental rejecting behaviors, and assess these emotions during counseling sessions with parents. Counselors should normalize these emotions, and remind parents that these are bi-products of societal expectations; however, since these emotions are often related to behaviors that can be damaging to trans adolescents, as detailed in this paper, counselors should use strategies to help to reduce these emotional reactions in parents. For example, counselors can engage parents in grief work to help process feelings of loss related to their child's gender identity. Counselors can also employ anxiety-reducing strategies to address feelings or fear and anger, including mindfulness practices, cognitive behavioral therapy, and somatic work.

For Adolescents

Adolescents with parents who exhibit rejecting behaviors should be referred to family support services, such as family therapy, if their parents are amenable to participating in these services. However, as this is not always a viable option, attempts should be made to connect youth to other forms of social support. Support groups for trans and LGBT youth provide good opportunities to connect with peers who may be experiencing similar issues and can serve to facilitate the development of supportive relationships, which is especially important when family support is unavailable. Individual therapy with gender affirming mental health providers can also help youth to manage the psychological and social consequences of parental rejecting behaviors. Finally, attention should be paid to helping to connect trans adolescents with other resources that may help to improve their mental health and well-being, as referenced in this study. For example, youth who desire gender affirming medical care should be connected with referrals to competent health care providers and advocates. In addition, trans advocacy organizations can help youth to navigate the legal and administrative processes of changing names and gender on legal documents.

Conclusion

This study delineated the specific parental behaviors that trans adolescents perceived as rejecting or supportive, and offered examples where parents exhibited a mix of both types of behaviors. Overall, trans adolescents reported that rejecting behaviors exacerbated their mental health problems and led to adverse psychological and social consequences, while supportive behaviors were related to positive psychological and social consequences. Interventions directed towards families of trans adolescents should target these specific behaviors in order to improve family functioning and trans adolescent mental health and well-being.

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Paper 3: Structural Violence and Food Insecurity in the Lives of Formerly Homeless Young Adults Living in Permanent Supportive Housing

Introduction

Food insecurity is a critical public health problem in the United States, affecting 12.3% of all US households and 38.3% of households living under the poverty line.[1] Defined by the US Department of Agriculture as the "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire foods in socially acceptable ways,"[2] food insecurity is an important and often under-recognized social determinant of health.[3] In San Francisco, as the cost of living rises, food insecurity is an increasingly salient problem for the city's most vulnerable populations, particularly for homeless and unstably housed youth and young adults. The 2017 San Francisco Point in Time Homeless Count revealed that 64% of unaccompanied minors and homeless young adults ages 8-24 experienced a food shortage in the past month, and 58% reported food as a current need.[4]

Food insecurity is associated with myriad adverse health and developmental outcomes. Food insecure youth have a higher risk of malnutrition,[5–7] of being overweight and obese,[8] and of developing negative long-term health conditions such as heart disease,[9] hypertension,[10] and diabetes.[11] Food insecurity poses additional problems for homeless and unstably housed youth, who already have high burdens of health risk.[12] For example, food insecurity has been found to exacerbate several mental and behavioral health conditions that are already reported to be more prevalent among homeless youth populations, such as depression,[13,14] anxiety,[15] substance abuse,[15,16] HIV and STI infection,[17,18] and externalizing behavior disorders (such as attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder).[15,19] In addition, chronic malnutrition can interfere with homeless youths' energy and physical capacity, impeding their ability to navigate the daily activities necessary for survival on the streets, or to achieve developmental milestones, such as educational and vocational goals.

Permanent supportive housing has been championed as an effective intervention to reduce youth homelessness.[20–22] Since housing is considered to be a social determinant of health, advocates for permanent supportive housing have hypothesized that the provision of stable housing to homeless youth will also improve their health outcomes.[23] While existing research demonstrates associations between permanent supportive housing and improved physical and mental health outcomes among formerly homeless adult populations, [21,24,25] scant research has examined these outcomes among formerly homeless youth. In order to address this research gap, we launched a longitudinal study to monitor the health outcomes of formerly homeless youth residents living in the first permanent supportive housing building designed to serve transitional aged youth (ages 18-24) in San Francisco. We hypothesized that multiple health outcomes, including food security, would be improved for residents once they were permanently housed.

However, our preliminary data revealed an unexpected finding: Despite obtaining housing, 71% of the residents were severely food insecure on the Household Food Insecurity Access Scale (USAID, 2007), and an additional 16% were moderately food insecure. This suggested that the provision of housing alone was not the only barrier to obtaining healthy and adequate nutrition

for formerly homeless young adult residents. We therefore decided to conduct a follow-up qualitative study to investigate why high levels of food insecurity persisted, despite the obtainment of permanent housing. The Young Adult PhotoVoice Project (YAPP) was launched with the primary aim of assessing and documenting the barriers to obtaining adequate healthy foods faced by the young adult building residents.

While our study was designed to be exploratory, we suspected that there were important structural drivers and social inequities beyond stable housing that contributed to food insecurity among building residents. We therefore frame our analysis through the lens of structural violence. Structural violence refers to the systematic ways in which political and economic structures harm or otherwise disadvantage vulnerable individuals, leading to physical harm and emotional distress.[26,27] Originally introduced by Galtung, the concept of structural violence describes the forces that create and reinforce social hierarchies and inequalities, such as concentrated poverty, institutionalized racism, and unequal access to medical care and education.[26] Structural violence is distinct from physical violence in that its harms cannot be traced to a particular individual or force; rather, they are built into the structures of society and manifest as unequal life chances. The harms are considered violent because they include *avoidable* deaths, illness, and injury. For example, while dying from tuberculosis was commonplace in the 18th century, today it is considered an example of structural violence given the highly effective medical treatment currently available. Food insecurity can also be viewed as a form of structural violence, especially when it occurs in high resource areas where ample food is available.

In this paper, we explore the interconnections between structural violence and food insecurity in the lives of the formerly homeless young adult participants living in permanent supportive housing. We explore the following questions: How does structural violence contribute to food insecurity in the lives of participants? What role does the permanent supportive housing program play in addressing food insecurity among participants? How do participants manage and cope with food insecurity? And finally, what are the participants' proposed solutions for reducing food insecurity in their community?

The data presented in this paper comes from a youth participatory action research (YPAR) study that we conducted in collaboration with eight young adult building residents. YPAR is a methodological approach that positions young people as "experts" and co-creators of knowledge; it enables them to identify problems relevant to their lives, personally conduct research to explore the causes of the problem, and advocate for changes based on research evidence.[28]

We chose PhotoVoice as our method of inquiry. PhotoVoice is a participatory research methodology designed to amplify the voices and visions of marginalized communities through photography.[29] PhotoVoice is a qualitative and exploratory research method that has theoretical roots in health promotion principles, empowerment theory, and Paolo Freire's idea of critical consciousness-raising.[30] The goals of PhotoVoice are to: (1) enable people to record and reflect their community's strengths and concerns; (2) promote critical dialogue and knowledge about personal and community issues through group discussions of photographs; and (3) disseminate messages to policymakers and other stakeholders through photography.[29]

Due to its participatory nature and focus on empowerment, PhotoVoice is a particularly effective method for working with youth who have experienced homelessness. PhotoVoice has been shown to improve rapport and reduce power imbalances between researchers and participants.[31] Because the participants produce their own photographs to represent their lives, they become the "experts" and maintain control over their own narratives. Indeed, a substantial literature has documented the use of PhotoVoice to examine multiple health issues among youth and young adults experiencing homelessness.[32,33] PhotoVoice has also been used to examine issues of food insecurity among other vulnerable populations.[34–36] Furthermore, Photovoice methodology includes structured group conversations that are designed to facilitate the collective analysis of the structural factors underlying community health challenges.[37] Therefore, we believed that PhotoVoice was an ideal method for exploring the lived experience of structural violence and food insecurity among formerly homeless young adults living in supportive housing.

Methods

Setting

This study was held in the first municipally-funded permanent supportive housing building for transitional age youth (ages18-24) in San Francisco. At the time of the opening of the building, in order to qualify for residency, all applicants had to be chronically homeless and to have a diagnosis of a chronic illness. Youth residents were required to pay thirty percent of their monthly income or their government general assistance. The building, a former single-room occupancy hotel, is located in a rapidly gentrifying neighborhood near downtown San Francisco. The property houses 44 single residency units with shared bathrooms and a community kitchen. In addition to housing, youth are offered voluntary case management services. The on-site building staff includes one tenant supervisor, one case manager, and two young adult advocates.

Recruitment and Sample

All building residents were invited to attend one of two mandatory study information sessions. During the sessions, study staff provided an overview of the objectives and procedures of the Photovoice study, answered questions, and conducted 5 to 10 minute screening interviews of interested youth. The interviews assessed youth's motivations, their schedule and availability for sessions and for taking photographs between sessions, their ability to commit to attending regular study sessions, and their willingness to meet the requirements for participation. A total of thirteen youth residents attended the information sessions. Of those, eleven were selected to participate in the project (two were excluded on the basis of schedule conflicts). Two participants dropped out during the course of the study, leaving nine participants. One of the nine participants was asked to leave the group mid-way through the study, due to threatening behavior.

Formal informed consent for participation in the study took place during the first Photovoice session. The session facilitator read the informed consent form to the participants, answered questions, and had each participant sign a written consent form. The participants were also informed that this study was designed to run as an "internship" and that they would be compensated for their time and participation. Participants reviewed a list of internship expectations (including attendance, behavior, and confidentiality), and signed an agreement

indicating that they would attempt to honor all expectations over the course of the internship. Participants were paid an hourly rate (commensurate with minimum wage) for each Photovoice session in addition to one hour of time spent taking photos between sessions.

The participants included 2 participants who identify as male, 4 as female and 2 as transgender (MTF). Two participants identify as black/African American, 1 as white/European American, 6 as non-Latino/Hispanic, 3 as other and 2 indicated that their race/ethnicity is unknown (youth could report more than one race/ethnicity). Participants were the following ages: 21 (1 participant), 24 (1 participant), 25 (3 participants) and 26 (3 participants).

Curriculum/Study Procedures

The YAPP project conducted a total of twelve PhotoVoice sessions with the participants: ten regular sessions and two "make up" sessions for participants who missed two or more regular sessions. Each session was 2.5 hours in duration and included a meal. The sessions were each co-facilitated by at least two project staff.

We experienced challenges with participant attendance, due to competing priorities in participants' lives, as well as physical and mental health issues that caused them to miss group sessions. We therefore attempted to be flexible with the timing of make-up sessions in order to accommodate participants. However, participants were informed at the beginning of the project that they could not miss more than two sessions without attending a make-up session.

During the initial two sessions, study participants were given digital cameras and received training in photography as well as in the safety and ethics of taking pictures. The study staff then facilitated a discussion with the participants about how to conceptualize the problems and issues around food insecurity, brainstorming relevant themes to guide the photography assignments.

Each week during sessions 3 to 7, participants chose a prompt to guide their photo taking, and participated in critical reflection and dialogue around their photos. A method termed S-H-O-W-e-D was used to analyze photos and facilitate the discussions during the sessions. With each participant photo shown, the group facilitators asked the following questions to the group: What do you **S**ee here? What's really **H**appening? How does this relate to **O**ur lives? **W**hy is this a problem for our community? What can we **D**o to improve our lives or the lives of others? During sessions 8-10, participants created captions and wrote narratives for their photographs.

PhotoVoice projects are typically designed to include final dissemination events where participants can present their photographs and messages to policymakers and/or community members, with the goal of affecting social change. In accordance with this, the YAPP project culminated in a photography exhibit titled "I Got Nothing," which was held in downtown San Francisco, with media coverage. Over the course of the 4 days, approximately 100 people attended the exhibit, including a sitting city supervisor and multiple staff and leaders in housing and youth homelessness from around the city.

Data Collection and Analysis

All Photovoice sessions were audio recorded, sent to a professional transcription company and transcribed verbatim, with the identifiers removed. Data were analyzed using an inductive thematic approach.[38] Two researchers initially chose two transcripts to independently read and open-code line-by-line. The open codes were then compiled, compared and condensed to create an initial draft of a codebook. The codebook draft was then used by both researchers to independently code two additional transcripts. The coding was compared side by side, and the codes were discussed and further refined. This process was repeated several times until the codebook was finalized. The first author coded all of the transcripts with the finalized codebook using the qualitative analysis software Dedoose. Select transcripts were reviewed and coded by the second researcher in order to ensure coding reliability. Following coding, reports of the code excerpts were synthesized and reviewed by the two researchers in order to identify salient themes and patterns from the data. Participant quotations are included without demographic identifiers (gender, age) in order to further protect participant confidentiality.

Results

Our findings are organized into four sections: Section one explores the relationship between structural violence and food insecurity in the lives of building residents, and provides several examples of structural barriers that participants identified as contributing to their own food insecurity. Section two describes various attempts made by the permanent supportive housing program to address the persistent levels of food insecurity among building residents, as well as participants' responses to these programmatic interventions. Section three describes participants' adaptations and coping responses to food insecurity, as well as the self-reported emotional impact of food insecurity. Section four concludes with a description of participants' proposed solutions for reducing food insecurity within their community.

1. Structural Violence and Food Insecurity

Throughout the course of the study, participants identified multiple forms of structural inequalities that served as barriers to obtaining adequate and healthy foods. Although the participants did not specifically use the term "structural violence" in the group discussions, they explicitly articulated the structural nature of the barriers to food security that they face and their relationship to socioeconomic and political forces beyond their control. The structural barriers identified by participants included: insufficient funding through government assistance programs to cover monthly food costs; the lack of affordable, healthy food vendors in proximity to the permanent supportive housing building; and corporate policies at restaurants and grocery stores that prohibit the donation of edible food to employees.

Insufficient funding through government assistance programs

The most frequently discussed barrier was related to the insufficient funding provided by government assistance programs. All the participants qualified for SNAP (food stamps) or other forms of government assistance. Participants expressed great frustration with the low monetary amount provided by SNAP, emphasizing how insufficient it was for feeding one person in the

Bay Area. Participants were acutely aware that $190 – the monthly amount provided through the food stamps electronic benefit card (EBT) – was significantly lower than what the vast majority of San Francisco residents spend per month on food. At the time of the study, San Francisco was ranked as one of the top five most expensive cities in the country, and costs of living were on the rise.

One of the participant's photos (Figure 3-1) highlighted this frustration. Entitled "EBT Neglect," the photo displays a close-up of the participant's concave stomach, with her rib cage visible and jutting out; to the right of her stomach is an EBT card with a crack through the middle and a piggy bank. The participant explained that she took the photo in order to represent the "broken system that's making people hungry." She stated:

> *It's a broken food stamps card 'cause it's a broken system. It's not a good or reliable way of getting food….What's the most you can get, $190? Which is not what they even gave me. I know most people that have jobs spend at least that a week. And that's what we're given a month to survive on….And so to me this picture represents the broken food stamps system, someone who's hungry, somebody who needs some sort of help, and somebody who's saving their pennies to be able to live and survive, and living and surviving but obviously not getting enough.*

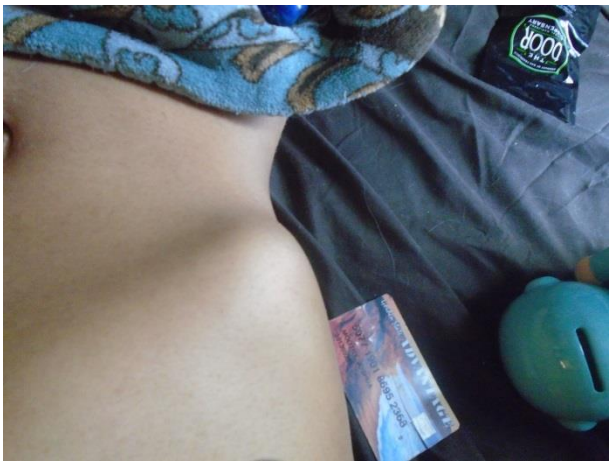

Figure 3-1: "EBT Neglect"

Restricted access to affordable, healthy food outlets

Participants also reported examples of structural violence related to food access and neighborhood change: A frequent topic of discussion during the group sessions was the rapid rate of gentrification in San Francisco and its effects on poor and working class residents. Participants described their frustration with gentrification, which they felt resulted in a socioeconomic divide in which the wealthy were privileged and the poor were left behind. One participant described this phenomenon within the micro-context of the neighborhood where the permanent supportive housing facility was located:

> *[Name] Street's a really good example. One block away, we have a ghetto, we got drug addicts, we have cars getting broken into. And then on the other side of it we have the*

financial district, we have a bunch of techies, we have a bunch of rich people, we have a bunch of people who can afford to live in San Francisco. And on that exact opposite side I was talking about are people who are struggling to get by.

As the permanent supportive housing building was located in the less affluent area of the neighborhood, the retail offerings surrounding the building were predominately comprised of liquor stores and fast food restaurants; there was a dearth of vendors that offered reasonably priced fresh produce or healthy foods. In contrast, a few blocks away, in the recently gentrified area, a number of organic grocery stores, coffee shops, and restaurants had opened to cater to wealthy residents and tech workers. Despite living in close proximity to healthy food outlets, participants viewed those establishments as prohibitively expensive. As a result, participants reported that they predominantly lived off food that could be purchased cheaply in nearby convenience stores. They explained that these options were mostly limited to processed and unhealthy foods, such as instant ramen noodles or boxed rice dinners.

Several of the participants took photos of their cheap foods and wrote captions voicing feelings of anger about the economic constraints that limited their options. One participant's caption read: *"How come it costs so little to buy junk food but so much to buy something that nourishes the body?"* Many participants felt that their socioeconomic status restricted them to a future of unhealthy eating. As an example, one young man took a photo of instant ramen noodles (Figure 3-2), and entitled it: *"Noodles, Noodles, Noodles, Sentenced to a Life of Ramen Noodles."* His written caption underscored his frustration: *'Noodles. I'm eating noodles that I'm not fond of because I'm hungry and there's nothing else to eat."*

Figure 3-2: "Noodles, Noodles, Noodles, Sentenced to a Life of Ramen Noodles."

Participants were well aware that the overconsumption of unhealthy, processed food items could lead to obesity and other adverse health outcomes. They were cognizant of the fact that low income individuals are often blamed for their poor health, despite the fact that their food options are constrained by larger structural and economic factors. One participant aptly summarized the irony:

Those [boxed rice dinners] are like ten for five dollars, or something along those lines, ten for ten….But none of this stuff is healthy. Poor people are forced to eat unhealthy.

We're forced to eat unhealthy, and then we get bitched at because we eat so unhealthy: Oh, we're fat Americans, we're unhealthy!

Restrictive Employer Food Policies

Participants also gave examples of structural violence that were enacted through employer policies and regulations. Several of the participants were employed at local restaurants or grocery stores, and reported that those companies had corporate policies which prohibiting them from taking home edible food that was past the sell-by date. One participant who worked at a grocery store deli stated, *"We're not allowed. You can't take stuff, you can't make your own sandwich, you can't pack your own food, anything like that."* Participants described experiences of regularly watching perfectly good food being thrown away while simultaneously experiencing hunger. One participant took a photo of a garbage bin (Figure 3-3) filled with roasted chickens, still in their packaging, to demonstrate this point. Her caption read:

At [store], there are whole roasted chickens and stuff like that that get thrown out. They're saying, "It's past this date, we can't sell it to the public." I asked them if I can have it to go give to the homeless, and they said "No, we can't."

Figure 3-3: Photo of food waste in a grocery store

Another participant reported that some stores even padlock their garbage bins so that people cannot attempt to salvage the food. She stated, *"It's insane the way they treat people. It's like – they would rather see food be thrown away and go to waste than give it away at a lower cost to people that actually need it."* All of the participants in the group agreed that unjust systemic and structural factors were at play in these situations, leading to working people experiencing food insecurity while edible food is wasted.

In summary, participants identified the following structural barriers to food security: insufficient funding through government assistance programs to cover monthly food costs; a lack of affordable, healthy food vendors in proximity to the permanent supportive housing building; and

corporate policies at restaurants and grocery stores that prohibit the donation of edible food to employees. Indeed, these are salient examples of structural violence.

2. Inadequacy of Housing Program Interventions to Ameliorate Food Insecurity

In addition to examining the structural drivers of food insecurity, group discussions also focused on the permanent supportive housing facility's attempts to address the residents' persistent food needs. While the participants conceded that the building offered several stop-gap measures to address the issue, they described these efforts as insufficient. Participants provided examples of how the building efforts fell short in helping them to meet their nutritional needs. They also described how these interventions, while well-intentioned, sometimes inadvertently led to feelings of felt stigma among some residents.

Emergency food boxes

As part of the permanent supportive housing program, building residents are provided with a small fridge for their room, a bag of food upon moving in and emergency food boxes on request. However, participants complained that the emergency food provided included mostly unhealthy processed food. In addition, they contended that the boxes didn't contain items to create a proper meal, or items that they knew how to combine into a meal. One participant explained:

> *You know, they provided us our fridge or whatever. And it's like – they give you food and say, "Oh, they have food now, they have access to food, it's good." But obviously, these are foods that you can't really put together and make a meal out of. So it always ends up like that, where it's like – okay, I have food but it's not like the food that I can really do anything with.*

Many of the participants also reported that they didn't have cooking skills or experience preparing food, due to years living on the street and the absence of prior instruction from parents or caregivers. Thus, the limited variety of ingredients combined with participant's limited cooking skills resulted in a challenge to effectively create adequate and nutritious meals from the food boxes.

Communal kitchen

Participants also described several challenges related to the communal kitchen. They reported that the communal kitchen wasn't well used by the building residents, due to an ineffective system for maintaining cleanliness. As a result, participants explained that residents often would not clean up their mess, pots and pans go unwashed, and food remains in the communal fridge until it rots. They explained that this made it difficult for residents to find a clean work space to prepare food. One participant reported that he would get blamed for messes created by other residents every time he used the kitchen:

> *I hate going downstairs and cooking. It's so nasty down there. Nobody wants to clean up, and I'm not cleaning up after everybody. I can cook, and then I clean up my area and then I get in trouble for not cleaning up the whole kitchen.*

In addition, participants maintained that anything valuable left in the kitchen would be stolen by other residents. One participant explained: "*There's a community fridge, and if you put food in that thing, don't expect it to be there when you come back."* As a result, there was a shortage of communal cooking supplies, and participants were hesitant to leave their own pots or utensils in the kitchen. Lugging pots and food back and forth from their rooms to the kitchen proved to be burdensome, and thus, most participants opted to cook food in their rooms using a hot plate, which greatly limited the type of food they were able to prepare.

However, participants did not completely blame the other residents for this problem; several participants also took responsibility for contributing to the uncleanliness. Many participants described their own struggles to keep the individual fridges in their rooms clean, and many felt that they lacked the organizational skills or motivation to do so. As one participant explained:

> *Some of these things have been in my fridge for months. So this is my food waste 'cause a lot of the stuff in my fridge is bad, and part of the reason is because I'm a disaster of a person, but also, part of the reason is because my fridge stinks and I don't want to clean.*

Food Distribution Program

In an effort to address food insecurity, the building management entered into a partnership with a local NGO which delivers leftover food from local corporate lunches and events to homeless shelters and supportive housing facilities throughout the city. As a result, once a week, several trays of food are delivered to the building, and left in the communal kitchen for the residents to take on a first come, first serve basis.

The participants explained that this effort, while well-intentioned, had several problematic outcomes. The participants had mixed feelings about eating donated food – many reported that it felt like they were eating other people's trash, which made them feel bad about themselves. Others likened it to dumpster diving or panhandling, which for some of the participants was seen as a highly stigmatizing practice, something they associated with being homeless, and not with being housed. Participants also maintained that the donated food was often poor quality. One participant described his feelings toward the quality of the donated food, as depicted in Figure 3-4:

> *It doesn't look very appetizing. It's like you're eating somebody else's garbage. We are eating something that somebody else didn't want. We are eating somebody's leftovers. It's the same exact thing as sitting on the corner and saying, may I have your leftovers, and eating them…Like, "Oh, here you are getting this catered chicken." But really, all it is is some leftovers she didn't want.*


Figure 3-4: Photo of food tray from the food distribution program

Some participants acknowledged that while they were grateful that this food was made available to them, at the same time, they still felt stigmatized receiving it. As one participant explained, *"Sometimes it's just a bummer to know that you're the person that has to eat only that food. It's not getting wasted but – we're getting the second quality."*

In addition, participants explained that the poor hygiene of the communal kitchen also created issues with the donated food. Due to a lack of plates and serving spoons, residents would regularly put their hands in the communal trays of food, which worried some of the participants. Participants also complained that residents often rifled through the trays and made a mess, exacerbating the kitchen's cleanliness issues. One participant explained:

> *I'm very grateful for it, but I know who I am as a person, and if I start seeing too many people going to grab things, I'm not gonna eat anything. And I'll starve that night, because if they don't use utensils, it's a health thing with me. Some people don't very much wash their hands… if there's some people I don't know and I'm just seeing too many hands in different places, I can't do it.*

3. Participant Adaptations/Responses to Food Insecurity

Participants described their adaptations and coping responses to their food insecurity. In addition to living primarily off of cheap, unhealthy processed foods, participants cited rationing, combining/preparing food in creative ways, and scavenging for food. One participant described his practice of chewing his food slowly and relishing each bite in order to make a meal last longer. He conveyed this practice through a photo of a single bite of a hamburger on a large white plate (Figure 3-5), which he entitled, *"Savoring the last bite."* Another participant depicted her experiences of food scarcity and rationing through a photo of an open mouth with a single, chewed up pepper inside (Figure 3-6). An excerpt of her written caption reads: "*Salvation, you can make this last, substitution for meals, satisfaction."*

Figure 3-5: "Savoring the Last Bite"

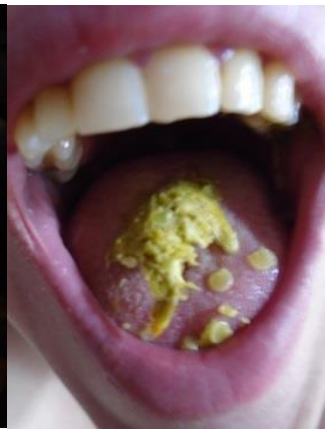

Figure 3-6: "Untitled"

Participants also discussed creative strategies to combine cheap, accessible foods in order to create meals. As one participant explained,

> *You've gotta take things that you wouldn't normally put together and put them together, [because you don't] have that many options. You have to take what you got and try to create something out of it.*

As an example, one participant improvised with ingredients from her food box and the donated food trays in order to create meals which, while appearing unappetizing, could temper hunger pains. Her photo, entitled, "*MacGyver of Sandwiches,"* depicts a sandwich she made with bread and spaghetti (Figure 3-7). A segment of her written caption details her strategy for coping with food scarcity:

> *The MacGyver of sandwiches. I made a sandwich out of spaghetti. It is making the best out of what you have, and creating a meal and putting it together, you know, and it's filling. So it's a good way to get full off of maybe not that much food.*

Figure 3-7: "MacGyver of Sandwiches"

Some participants reported that they engaged in panhandling, "dumpster diving" (looking in dumpsters for discarded food), and other forms of scavenging as a response to food insecurity.

However, others viewed these behaviors as highly stigmatizing. Some of the participants explained that while they previously engaged in these behaviors when they were homeless, they preferred not to rely on those tactics now that they were currently housed. As one participant explained, *"It's not gonna be easy enough for us to just go back out and put our hands out and beg for money or food."*

Other participants noted that feelings of stigma also prevented them from accessing free food at soup kitchens and social service organizations designated for homeless populations. Many participants were adamant that they no longer wanted to be viewed as homeless. They described the efforts they underwent to obtain housing, and the sense of self-worth they felt after becoming housed. One participant explained:

> *I've been homeless before, I'm not ashamed that I was homeless. But I'm not homeless [now]. I worked hard at a real legitimate job and went back to school and I've been inside for over two years and I have five animals and I help other people in my building every day…We're all trying to better ourselves. That's why we live where we live. That's why we're not homeless.*

Other participants, however, described survival as a stronger motivator than shame. As one participant stated:

> *It gets to a point where you can put aside your self-consciousness and how you care about what other people think… I'm not gonna avoid looking in this trash can just because other people are looking at me and they're gonna laugh at me and judge me, because I need to eat.*

While participants were painfully aware of the stigma associated with dumpster diving, some youth explained the practice was nevertheless necessary and commonplace. According to one young man,

> *I pick food out of the trash all the time because I can't afford to feed myself….But that's normal for our community, or for the impoverished community. If you're starving, this is where you live.*

Emotional Impact of Food Insecurity

The experiences of hunger and food insecurity evoked complex feelings for study participants. During group discussions, many participants described feeling sad or depressed when thinking about their limited food supplies. One participant described his sadness through the photo entitled "Savoring the last bite" (Figure 3-5). He explained:

> *Just how you feel when it's your last bite of food and you probably know you're not gonna have another bite in a while. And it's depressing, right? That amount of food on a plate that's so big – is depressing. And there's so much empty space, and so it just makes you feel like you're not completely nourished.*

Other participants described feelings of sadness and depression related to the poor quality of their food options. When discussing the photo of the donated food tray (Figure 3-4), one participant remarked: *"I didn't want it in that state, the way it was, because it just looks very depressing, like that's all I have to eat."*

In addition to feeling bad about their own food insecurity, participants also reported intense feelings of guilt and shame if they also weren't able to feed their pets. The majority of participants in the group had pets (i.e. cats, dogs, rats), which they described as vital sources of emotional support. The participants prided themselves on their ability to take care of their pets. Many emphatically declared that they feed their pets before they feed themselves. Thus some participants reported that caring for their pets was one of the barriers to their own food security. Therefore, in situations where participants weren't even able to feed their pets, they reported tremendous feelings of desperation and shame. One participant described these feelings:

> *You can't feed yourself and you can't feed them, and so then [you're] here at this low feeling, where if you don't have the food stability for yourself, you don't have the food stability for your animal…like you're a horrible fuckin person.*

Figure 3-8: "Sharesies"

One participant took a photo of her cat staring longingly at the camera (Figure 3-8) and stated,

> *It reminds me of feeling desperate, the sadness you get when you don't have food for your pet and they're sad and then you know you're not gonna be able to get any more 'til like tomorrow. There's nothing I can do to fill this bowl and it's just hard.*

The inability to feed their pets was deeply traumatic to participants on two levels – first, because they felt terrible depriving their animals who, they explained, "can't vocalize their pain," and second, because the inability to care for their pets damaged their sense of self-worth, underscoring their inabilities to care for themselves and to be self-sufficient adults.

4. Participant Solutions to Food Insecurity

Participants proposed a number of strategies to reduce food insecurity, including both structural and community interventions. On a structural level, participants suggested that legislation be

passed that would mandate grocery stores to donate edible, past its sell-by date food to homeless shelters and low-income housing communities. One participant had read about a similar policy in France, and the group collectively agreed that such an approach could offset the structural inequalities that contribute to food insecurity. The participant explained:

> *France decided to put it in legislation stating that supermarkets cannot throw their food away. In all of France, this man started an initiative where, instead of throwing out food, if it's completely and totally edible, you give it to people who can't afford it. The French nation have made it a law that when you throw that food away, you get fined. They are not playing about it!*

On a community level, participants suggested that community gardens could help to generate alternative sources of food for low income residents. In addition, participants believed that working in a garden could help to reduce stress among the building residents. One participant explained:

> *I want to have a garden on the roof, but the landlord doesn't want tenants on the roof. I think that a community garden is healing and is therapeutic and I think that could be a reason to help people and not stress out. Especially in this building, like – there's not much for us to really enjoy and really feel like we're in a community. That would be awesome if we could come together as a community and have a project like that.*

Finally, participants suggested ways to improve the building-level solutions to food insecurity, such as better management of the community kitchen, installing locked food storage cabinets in the kitchen, and individually packaging and distributing the donated food.

Discussion

Through PhotoVoice, we collected rich data illustrating the interconnections between structural violence and food insecurity in the lives of young adults living in permanent supportive housing with histories of homelessness. Using a youth participatory research design enabled participants to identify social and economic inequities that constrained their access to adequate and healthy food. Our findings demonstrate how the permanent supportive housing program is a necessary but insufficient intervention to address the food insecurity in the lives of our study participants, and how well-meaning solutions can inadvertently reproduced felt stigma among building residents. Finally, our results explore participant adaptations and coping responses to food insecurity, as well as their proposed solutions for reducing food insecurity within their community.

Our research contributes to the extant literature in several important ways. First, our findings provide evidence that food insecurity is influenced by structural violence. Our study participants provided several examples of how structural determinants impeded their ability to obtain an adequate, nutritious, and varied diet, despite being housed. These structural determinants included: insufficient funding through government assistance programs to cover monthly food costs; the lack of affordable, healthy food vendors in proximity to the permanent supportive housing building; and corporate policies at restaurants and grocery stores that prohibit the donation of edible food to employees. These findings echo the structural barriers found in other studies that examine food insecurity among homeless and marginally housed populations. For

example, Crawford's study of homeless youth identified several structural barriers to food security, including insufficient welfare payments, the prohibitive cost of fresh foods, and lack of transportation to affordable food outlets.[39] Likewise, Whittle et al's study of low-income people living with HIV in San Francisco found that the combination of limited income provided by government disability payments and high rental costs –exacerbated by gentrification – left participants with limited resources to purchase food.[40] We argue that all of these barriers to food security are likely the result of structural violence, as they constrain the resources of marginalized populations and lead to reduced access to healthy food.

Second, our findings highlight the complex role of stigma in the relationship between structural violence and food insecurity for our study population. Goffman defines stigma as an "attribute that is deeply discrediting" and that reduces the bearer "from a whole and usual person to a tainted, discounted one."[41] Scholars have argued that the underlying social and economic hierarchies that create structural violence also contribute to the stigmatization and social devaluation of marginalized individuals. A sizable body of literature has documented the social stigma associated with being homeless,[42–45] and studies have also found that homeless individuals are indeed cognizant of their devalued social identities.[46] For homeless youth, felt stigma can lead to negative emotional outcomes, such as low self-esteem and feelings of alienation and hopelessness.[46,47] In our study, participants were acutely aware of the stigma of homelessness, as evidenced by their emphatic emphasis during group discussions that they were no longer homeless. Many participants therefore wanted to avoid the stigma of obtaining food through mechanisms that they associated with being homeless, such as panhandling, dumpster diving, or through soup kitchens and other charities. This finding is consistent with research among other low-income and unstably housed individuals, in which felt stigma and shame were identified as barriers to accessing food from food banks and other charitable organizations.[48–50]

Our findings suggest that, among our study participants, the relationship between stigma and food insecurity was bi-directional. Not only did stigma contribute to food insecurity, as described above, but the experience of food insecurity subsequently led to felt stigma and identity devaluation among study participants. Participants reported feelings of depression and sadness stemming from their ongoing hunger, and described how eating cheap, processed food made them feel ashamed of their limited resources and food options. They also described the shame associated with their inability to feed their pets. Consistent with findings from studies of homeless pet owners,[51–55] pets provided vital emotional support for our study participants. Not only did pets offer participants unconditional acceptance and love, but being able to provide for pets also allowed participants to resist against their stigmatized social identities and demonstrate proof of their social worth. Thus, the act of caring for pets can be interpreted as a form of resilience and a way to moderate their experience of social stigma and exclusion. However, it can be undermined when limited resources constrain their ability to buy pet food. Our findings therefore demonstrate that the harms inflicted by structural violence are not only physical (i.e. hunger and malnutrition), but also emotional. The experience of food insecurity has the potential to erode self-worth and contribute to felt stigma among study participants.

Although we addressed the issue of food insecurity through lens of structural violence, we acknowledge that it could also be situated within a trauma framework. Research shows that homeless youth are disproportionately exposed to high levels of physical, sexual, and emotional

abuse, parental neglect, and violence.[56–61] Even after young people exit homelessness, many continue to grapple with trauma and resulting effects on their mental health, including substance abuse. [62–65] During data collection, it was readily apparent that our study participants experienced significant past and on-going trauma, leading to myriad challenges with attendance and engagement in group discussions. While not presented in our study findings, participant experiences of trauma very likely contributed to their food insecurity. For example, trauma has been shown to contribute to poor mental health and substance abuse among homeless and unstably housed youth,[66] which in turn can impede their ability to look for employment or to navigate the systems required to access government assistance. In addition, post-traumatic stress disorder, which the majority of participants reported suffering from, can make it difficult to access food services located in crowded spaces, such as soup kitchens and the offices they need to spend time in to get their food stamps. Finally, physical hunger is itself a form of trauma. It is therefore likely that participants were re-traumatized by their on-going food insecurity, making it even more difficult to cope with the daily challenges of structural violence. Future research should be conducted to explore the role of trauma in food insecurity outcomes among formerly homeless young adults living in permanent supportive housing.

In addition, our data reveal that, while well-intentioned, the permanent supportive housing program's interventions to address the persistent food insecurity among the building residents were generally insufficient. We suggest that this is due to several factors. First, permanent supportive housing units are not designed or funded to address food needs. The funding from the Department of Housing and Urban Development is earmarked for housing, not nutrition. While some housing programs that cater to young people below the age of 18 provide food, the housing program in this study was modeled after a permanent supportive housing program designed to serve adults, which does not include the provision of food. Although the building staff, in their attempt to address the youth's food insecurity, devised stopgap measures, these measures were not part of the original housing program objectives or design. Thus, it is out of the control of program staff to address the upstream lack of coordination of siloed services for youth.

Furthermore, we argue that this adapted housing model was not designed to sufficiently address the developmental needs of formerly homeless young adults. The transition from late adolescence into adulthood, otherwise known as "emerging adulthood," is a period marked by numerous developmental milestones and psychosocial challenges, including increased levels of independence, personal identity formation, school and work transitions, and evolving peer and romantic relationships.[67] For most young people, the process of gaining independence during this developmental period is gradual, and often includes intermittent reliance on parents or caregivers for support. Becoming homeless during adolescence can result in premature independence from parents or caregivers, which can disrupt important developmental processes that require adult mentorship, supervision, and guidance. Therefore, as a result of homelessness, many of the young adults living in the permanent supportive housing building did not receive the social scaffolding necessary for self-sufficiency or independent living. The skills required for survival on the street are vastly different from the domestic and self-care skills required for successful communal living. Many of the study participants had not experienced positive adult modeling of these independent living skills, such as money management, shopping, cooking, maintaining clean living spaces, and conflict resolution. In addition, the experience of trauma can impede one's ability to regulate emotions, cope with stress and anxiety, and interact with others – all of which can exacerbate the challenges of cohabitation within shared living spaces. It is likely that

these factors explain the numerous challenges reported by participants regarding the hygiene and maintenance of the communal kitchen, which ultimately compounded their food insecurity.

Limitations

This study has several limitations. First, this was a qualitative study with a small sample size, and it was therefore not designed to be generalizable. In addition, because San Francisco is an expensive city that is experiencing rapid gentrification, the experiences of our study participants may be more representative of young adults living in urban metropolitan areas, and may not reflect the experiences of youth living in smaller cities or suburban or rural areas.

Second, given that we were studying a new and evolving program, the program changed during the time of the study and since the completion of the data collection, including a change in the eligibility requirements of the site and a transition to a new, open-ended but transitional project model with required service provision for residents and the provision of cooking lessons. As a corollary, this project by definition did not include the voice of the project staff members, who were working within the parameters and resources of a program they had not created, with upstream structural limitations that are nearly as out of control for them as they are for the residents.

Third, qualitative research inherently presents a risk of social desirability bias. Holding the PhotoVoice sessions in the building where the participants resided may also have influenced how the participants chose to talk about the building policies and the management staff.

Finally, as described earlier in the methods section, we experienced challenges with participant attrition and attendance during data collection. Those challenges, coupled with the time constraints of the project, meant that the majority of our time during the group PhotoVoice sessions was spent discussing the barriers to food insecurity and its emotional impact. Unfortunately, less time was available to devote towards generating solutions to food insecurity. Future research should focus on the generation and implementation of solutions to food insecurity among young adults who have experience homelessness.

Program Implications

Our results have several important program and policy implications. As the barriers to food security discussed in this paper occurred at multiple ecological levels, addressing food insecurity for this population requires simultaneous structural, community, and individual-level interventions. At the structural level, policy reform is needed to increase government food assistance, mandate equitable food distribution programs (similar to France's policy), and ensure that neighborhood zoning laws and development plans support the inclusion of affordable food vendors.

On a community level, we argue that permanent supportive housing programs should consider the developmental needs of formerly homeless transitional aged youth when adapting housing programs that were designed to serve adults. Specifically, they should incorporate services that assist transitional aged youth residents with obtaining, preparing, and storing food. It is not uncommon for young people to receive food assistance during emerging adulthood, either from parents/caregivers or through academic institutions. Indeed, most college campuses provide

cafeterias so that students don't need to be burdened with the tasks of shopping and preparing food while they are focused on academics. However, the community colleges attended by our participants generally do not offer such services. To make matters worse, the residents who are students are no longer eligible for food stamps unless they work at least half time, a requirement which is overwhelming for students struggling to succeed in school. The resulting lack of access to healthy and adequate nutrition puts them at a social disadvantage to complete school, and impedes their successful transition to adulthood. Thus, one conclusion of our study is that the provision of nutrition should be integrated into the design of permanent supportive and transitional housing programs that serve transitional aged youth.

Integrated nutrition services should be optional and flexible. Potential approaches for including food services into the housing program include: employing a building cook and requesting participants to contribute their food stamps and a percentage of their monthly income; offering shopping, cooking, and nutrition classes to building residents; instituting a community garden; and creating a "buying club," where residents pool their food stamps and take turns buying food in bulk at a reduced cost, while simultaneously receiving supervision and help with the shopping, preparation, and storage of food.

On an individual level, residents should be linked to therapy services in order help address trauma, felt stigma, and other challenges they may be facing as they transition out of homelessness. One-on-one therapy could help individuals to identify issues that impede their ability to focus on self-care and to obtain adequate food.

Conclusion

Employing YPAR, we generated rich descriptions of participants' experiences illustrating the effects of structural violence on food insecurity among a sample of formerly homeless young adults living in permanent supportive housing. Our data reveal how participants' experiences of food insecurity contributed to feelings of stigma and shame, especially when participants were unable to adequately feed themselves or their pets. We demonstrate how the programmatic efforts of the permanent supportive housing building to address persistent food insecurity were not only insufficient, but inadvertently resulted in felt stigma and identity devaluation for some residents. We argue that adapting an adult model of permanent supportive housing without consideration of youth development needs results in inadequate services. There is a critical need for better integration of food security services within permanent supportive housing programs that serve transitional aged youth, in order to promote positive health outcomes and ensure a successful transition to adulthood for participants.

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Conclusion

This dissertation sought to use innovative qualitative visual methods to explore health disparities among two marginalized youth populations: 1) gender minority (e.g. trans, genderqueer and non-binary) adolescents, ages 16 to 20; and 2) formerly homeless transitional-aged youth, ages 18-24. All three papers qualitatively explored the risk and protective factors related to negative health outcomes among the marginalized youth population of focus. In particular, the use of visual qualitative methods facilitated the exploration of stressors related to social exclusion experienced by marginalized youth populations, as well as the psychosocial resources that they use to manage stressors, such as social support, community resources, internal resiliency assets, and safe spaces.

The first paper focused on the unique stressors experienced by non-binary adolescents – or those who do not identify as solely male or female. This research represents one of the first studies to qualitatively explore experiences of minority stress among a diverse sample of non-binary adolescents. The study used a combination of lifeline interviews and photo elicitation interviews to explore participants' experiences of "identity invalidation," defined as having one's identity dismissed by others as not real or valid. The data from this study demonstrate that identity invalidation is a unique from of minority stress for non-binary individuals, with significant implications for their social and emotional well-being. Non-binary participants in this sample experienced myriad forms of invalidation within multiple social contexts, which contributed to negative affective and cognitive processes, including confusion, self-doubt, rumination, emotional distress and internalized shame, and ultimately contributed to their poor mental health outcomes. These data underscore the importance of designing interventions to both prevent invalidation from occurring and to reduce the impact of invalidation on non-binary adolescents. Findings from this study highlight several protective factors that participants found to be helpful in managing invalidation, including social support, engagement in activism, access to gender affirming resources, and internal resilience strategies. Future intervention development should incorporate these protective factors to promote the resilience and well-being of this vulnerable adolescent population.

The second paper examined parental support among trans, genderqueer, and non-binary adolescents. The author used a combination of lifeline interviews and photo elicitation interviews to explore participants' perceptions, meanings, and experiences of their parents' specific behaviors across three categories: supportive, rejecting, and mixed behaviors. Overall, trans adolescents reported that rejecting behaviors exacerbated their mental health problems and led to adverse psychological and social consequences, while supportive behaviors were related to positive psychological and social consequences. The findings from this paper expand upon the binary descriptions of parental support (e.g. supportive vs. rejecting) commonly used in previous studies with trans youth. Instead of a single classification of "supportive" to describe their relationships with their parents, participants detailed several specific behaviors that they viewed as helpful, including gender affirmation, making efforts to become better informed about trans issues, gender dysphoria-specific emotional support, advocacy on behalf of a child, instrumental support, and assistance in obtaining gender affirming medical procedures. Likewise, participants identified specific types of parental behaviors that they viewed as harmful, and gave examples of cases where supportive and rejecting behaviors occurred simultaneously in the same family. These descriptions offer a more comprehensive understanding of parental support, and can help practitioners who work with trans adolescents and their families to better target specific

behaviors for interventions. Furthermore, the specific parental behavior types identified in this paper could be used to create quantitative measures for use in future longitudinal studies to better understand risk and resiliency mechanisms and mental health pathways for trans adolescents, both continuously over time and at distinct developmental stages.

The third paper explored the interconnections between structural violence and food insecurity in the lives of the eight formerly homeless transitional aged youth living in permanent supportive housing. The use of PhotoVoice methodology enabled participants to identify several forms of structural violence that constrained their access to adequate and healthy food. The data presented in this paper reveal how participants' experiences of food insecurity contributed to feelings of stigma and shame, especially when participants were unable to adequately feed themselves or their pets. Participant adaptations and coping responses to food insecurity are explored, as well as the participants' proposed solutions for reducing food insecurity within their community. In addition, the data demonstrate how programmatic efforts of the permanent supportive housing building to address persistent food insecurity were insufficient and inadvertently resulted in felt stigma and identity devaluation for some residents. The paper argues that adapting an adult model of permanent supportive housing without consideration of youth development needs results in inadequate services. The paper calls for a better integration of food security services within permanent supportive housing programs that serve transitional aged youth, in order to promote positive health outcomes and ensure a successful transition to adulthood for participants.

In all three papers, the use of visual qualitative methods allowed for a deeper exploration of the processes related to risk and resiliency in the participants' lives. In papers 1 and 2, the use of lifeline interviews and photo elicitation were advantageous for several reasons: The lifeline interviews enabled a "life course perspective," which facilitated the identification of protective factors for trans adolescents of varying ages and stages of gender identity formation. The photo elicitation interviews evoked complex thoughts and ideas from participants that may not have been captured through traditional interviews, as photographs can trigger salient emotional responses, memories, and associations. Combining the two methods offered distinct advantages: The lifeline interviews provided background, social context and a chronological arc of events, while the photo elicitation interviews allowed for creative exploration of the meanings and interpretations of the participant's experiences. In paper 3, the use of PhotoVoice facilitated the collection of rich data on the interconnections between structural violence and food insecurity in the participants' lives. The structured discussions that are part of Photovoice methodology enabled group conversations to move from a focus on individual struggles to a collective analysis of the structural factors underlying community challenges, which allowed participants to identify social and economic inequities that constrained their access to adequate and healthy food. Allowing participants to produce their own photographs to represent their lives also served to empower them and facilitate their engagement in the research, as they become the "experts" and maintained control over their own narratives.

In conclusion, the use of innovative visual qualitative methods allowed for an in-depth exploration of the risk and protective factors for health inequities among two populations of marginalized youth. The findings presented in this dissertation will help to inform the development of public health interventions that promote the resilience, health, and well-being of marginalized youth.

Appendix A- Lifeline Interview Guide

Introduction, brief explanation of study and consent form

1. **Self-Identification**

To begin, could you please describe your current gender identity?

Please tell me briefly what [insert identity term] means to you.

What pronouns do you use? [Note participant-generated pronoun on your note sheet].

2. **Lifeline Creation Instructions (30 minutes):**

In order to get an overview of your identity development, we will begin by plotting a lifeline from BIRTH to TODAY.

*As you can see, "**birth" is written** on the left-hand side of the line. Please note that **"Today"** is located on the far right side of the line. Under "birth" please write the month and year that you were born (just the year is fine as well).*

[Pause and let participant label line]

Labeling important periods of STRESS/CHALLENGES around gender identity

Looking back on your life, please mark and label specific events, experiences and/or periods of time where you have experienced **something stressful or challenging** in regards to your identity as a trans [insert label] person. For each event, please put your age, and a short word or phrase to describe it. We will be talking through them in detail later.

a. *If needed, add probe: These could include times when you experienced stigma or discrimination, or times when you felt people weren't supportive of you as a trans person.*
b. If participant only labels specific events, add: *I see that you've tended to focus on significant events in your creation of your timeline, for example things that happened on one particular day. Can you think of any particular periods of time, weeks, months or years that were also especially influential*
c. *If long periods of time were stressful/challenging, you can draw a line to mark the time period.*

Labeling important periods of SUPPORT around gender identity

Thank you for doing that. Now could you please use another colored pen to mark and label specific events, experiences and/or periods of time where you have felt **supported** in regards to

your gender identity? For each of these events, please write either the context or place where you felt supported or the person who supported you. It's ok if these overlap or are the same as what you've already written on the line.

2. *If needed, add probe: These events could include times when you felt supported by others, or where you were in spaces that were safe, or when something happened that gave you strength*
3. *If long periods of time were supportive, you can draw a line to mark the time period.*

Overview/Narrative of Lifeline (STRESS)

Thank you for creating your lifeline. Let's take a look.

Can you give me a brief overview of the line and the events and experiences you've marked? And as you're walking me through what you've already written here, please feel free to add any events/experiences/periods to the line that occur to you

Potential Probes for each stressful/challenging event/experience/period:

What were you thinking and feeling?

Context:

What was challenging about this?

Where did this situation occur? How did the location/context affect the level of stress/challenge?

What people contributed to the stress/challenge? What was their relationship to you and what role did they play?

Impact:

How did this situation make you feel?

How did you feel about it then and how do you feel about it now?

Resources:

How did you deal with this challenge?

What helped you cope? Which personal strengths did you draw on?

Were there people, organizations, or other resources that helped to manage these challenges?

If so: Who were they? How did they help you?

What was most important in helping you cope/ manage this challenge?

What types of resources do you wish that you had at the time that you didn't?

What did you learn from this experience?

Probes for support events:

What about this event/period made you feel supported?

What did you learn from this experience?

*What are some kinds of support that you *wish* you had in the past?*

Which spaces/places currently feel the safest and the most supportive? Why?

Future Events

Thank you for sharing all of these experiences.

Finally, please think about the next couple of years in your life going forward. Think about time periods in the future that you expect might be stressful and challenging. Please mark those on the line. Also think about times in the future where you expect to receive support.

[Pause and let the participant mark and label future events]

Probes for FUTURE Events

What sort of challenges/stressors do you imagine experiencing in the future? How do you think they will be different or similar to ones you have already experienced?

What sorts of support do you hope to have when you are older?

What's something you are looking forward to as you get older?

Who are some trans adults that you admire? What is it about them that you admire? How do you see your life as being different or similar to them when you get older?

Who are your role models? How would you like your life to be like those people in the future?

***Final Questions** (optional, if there is time, or these issues haven't been covered)*

Thank you for sharing your experiences with me. We are almost done with the interview. I have a couple more questions to ask you before I go.

1. Participating in this interview has led us to talking in some detail about some difficulties you have faced as a (insert participant-generated identity label) person.

So, in closing, I'd like to give you the opportunity to tell me what you have found to be most rewarding about being a (insert participant-generated identity label) person. How has being a (insert participant-generated identity label) person improved or enriched your life?

2. If you were able to design programs in schools, health clinics or community centers for trans and non-binary youth, what are some of the important elements of these programs you would like to see? What do you think is missing in the programs that currently exist? What is really needed to create safer and more inclusive spaces in schools, clinics and community centers?
3. Is there anything we haven't discussed or anything you would like to add?

Method Process Questions

1. How did you find the lifeline methodology?
2. What did you like the best about it?
3. What was challenging?
4. Do you have any recommendations for how to improve this method in the future?

Thank you again for everything that you have shared today.

Appendix B- Photo Elicitation Prompts

Please take at least **5 photographs**, with at least one photo for at least 5 of the 7 different topics below. Remember, there are no right or wrong ways to take pictures. You can interpret these topics however you want and take whatever pictures feel right to you. You can also take additional photos that don't relate directly to the prompts if there are other images you'd like to discuss.

1. Photos that represents a safe space for you
2. Photos that represent your personal strengths
3. Photos that represents an important source of support for you
4. Photos that illustrate how you feel when you are supported in your gender identity
5. Photos that symbolize any challenges that you have faced related to your gender identity
6. Photos that represents stigma or discrimination against trans people
7. Please take a self-portrait that you think reflects the way you would like to be seen or that represents your identity. This does not have to include your face if you don't want to.

Appendix C – Photo Elicitation Interview Guide

For each photograph:

a. Tell me about your photograph
b. Which of the photo topics does this represent?
c. What does this photo mean to you?
d. What came to mind when you chose this image?
e. What do you want me to see about your photograph?
f. What is left out?

Closing Questions:

Is there anything that you want to share that I didn't ask about during our time together?

Are there any other photographs that you wish you had taken or that you would take now?