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“Nobody Gives You the Book for This”: How Transgender Adolescents and Parents Navigate Stress and Support Related to Adolescent Gender Affirmation Processes

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“Nobody Gives You the Book for This”: How Transgender Adolescents and Parents Navigate Stress and Support Related to Adolescent Gender Affirmation Processes

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy

in Social Welfare

by

Shannon Lee Dunlap

2020

ABSTRACT OF THE DISSERTATION

"Nobody Gives You the Book for This": How Transgender Adolescents and Parents Navigate Stress and Support Related to Adolescent Gender Affirmation Processes

by

Shannon Lee Dunlap

Doctor of Philosophy in Social Welfare

University of California, Los Angeles, 2020

Professor Ian W. Holloway, Chair

We know little about how transgender adolescents and their parents perceive and experience transgender adolescents' gender identity development, minority stress, and the parent-adolescent stress (hereafter referred to as dyadic stress), and parent support factors related to adolescent gender affirmation processes and mental health. Transgender adolescents face minority stressors related to social inequality, stigma, and inadequate social support as they navigate being transgender across multiple social environments.

This qualitative study used a Life History Calendar approach to conduct separate and simultaneous interviews with 20 transgender–parent dyads to explore dyadic perspectives of adolescent minority stress, parent support, and adolescent gender affirmation processes related to

adolescent gender identity development. Adolescents were between the ages of 12 and 17 and had initiated puberty blockers and/or gender affirming hormones with the last 12 months.

Differences emerged related to minority stress, adolescent gender affirmation processes, adolescent mental health and parent support between adolescents who were known by parents to be transgender during childhood before puberty and adolescents who disclosed their gender to their parents after puberty. Minority stress contributed to adolescent gender affirmation processes, parent support, and adolescent mental health. While parents supported their child's gender affirmation process, adolescent continued to experience high rates psychological distress and minority stress across salient social domains. At the same time, parents experienced their own stress related to perceived loss, disclosure decisions, and adolescent gender affirmation. Parent support and acceptance were critical to transgender adolescents' gender identity development and gender affirmation processes both before and after adolescents disclosed that they were transgender to their parents.

Evidence from the present study contributes to existing knowledge by: (1) underscoring the importance of parent support for transgender adolescents; (2) building upon previous minority stress models to understand how minority stress and parent support potentially contribute to adolescent mental health and gender affirmation processes; and (3) identifying potentially important minority stress, parent support, and gender affirmation processes related to time between adolescent gender identity disclosure to parents and puberty.

The dissertation of Shannon Lee Dunlap is approved.

Laura S. Abrams

Todd M. Franke

Ilan H. Meyer

Ian W. Holloway, Committee Chair

University of California, Los Angeles

2020

Dedication

This dissertation is dedicated to Ryan, Oliver, Kash, my parents, and Jody & Rick. Thank you for your unconditional and unwavering support, acceptance, and love. Ryan, Ollie, and Kash: May your failures be your path to growth and your successes be grounded in humility. You three are my pride.

TABLE OF CONTENTS

List of Key Definitions

Throughout my dissertation, I use terminology consistent within a specific area of field work, advocacy, and research. The following table provides key terms and definitions used throughout this dissertation.

Term	Definition	Citation
Transgender	A broad term used to describe people whose gender identity and designated sex at birth do not align. This categorization can include, for example, people who identify as male and female, nonbinary, neither male or female, or somewhere between male and female.	Olson, K.R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 2016. 137, 1-8. doi: 10.1542/peds.2015-3223
Cisgender	"A person who is male at birth and identifies as male or a person who is female at birth and identifies as female." Cisgender is also used to identify the privilege and power connected to people who are not transgender. Many who are not transgender do not claim a cisgender identity because this is the assumption often made of people.	The GenIUSS Group. (2014). *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys*. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Brydum, S. (July 31, 2015). The true meaning of the word Cisgender. *The Advocate*. Retrieved from http://www.advocate.com/transgender/2015/07/31/true-meaning-word-cisgender.
Gender Identity	Refers to one's sense of their own gender. Although in most people, gender identity "aligns" with one's designated sex at birth; in transgender individuals, it does not.	Olson, K.R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. Pediatrics, 2016. 137, 1-8. doi: 10.1542/peds.2015-3223
Designated (otherwise known as assigned sex at birth)	The male or female sex assignment based on primary sex genitalia at birth. This assignment is recorded on a birth certificate as male or female.	The GenIUSS Group. (2014). *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys*. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.
Cisnormative	"The standard of normalcy in a culture that tends to privilege cis cultural archetypes over all others."	The TransAdvocate (2017). Glossary. Retrieved from http://transadvocate.com/glossary
Gender Affirmation	"Gender affirmation refers to an interpersonal, interactive process whereby a person receives social recognition" and support for their gender identity and expression.	Sevelius, J. (2013). Gender affirmation: A framework for conceptualizing risk behavior for transgender women of color. Sex Roles, 68, 675-689.

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BIOGRAPHICAL SKETCH

APPLICANT BIOGRAPHICAL SKETCH

INSTITUTION AND LOCATION	DEGREE	START DATE	END DATE	FIELD OF STUDY
University of Maryland, College Park	BA	01/1995	12/1998	Psychology
University of Southern California	MSW	08/2003	05/2005	Social Work

A. Personal Statement

My long-term research interests focus on reducing health and mental health disparities among transgender and gender non-conforming children, adolescents, and their families. Specifically, I plan to work collaboratively with communities to develop interventions to address minority stress, parent support, coping, and the structural factors contributing to adolescent gender identity development, affirmation, and mental health.

RESEARCH EXPERIENCE

2017 - 2020 Principal Investigator: "Adolescent Stress and Support Related to Adolescent Gender Identity." American Psychological Foundation, Roy Scrivner Research Grant; NIH/NICHD 1F31HD091981-01A1

2016 - 2017 Research Assistant (PI's: Goldbach, Castro, Holloway): "Improving Integration, Acceptance and Health among LGBT Service Members". Department of Defense (DOD) PT140083P1

2015 Research Assistant (PI: Meyer): "U.S. Transgender Population Health Survey" funded by NICHD R01HD078526

2014 - 2015 Research Director (PI: Goldbach, Schrager): "Measuring Minority Stress among Racial and Ethnically Diverse Sexual Minority Adolescents". National Institute on Child Health and Human Development (NICHD; 1R21HD082813)

2013 - 2014 Research Coordinator (PI: Holloway): "Exploring the Implications of New Technology to Study Social Networks of HIV Positive Men in Los Angeles"

2013 - 2014 Research Coordinator (PI: Holloway; Geer): AMP! Program Evaluation

2013 - 2014 Research Assistant (PI: Goldbach): "Understanding Minority Stress among LGBT Adolescents."

Academic and Professional Honors

Luskin Graduate Fellowship Fund Award (2015-2016 & 2016-2017 academic years)

Graduate Summer Research Mentorship Award (summer 2014)

Competitive Fellowship award (2016-2017 academic year)

American Psychological Foundation Roy Scrivner Memorial Research Grant (2017)

NICHD NRSA F31 (F31HD091981) (2018-2020)

B. Contribution to Science

1. **Dunlap, S. L**., Holloway, I. W., Pickering, C. E., Tzen, M., Goldbach, J. T., & Castro, C. A. (2020). Support for Transgender Military Service from Active Duty United States Military Personnel. Sexuality Research and Social Policy, 1-7.
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CHAPTER 1

Introduction

Research Problem

Throughout development, adolescents experience stress related to interpersonal and intimate relationships, identity and body development, family and economic stressors and school/academic related stress. At the same time, transgender adolescents face the additive minority stress connected to predominantly cisgender dominant interpersonal, institutional and community norms and expectations. In addition to minority stress, many transgender adolescents navigate body expectations and development primarily dominated by rigid gender stereotypes and expectations. Most research on transgender people has focused on youth and adults (age 18 or over) or has not distinguished transgender adolescents' experiences from that of lesbian, gay, and bisexual (LGB) adolescents (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Grossman, & D'Augelli, 2006; Mustanski, Garofalo, & Emerson, 2010). Studies of transgender people have found numerous negative outcomes associated with being transgender in a cisnormative environment such as psychological distress and poor self-esteem (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Olson, Forbes, & Belzer, 2011; Reisner, Vetters, Leclerc, Zaslow, Wolfrum, Shumer, & Mimiaga, 2015) suicidality (Nadal, Skolnik, and Wong, 2012), substance use including hormone misuse (Nadal et al., 2012; Toomey, Ryan, Diaz, Card, & Russell, 2010), school-based stress (Grossman, D'Augelli, Howell, & Hubbard, 2006; Meadow, 2011; Toomy, et al., 2010; Wyss, 2004) and HIV (Garofalo et al., 2006). Recent research on transgender youth, specifically, find disparities related to depression, suicidality, self-harm, victimization and inadequate access to healthcare compared to cisgender peers (Clark, Lucassen, Bullen, Denny, Fleming, Robinson, & Rossen, 2013; Nuttbrock, Hwahng, Bockting, Rosenblum, Mason, Macri,

& Becker, 2010; Olson, Schrager, Belzer, Simons, & Clark, 2015; Reisner et al., 2015). These outcomes are commonly associated with discrimination and harassment across multiple social contexts including peers, family, schools and health care systems (Clark et al., 2013; Kosciw, Greytak, Zongrone, Clark, & Truong, 2018; Grossman et al, 2006; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Simons, Schrager, Clark, Belzer, & Olson, 2013). Parents of transgender children, however, often experience *their own* stress with which they cope throughout the course of their child's gender identity development (Meadow, 2011). Parents and transgender adolescents often report psychological distress as they manage family, friends and schools' knowledge and perceptions regarding gender identity and gender expression of transgender adolescents (Meadow, 2011; Ryan et al., 2010).

The present study

The present study, informed by Minority Stress Theory (MST) (Meyer 1995; 2003; Testa & Hendricks 2012; and Testa et al., 2015) and a dyadic stress framework (Bodenmann, 2005; Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014; Randall & Bodenmann, 2009) seeks to understand transgender adolescent and parent experiences of minority stress, adolescent-parent stress and parent support processes related to adolescent gender identity development and gender expression. Findings from this exploratory study will lead to future studies demonstrating how minority stress and family factors potentially contribute to transgender adolescent emotional health and family wellbeing.

Within this dissertation, I studied the parent-adolescent dyad, rather than *only* the individual experiences of parents or their transgender child. One of the aims of this dissertation was to describe transgender adolescent and parent stress (i.e. dyadic stress). Based on existing

research, dyadic stress between intimate partners are stressors associated with perceptions of gender identity and expression (McGuire, Catalpa, Lacey, & Kuvalanka, 2016), exposure to minority stressors (Gamarel et al., 2014; Hendricks and Testa, 2012; McGuire et al., 2016; Meyer, 1995, 2003; Testa, Habarth, J., Peta, J., Balsam, K., & Bockting, 2015), and accounts of "cross-over" stress from one member of a dyad to another (Gamarel et al., 214; Randall and Bodenmann, 2009). These dyadic stressors will be explored to understand if these are in fact dyadic stress experiences between transgender adolescents and their parents. Because research with transgender adolescents and parents typically fails to distinguish between adolescents and older youth's experiences (Garofalo et al., 2006; Grossman et al., 2006; Nuttbrock et al., 2010; Olson et al., 2011) it has neglected key familial and interpersonal processes unique to transgender adolescents and their parents. Research has focused on either the experiences of transgender youth or their parents (Meadow et al., 2011; Riley, Sitharthan, Clemson, & Diamond, 2011; Ryan et al., 2009; Simons et al, 2013), but not both at the same time, which limits our understanding of transgender adolescent–parent stress and parent support. As parents may be the most salient predictor of outcomes for adolescents, this dissertation informs future studies to strengthen parent-adolescent relationship functioning, address minority and dyadic stress and prevent early behavioral health risks among transgender adolescents.

Parent-adolescent relationship. One important system of support for adolescents are family. Specifically, parental / primary caretaker (*hereafter referred to as* "parent") support is a critical component to adolescent development, including alleviating psychological distress and strengthening self-concept for all adolescents (Meadow, 2011; Ryan et al., 2009; Ryan et al., 2010). This support is particularly important for adolescents as they develop, express, and navigate their transgender identity across multiple social environment (Clark et al., 2013;

Meadow, 2011; Simons et al., 2013). Practicing open and supportive parent-child communication and providing space for transgender adolescents to explore identity predicts healthy emotional adjustment (Riley, Sitharthan, Clemson, & Diamond, 2011; Ryan et al., 2010). Previous research involving transgender adolescents tends to focus on either the adolescent or parent perspective. Research has not yet underscored the unique minority stressors experienced by transgender adolescents and their parents both individually and as a family unit. Consequently, we miss key developmental, and familial processes unique to transgender adolescent and parent dyads.

Existing framework of dyadic stress. Family is a critical system of support for all adolescents (Meadow, 2011; Ryan et al, 2009; Ryan et al., 2010) but may be particularly salient for transgender adolescents (Olson, Schrager, Belzer, Simons, & Clark, 2015; Simons et al., 2013). The extant research on family stress has found that parents and adolescents ascribe different meanings, opinions and definitions to various types of stressors indicating that their perceptions of problems and their severity may be misaligned (Cyranowski, Frank, Young, & Shear 2000; Smetana, J. G., Metzger, A., Gettman, D. C., & Campione-Barr, 2006). Dyadic stress is complex and within the transgender adolescent-parent system this has yet to be defined. Within the first aim of this dissertation, I describe dyadic stressors from the perspectives of transgender adolescents and their parents as an initial step to understand this type of family specific stress. Based in part on existing research, the a-priori concept of dyadic stress includes stress experienced within the dyad in response to adolescent minority stressors (Gamarel et al., 2014) and may account for "cross-over" stress (i.e., stress transferred from one member of a dyad to another) (Bodenmann, Bodenmann, Pihet, Shantinath, Cina, & Widmer, 2006; Gamarel et al., 2014; Randall and Bodenmann, 2009). Likewise, parent support was explored in response

to adolescent gender identity development, expression (McGuire et al., 2106) and adolescent minority stress (Meyer 2003; Testa et al., 2015). The present study explores transgender adolescent and parent perceptions of adolescent minority stress and parent support experiences.

Existing framework of minority stress. Existing conceptual models describe the relationship between minority stress, coping and psychological distress for sexual minority adults and transgender adults (Meyers 1995, 2003; Hendricks & Testa, 2012; Testa et al., 2015). Minority Stress Theory (MST and interchangeable in the literature with Minority Stress Model) was developed to explain the distal (e.g. objective; harassment) and proximal (subjective; internalized homophobia) minority stressors faced by lesbian, gay and bisexual people (Meyer, 1995; 2003). Transgender adolescents experience elevated levels of harassment and discrimination in schools beyond that of their cisgender LGB peers (Kosciw et al., 2014, 2018). On the other hand, early findings from a multi-state longitudinal study of transgender youth found that support received for gender identity may be related to positive mental health outcomes (Olson, Durwood, DeMeules, & McLaughlin, 2016). This indicates that support may be an important factor within the relationship between minority stress and psychological functioning for transgender adolescents. This research is the initial step in the process of describing adolescent minority stress and dyadic stress and support for transgender adolescents.

Theoretical background. Currently, we lack a theoretical framework to understand the minority stress and the familial processes impacting mental health (including wellbeing) for transgender adolescents. Minority and dyadic stress exist within larger social and institutional systems which place expectations on gender identity, expression, and family support processes (Gamarel et al., 2014; Myer, 2003). While research on transgender people is growing, few studies underscore the minority stress experiences of transgender adolescents and their parents

specifically. Fewer yet seek to understand the importance of parental support and acceptance for transgender adolescents and the ways in which this type of support contributes to transgender adolescent psychological functioning. More adolescents than ever are openly exploring and developing their gender identity alongside parents who are trying to navigate their child's gender identity and expression. To date, research has yet to thoroughly examine transgender adolescent and parent stress and support in response to trans-related stigma and social inequality experienced throughout child and adolescent development and across social domains of life. In response, this study aims to explore transgender adolescent and parent perspectives of adolescent minority stress and parent-adolescent stress and support and how these may inform adolescent psychological functioning.

Research Questions and Study Aims

Stemming from a previously developed minority stress conceptual models (See Figure A, Chapter 3) developed by Meyer (1995, 2003) and Testa et al. (2105) (See Figure B, Chapter 3), and based on transgender and parent perspectives, the present study developed a preliminary conceptual model underscoring the relationship between gender identity and affirmation, adolescent minority stress, parent support, and adolescent psychological functioning. The present study's broad question of interest is: *What is it like for transgender adolescents and their parents to navigate adolescent gender identity development and gender affirmation processes across various social domains of life?* Guided by this broad question, the present study aims to address the following three research questions specific to adolescent minority stress and the adolescent-parent (dyadic) experience:

1. What are the minority and dyadic stressors experienced by transgender adolescents and their parents?

2. How do transgender adolescents and their parents perceive adolescent gender identity and expression, minority stress, and parent support processes?

3. How are transgender adolescent and parent perceptions of adolescent minority stress and parental support related to dyadic stress and adolescent mental health?

Informed by minority stress theory (Hendricks and Testa, 2012; Meyer 1995, 2003; Testa et al., 2015) and a dyadic stress framework (Bodenmann, 2005; Bodenmann et al., 2006; Gamarel et al., 2014; Randall and Bodenmann, 2009), this study relied upon a qualitative narrative approach using Life History Calendar (LHC) interviews (Freedman, Thornton, Camburn, Alwin, & Young-DeMarco, 1998) to assess these experiences and adolescent mental health. We used a quantitative survey to identify demographic characteristics including schooling and specific adolescent mental health symptoms related to depression and social anxiety. The specific aims and hypotheses of this exploratory study are to:

> **Aim 1**: Describe gender minority adolescents' stressors and parental support from both the adolescent and parent perspectives and identify dyadic stressors experienced by adolescent and parent.

> **Aim 2**: Identify specific areas of overlap and discordance between adolescents and parents regarding stress and support in response to gender identity and expression and begin to understand implications for adolescent mental health.

Study Design and Methods Overview

Recent social science research on LGBT populations examines social contexts and intersectional experiences occurring across multiple paths, often simultaneously (Bildoeau & Renn, 2005; D'Augelli, 1994). Specifically, previous research examined human development through intersectional experiences encompassing self-concept, interpersonal family relationships, peer relationships and community connection (Bildoeau & Renn, 2005; D'Augelli, 1994).

D'Augelli's (1994) research deemphasized movement through fixed developmental stages and instead prioritized fluid and intersectional experiences encompassing influential factors of multiple social domains. The LHC qualitatively explored adolescent and parent experiences of adolescent minority stress, adolescent-parent stress, and support in response to gender identity development and expression. At the same time, the quantitative survey assesses demographic characteristics, and dyadic perceptions adolescent social anxiety and depressive symptoms including suicidality.

Significance

Based off of the perspectives of transgender adolescents and their parents, this study is a first step towards developing a conceptual model of adolescent minority stress and parent support and how these constructs are related to adolescent gender identity/gender affirmation and adolescent psychological distress. As parental support may be the most salient predictor of psychological functioning and health for adolescents, this research trajectory has the potential for significant clinical impact related to strengthening parental support and parent-adolescent relationship functioning, and the promotion of transgender adolescent and family health. Information regarding transgender adolescents and their family systems is absent from general adolescent development and family-based literature. The present exploratory study has the potential to inform future research aimed at strengthening parent support and parent-adolescent relationship functioning, understanding and addressing minority stress across important social domains of life, and preventing early behavioral health risks associated with social inequality, minority stressors and parent support.

Chapter 2

Literature Review

Introduction

The present literature review draws on existing research in the fields of adolescent development and more specifically current knowledge pertaining to gender development and the influence of puberty and parent/family support. This next section introduces the study's theoretical framework centering on adolescent minority stress and parent-adolescent stress and support. Finally, this chapter provides a rational for the study's research design and development of research aims to explore transgender adolescent and parent social experiences.

Background

Gender is carefully and deliberately socially constructed through "prescribed processes of teaching, learning, emulation and enforcement" throughout childhood (Lorber, 1994, p. 17). Through social comparison, children learn and apply to themselves the many socially and culturally normed behaviors specific to their gender, race, ethnicity, social class, and spirituality (Lorber, 1994). In the same light, children learn to reject behaviors and identities misaligned with learned social norms (Lorber, 1994). Gender-based pressures underscore the series of overt and implicit gender normalizing socialization strategies assigned to gender and internalized by children starting at birth and continuing throughout adulthood (Olson, Forbes & Belzer, 2011). When an adolescent navigates physiological stages of puberty, they also navigate the social construction of this physiological change (Lorber, 1994). This includes pressures to conform to gender specific norms regarding gender expression, gender roles, and intimate partner selection (Lorber, 1994). While all adolescents may face pressure to conform to gender norms, deviations

from these norms and expectations may trigger social stigma, isolation, and invalidation of transgender adolescents. As peers/school and family/home are salient domains for adolescents, these domains may be particularly important for transgender adolescents.

The labeling and context of transgender identities. Existing research suggests that gender identity labels and expression are often influenced by early and enduring exposure to learned norms and expectations of girl and boy, femininity, and masculinity. These expectations are often learned and communicated within racial/ethnic, religious, class, institutional and familial-specific cultures, and environments (Stieglitz, 2010). Transgender adolescents may identify with either a binary (trans boy/trans girl; girl/boy) or a non-binary gender identity such as gender queer, gender fluid, gender non-binary, neither male or female or both male and female (Frazer and Dumont, 2016; Gates, 2011). A recent *Act for Youth* survey of 524 LGBT youth ages 16-21 living in New York State investigated various sexual and gender identities (Frazer and Dumont, 2016). Of the 524 LGBT youth in their study, 21% identified as transgender and 23% as gender-nonconforming (Frazer and Dumont, 2016). Within the transgender and/or nonconforming subgroup, 41% identified as transgender and not gender nonconforming and 13% as both transgender and gender nonconforming (Frazer and Dumont, 2016). Within the transgender or gender non-conforming group, 45% identified as both male and female or neither while 45% identified as male only and 14% as female only (Frazer and Dumont, 2016). Another study of 292 transgender or gender variant adults between the ages of 18 and 73, found that 72% used more than one gender identity and 41% identified with more than two distinct gender identities (Kuper, Nussbaum and Mustanski, 2012). This suggests that identifying with multiple and often non-binary gender identities extends well into adulthood. However, what is less understood is the context within which transgender people are identifying (Kuper et al., 2012)

and how anticipated rejection and support informs gender identity development, disclosure, and expressions. Specifically, gender minority adolescent stressors such as harassment, expectations for rejection, school-based norms and family expectations may influence the ways in which transgender adolescents identify and express gender (Kosciw et al., 2014; Stieglitz, 2010). Families may express varying levels of support and acceptance for transgender or gender non-binary identities. Consequently, transgender adolescents are faced with complex decisions regarding gender identity disclosure, expression, and concealment within various social environments. These disclosure and concealment processes may be particularly poignant in relation to adolescent minority stressors.

Transgender youth school-based minority stress. Social institutions such as schools, health/mental health care settings and spiritual/religious institutions represent spaces that function within and often reflect national, state, and community social climates. Schools in particular represent one of the primary environmental settings in the daily lives of school-age children and adolescents. The Gay Lesbian and Straight Education Network's (GLSEN) National Climate Survey is one of the few national surveys examining lesbian, gay, bisexual, and transgender (LGBT) student (ages 13-21) experiences (Kosciw, Greytak, Zongrone, Clark, & Truong, 2018). In 1999 GLESN identified the lack of data on LGBTQ student school experiences and in response developed and distributed a survey to understand these experiences (Kosciw et al., 2018). Since this time, the School Climate Survey collects national data from all 50 states and Puerto Rico on LGBT student school experiences every two years.

The 2017 survey included results from 23,001 LGBT students, 25% of whom identified as transgender (including those who identify as male, female, nonbinary, and unspecified) (Kosciw et al., 2018). Of the transgender respondents, 47.5% reported missing school in past

month and 22.9% changed schools (compared to 24.8% and 13% of cisgender LGBQ students) (Kosciw et al, 2018). Just over 42% had been prevented from using their asserted name in school and nearly half (46.5%) had been required to use the bathroom of their "legal sex" (Kosciw et al., 2018). Regarding harassment, 45% of LGBT students reported hearing negative remarks about transgender students; 83% of transgender students compared to 54.3% of cisgender LGB students did not feel safe at school; 83.7% of transgender students compared to 36% of cisgender LGB students experienced harassment. Moreover, after years of decrease since 2001, gender related verbal harassment significantly increased for the first time since between 2015 and 2017 data collection (Kosciw et al., 2018), indicating a potential change in social climate for LGBTQ students.

Another study examining the experiences of transgender adolescents 13-18 found that compared to cisgender peers, transgender adolescents experienced significantly more bullying and at the same time, bullying mediated the relationship between gender minority status and substance use for transgender adolescents (Reisner, Greytak, Parsons, & Ybarra, 2015). One mixed method study found that compared with non-transgender students, transgender students heard significantly more negative gender-based comments from both peers and school personnel (McGuire, Anderson, Toomey, & Russell, 2010). Qualitatively, this study found that that transgender adolescents experienced physical and emotional harassment, peer rejection, and fear for safety within school (McGuire et al., 2010). However, discrimination and stigma at school was not always overt. Transgender students who physically and socially transitioned reported fear for safety if others found out about their transition (McGuire et al., 2010). On the other hand, transgender students in schools with Gay Straight Alliances, inclusive curriculum, or a

supportive adult school personnel or administrator buffered against hostile environments (McGuire, et al., 2010).

Early frameworks to understand adolescent development. Plato's ideas about adolescence as time of emotional turmoil has influenced the philosophical notions and theories applied to this time of life (Coleman, 1978). G. Stanley Hall (in the early 1900s) was one of the first to write about adolescence and conceptualized this period as a time of biologically influenced and inevitable "storm and stress" (Lerner, Boyd, & Du, 2009; Lerner and Steinberg, 2004; Petersen, 1988). This concept of biologically based storm and stress influenced subsequent psychoanalytical theorists such as Anna Freud who viewed instability or turbulence as a critical component of adolescence (Petersen, 1988). Other developmental theorists, such as Erikson used developmental stages to understand development for children and adolescents (Eccles, 1999). Erikson understood developmental milestones and risk for young people as occurring within age and stage-specific time-periods from childhood through adulthood (Eccles, 1999). Erikson believed that middle childhood and more specifically, between the ages of 6-11 represented a time when children and pre-adolescents develop their sense of competence as they navigate settings outside the home, perform within certain academic and social expectations and compare themselves to peers (Eccles, 1999). Adolescence (between the ages of 12-18) is a time of identity development and "role confusion" with the central question of "who am I" guiding this stage of development (Eccles, 1999, pg. 33). Per Erikson, problems with self-esteem and anxiety can develop within these two stages if adolescents don't develop a sense of competence and identity (Eccles, 1999). While Erikson steered away from the "storm and stress" concept, his stage model echoed a similar deficit-oriented framework of development whereby failures to meet certain stage specific tasks influenced cognitive, emotional, and interpersonal impairments

in subsequent stages (Eccles, 1999). Hall's concept of biologically based storm and stress as well as stage theories tying accomplishment of sequential developmental tasks to risk and development during adolescence and young adulthood have since waned.

More recent developmental researchers conceptualized adolescence as a more fluid time-period whereby issues (such as self-image, peer relationships, family conflict, school stress), or resolution of issues, was not necessarily connected to a specific age or stage of development (Coleman, 1978). Coleman (1978) believed that while stress, relationship patterns, and changes tend to present themselves and may peak at various ages during adolescence, this timing is not necessarily considered a fixed sequence of events and many of these experiences tend to overlap. Similarly, life-course perspectives conceptualize adolescence as part of a bigger picture from childhood through adulthood (Steinberg & Morris, 2001) and incorporate intersections of physiological, social, emotional and cognitive processes, behavior and environment (Call, Riedel, Hein, McLoyd, Petersen, and Kipke, 2002; Compas, Hinden, and Gehardt, 1995). These intersectional and life-course social and developmental processes likely inform complex factors related to gender identity development from childhood through adolescence.

Early gender development. According to existing research, gender stereotypically coincides with genitalia and is reinforced through infant and baby clothing that mirrors a designated sex at birth (Lorber, 1994). Often in line with designated sex at birth, people tend to treat babies and children differently based on gender (Lorber, 1994). The existing research on early gender development indicates that many two and three-year-old children have an awareness of feeling boy or girl (Grossman et al., 2006; Olson et al., 2011). During this time, children often interact with and receive toys that reinforce rigid expectations of gender specific play (Grossman, et al., 2006). By preschool, most children have a strong concept of gender and can

label their own and others' gender (Grossman et al., 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010). According to Egan and Perry (2001), most children experience gender constancy, meaning they feel their gender is stable across time and despite physical appearance. However, the experience of gender constancy is arguably quite different for transgender children.

Specific to gender role and behavior, research suggests that gender is not necessarily associated with sex-typing such as toy preferences and gender-stereotyped interests (Egan and Perry, 2001). Previous research among children and adolescents suggests that many people identify with and display enough gender-typical attributes to be comfortable with their designated gender (Egan and Perry, 2001; Spence and Buckner, 1995). For example, Egan and Perry's research with children in grades four through eight found emotional adjustment is positively associated with feeling that they are a "typical member of their sex and at the same time free to explore cross-sex options when they so desire" (Egan and Perry, 2001, pg. 459). For example, Egan and Perry (2001) found that independently, children's connection to their gender designation was unrelated to self-esteem. However, children who had low connection to their assigned sex at birth and were pressured to conform to their sex designated at birth experienced poor self-esteem and were at risk for problematic development within a social environment that prevented them from exploring other gender options (Egan and Perry, 2001). Compared to cisgender children, exploring other gender options may hold different meanings for both transgender adolescents and their parents.

Egan and Perry's research demonstrates the importance of being supported to explore gender during childhood and the potential relationship to psychological adjustment. Gender is built into family and social systems where gender expectations are both implicitly and overtly reinforced (Lorber & Farrell, 2001). By middle childhood, young people socially compare

themselves to others on gender specific characteristics and form a comparative concept of self (Yunger, Carver, & Perry, 2004). During this time, those who conform to socially constructed gender roles are often reinforced to maintain those roles, while those who do not conform may face criticism and sanctions within social contexts such as families, peer networks, and various institutional settings (McGuire et al., 2010; Yunger et al., 2004). These cisgender expectations may be most pronounced leading up to and during puberty.

Puberty as a milestone. Puberty is one area of adolescent development previously explored by both general and transgender specific research. Historically, research readily classified adolescence and more specifically puberty as a period of turbulence and upheaval (Lerner et al., 1998; Petersen, 1988). While this view has shifted over the decades, this deficit-oriented lens contributed to modern notions regarding adolescent development. The timing of physiological changes associated with pubertal onset often coincide with changes in interpersonal relationships with family and peers, as well as cognitive, emotional, and sexual development (Compas et al., 1995; Petersen, 1988). When an adolescent navigates physiological stages of puberty, they also navigate the social construction of this physiological change. According to Lorber (1994), during puberty, social systems including families prepare young adolescents for various rituals and rites of passage to adulthood, predominantly including heterosexual partnering, marriage, and gender specific family roles. These changes in social relationships and cognitive, emotional, and physiological processes often differ by gender, age, sexual identity, race/ethnicity, family structure, and the characteristics of their immediate environment (Compas et al., 1995; Steinberg, 1987). Notably, puberty can be challenging for many adolescents but certainly presents unique challenges for transgender adolescents specifically.

Puberty for transgender adolescents. While research on cisgender child and adolescent development provides a useful framework to understand adolescence, the developmental trajectory of transgender adolescents is arguably different (Olson et al., 2011; Olson et al., 2015). Specifically, puberty is an important developmental milestone for all adolescents (Steinberg, & Morris, 2001) but presents unique challenges for transgender adolescents (Olson et al., 2011; Kosciw, Greytak, Palmer, & Boesen, 2014). For transgender adolescents and their parents, puberty represents the many socially constructed gender norms and pressures attached to developing bodies (Olson et al., 2011; Olson et al., 2015; Reisner et al., 2015). Early signs of emotional distress can occur when young people initiate puberty amidst gender identities, expressions and values that challenge gender norms expected within their familial and social systems (Cyranowski et al., 2000; Grossman, D'Augelli, Howell, & Hubbard, 2006; McGuire et al.,, 2010; Olson et al., 2011). As secondary sex characteristics start to develop, pressures to conform to new standards of hygiene, dress, gender roles, and behaviors are often communicated by family, peers, mainstream media, and within institutional settings (Olson et al., 2011). Socially constructed ideas of body image become a significant trigger for distress towards body parts and the self, especially as gendered norms and expectations do not align with personal gender identity or expression (Nuttbrock et al., 2010).

Specifically, as the body changes, outward attention and pressure toward developing bodies can often influence adolescents to accentuate or hide secondary sex characteristics and for transgender youth, extreme stress often occurs as their body further deviates from their internal gender identity (Olson et al., 2011). During adolescence, development of secondary sex characteristics can exacerbate dissonance between internal gender identity, developing bodies and socialized gender expectations (Cyranowski et al.,, 2000; Olson et al., 2011). Subsequently,

this dissonance can lead to increased gender dysphoria, depression, anxiety, poor self-esteem, and suicidality (Olson et al., 2011; Olson et al., 2015; Reisner et al., 2015). Socially constructed ideas of body image become a significant trigger for distress towards body parts and the self, especially as gendered norms do not align with personal gender identity or presentation (Nuttbrock et al., 2010). Family and school systems often perpetuate rigid cisgender norms and subsequently struggle to protect young people, especially transgender adolescents from oppression and violence (Burgess, 2000; Simons et al., 2013).

Prior to the onset of puberty, transgender pre-adolescents and adolescents who are under the care of a transgender specific medical provider may be prescribed puberty blockers to halt puberty and prevent secondary sex characteristics from developing (Olson et al., 2011). Adolescents who start puberty blockers prior to the development of secondary sex characteristics corresponding to their assigned sex at birth and who are also prescribed hormones will likely only experience the puberty connected with their asserted gender identity and not that of their sex designated at birth (Olson et al., 2011). On the other hand, older transgender adolescents initiating prescribed hormone therapy without early use of puberty blockers may experience two puberties: The first corresponding to their designated sex at birth; and the second puberty connected to their internal gender (Olson et al., 2011). Transgender adolescents experiencing the puberty corresponding to their designated sex at birth, often hide or minimize noticeable secondary sex characteristics misaligned with their internal gender by binding breasts, hiding/altering their voice, and shaving facial hair (Burgess, 2000; Olson et al., 2011). Puberty is a complex experience for many transgender adolescents and warrants further investigation to understand factors contributing to adolescent and family adjustment and support leading up to and during this developmental period.

Not all transgender adolescents have family support and resources to support early access to transgender specific care and others do not have a desire to prevent secondary sex characteristics associated with their sex designated at birth from developing. For transgender adolescents who have a need to align their body with their internal gender through hormones or surgeries, they must have knowledge that these interventions are an option and have access to transgender specific care. Amidst social and cultural pressures and expectations to conform to cisgender norms, parents may be one of the most important systems of support, advocacy, and resource for transgender adolescents. Further, adolescence is a time of changing parental roles, and stress between parents arises (inter-parental stress) to understand and cope with the social complexity of a transitioning family system (Grossman et al., 2006). As research clearly indicates the importance of family for all adolescents navigating difficult times (Armsden, & Greenberg, 1987; Steinberg and Morris, 2001), their importance for transgender adolescents may be particularly pronounced.

Importance of adolescent-parent relationship. Dyadic stress contributes to psychological functioning (Gamarel et al., 2014) but is understudied among transgender adolescent-parent dyads. Unlike peer relationships, the parent-child relationship is not voluntary, but rather tied by an emotional and legal bond constrained by societal expectations for harmony and comradeship (Becker, & Useem, 1942). The extant research on family stress and support has found that parents and adolescents ascribe different meanings, opinions and definitions to various types of stressors indicating that their perceptions of problems and their severity may be misaligned (Steinberg and Morris, 2001; Collins, Laursen, Mortensen, Luebker, & Ferreira, 1997; Dimler, Natsuaki, Hastings, Zahn-Waxler, & Klimes-Dougan, 2016). General population research on parent-adolescent stress have evaluated the characteristics of typical

parent-child relationships during adolescence, finding that families who experienced problems prior to adolescence experienced more stress during adolescence (Steinberg and Morris, 2001).

Research on the parent-adolescent relationship has found that adolescent decisions for secrecy vs. disclosure were highly correlated with degree of trust in the parent-adolescent relationship, self-esteem, and parent-child bond (Tilton-Weaver, Kerr, Pakalniskeine, Tokic, Salihovic, & Stattin, 2010). Specifically, youth who viewed their parents' responses to youth disclosures of sensitive information or unacceptable behavior as negative (rejecting, being critical, angry outbursts), were more secretive and did not disclose personal experiences to parents (Tilton-Weaver et al., 2010). However, adolescents who trusted their parents, viewed them as accepting, who felt obligated to disclose, and experienced less intense conflicts with parents kept fewer secrets regarding personal, peer and school issues (Smenta, Metzger, Gettman, & Campione-Barr, 2006). In this study, parent acceptance was viewed to be most important for adolescent disclosure of personal issues perceived to be discretionary and not obligatory (like grades) (Smenta et al., 2006), thus giving weight to the importance of parental acceptance. Similarly, adolescent confidence in their parents' support and commitment, as well as trust, mutual respect and rapport contribute to adolescent coping processes during adversity, serving as a buffer against behavioral health problems (Armsden, & Greenberg, 1987; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

For transgender adolescent-parent dyads, however, even as the child is developing self-efficacy to challenge fixed assumptions connected to their gender, parents are experiencing their own confusion and adjustment (Olson et al., 2011; Simons et al., 2013). The limited research involving transgender adolescents and parents of transgender adolescents have separately explored a narrow set of topics including a) parents' initial reaction to their child's disclosure;

and b) youth's experiences with their parent reactions (Grossman et al., 2006; Meadow, 2011; Simons et al., 2013). Many parents undergo stages of grief as they detach from their idea of who their child is and will become while familiarizing themselves with and adjusting to their child's affirmed self (Meadow, 2011; Lesser, 1999; Olson et al., 2011), perhaps even holding themselves responsible (Riley et al., 2011). At the same time, parents often feel isolated, excluded, ostracized, and harassed within their own support networks (Riley et al., 2011). This lack of support found within parents' personal communities may have a profound impact on how parents adjust and support their child's gender journey.

For transgender adolescents, expressing gender non-conformity or coming out as transgender often correlates with isolation from familial support systems emotionally unprepared and ill-equipped to provide support (Burgess, 2000). This support is critical, as existing studies found that low parental support was negatively associated with psychological distress (depression, anxiety) (Boss, 2004; Ryan et al., 2009) whereas high parental support is protective against negative behavioral health outcomes (Bockting, Coleman, Deutsch, Guillamon, Meyer, Reisner, Sevelius, & Ettner, 2016; Grossman, Park, Frank & Russell, 2019; Ryan et al, 2010; Simons et al., 2013). A recent study on parent support for transgender youth found that greater parent support was associated with less adolescent depressive symptoms and reduced distress associated with LGBTQ-identity disclosure (Grossman et al., 2019). This same study found that while parent support improved over time, nearly 50% of youth reported parent-rejection related minority stress (Grossman et al, 2019). Another recent community-based national sample study of 73 transgender children ages 3-12 pre-puberty found no differences in depressive symptoms and only marginally higher levels of anxiety symptoms compared to their siblings and an age and gender matched community sample of cisgender children (Olson et al., 2016). According to the

authors, initial findings suggest that support for transgender children may have positive mental health implications (Olson, et al., 2016). Thus, given the connection between parent-child relationship functioning on adolescent mental health, studying the transgender adolescent-parent system in concert (i.e., dyadic) could reveal important family processes that inform both research and intervention development.

Mental Health. Research on adolescent development, hormones, puberty, and the family provides insight into the complexity of factors potentially related to transgender adolescent psychological functioning. The extant research on psychological functioning (defined for this study as depression and anxiety) among transgender individuals involves adults and those that include transgender youth often aggregate lesbian, gay, bisexual and transgender youth or only focus on one gender (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Mustanski, Garofalo, &. Emerson, 2010; Toomey, Ryan, Diaz, Card, & Russell, 2010). One study analyzing electronic health record data of transgender youth ages 12-29 receiving medical and/or behavioral health services at an urban community health center in Boston found that compared to matched cisgender samples, transgender youth were more likely to have clinical depression (50% vs. 20.6%) and anxiety (26.7% vs. 10.0%) (Reisner et al., 2015). This same study found that transgender youth were more likely than their cisgender matched counterparts to report suicidal ideation (31.1% vs. 11.1%), suicide attempt (17.2% vs. 6.1%) and self-harm without intent for lethality (16.7% vs. 4.4%) (Reisner et al., 2015). Yet another study on racial and ethnic minority transgender female youth ages 16-25 found rates of depression and self-esteem scores comparable to that of the general population despite experiencing high rates of life stress such police harassment (53%), job insecurity (63%), homelessness (46%) and inadequate access to medical care (41%) (Garofalo et al., 2006).

Perhaps unlike transgender adults, transgender may have distinct experiences related to gender dysphoria, self-esteem and psychological distress that deserve further investigation.

Adolescence is a unique time encompassing changes in physiological development (Olson et al., 2011), social pressures toward cisgender conformity, and family support or rejection connected to a changing gender identity (Bockting et al., 2016; Grossman et al., 2006; Simons et al., 2013; Smetana et al., 2006). A preliminary conceptual model integrating two theoretical frameworks is a first step to explore meanings and intersections of adolescent minority stress, parent-adolescent stress, and support for transgender adolescents.

Theoretical Framework

The present study used two theoretical frameworks to explore adolescent minority stress, parent-adolescent stress and support and potential correlations with adolescent psychological functioning. Minority Stress Theory (MST) developed by Meyer (1995, 2003) will be used to explore transgender adolescent and parent perceptions of adolescent minority stress experiences. The second is a dyadic stress framework (Bodenmann 2005; Bodenmann, Pihet, Shantinath, Cina, & Widmer, 2006; Gamarel et al., 2014; Randall & Bodenmann, 2009) which will be used to explore stress experienced within a parent-transgender adolescent dyad in response to adolescent gender identity and gender expression (McGuire et al., 2016), minority stressors (Gamarel et al., 2014; Meyer 2003; Testa et al., 2015) and cross-over stress (i.e., stress transferred from one member of a dyad to another) ((Bodenmann 2005; Bodenmann, et al., 2006; Gamarel, et al., 2014; Randall & Bodenmann, 2009). Below I describe different types of stress experiences informed by MST and Dyadic Stress. Together, MST and Dyadic Stress informs the preliminary conceptual model (Figure B, Chapter 3).

Normative and non-normative stress. Many adolescents regardless of gender or sexual orientation experience various types of common stressors during adolescent development (Steinberg & Morris, 2001). Common stress experiences during adolescence are often tied to "fitting in" with peers, developing self-concept and identity, school-related stress, negotiating family rules, dating, and future career and education options (Steinberg & Morris, 2001). One of the most critical factors for adolescent health and well-being are the interactions with people and environments (Call et al., 2002). As youth move from childhood to adolescence, they often become more independent from family and begin to independently interact across a larger variety of social contexts (e.g. peer group, school, community, and intimate partner relationships) (Call et al., 2002). Often, these common stressors during adolescence are understood as a necessary process toward goal achievement as well as healthy cognitive, emotional, and social development (Steinberg & Morris, 2001). Research suggests that many adolescents move through adolescence and any stress during this time without long-term impairment (Coleman, 1978; Steinberg & Morris, 2001).

Not all stress is perceived as a healthy or necessary part of human growth and development. Exposure to family and community-based violence and stigma, and the compiling of unresolved stress often complicates the successful resolution of future stress experiences (Coleman, 1978). Another example of non-normative adolescent stress is microaggression. Micro-aggression, often embedded within dominant societal norms, is defined as "brief and commonplace daily and verbal, behavioral, and environmental indignities, either intentional or unintentional, that communicate hostile, derogatory or negative racial and/or sexist slights and insults toward members of an oppressed group" (Sue, Bucceri, Lin, Nadal, & Torino, 2007 p. 72). Identifying the interactions, norms and perceived expectations within social context is

important for understanding adolescent minority experiences. Our understanding of adolescent stress today incorporates a relatively positive view of adolescents' ability to manage stress and move into adulthood with stability. However, research based on the general adolescent population may not reflect the unique stressors experienced by transgender adolescents.

The minority stress framework. Within the past two decades, research with sexual minority populations (LGBTQ) has investigated stressors specific to LGBTQ identity and expression. MST was originally developed to explain how stigma and prejudice predispose sexual minority people to excess stress that can lead to adverse health outcomes (Meyer, 1995, 2003). Often, dominant norms within a society influences beliefs, perceptions, and subsequent behavior. Several theories serve as the theoretical background informing MST. MST drew from ideas of Lazarus and Folkman's research which describes stress in terms of chronic stressors stemming from interactions between individuals and society (Meyer 1995). Another important framework informing MST was Symbolic Interaction theory (Meyer, 1995) which examines society through the subjective meanings that people impose on objects, events, and behaviors (Stryker, 1968). Subjective meanings are given primacy because it is believed that people behave based on what they believe and not just on what is objectively true (Stryker, 1968). Lastly, MST relied on a tenant of Social Comparison theory whereby self-concept and self-worth is tied to comparisons with others (Festinger, 1954). MST originally examined and contextualized the distal (objective, i.e. discrimination, rejection, violence) and proximal (subjective, i.e. internalized homophobia, identity concealment, mistrust of others) minority stress experiences of lesbians, bisexuals, and gay men (Meyer, 1995; 2003) during a time of the HIV epidemic when homophobic stigma was heightened. Meyer's minority stress model connected distal and

proximal minority stressors individually and together to psychological distress (Meyer, 1995, 2003).

Existing MST research also identified the ways in which minority specific protective factors buffered against these minority stressors (Meyer, 1995, 2003; Testa et al., 2015). Specifically, minority specific coping factors related to community connectedness, demystifying dominant cultural stigma, and affirmation of sexual minority values and culture mitigated the impact of minority stressors (Meyer, 1995). Meyer's model of minority stress specifically addressed the experiences of sexual minority people living in a heteronormative society and laid the groundwork for more recent research applying MST to transgender adults and LGB adolescents living in a cisnormative society.

Recent applications of the minority stress model. Recent research applied MST to describe the minority stress experiences of LGB adolescents (Goldbach and Gibbs, 2016) and the gender minority stress experiences of transgender adults, informing clinical assessment and intervention (Hendricks and Testa, 2012; Testa et al., 2015). Regarding gender minority stress among transgender adults, Testa and colleagues developed and validated a measure of gender minority stress experienced within adult transgender and gender non-conforming (TGNC) people (Hendricks and Testa, 2012; Testa et al., 2015). To do this, Testa and colleagues used findings from three sources of data to develop their gender minority stress measure: (1) data generated from a qualitative focus group exploring minority stress among transgender and gender non-conforming (TG/GNC) adults (Balsam, Beadnell, Simoni and Cope, 2008; Testa et al., 2015); (2) items adapted from previous minority stress measures and (3) findings from a large mixed method data set of TG/GNC adults (Testa et al., 2015). Nine measures of gender minority stress specific to "gender-related discrimination, gender related rejection, gender-related victimization,

internalized transphobia, negative expectations for future events, non-disclosure and non-affirmation as well as two resiliency items specific to community connectedness and pride" (Testa et al., pg. 68, 2015) were included in their gender minority stress measure and tested among a final sample of 844 transgender and gender non-conforming adults.

Findings indicated that while proximal and distal minority stressors were commonly experienced by both LGB and TG/GNC adults (Hendricks and Testa, 2012; Meyer, 1995, 2003; Testa et al., 2015), specific minority stressors varied between the two groups. For example, while the experiences of distal minority stress such as violence and rejection are similar for both LGB and TG/GNC people, the added distal stress of non-affirmation of gender by others adds specific stress for transgender people (Testa et al., 2015). Additionally, while proximal stressors such as internalized homophobia and internalized transphobia are similar minority stress experiences for both LGB and transgender populations (Hendricks and Testa, 2012; Testa et al., 2015), the experience of concealment and identity disclosure are different for LGB and transgender populations (Testa et al., 2015). When tested with other measures of stress and psychological distress, Testa and colleagues' (2015) gender minority stress measure demonstrated good model fit and convergent, criterion and discriminant validity when compared to perceived general life stress, depression, social anxiety, and perceived social support.

While both Hendricks and Testa (2012) and Testa and colleagues' (2015) research identified the specific gender minority stressors commonly experienced by transgender adults, we don't know the ways in which minority stressors are experienced by transgender adolescents. Previous research sought to understand the ways in which the minority stress model applied to LGB adolescents (Goldbach and Gibbs 2015, 2017). Specifically, Goldbach and Gibbs (2017) used a Life History Calendar approach to qualitatively explore the ways in which Meyer's (1995,

2003) MST applied to sexual minority adolescents. Similar to Testa and colleagues (2015), Goldbach and Gibbs's (2017) preliminary findings indicated that sexual minority adolescents and adults experienced concordant proximal and distal minority stressors related to violence and harassment, expectation of rejection, and disclosure stress, to name a few. However, social domains (such as family, peer support, school, religion) held different meanings for sexual minority adolescent sexual identity development, minority stressors and coping (Goldbach and Gibbs, 2017). Additionally, the meaning of sexual identity labels outside of lesbian, gay or bisexual was another important area of divergence between sexual minority adolescents and adults (Goldbach and Gibbs, 2017). Due to the small transgender subgroup within their study, more research is needed to understand how MST can be applied to transgender adolescents (Goldbach and Gibbs, 2017). This existing research provides support for the present study to prospectively explore how previous knowledge regarding the minority stress experiences of LGB adults, adolescents and transgender adults apply to transgender adolescents.

Transgender adolescent-parent dyads. Research demonstrates that different levels of support including access to social support groups, parental support, school safety measures, and access to appropriate medical and mental health care buffer against stigmatizing experiences and attenuate psychological distress symptoms among LGBT youth (Goldbach and Gibbs, 2015; Grossman & D'Augelli, 2007; Kosciw et al., 2014). Specific to this study, the transgender adolescent-parent relationship is one understudied area of research that may enhance our understanding of the experience of minority stress and parent support for transgender adolescents. As research clearly indicates the importance of family for all adolescents navigating difficult times (Goldbach and Gibbs, 2017; Steinberg and Morris, 2001), their importance for transgender adolescents may be particularly pronounced (Meadow, 2011; Riley et al., 2011 Ryan

et al., 2009; Ryan et al., 2010; Simons et al., 2013). Yet, knowledge from both transgender adolescents and their parents within the same family unit is limited, and as such this limitation supports the need for dyadic research within the transgender adolescent-parent family system.

Dyadic stress framework. Many parents of transgender children undergo stages of grief as they detach from their idea of who their child is and will become (Meadows, 2011). At the same time, parents are familiarizing themselves with and adjusting to their child's affirmed self (Meadows, 2011; Lesser, 1999; Olson et al., 2011). In response, parents often feel confused and hold themselves responsible as they cope, grieve, and adjust (Riley et al., 2011). At the same time, parents can feel isolated, excluded, ostracized, and harassed within their own communities of support (Riley et al., 2011). For transgender adolescents, decisions around gender expression or coming out as transgender often occurs alongside stigma or isolation from familial and social support systems unprepared and ill-equipped to provide support (Burgess, 2000) potentially leading to poor behavioral health outcomes. A recent literature review found that transgender people's perceptions of high parent support is protective against negative behavioral health outcomes while parental rejection is linked to psychological distress (Bockting et al., 2016). Research indicates that parental support is a critical component to both mitigating and exasperating child and adolescent psychological distress and is often a factor in youth's decisions to engage in hormone therapy (Grossman et al., 2006; Meadows, 2011; Ryan, et al., 2010; Simons, et al, 2013). However, by studying adolescents or parents alone, important minority and dyadic stress processes that can only be understood by examining both parent and adolescent perspectives, are missed.

As previously stated, the parent-child relationship is not voluntary, but rather tied by an emotional and/or legal bond and constrained by societal expectations for harmony and

comradeship (Becker and Useem, 1942), making parent support an important factor for adolescents. Much of the existing research has used a dyadic stress framework within the context of intimate partner relationships (Bodenmann, 2005; Gamarel et al., 2014; Randall & Bodenmann, 2009). While the dynamics between intimate partners differ from that of parent and adolescent, broad categories of dyadic stress and support previously studied within intimate partner relationships may be applicable to the parent-adolescent dyad.

Conclusion

Using both MST and Dyadic Stress to explore associations between minority (Myer 1995, 2003) and dyadic stressors (Bodenmann, 2005; Gamarel et al., 2014) within the transgender adolescent-parent system is a key next step in research with this population. For instance, cross-over stress in response to the other dyad member's minority stress (Gamarel et al., 2014) may account for a portion of the transgender adolescent's psychological functioning. Specifically, adolescent minority stress may impact parental adjustment, support, and stress and vice versa (Boss 2014; Gamarel et al., 2014;). Thus, informed by both MST (Meyer, 2003) and a dyadic stress framework (Bodenmann, 2005; Bodenmann et al., 2006; Gamarel et al., 2014), this exploratory study provides descriptive information about the types of stress and support processes experienced within the transgender adolescent-parent system.

Chapter 3

METHOD

Introduction

This chapter describes the methodological approach of the present study, with a particular focus on research design, measures, data collection, and analysis. This section begins with a description of the research design and its rationale. Next, I describe conceptual framework and provides a detailed account of the data collection procedures. Lastly, I discuss the rationale for the analytic approach with transgender adolescent-parent dyads. Due to the study's strong qualitative component, a statement of reflexivity specifies the position of the researcher and epistemological lens informing the research at hand.

Research Design

The present dissertation applies a qualitative narrative design and life history approach to explore transgender adolescent and parent perspectives of minority stress, parent-adolescent stress and support, adolescent gender identity developmental processes, and adolescent mental health. This qualitative approach to inquiry helps to explore and understand these phenomena across the adolescent lifespan.

The qualitative LHC interview is the dominant method of data collection followed by a quantitative survey to assess demographic information including adolescent mental health. As such, the quantitative findings were used to describe adolescent demographic information, schooling, and identify specific mental health symptoms.

LHC qualitative interviews used constructs within existing measures to explore adolescent minority stress (Meyer, 2003; Testa et al., 2015) and parent-adolescent stress and support in response to gender identity and expression (Gamarel et al., 2014) while also

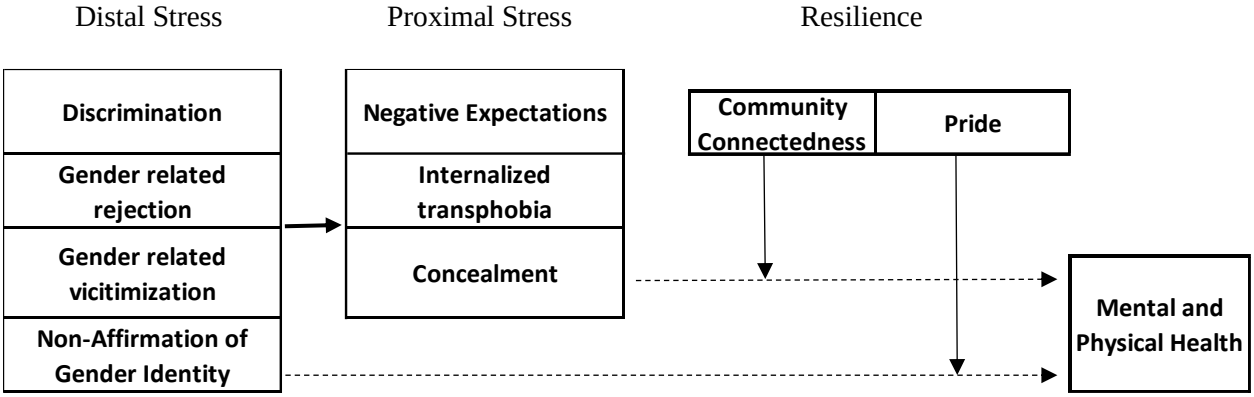
simultaneously maximizing the potential to inductively explore emerging perspectives on these topics of inquiry. Based on previous research of dyadic stress between intimate partners (Randall & Bodenmann, 2009; Gamarel et al., 2014), the present study explores cross-over stress experienced by parents in response to their child's adolescent minority stress. Conducting simultaneous individual and separate interviews with adolescents and parents strengthens knowledge claims while dyadic data analysis examines overlap and divergence emerging from adolescent and parent perspectives.

Conceptual Framework

Research could benefit from developing a conceptual framework among adolescents who are supported by their parents underscoring the minority stress and parent support processes related to adolescent gender identity development and mental health across multiple domains of life. This conceptual framework based on dyadic perspectives among adolescents supported by parents is necessary to further demonstrate the impact of minority stress and parent support for transgender adolescents. MST explains how stigma and prejudice predispose sexual and gender minorities to excess stress that can lead to adverse health outcomes (Meyer 2003; Testa et al., 2015). MST has originally examined and contextualized the distal (objective, i.e. discrimination) and proximal (subjective, i.e. internalized homophobia) minority stress experiences of LGB adults (Meyer, 2003). More recently, research applied this model to describe the minority stress experiences of LGBQ adolescents (Goldbach and Gibbs, 2017) and transgender adults (Figure A) (Hendricks and Testa, 2012; Testa et al., 2015). Dyadic stress theory further conceptualizes stress experienced within a dyad in response to exposure to minority stressors and accounts for "cross-over" stress from one member of a dyad to another (Bodenmann et al., 2006; Gamarel et al., 2014; Randall & Bodenmann, 2009). Developmental changes as well as family relationships

and stress processes often rely on normative (puberty, school, peer group) and non-normative transitions (separations, moves, deaths) (Bronfenbrenner, 1986). We do not yet have a model explaining pathways of minority stress and parent support among and within transgender adolescents and their parents.

Figure A. Minority Stress Model for Transgender Adults

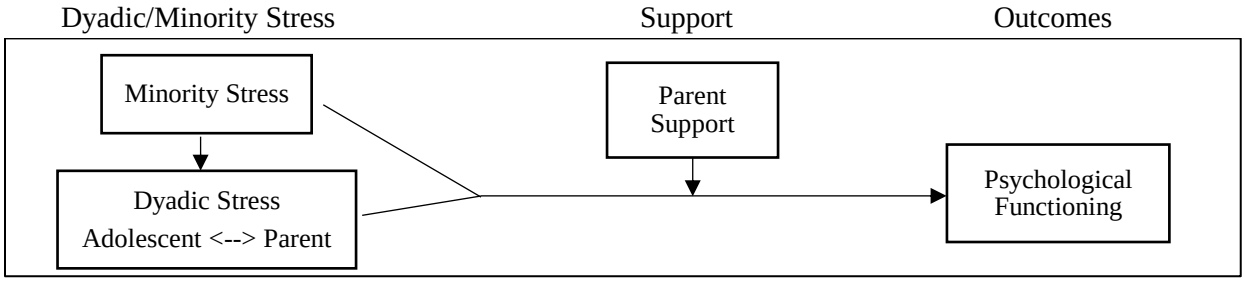


Meyer, 2003; Testa et al., 2015

The present study is my first step towards developing a conceptual framework for adolescent-parent research and practice with transgender adolescents and parents**.** Identifying and connecting minority (Meyer, 2003; Testa et al., 2015) and dyadic stressors (Gamarel et al., 2014) experienced within the transgender adolescent-parent system may provide important information regarding transgender adolescent psychological functioning and wellbeing. Parental adjustment, stress, and support can impact and be impacted by adolescent stress and coping processes and vice versa (Bronfenbrenner, 1986; Gamarel et al., 2014). Ideas around normative and non-normative developmental and family support processes may be quite different for transgender adolescents and their parents. The present study may provide important evidence for intervening and involving parents during key times and areas pertinent to transgender adolescent development. Existing research has yet to describe relationships between these stress and support

experiences and the relationship with adolescent psychological functioning. Theory is one way to connect and explain specific developmental and life experiences. The present study, informed by MST (Meyer, 2003; Testa et al., 2015) and a dyadic stress framework (Bodenmann et al., 2006; Gamarel et al., 2014) is a first step to explore and understand if and how adolescent minority stress and parent-adolescent stress and support relate to transgender adolescent mental health and gender affirmation processes among transgender adolescents who are supported by at least one parent in their gender journey.

Figure B: Preliminary model of adolescent-parent stress and support



Study Aims:

Aim 1: Describe gender minority adolescents' stressors and parent support from both the adolescent and parent perspectives and identify dyadic stressors experienced by adolescent and parent.

Aim 2: Identify specific areas of overlap and discordance between adolescents and parents regarding stress and support in response to gender identity and expression and begin to understand implications for adolescent mental health.

A Narrative Approach

The present study used a narrative approach to understand transgender adolescent and parent experiences of being and raising a transgender adolescent. A narrative approach provides a space for participants to share stories, stories that are then co-created by the researcher into a chronology (Creswell, 2013). According to Creswell (2013), narratives can be told and gathered

through interviews where the telling of stories enables participants to share experiences and how they see themselves. Adolescent and parent narratives are situated within temporal, geographical, historical, familial, cultural, and community contexts (Warren and Karner, 2015). The present study's narrative approach using a life history interview method provided opportunities for adolescents and parents to share their stories and perceptions stemming from the adolescents' early childhood and extending through their current age. A critical aspect of the narrative approach is what Creswell calls restorying, where the researcher re-tells the participant's narrative within a chronologically, thus creating temporal meaning of their life stories (Creswell, 2013). Additionally, this exploratory study represented an initial step to understand how these experiences were connected to transgender adolescent mental health. The present study's narrative approach sought to understand an understudied phenomena of minority stress, dyadic stress, and parent support from the perspectives of transgender adolescents and their parents.

Narrative approach with dyads

Researchers using dyads define two people as a dyad "when intimate, face-to-face relations between them have persisted over a length of time sufficient for the establishment of a discernable pattern of interacting personalities" (Becker & Useem, 1942, pg. 13). Data collection with parent-child dyads minimizes subjectivity bias and enhances understanding through the collection of dual perspectives of a shared phenomenon (Thompson and Walker, 1982). To harness the full potential of dyadic data collection, the perspectives of transgender adolescents and their parents were captured independently and simultaneously using a narrative qualitative study design with a life history interview method. Dyadic data collection triangulated the data in two important ways: (1) explored emerging perceptions from transgender adolescents

and their parents on similar constructs; and (2) allowed for qualitative exploration of gender minority stress, dyadic stress, and support constructs previously identified from existing research with LGB adolescent and transgender adult populations. This allowed me to explore transgender adolescent and parent experiences with these constructs while allowing for emerging experiences and themes to arise.

Qualitative method: Life history calendar approach. Informed by a life course orientation to human development, the Life History Calendar (LHC) approach evaluates developmental and life experiences from conception to the present (Baltes, Rees, & Lipsitt, 1980). In research, the life-course orientation to studying human experiences and development can be applied to the entire lifespan or to specific developmental time-periods such as adolescence (Baltes et al., 1980). Additionally, this life course perspective explores human development as a series of intersecting events across time and within a broad range of domains (for this study, domains are primarily school, family, and cultural community). For the present study, using an LHC approach to understand transgender adolescent and parent perspectives of gender identity development and expression, adolescent minority stress, dyadic stress and parent support from birth to adolescence was important in two ways: First, it identified key processes in childhood informing experiences and perceptions during adolescence; and second, it allowed for the interviewer to gather important and specific information during adolescence that deepened our understanding of adolescent minority stress, transgender adolescent-parent stress and support, and adolescent mental health.

LHC development. The present LHC is used to explore emerging adolescent-parent perceptions of stress and parent support within social domains (i.e. family, school, cultural community) while simultaneously using broader constructs from two previous measures: (1)

LHC domains from a study on LGB adolescents (Goldbach and Gibbs, 2015); and (2) constructs from a gender minority stress measure previously validated with transgender adults (Testa et al., 2015). These minority stress and parent support processes previously studied within LGB adolescent, transgender adult and family systems will be used to determine if and in what ways transgender adolescents and their parent endorse these experiences.

Each LHC was developed according to the lifespan of the adolescent (from birth to current age). Demographic data such as age and year in school was important to tracking chronology and experiences over time. Based on previous experience conducting LHC interviews, each LHC included a landmark or interviewer-posed specific even question to initiate the interview. The interview-posed specific event question is a qualitative data collection strategy used to encourage participants to reflect on an emotional or memorable time of life (Fiese and Spagnola, 2005). Interviewers started the main LHC interview with each participant in the exact same way by asking the same interview-posed specific event question for each participant. We wanted to capture adolescents' awareness of early developmental time-periods to understand intersections of development across time with minority stress, parent support and gender identity and expression. We used the calendar to document when milestones and experiences occurred. The interview questions were specific to minority stressors, parent-adolescent stress, parent support, and adolescent mental health.

We used the LHC calendar and the domains to guide (Appendix A) to guide our questions. Interviewers were trained to follow the individual's narrative and at the same time ensure that each domain was included, as appropriate, in their narrative. We used an interview protocol to ensure the interviews were expanding upon emerging constructs and experiences while at the same time addressing minority stress and parent support within each domain. Based

off previous research, one assumption embedded within this dyadic interview is a potential for parents and adolescents to report perceived loss (McGuire et al., 2016) and interparental stress (between parents) (Krishnakumar and Buehler, 2000). For example, an existing meta-analysis on interparental stress found that interparental conflict may arise due to disagreements in parenting or pre-existing interpersonal communication habits between parents (Krishnakumar and Buehler, 2000). Findings suggests that interparental conflict (IPC) may spillover into parenting practices thus impacting adolescent psychological adjustment (Krishnakumar and Buehler, 2000). Within this meta-analysis, the overall mean weighted effect size between IPC and parenting (defined as harsh discipline, lax control, and support and acceptance) was d=-.62 indicating that the high levels of IPC were correlated with poor parenting (Krishnakumar and Buehler, 2000). This association was strongest for adolescents and between IPC and acceptance/support of their children.

On the other hand, ambiguous loss (an unclear or perceived loss), has been originally studied in relation to: (1) military families where a parent/partner is psychologically present but physically absent; or (2) a family member with dementia where a member is physically present but psychologically absent (Adams, McClendon, and Smyth, 2008; Boss, 2004; Huebner, Mancini, Wilcox, Grass, and Grass, 2007; McGuire et al., 2016). One important finding from a recent literature review on ambiguous loss indicated that transgender families often experience both physical and emotional losses connected to the transgender identity development and expression of a family member but also felt a sense of gain, support and acceptance (McGuire et al., 2016). Based on previous work in this area within the family, I understood that emerging ideas and experiences with interparental conflict and ambiguous loss were connected to minority stress and adolescent gender identity and expression and subsequently understood that this may

have contributed to both or either the MST and dyadic stress framework (Bodenmann 2005; Gamarel et al., 2014). To capture emerging themes, the interviewing team systematically documented how emerging constructs including ambiguous loss and interparental stress may potentially be important for transgender adolescents and their parents throughout our interview process. These two potentially important components of how families support transgender adolescent gender affirmation were not a primary aim of the present study. However, and in accordance to the qualitative interview protocol, interviewers used follow up questions to explore emerging experiences to: (1) begin to understand multiple components of parent support and minority stress; (2) be attuned to these processes within the adolescent-parent relationship; and (3) develop a systematic approach to begin to document how emerging experiences may potentially be important within the dyad.

Similar to my previous experience using the LHC, the present study's LHC was poster sized and laminated for writing during the interview (i.e., dry erase). The LHC used specific chronological time periods of prominent events or landmarks (for this study: first time parent-adolescent suspected adolescent gender was different than assigned sex at birth) to aid in the recall and relational timing of other less prominent events (Freedman, Thornton, Camburn, Alwin, & Young-DeMarco, 1988). The physical process of recording events on the calendar during the interview helped participants visually and cognitively connect temporal and intersectional experiences (Freedman et al., 1988). The LHC has been used successfully with racially and ethnically diverse LGB adolescents (Fisher 2012; Goldbach and Gibbs, 2015), and the PI has had extensive experience using the LHC as research assistant on two federally funded studies. Immediately following informed consent/assent, the two interviewers conducting adolescent and parent interviews turned on the audio-recording device and separate interviews

commenced simultaneously. Participant responses were recorded on the calendar under the time of occurrence allowing for temporal and thematic analyses between adolescents and parents.

Quantitative survey development. The quantitative survey was used to further describe the sample in terms of demographics and adolescents' mental health. In addition to demographic measures, parents and adolescents completed existing measures regarding perceptions of adolescent depressive symptoms and social anxiety. Two measures assessed parent and adolescent perceptions of adolescent mental health symptoms specific to depression and social anxiety. For depression, The Columbia DISC Depression Scale (Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000) is a 22-item dichotomous scale (yes/no) measuring adolescent (11 and over) and parent perception of adolescent depressive symptoms over the last 4 weeks including four questions on suicidality. Scale scoring contains cut-offs that rate "chance of depression" from very unlikely to highly likely. This scale also contains questions regarding thoughts of suicide (last four weeks), attempt (last four weeks) and attempt (ever). For social anxiety, the 22-item (including 4 filler items) Social Anxiety measure (SAS-A) assesses anxiety symptoms stemming from social interactions (LeGreca and Lopez, 1998) which fall in line with tenants of minority stress theory. The SAS-A can be used as a total score and is also made up of three subscales: "The eight-item Fear of Negative Evaluation (FNE) assessing adolescent fears, concerns, or worries regarding peers' negative evaluations; six-item Social Avoidance and Distress in New Situations (SAD–New) assessing children's social avoidance and distress with new social situations or with unfamiliar peers; and the four-item Social Avoidance and Distress–General (SAD–General) assessing general social inhibition, distress, and discomfort" (Inderbitzen-Nolan and Walters, 2000, pg. 360-361). To determine construct validity, the SAS-A was compared to the Revised Children's Manifest Anxiety Scale (RCMAS), and the Children's

Depression Inventory (CDI). Findings indicated that the total and subscale scores for the SAS-A were positively and significantly correlated with total and subscale scores of the RCMAS and CDI (Inderbitzen-Nolan and Walters, 2000).

Study Procedures

A purposive sample of transgender adolescent-parent dyads (N=20 dyads) were recruited from three sites in Southern California: (1) a transgender-specific child and adolescent health clinic, (2) a transgender family support group , and (3) an LGBTQ center. The PI has collaborated with each of these three programs and providers since 2013. Providers and social workers from the adolescent transgender health center provided information (flyers) to transgender adolescents and their parents about the study and how to contact to PI for potential inclusion into the study. The PI also presented at the beginning of several adolescent and family support group meetings, during the announcements time to introduce the study, answer questions, and leave study fliers for parents and adolescents to pick up after their group meetings. Additionally, study flyers were posted on organizational websites. Interested families called and/or emailed the PI and the PI conducted a brief screen of inclusion criteria to determine eligibility. The PI provided information about the study including purpose, procedure, study timeframe, and answered any questions. The PI and family (parent/adolescent) scheduled a time to meet in a comfortable location of their choosing, typically in their home (n=16) or private office spaces at UCLA (n=4) to conduct separate but simultaneous interviews and surveys.

Before the start of each interview, myself and another MSW-level trained interviewer met with the dyad together to provide information about the study, answer questions, and obtain verbal parent consent. Next, each participant within the dyad went into separate rooms of the house (or if at UCLA, two separate office spaces) for their own individual and separate

interviews with me and another interviewer. Here, we provided the adolescent (minor) or parent information about the study again, gave them an opportunity to ask questions, clarified all research protocol, reviewed confidentiality and rights as study participants before obtaining verbal assent. Immediately following the informed consents/assent, we (interviewers) turned on the audio-recording device and conducted separate but simultaneous individual interviews with adolescents (n=20) and their parents (n=20).

While some research prioritizes joint interviews between dyads allowing for direct observation of family communication and dynamics (Walker and Dickson, 2004) other studies use two interviewers to interview dyad members separately yet simultaneously (i.e., at the same time) (Hellström, Nolan, & Lundh, 2005). Both interview strategies capture various components of interpersonal relationships and demonstrate a rigorous qualitative strategy. Separate interviews are important for this particular study for two reasons: (1) it minimizes risk of sharing sensitive information with the other dyad member; and (2) it ensures that one dyad member's responses will not influence the other member's responses (Eisikovits and Koren, 2010). Moreover, this interview approach may enhance parents' comfort level of being able to share without hurting their child's feelings, and vice versa. The LHC interview may be one of the few times parents and adolescents can express their thoughts and experiences within a confidential and more structured method. The chronology of the LHC by adolescent age and calendar year provides an opportunity to qualitatively and dyadically analyze similarities and differences between adolescent and parent perceptions of these events across time and domains.

Interviews lasted between 90 minutes and 3 hours. Immediately following interviews, adolescents and their parents separately completed the online quantitative survey through Qualtrics on iPads. Since the LHC interviews are the primary component of the study, this order

of procedures was important for two reasons: (1) mitigates the possibility of quantitative questions leading participant qualitative responses; and (2) helps reduce the possibility of participant leaving the interview early due to time constraints.

Inclusion Criteria. Transgender adolescent participants were (1) ages 12-17; (2) identified as transgender, or a gender identity different than their designated sex at birth including non-binary gender identities (i.e... genderqueer, bi-gender or agender) and (2) must have initiated gender affirming hormones and/or puberty blockers within the last 12 months. Adolescents were initially assumed to have similar developmental and familial experiences related to gender identity and access to care. Parent refers to the caretaker primarily involved in the child's transgender health/mental health care. The present study recruited parents primarily involved in their transgender child's care with the underlying assumption that these parent-adolescent dyads may have closely related stress and parent support experiences. In instances where both parents were involved in transgender specific care, parents either self-selected into the study or those who self-identified as fathers were given priority due to the lower availability or expressed desire for fathers to participate. All participants spoke English and provided verbal consent/assent.

LHC interview procedure. Immediately after turning on the audio recording device, adolescents were asked demographic questions regarding age, year in school, gender identity, sexual orientation about themselves. Specific to gender identity, existing research found adolescents may misinterpret written questions pertaining to sex assigned at birth and gender identity (Greytak et al., 2014). In addition to the written assessment of gender identity during the quantitative survey, we (interviewers) asked participants to qualitatively describe gender identity and identity development for three reasons: (a) to determine how accurate this reflects their

written response in the quantitative survey; (b) to understand changes in gender identity and identity labels used over time; and (c) to ensure we captured identity accurately through this triangulation process.

After demographic questions, interviewers kicked off the LHC (Appendix A) interview by asking the *prominent event question.* In order to ground the interview early in childhood, interviewrs asked the following landmark question in the beginning of every interview: "thinking back to early childhood, what is an experience or memory you have that is more memorable for you? Some people think about a particular birthday or move or time in elementary school (or for parents, a time during pregnancy or when child came into their life). This can but does not have to be related to your gender. What comes to mind for you?" For adolescents, they typically recalled times related to preschool/elementary school, friends or moves. For parents, many recalled childbirth, pregnancy, or infancy. This frame of the landmark question enabled interviewers to use this early experience to ground the calendar in an early prominent memory, allowing interviewers to move fluidly forward and backward to understand development and changes throughout time from that early event.

The parents, in their separate interviews, were asked the same questions in relation to their transgender child while also assessing their own experiences. For example, demographic questions were asked specific to age, gender identity, sexual orientation and hormone initiation of their transgender child while also asking age, gender, and sexual orientation of themselves. The calendar was organized in accordance with their child's age so that both adolescent and parent calendars refer to the same timeframe. Next, the interviewer asked the parent to reflect on their earliest memory regarding their child. This memory was written down on the calendar under the age of both the parent & adolescent and year this occurred. This event served as the

first landmark for other life experiences. Within each domain, the interviewer asked about parent perception of their child's minority stress and parent/family support experiences and related back to adolescent milestones and the parent landmark. Parents were asked about their own stress, support processes and will follow up on any emerging themes. Within each LHC domain, interviewers were able to ask follow-up questions tailored to individual participant responses. This enabled us to capture both a-priori and emerging experiences and themes from each interview and provide space for each participant to share their individual narratives.

After each interview, a digital picture of the calendar along with the participant ID number were recorded and uploaded onto a secure file on a password protected computer. PID included A for adolescent and P for parent followed by the same three-digit number to link each member of a dyad to one another and distinguish dyads. For example, the first dyad was A101, P101; and the second dyad interviewed was A102, P102. Each interviewer also had an Interviewer ID which will be recorded to determine who did each interview. For example, each interviewer number was in the hundreds (e.g. PI=100; Interviewer #2 is 200). Interviews lasted between 90 minutes and three hours and were audio-recorded. Interviewers alternated interviewing parents and adolescents to minimize potential bias. I listened to the first 6 interviews (or three dyadic interviews) and selected every 3rd dyad thereafter to monitor and ensure adherence to protocols. Interviews were transcribed verbatim, de-identified and transcribed interviews were uploaded into Atlas.ti 8. Analyzing qualitative data during the interview period created opportunities to adjust recruitment strategies to ensure diverse input of the phenomenon are captured (Morse, Barrett, Mayan, Olson, & Spiers, 2002). I trained two Social Welfare graduate MSW students, one LCSW with familiarity with using the LHC on previous studies with LGBT youth, and another PhD student in the field of school support for

transgender students to conduct LHC interviews with me. As the PI, I attended every interview, interviewing one of the dyadic members. Interviewers completed required CITI training courses and followed protocol to protect distressed participants as specified by the study protocol and IRB.

Quantitative Procedure. Quantitative surveys were conducted immediately following the LHC interview. Demographic questions were assessed using existing measures. Similar to existing research with transgender people, a two-pronged approach (Greytak, Gill, & Conron, 2014) was used to understand gender identity. In order, these two questions were:

(1) "*What sex were you assigned at birth (what did the doctor put on your birth certificate*?" Response options: 1. Male; 2. Female; (2) "*When a person's sex and gender do not match, they might think of themselves as transgender. Sex is what a person is born. Gender is how a person feels. Which one response best describes your gender?*" Response options include: 1. I am not transgender; 2. I am transgender and identify as a boy or man; 3. I am transgender and identify as a girl or woman; 4. I am transgender and identify in some other way?".

Using the iPad, the interviewer first entered the unique participant number (PID) and Interviewer ID into the iPad. Next, the interviewer marked which parent is participating in the study. Once the interviewer marked a response to these items in the iPad, the interviewer handed the iPad to the participant to complete the self-administered survey measures. Once the participant completed the survey, the interviewer ensured the data is saved. A $30 incentive was provided to each participant following the completion of the quantitative survey, for a total of $60 per dyad.

Data Analysis

Qualitative Data Analysis. First impression memos of transcribed audio files uploaded into Atlas.ti 8 provided critical information regarding initial thoughts of each interview (Creswell, 2013). Analytic memoing, as described by Miles, Huberman and Saldana (2014) was

used throughout qualitative analysis to provide more descriptive understanding of codes, the ways in which codes were grouped together to create categories, and to deepen the analytic connections between categories as we developed meaningful qualitative themes. Line by line inductive coding, including In Vivo coding, paired with a-priori deductive coding stemming from the LHC interview domains guided the initial coding process of the first two dyadic interviews (four individual interviews). Codes were all generated from and attached to text segments to understand how individuals experienced a phenomenon (Eisikovits and Koren, 2010). Inter-coder checking and discussions and memos between two independent coders (two interviewers and myself) with the first two dyadic transcripts were used to ensure rigor and trustworthiness and also used to both deepen and resolve discrepancies. Two independent coders determined use of codes attached to coded text segments (Creswell, 2013) by discussing interpretations until a consensus was met (Patton, 2002). Following inter-coder coding discussions, I developed a codebook with definitions and coding rules to use for the remaining transcripts. In addition to using to codebook to code the remaining transcripts, I kept a list of inductive codes attached to quoted text segments underscoring emerging experiences.

Emerging codes were described in a separate excel spreadsheet and were later checked for salience. An iterative coding process commenced to determine if emerging codes applied to previously coded data. Emerging codes that were not salient were kept intact to explore how these outlying experiences informed the results and/or future directions of this work. I used axial coding to determine salience and conceptual meaning of minority stress codes, parent support codes, and gender identity development codes (Boyatzis, 1998; Malterud, 2001); these salient codes were grouped into broader and more meaningful categories based on conceptual similarities and meaning. Through a process of memoing about these categories and based on

shared conceptual meaning (in part based off the literature and emerging ideas), these categories were grouped into larger themes that fit the data across transcripts, giving meaning to individuals lived experiences (Creswell, 2013; Miles et al., 2014).

Dyadic Qualitative Analysis. I used the individual codebook and coding process along with memoing to develop a spreadsheet of descriptive and interpretive similarities and differences between both between and within dyads (Eisikovits and Koren, 2010). I organized each sheet within the larger excel spreadsheet by category. Within each sheet (category), I gathered adolescent and parent data to understand each perspective by category and domain. Then as a method to understand the dyad as a unit of analysis, I wrote dyadic and thematic memos. Within each memo I explored similarities and differences in perceptions of adolescent gender identity development, minority stress, and parent support across domains of life (Eisikovits and Koren, 2010). These themes were further organized by timing (before and after puberty; before and after disclosure to parent). I also captured these experiences by three developmental periods (elementary, middle, and high school). Data-driven themes were reviewed with mentors to determine how they fit with concepts of minority stress parent-adolescent stress and gender identity development. The structure of the calendar itself provided an organized method of (1) identifying specific support and stress processes; and (2) identifying similarities and differences within and between adolescent and parent dyads.

Overlap and divergence from the dyadic analytic process do not in and of themselves imply connection or disconnection within a dyad (Eisikovits and Koren, 2010). Therefore, important attention must be placed on how participants described and interpreted phenomena (Eisikovits and Koren, 2010). This meant that interpretations were understood within the context of the dyad where differences may indicate parent support or healthy parent-adolescent

relationship functioning (Eisikovits and Koren, 2010). In the same light, concurrence may be a sign of dyadic stress (Eisikovits and Koren, 2010) if both agree on descriptions of adolescent stigma or interpretations of relationship deterioration. This level of dyadic analysis required ongoing interpretation to ensure conceptual meaning and salience while at the same time capturing emerging themes. Following coding and qualitative analysis, descriptive tables were developed to provide a visual overview of findings across individuals, individual groupings, and dyads. A narrative understanding of the findings included quotes from participants themselves as a method of creating rich descriptive stories of lived experiences (Miles, Huberman, & Saldana, 2014).

Quantitative Data Analysis. Quantitative analyses are primarily descriptive and were not intended to make knowledge claims or generalize to a larger population of transgender adolescents. In addition, these quantitative analyses provided descriptive information regarding adolescent's perceptions of their anxiety, depression, and suicidality.

Strategies to improve rigor

Strategies to improve rigor and trustworthiness of the qualitative data included quality control and validation strategies such as triangulation and external auditing (Creswell, 2013). These strategies ensure that qualitative analysis accurately reflects individual experiences and broader conclusions understood from the interviews.

Quality Control. I listened to the first 6 interviews (or 3 dyads) and selected every 3rd dyad thereafter to monitor and ensure adherence to study procedural and interview protocols. I held regular meetings with interviewers to address challenges, review any changes made to the protocol, and update the interview schedule. Analysis of the first 6 interviews and continued analysis during the interview period created opportunities to adjust recruitment and interview

strategies to ensure that multiple aspects of the phenomenon are captured (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

Triangulation. Dyadic interviews provide rich sources of data by gathering two perspectives of adolescent gender identity development and affirmation processes, parent support, and minority stress. Multiple perspectives reduced subjective bias and maximized the breadth and depth of the evidence presented. Triangulation occurred in two ways: (1) individual qualitative interviews provided conceptual and thematic meaning the lived experiences of participants (Creswell, 2008) while dyadic analyses were used to present multiple narrative perspectives of the same phenomenon and (2) using multiple perspectives from transgender adolescents and parents enhances accuracy and credibility of themes (Bodenmann, 2005; Gamarel et al., 2014).

External auditing. Following a thorough documentation of both the research process and analytic approach, I routinely reviewed the documentation, study protocol, analysis, and conclusions drawn with research mentors to determine if the study appropriately represented the population, the phenomenon, and their experiences (Creswell, 2013). This process held me be accountable and ensured that all phases of the study process including data collection, analytic strategies and interpretation adhered to rigid and ethical guidelines (Creswell, 2013). This process helped to ensure that subsequent interpretation of analyses respected the authentic experiences of the transgender young people and their parents.

Ethical Considerations

Due to the sensitive nature of this topic, the study prioritized confidentiality and the use of verbal assents and parent consent as added protection. The purpose of the study was explained and each participant was given an opportunity ask questions before the interviews

began. Participants were also given an opportunity to skip questions or withdraw from the study at any time. Incentives were discussed before the study procedures began and distributed after the participants finished their survey. However, participants did not have to answer all the questions or fully complete the study in order to obtain an incentive. Since dyads were interviewed individually, confidentiality of each interview was paramount. The researcher obtained permission to audio record individual interviews and explained how we maintained confidentiality and kept audio files secure. Parents and adolescents were provided informed consent/assent. To ensure confidentiality and trust, parents did not have access to adolescent data and adolescents did not have access to parent data. However, the only exception to confidentiality was if the interviewer suspected child abuse or either dyad member reported serious and imminent suicidal ideation and plans. No participants endorsed plans for suicide or serious and imminent suicidal thoughts and child abuse was not suspected during our interviews. However, if a participant had endorsed suicidality or if there was suspected child abuse, the interviewer would have immediately stopped the interview or survey and follow safety measures identified within the *Protection of Human Subjects* document within the IRB.

Positionality and Reflection

Part way through writing this dissertation, Covid-19 pandemic became a historic moment for our social world in ways that were both community building and community distancing. Then George Floyd was murdered at the hands of a police officer who was personifying the domination and white social acceptance of white supremacy. I have benefited from being white and cisgender. I am a representation of communities in power. To do this work with intention means to consistently engage in an iterative process of looking within and connecting to the

world by contributing to narratives and voices of people and communities who are affected. I write this dissertation as a contributor, collaborator, and ally.

The experiences related to gender differed among many transgender adolescents and their parents. Using transgender as an umbrella term throughout this paper, may not reflect the labels and identities of all youth whose gender does not conform to their designated gender or to cisgender social norms. Not all adolescents in this study used transgender as an identity label to describe themselves. Transgender was used to describe an experience as well as an identity. I am constantly taking a hard look within and am listening and confronting my socialized experiences as a white cisgender woman and the many intersecting ways in which historical and institutional privileges have influenced my own perspective. This study's ethical standard must include the voices and opinions of community as a method of holding accountable my lens related to these findings, and as a necessary method to ensure that these findings represent and honor the experiences of transgender adolescents and parents.

I have worked for over 15 years as a social worker with homeless youth, child and family mental health, LGBTQ youth, transgender youth, and young LGBT and pregnant women living with HIV. I have interacted with educational, hospital, juvenile justice, and social service settings with and on the behalf of youth and families. These experiences collectively shaped my lens, who I am as a person and the participatory structure I want to reflect in my research moving forward. The present study is guided by my assumption that historical and dominant white heteronormative and cis-normative expectations, oppression and supremacy within political, institutional, and social systems influence the experiences of social inequality, stigma, and discrimination faced by racially/ethnically, socioeconomically and spiritually diverse transgender adolescents and their parents. I find it critical to make every possible attempt to collaborate with

communities facing oppression and social injustice, believing that research must be collectively guided by many voices and experiences outside my own perception.

CHAPTER 4: FINDINGS

Transgender adolescents who had participated in this study chose their names hence, their names were important and meaningful. Qualitative research that gives pseudonyms to participants provides a more humanistic and personal tone to their narratives. However, out of deep respect for adolescents' asserted names, I chose to use letters to represent each individual and dyad as opposed to giving them pseudonyms. Therefore I used Adolescent A, Parent A; Adolescent B, Parent B and so-forth to identify each unique participant to keep their identity confidential, and although, more impersonal, this method respected both confidentiality and honored their asserted names. The qualitative analysis of our LHC interviews drove the overall thematic analysis and results. Additionally, findings of the present study are specific to adolescents whose parents supported their gender affirmation process. Thus, these findings must be understood within the context of transgender adolescent-parent dyads where parents supported their child's gender affirmation processes (commonly understood as legal affirmation, social transition, and medical transition). Findings are discussed in terms of qualitative themes and subthemes and are ordered by chronological timing in relation to gender identity disclosure to parents. Embedded within the thematic findings, quantitative results described adolescents and parents related to demographics (Appendix D: Table 1) and adolescent ratings of adolescent psychological distress symptoms.

Qualitative individual and dyadic analysis drove the development of 4 themes related to minority stress and parent support across child and adolescent gender affirmation and gender identity development. Qualitative themes for adolescents and parents are as follows (Appendix E:Table 2):

1. Cisgender and heterosexist social norms and expectations constructed adolescent gender identity development before adolescent gender identity disclosure to parents.
2. Time between adolescent gender identity disclosure and puberty mattered.
3. Minority stressors contributed to adolescent gender affirmation, parent support processes, and adolescent mental health.
4. Parents were silently adjusting to their child's gender identity affirmation process and their role as a parent of a transgender child; at the same time, adolescents were beginning to reclaim their identity and start anew.

Theme 1: Cisgender and heterosexist social norms and expectations constructed adolescent gender identity development before adolescent gender identity disclosure to parents.

Parents and adolescents reflected to a time before adolescent disclosure of adolescent gender identity to understand and connect to early adolescent gender identity development. Reflecting to early childhood development was important as time and experience provided clarity regarding child and adolescent gender identity exploration and development prior to disclosure. While all dyads had shared experiences related to pressures for gender conformity, early mental health and/or health symptoms, and stigma, some differences emerged between families of adolescents who came out before puberty (n=5) and those who came out after puberty (n=15). All five adolescents who came out earlier in childhood and before puberty, were transgender girls. The following processes emerged related to how structural factors and social norms constructed adolescent early identity development: (1) early "signs" of gender identity development; and (2) connecting early health and mental health symptoms to an emerging trans identity.

Early "signs" of gender identity development. Parents and adolescents began to connect early experiences in childhood to adolescent gender identity development. During the beginning of our LHC interviews, we asked parents and adolescents to think back to an early memory (landmark on the LHC). Many parents remembered pregnancy and a time when their child was a baby or toddler, while adolescents' early memories were typically situated in early elementary school. Parents did not connect early experiences to their baby being transgender, but they did reflect on early temperament, expression, toy preferences and play as a method of constructing and understanding their child's gender identity development. On the other hand, adolescents often looked back on early childhood as a method of re-affirming their own gender despite many not being conscious of their developing gender at that time.

Social non-conformity often carried assumptions related to gender and sexuality, even from a young age. Adolescent B, a 13-year-old transgender girl who disclosed to her mom in second grade, years before puberty, understood that early assumptions of gender non-conformity were often conflated with sexual identity development: "When I was four they thought that I was gay. Because that is everyone's first thing. Like before you are transgender, you think you are gay*"*. Adolescent B's mom confirmed her daughter's understanding of her parents' early assumptions: "I actually thought for the longest time that my child would grow up and be a wonderful gay guy. I thought you know, he was into fashion and um great*"*. The mother of Adolescent S, a 14-year old transgender girl who disclosed before puberty, also reflected on her daughter's kindergarten school year, and initially associated her daughter's feminine play and expression as a sign she would grow up to be gay.

> It never even dawned on us, you know and as she started to get a little older, I'm thinking maybe she'll be gay, OK, that's cool, I can deal with that whatever. And it

> wasn't so much that I thought she was gay, it was that she started playing with girl toys and in my mind, I'm thinking older, maybe that will be her persuasion or whatever.

While many parents clearly remembered connecting their young child's feminine gender expression to a potentially developing gay identity, some adolescents reflected to earlier in their childhood with an affirmation of their gender. Adolescent B remembered her early years with a clear understanding of her gender. She stated, "Like I always knew I wanted to be a girl but I didn't know how to put it. Well, I was thinking about it since preschool. So like four." She remembered being conscious of wanting to be a girl but she was not at a developmental point in her life where she would have been able to verbalize these thoughts. Consequently, she was not aware that she could be another gender.

While some parents attached their child's early gender expression to the socially familiar stereotype of a developing gay identity, other parents reflected back to early childhood and saw no signs that their child's gender expression was different than their designated sex at birth. The mom of a 15-year-old guy, referred to as Adolescent A and who disclosed after puberty, reflected on her son's childhood as typical, and did not recognize early signs of her child's developing trans trajectory. "I am a stay at home parent and have been with my child since day one. All of the rest of his life, I just always saw her as a kid, not super masculine, not super feminine, just as a kid having fun." This same mom who reflected on being a stay-at-home parent, described her expectation regarding early gender expression and how this informed her own understanding of her child's early gender development.

> If there was a spectrum, this kid was right smack dab in the middle, right in the middle. Wore dresses, wore pants interchangeably didn't matter. In fact, didn't

> even like to wear clothes. Whatever I laid out, that is what they wore. So there was no indication, no words came out of his mouth saying I am male or I am female.

This parent demonstrated her expectations regarding how children or adolescents should communicate gender to the outside world. She also used different pronouns when referring to her child in the past versus the present. Interchangeably using pronouns potentially reflected her connection with her child's designated and asserted gender simultaneously. This complex connection may have made it hard for her to make sense of her child's gender journey because she saw her child's experiences through the lens of her own journey, parenting history, and parent development.

When Adolescent A looked back on his own childhood, a time during his identity exploration when understood himself as the socially constructed and accepted masculine female identity of "tomboy" and hanging out with guys. Unlike his mom, he looked back with more clarity on his earlier gender expression and how this was tied to masculine female stereotyping. At the time, he didn't connect this with being a guy or being transgender, and instead he connected with the socially familiar identity of tomboy. "Well, um I was never one to have a middle ground. I was always just one or the other. I had always been a tomboy, you know, I had a bunch of guy friends, hanging with all the guys. They kind of acted like I was one of them." For him, he reflected on being a tomboy as a safe outlet to express his gender within this socially familiar and accepted identity. These dyadic perceptions point to the importance that norms play in understanding early gender expression.

Cisgender norms as a rule, not the exception. As children developed, they became aware of expectations aligned with their designated gender. Adolescent B reflected on

kindergarten and these early pressures to conformity, and recounted how she made a conscious decision to conform so that she could fit in and feel accepted: "And when I went to school, they asked me what my favorite color was in kindergarten, I said oh yea its blue. And I said that because that is what I am supposed to say because that is what boys like." This remembering of her younger childhood demonstrated that she understood gender expectations and how to perform gender. This performance was a necessary method for her social acceptance and safety.

At the same time, her mom, who supported her early feminine expression, became aware as she was volunteering in her child's kindergarten class that her child not only understood cisgender social norms, but was conforming to those social pressures in the classroom. Mom began to question what this could mean but still did not directly identify her child as a girl or as transgender.

> The teacher would ask a question: "what do you want Santa to bring for the holidays" or something and I was like, oh yea, my kid can't say American Girl Doll. My kid looks around, she is very bright, and she says um uh Tonka Truck? I knew my kid didn't know what that was. But when everyone is saying that, then that is what you say. Um so, that was my first inkling.

Gender stereotypes remained imbedded in dress, play, and other forms of expression from an early age. Adolescent B was conforming to those socially constructed expectations and at the same time, her parent began to ponder the meaning of her daughter's conformity.

Adolescent gender performance and gender expression was often driven by cisgender social norms, minority stress, and social support. Gender expression represented the subtle ways in which children and adolescents expressed gender and practiced their gender expression in safe environments. On the other hand, gender performance was typically tied to cisgender social

conformity, expectations, and fears of sanctions for not conforming. As we saw from Adolescent B's story, she announced her favorite color was blue in response to understood social expectations and norms for boys while Adolescent A tied his earlier gender expression to the socially familiar identity of a "tomboy".

A mom of a 12-year-old Israeli transgender girl who disclosed to mom before kindergarten, referred to as Adolescent N, remembered her daughter making a conscious decision to be a girl at home and a boy at her preschool. Mom reported supporting her child by giving her options to express being a girl within environments that felt safe for her daughter. "So, in the first place, she was 100% boy. Then we moved to an apartment [in preschool] and in that apartment she announced that at school she would be boy and at home she started more and more girl".

Three of the five adolescents (B, N and R) who came out to parents before puberty, initially left their neighborhood or community setting to safely and confidentially practice gender expression outside of their home before disclosing more broadly. Before Adolescent N came out within school, her mom recalled vacation as a time to practice her gender.

> So, we said 'OK, let's go on vacation.' I think we went to Las Vegas. I said, "if we go to Las Vegas, do you want to go as a girl or a boy?" She said, "as a girl." Well, like, OK, you don't have any girl clothes. Let's go buy you just enough to get through this weekend. And we just bought a couple of outfits and she didn't take any boy stuff for the weekend. She was girl all weekend. And then after that, it would be whenever she'd be home, she would be putting on these clothes.

Adolescent N did not mention her vacation and instead recollected her early gender expression as primarily tied to her parent's stories: "It was definitely before I remember, my parents have also told me, I used she/her since five or six but I started acting like I was a girl from age 3. I used to go in dresses and my mom said that I would take her scarfs, her pretty scarfs and played with them." Adolescent N was three when she started expressing her femininity, thus her only memory of gender is that of a girl. While her mom remembered the time of her designated gender as male, Adolescent N did not consciously remember coming out or socially transitioning because she always saw herself and had memories as a girl. On the other hand, Adolescent R, remembered vacation as a time to explore her gender more freely before coming out in school. From Adolescent R's perception, this vacation reflected a time where she freely expressed her gender and at the same time, her parents practiced adjusting to their child's gender identity development. As Adolescent R reflected:

> During the summer between first and second grade, my parents, they told me you can be whomever you want to be in [name of vacation town] and whoever that is, we can decide and think about it when we get back. And my mom allowed me to wear dresses. And then in second grade, it was a fresh start.

Adolescent B only recalled practicing her feminine gender expression within her home before coming out in other social settings. However, her mom recalled her daughter's therapist suggesting Adolescent B practice her feminine gender expression outside of the home in unfamiliar settings as a pathway to eventually expressing her gender in more familiar social environments such as school.

> Then [therapist] also suggested, you know "[Adolescent B] if you want, where would you feel comfortable? I know not in your neighborhood, but where?" And

> [Adolescent B] was like, “well maybe if it’s like two hours away.” So, we started like on a Saturday, driving two hours away. Um, and she could, um mostly what she would do is wear a headband and try little things. But she had to be two hours away.

Many adolescents who disclosed after puberty understood elementary and middle school as a time of gender exploration. A 15-year-old transgender guy, referred to as Adolescent D, who disclosed to his parents after puberty, reflected upon his late elementary and early middle school years as a period of expressing and performing gender in relation to developing his own social identity and mitigating discomfort.

> It was just a really weird period in time because I found like weird ways of expressing myself. Fifth grade I went head-first like masculine clothing. Like after fifth grade, I was like oh I must be wrong, maybe this is why I am unhappy and that made me more uncomfortable and more upset. I tried to wear girls’ clothes. Yea, like maybe this will make me feel right, make things right. I was just fed up and tired and was like ‘oh god I look like trash’. Over the summer, I slowly phased into wearing traditional button-ups and then early seventh grade I dressed like a traditional lesbian or something like that. Full on flannel, beany type. Like very traditional butch lesbian. I don’t know, in early seventh grade I started questioning myself and was like why do I feel like this?

Similar to Adolescent A where being a “tomboy” allowed him to express a socially familiar identity, Adolescent D performed both masculinity and femininity until seventh grade when he connected his performance to the socially familiar identity of “butch lesbian”. At this time, he began to think about what these gender performances meant in terms of his gender identity. This

seventh-grade year represented the time-period he moved from a familiar and socially safer "butch lesbian" performance and social identity to connecting his masculine expression to his personal identity.

> Well before then I thought it was gender non-conformists or something like that but the more I thought about it, I just didn't want anything feminine associated with me so like around seventh grade, I was just like, yea. Because that is when it hit. Cause before I didn't connect the two."

He moved from a socially familiar expression and identity to developing awareness of being transgender, yet he hid this coming-in process from his parents and did not disclose to them until Spring of 8th grade.

As Adolescent D was exploring and questioning his gender and sexuality, his mom was also questioning how to support a masculine expression she did not accept.

> Yes, he [husband] would help encourage, "OK just wear the dress" and was like "oh you look so pretty" and he [husband] would be more complementing. I think we both were a united front in making him wear dresses at that point. I think around sixth grade, he was OK going out shopping with me. And we actually picked out dresses and skirts. And he would let me braid his hair because he had long hair then. But I remember thinking 'oh my goodness, this whole thing is finally starting to be over. And I got excited and was like oh, let's go you know, buy you some clothes.

Adolescent D and his mom had different perceptions of his gender expression and performance. While he felt more comfortable with a masculine expression, his mom was more distressed. Then

when he felt more distress connected to a feminine expression, his mom felt a sense of relief. Thus while Adolescent D was expressing what felt right for him, his parents were expressing what was more comfortable for them. During 7th grade, as he connected his masculinity to identity, his mom started to suspect he was transgender.

> Yea, it was middle school. I remember, he would tell me, he would be following YouTube. And it was a transgender boy from Canada. And at that point my antenna started kind of going because he was following him a lot. Scary. And honestly really not wanting to face probably what was going to, you know, the inevitable, it was kind of scary. And the way I kind of dealt with it, which I am sure is probably not good, was listen to him say it but kind of ignore it.

Both Adolescent D and his mom described a shared experience of having awareness of his developing transgender journey. At the same time, the dyad chose not to share their awareness and instead hid their feelings and thoughts from one another until he disclosed over a year later. Social norms and gender expectations impacted how adolescents and parents understood and explored adolescents' early gender identity development processes.

Connecting early health and mental health symptoms to an emerging trans identity. Looking back, parents and adolescents often reflected to the time before disclosure and connected health and mental health symptoms to unrecognized gender identity development and stigma, but at the time, these symptoms were understood within a medical or mental health diagnostic context.

[Mis]understood physical health symptoms. One parent of a 17-year-old trans girl referred to as Adolescent C, who disclosed at 16 years of age and after puberty, remembered her child having debilitating stomach aches, starting at age 13.

> She was having terrible stomach aches and we were trying all this stuff to figure out like, does she have celiac disease? Is she allergic to something? We were going to the doctor over and over and over again. And we were like, I don't know, maybe you are sick or something. Here is some chamomile tea. She was having them all the time and they were really debilitating.

Adolescent C also recalled these stomach aches as debilitating and at the same time, didn't have a medical explanation regarding etiology or triggers.

> I had stress stomach aches every single day, multiple times a day. I started getting them when I was 13. We tried to go to a doctor because we didn't understand that they were stress stomach aches. We only figured out that about a year ago. I had it built up in my mind that it was some sort of cancer.

Later, mom described taking her to a therapist, and through the therapeutic process, Adolescent C started to connect stomach aches to anxiety. Initially, mom did not know that the anxiety was related to her child's designated gender incongruence. However, after her child disclosed and started hormones, her mom noticed the stomach aches diminished and then stopped altogether.

> And seeing the therapist helped a lot. And then she told her therapist, "I don't know, I am starting to explore my gender identity." And her therapist was so cool. And it took a long time for us to figure out it was anxiety because she was not verbally expressing any anxiety. And when she started taking hormones, and really like had her gender clear to herself and affirmed, they dropped dramatically, and she felt so much better.

Reflecting on this shared memory, Adolescent C also remembered how it felt emotionally to finally understand that these stomach aches, which she thought could be a symptom of cancer, were symptoms of stress connected to living life as a boy.

> I happened to mention them to a therapist. And she talked to me about it and helped me to understand that they were stress stomach aches. Um so knowing it was stress was actually relieving to me. I found that out quite a bit before I transitioned. So, once I transitioned and then put together that I was getting them less and understood that a big part of me getting the stress stomach aches was living a false identity 24/7.

Here, therapy was an avenue to explore gender with a mental health therapist who was not a gender therapist but who provided a safe and affirming space for her. This led to her disclosure and medical gender affirmation which resulted in the elimination of her stomach aches.

Another mom of a 16-year-old transgender girl referred to as Adolescent G, remembered her child having migraines in elementary school. These headaches were not initially connected to stress or gender. Mom remembered her child's pain and multiple medical visits for the headaches.

> Around, four to five years old, he started getting these like migraines. We didn't know it was migraines at that time. But he would say that he doesn't feel good and he would sleep and vomit. And, I was concerned and I would bring him to the doctor and they would be like, "oh, you know, it's nothing. There is nothing wrong with him, he's fine." Well fast forward to when they [adolescent and twin sister] were in middle school and he would throw up and then he would sleep for

> the rest of the day. We went to a neurologist or something and they took some tests and said, oh, they are migraines. I always thought it was strange, like a kid getting migraines.

Mom recalled that doctors never explored an emotional reason for these headaches. She described her child being prescribed medication to treat symptoms but lacked counseling from a medical provider regarding triggers or underlying causes. It was not until later in middle school when her child [who was known as "he" at the time at the time] disclosed was gay, that the headaches stopped.

> I don't know, I thought maybe something was wrong, but they always said nothing was wrong. But in middle school, he came out to me as gay, he's never had a migraine again. But at that time, everyone was using he pronouns, and twice a month, really debilitating and then when he came out as gay, they stopped.

At the same time, Adolescent G recalled these migraines and how debilitating they were for her during her childhood. While her mom connected her daughter's improvement in health to sexual identity disclosure, Adolescent G recalled migraines improving after she disclosed she was transgender. Both recalled that the disclosure of a hidden identity, and not medical treatment, resulted in a reduction of migraines.

> Before I came out as trans, I was diagnosed with migraines and would have a lot of migraines and went to the doctor for migraines and they wanted to put me on something, but my mother wouldn't let them. I had an MRI, certain tests for it because I had a lot of migraines and they couldn't find anything. So, I don't

> know, but it's gone down since I came out and I haven't been getting a lot of migraines.

Disclosure relieved the anxiety connected to hiding a stigmatized identity. Mom connected her child's sexual identity disclosure to the elimination of her daughter's migraines while Adolescent G connected her health improvement to gender identity disclosure. Given that she had migraines since she was four, it is reasonable to associate this positive change in health status to disclosing a stigmatized identity. Even if, according to mom, her daughter was still socially perceived as a boy, disclosure to parent was healing.

***[Mis]understood mental health symptoms*.** Before adolescents disclosed their gender identity, the relationship between adolescent mental health, gender identity development and stigma were complex. Some families looked back at the time before disclosure and clearly connected adolescents' early mental health diagnoses and symptoms to experiencing gender-based discrimination and harassment. Adolescent B who disclosed being transgender before puberty, experienced anxiety connected to living life as a boy in early childhood. She came out to her mom when she was in second grade but the anxiety and panic attacks she experienced were functionally impairing and didn't subside until she came out in school.

> The anxiety would wave over me so I was skipping school like every other day. I remember the first and second trimester I had 30 days I had missed um so it was really terrifying. And I was just like, I will just wait till 7th grade. But I couldn't have waited that long. It didn't go away until I came out at school in third grade, so like nine.

Before Adolescent B disclosed that she was transgender, her anxiety was attributed to hiding her feminine gender expression amidst social expectations for her to express masculinity. When she asked her mom if she would "come back right", her mom clearly understood the meaning of her daughter's question.

> So, yea the panic attacks started in second grade. They got worse. Um, she did um grab a knife one day and did say she wanted to die. She would have the panic attack and I would have to rock her and soothe her and I would sleep with her all night, she would have to feel me so she could sleep. And it broke my heart you know. The anxiety was so high. And she said "alright, um mom, I want to know, when I die, will I have to do this again? [pause] Because mom, I can't. I can't do this again. So, will I come back right?" You know, like a girl. And "yea, you are gonna come back right"… And she sighed with relief and said. "Oh my god, OK mom, thanks." And I fell asleep next to her and I was like, nah my kid is transgender.

However, once her parents were aware that their child was transgender in second grade, mom connected her daughter's anxiety, distress, and hopelessness to being imprisoned by the social expectations and pressures to be a boy. After her gender identity was made public in school during third grade, Adolescent B's mom recalls her distress shifting from anxiety to hopelessness and feelings of isolation.

> So, there was relief. The panic attacks, um pretty much stopped. But [pause] the bullying then intensified. I mean, she would have really really bad days and say, you know "this is the hardest thing. It was so much easier to be [birth name]. I

> can't, I can't go on. I can't do this". Um, she definitely had less friends to no friends. Like she would have friends as [child's birth name] and then no friends.

On one hand, disclosure provided relief from the stress connected to hiding her authentic identity. On the other hand, the discrimination and harassment experienced after disclosure unveiled a different period of distress and isolation.

For some dyads, early mental health diagnoses were not directly tied to being transgender, but instead tied to navigating social scrutiny and expectations for conformity. For others, puberty was a catalyst for distress. Adolescent S's mom remembered her daughter's early mental health and sensory diagnosis in kindergarten and then separately became aware of what her daughter's early expression may, at that time, have potentially represented.

> We didn't know the ADHD was as severe as it was. She was asked to be sent back to preschool because she couldn't sit still. She had a full assessment at age five and was diagnosed with ADHD in kindergarten. She also had speech impediment for mispronunciations and was diagnosed with auditory processing disorder and started speech therapy. Her speech therapist noticed her gravitating to princesses and was the first to say that if this persisted than this could mean something other than a typical gender exploration.

At the time, she didn't connect her child's ADHD, speech impediment and auditory processing disorder or her gender creativity to being transgender. Looking back, she did connect her daughter's perceived "all encompassing" difference to the social stigma, bullying and traumatic stress Adolescent S experienced.

> Kindergarten was a wash, she didn't learn anything, didn't progress, certain kids bullied her. School couldn't do much about it. Name calling, just being mean,

> some kids, um, which is why she mentioned the bathroom. When she was in the bathroom [at her elementary school], they turned off the lights and shut the door and she was in there by herself and she was screaming at the top of her lungs and they wouldn't let her out. So, even at the age of 14 she is traumatized by that, she will not be in the bathroom by herself with the door closed and she is still afraid of the dark and won't sleep with the light off….they [school] didn't really address the problem. They didn't have to because it was a private school, they didn't have to make accommodations for her ADHD. She was targeted because she was different, it was all encompassing. She was hyper, she wanted to play make-believe games.

Adolescent S's mom saw her daughter's perceived difference and social scrutiny as tied to both early mental health symptoms and socially non-conforming gender expression. During this time, her daughter's mental health and gender were understood as two separate experiences that became intertwined in the context of social scrutiny and harassment.

For Adolescent F's mom, she looked back after her child disclosed and to puberty, searching for signs that her child was transgender.

> I just thought it was traditional puberty and just not happy about the change…I think maybe there would have been some clues. [Adolescent F] saw a behavioral therapist when he was 8 for maybe 16 weeks? He had gone through behavioral evaluation because there was signs of depression. And he also had the fine motor skills of a three-year old and was diagnosed with ADHD. So we knew there was something that needed to be worked on. I think it was around 2015, [Adolescent F] started verbalizing suicidal thoughts and so we found a therapist in Pasadena

> and started regular therapy with that therapist. [Adolescent F] stayed with that therapist until June of this year. And we had to switch from that therapist to [Name of Gender therapist] as the primary therapist. Um, that therapist [first therapist], I know, was completely shocked that [Adolescent F] was transgender. [Adolescent F] had never discussed anything with that therapist. I don't know what [Adolescent F] was talking about with that therapist other than kids being mean at school. You know, social anxiety problems.

Adolescent F, who was 13 and in 8th grade, disclosed to his mom in 2017 when he was in seventh grade. He discussed his body changing due to puberty in fourth grade and acknowledged distress but didn't connect his distress at that time to puberty specifically. And at the same time, his parent didn't suspect he was transgender. The dyad did not connect his body distress to gender dysphoria, and his therapist also did not assess for the connection between gender and body distress. Adolescent F had a clear understanding of when his dysphoria started: "*Dysphoria came into my life around 2015, around fall time 2015*". He reported being "freaked out" when he got his period and when he started breast development in 4th grade but had not tied that to dysphoria, specifically in the moment. It wasn't until he was in 6th grade that he noticed distress tied to his breasts developing.

> I was like No, and then they started growing and stuff like that, normal. And then um, yea, and now, it was like everybody else, when I was at school seemed to be developing faster, almost everybody, that is how I saw it. And my mom was like, no you are actually developing very fast. Now I am like, I am going to not let that happen.

Adolescent A's mom recalled multiple early diagnoses including Autism at age 3 (which was later understood and diagnosed as a speech delay), trichotillomania, anxiety, and then cutting in middle school. Looking back, both Adolescent A and his mom situated his early anxiety symptoms specifically within the deeper context of physiological and emotional development during puberty.

> Yea around the age of nine is when they say that uh girls, girls in particular, and though it does affect males as well, but it tends to happen around 9 or 10 as puberty begins to hit, as the body is starting to turn on, you know there is something about it that seems to be related to trichotillomania. So it doesn't surprise me to see that this is right around the time. And then the anxiety. But we have not seen the anxiety go away but we have seen the trichotillomania symptoms, they are relegated just to the eyebrows and the eyelashes as opposed to back here when he was going to therapy there was big spots of hair missing behind the ears, you know, on the back behind the head.

Adolescent A and his mom did not necessarily connect symptoms of trichotillomania with his developing gender identity before 6th grade and at the same time, acknowledged that his anxiety was connected to a deeper unconscious experience.

> There was this one time I had a therapist, but for a completely different issue, you know trichotillomania. I still kind of have a problem with that. But it's not necessarily linked to the whole trans thing. Its more linked to unconscious anxiety. It started when I was 9 and went all the way to fifth grade and I tried to stop, and it got worse and it got better, and it got worse again [Adolescent A].

A few moments later in the telling of his middle school experience, Adolescent A, who disclosed his gender identity in 8th grade, connected his distress throughout middle school to puberty and concurrently to his vacillating experience between his peers' socialized gaze and feeling invisible.

> You know like going through a puberty, feeling a lot more anxiety you know, like that had never happened before. Like 6th grade marks the beginning of that. Um, you know from fifth grade when I wasn't self-conscious at all to now in 6th grade either everyone was watching me or constantly flip from everyone is watching me to I am completely invisible, and nobody cares about me, so it's kind of weird. And I have kind of gotten better. More like, if you were to graph it, it goes like this it rises here at 6th grade [referring to anxiety using LHC] and then at the end of 8th grade it tapers off here [referring to anxiety using LHC] and then rises again here [referring to anxiety using LHC].

Both Adolescent A and his mom connected his early anxiety to puberty. His mom was able to connect his trichotillomania and anxiety at age 9 to the initial phase of a female puberty. Adolescent A directly tied together his anxiety, puberty, and internalized social scrutiny during middle school, but saw his early mental health symptoms in elementary school as a separate issue. However, for Adolescent A and his mom, early mental health symptoms in elementary and middle school, prior to when he disclosed his gender, were not directly connected to being transgender. These narratives underscore the intersection of socially constructed gender non-conformity, social stigma, and puberty on adolescent mental health and distress before and in relation to adolescent gender identity disclosure.

Theme 2: Time Between Adolescent Gender Identity Disclosure and Puberty Mattered

Disclosure represented an important milestone for transgender adolescents and their parents as they navigated gender affirmation, minority stress, and parent support. The Life History Calendar enabled participants to share their stories across time from adolescent's birth to their current age. Analytically, the LHC provided an opportunity to analyze adolescent and parent narratives across three specific developmental time-periods: Elementary school years and earlier (3 or 4 years of age – 5th grade); Middle school years (grades 6-8); and High School Years (grades 9-12). While these three time-periods were important to understanding parent support and minority stressors within the context of child/adolescent development, findings suggested that adolescents and parents fell within two different groups regarding disclosure timing in relation to puberty: (Group 1) adolescents who disclosed to parents before puberty (N=5); and (Group 2) adolescents who disclosed after puberty (N=15). All five adolescents who disclosed before puberty, were transgender girls and were designated male at birth.

For adolescents in this study, puberty represented a time of increased distress connected with a body representation that was moving further away from their affirmed or asserted gender. For transgender adolescents who disclosed before puberty, they along with their parents, had more time to seek out supportive resources, gain trans-specific knowledge, and navigate decisions <u>together</u> related to social and medical gender affirmation before puberty started. For adolescents who disclosed during or after puberty, their disclosure came during a time of increased distress (commonly referred to as dysphoria) as their body and body representation moved further away from their gender, thus social and medical affirmation felt more urgent. My analysis yielded three important sub-themes related to disclosure timing, which will be explored in more detail below: (1) Clear and ambiguous disclosure and awareness process (2) Knowledge and readiness gap versus bridging the gap; and (3) Fear and acceptance driven support.

Clear and ambiguous disclosure & awareness processes. Clear disclosure was when adolescents and parents both recognized that a disclosure of adolescent gender identity happened and understood the meaning of that disclosure. Ambiguous disclosure reflected a disconnect between adolescents and parents regarding child/adolescent gender identity disclosure and what that disclosure meant within the dyad. For adolescents who disclosed before puberty, "disclosure" often was understood indirectly through play and dress-up. Through parent awareness, acceptance, and support, children were able to verbalize their connection with their asserted and designated gender by third grade. Before their child's disclosure or being understood by parents as transgender however, parents often initially understood their child's earlier gender expression in the context of a gay identity, all the while giving their child space to practice their expression through play and "dressing up" in more feminine clothing or costumes. Parents' initial questioning was often tied to the parents' process of trying to make sense their child's gender expression. For these families, by third grade, parents clearly understood that their child was transgender through their child's early expression, distress connected to expectations of social conformity, and verbalized disclosure. Similar to Adolescent N, Adolescent Q, a 12-year-old transgender girl who expressed femininity to her mother in preschool before puberty only remembered herself as a girl and did not have early childhood memories of living her life as a boy. When asked how she told her parents she was a girl, she responded: "*I honestly don't remember at all. As long as I can remember. I just have very faint memories from before that. Like I barely remember anything. So, I don't remember, when I told them*." Adolescent Q's mom clearly remembers how she came to understand Adolescent Q's gender.

> When she was 3 years old, I let her trick or treat in a Snow-White dress, and it was the first time I saw my daughter. It was a huge moment for me I will never forget. It all clicked for me and she was reborn right there, and I never experienced anything like that. To be perfectly honest with you, I just thought I had a gay son. I was sure, I was 100% sure. Um, you know, in all the stereotypical ways. But no, that night, when I saw her in a dress, it was a completely different thing, she was becoming a different person. It was a totally different.

For mom, she understood her child as a girl when she saw her dress up on Halloween at age 3. From this time, she accepted her daughter as a girl, allowed her daughter to be a girl, and subsequently, this dyad's only salient memories were as a girl. Dressing up in costumes for Halloween or make-believe play are universally understood and socially accepted times to play with gender expression regardless of the child's asserted gender. For the parents of Adolescent B and Adolescent Q, Halloween represented a poignant memory of their child's feminine gender expression. For Adolescent Q's mom, Halloween marked her awareness of her daughter's gender identity, whereas for Adolescent B's mom, Halloween represented a time of gender exploration: "We pulled her in a wagon. So, we were open to it but still not thinking what it was. We thought we had a child that was in touch with her feminine side and we thought, you know, that its fine not to have gender things and let's have our child be what she wants to be."

Adolescent B's mom was open to her daughter's gender creativity and exploration at that time. For these families, they often understood this type of expression in the context of their children's early and enduring gravitation toward feminine expression and stereotypical feminine play. For other young children, their early costume play represented a form of disclosure that was more ambiguous. For one adolescent, referred to as Adolescent R, who disclosed to her

parents in first grade, she recalled wishing her parents understood earlier that wearing feminine princess costumes and pretending to be mommy during make-believe play was a clear representation of her gender.

> I would always play princesses and dress up and play family with my friends. I usually was Cinderella or Belle and when we played family I would be the mom and take care of the kids. When I was playing, I felt like nobody could stop me. I was being who I wanted to be because you were in a game. I just wish they [parents] would have noticed. I felt they were blind. I think I acted like a girl and I had that side where I liked doing what boys did, like nerf guns and wrestling but in school I was dancing with the girls, hanging out with the girls and doing things that girls would do, hoping they [parents] would understand.

She remembered a disconnect between what her feminine gender expression represented for her and what that represented to her parents. Yet, when Adolescent R verbally disclosed to her parents in first grade, she reported that her parents supported her immediately and continuously since this time.

In this sample, all 5 of the adolescents who disclosed before puberty were transgender girls and their parents had an awareness and understood that their child was transgender before or during elementary school. This potentially demonstrated the increased sensitivity to, visibility of, and awareness that parents had of social norms for male femininity. Many of these parents initially assumed their child's early femininity was a sign that they would grow up to be gay, and at the same time, understood the importance of providing a safe space at home for their child to express themselves. During early childhood, adolescents who had awareness of being a girl, who had access to stereotypical feminine clothes and toys, and whose parents had awareness of,

supported, and validated their child's expression at that time were able to affirm their gender earlier. Thus, early parent awareness and support provided trans feminine children and their parents time to socially adjust to adolescents' affirmed gender, gain more knowledge, connect with community resources, and prepare for a social, legal, and medical gender transition.

Ambiguous disclosure reflected a disconnect between adolescents and parents regarding their interpretation of the disclosure and perceptions of child/adolescent gender identity. Dyads of adolescents who disclosed in adolescence, after puberty, often experienced this type of disclosure process. For adolescents, ambiguous disclosures did not represent ambiguity in their own identity but instead represented the social pressures to conformity, a lack of access to knowledge specific to gender identity development and being transgender, and fear or worry connected to how parents and others in their social world would respond. Adolescents who disclosed to parents at puberty often initially saw themselves as gay, lesbian or bisexual before they became aware of their gender identity. For many adolescents and parents, conflating sexual identity and gender expression was common, likely because sexual identity is often a more familiar representation of gender expression. As adolescents became clear about being transgender, they were often unclear how to disclose and what responses to expect. At the same time, parents had many questions about their child's identity, what it meant, and how to provide support.

For adolescents who disclosed to parents after puberty started, ambiguous disclosure often represented a toe in the water where adolescents consciously tested their parent's potential response to a socially stigmatized identity. For example, initially disclosing an identity perceived as less stigmatizing, such as an LGB sexual identity or by assessing parent potential reaction by asking parents questions such as "what would you say if…" allowed the adolescent to make

decisions about how far to take their own gender identity disclosure. Many adolescents who disclosed to parents after puberty, had multiple disclosures as they were trying to understand an identity that was different than those modeled within their social world and also conflicted with the gender identity they were socially groomed to endorse. Adolescent E, a 14-year-old who was agender and used he/him/his pronouns, reflected on his disclosure process as vacillating between clear and ambiguous. Disclosing his sexual identity felt clear for him and his parents. He later felt "more male" and in an attempt to assess his mom's reaction to being transgender, he first indirectly disclosed and then later directly disclosed his gender to his parents.

> I had so many coming outs with them. But I came out as bisexual, and then they kind of figured that I was gay. I started feeling like I was just male and I then came out to them again. But I came out to my mom the first time, like indirectly I came out to her like one day after karate, we were in the car. I said, what if um your child came out as transgender. And my mom just started yelling at me saying that is not true, you are not transgender, you are not any of this, you are a girl, blah blah blah…And then I came out to my parents properly as transgender a couple days after I came out to my mom in the car indirectly.

Adolescent E's identity development was a process of moving from initially seeing himself as gay and a still a girl to later seeing himself as "more male". His last disclosure of his transgender identity was not only clear but descriptive. He also likely mitigated further negative responses by asking for a gender therapist. This ask for additional help likely ameliorated his mom's response and likely encouraged her to also jump into action.

Adolescent E's mom remembered the same disclosure timeline and process but her own memory of how she responded was different than her child's memory of her response.

> I picked him up from karate. Anyway, she got in the car and said, "What would you say or how would you react if your child told you they were transgender?" And I was like whoa shit. "I'm not saying it was me but how would you be?" I'm not sure, so I said, 'are you telling me something?' "No not at all." Mm OK. "well how would you be?" And I said, 'well obviously I would sit down and chat with them and of course be supportive and help' and you know. So that was it. And I think it was like maybe it was at night she then had this whole big emotion of like sobbing and like "oh well I think I might be" she didn't know, she was confused. "I don't know but I don't feel right in my body." This was the whole thing, 'I don't know'. "Please get me a therapist straight away. I need a therapist. I feel I don't want to live anymore."

Mom recalled her child being ambiguous and simultaneously expressing a sense of urgency for a gender therapist during disclosure. Adolescent E recalled his mom initially being in shock, yelling, and questioning his authenticity and at the same his mom recalled her own response as calm and open. Adolescent E recalled different types of disclosures in a short period of time, underscoring the challenges in both developing and disclosing stigmatized social identities. His disclosures represented a clear process of how he was developing his identity within a social world that predominantly provided a heteronormative and cisnormative roadmap for adolescent gender identity development. However, in mom's retelling of her son's disclosure, she perceived it's meaning as ambiguous, saying "she was confused" and understood her child saying "I don't know" as a sign of ambiguity regarding his clarity about his gender, despite being clear in his disclosure. In addition, mom also felt unclear about her child's non-binary gender identity, likely enhancing her own confusion about how to support him: "But he also calls himself demi

boy sometimes, so we are a little bit confused at the moment about that". Mom's initial reaction to her child's disclosures and her process towards acceptance and support of her child's identity appeared to be driven by her own shock, confusion, and fear during a time when her child was beginning gain more clarity around his non-binary gender identity and enduring gender journey.

Adolescent E's disclosures reflected his process developing an understanding of his own identity and testing his mom's responses. Adolescent A described testing out his parent's support through an initial ambiguous disclosure. This initial toe in the water disclosures were not understood or even recognized by parents as a disclosure. Adolescent A stated that while his parents were both supportive following his second and direct disclosure, it was his dad's response to his first ambiguous disclosure that Adolescent A believed delayed his transition.

> My dad told me that is one the things he will always remember because I asked him one day, "*do you think you will ever think of me as your son*?" and he was like "*psshhh…no*" and he wouldn't think about it at all and that delayed me for a long time and he feels really guilty about that. Like, not saying 'why do you think that' or 'let's talk about that' which may have given me hormones a year earlier or top surgery a year earlier. And I would be going in 10th grade, not a year behind everyone else.

However, ambiguity was not only associated with an adolescent's developmental journey, testing parents' responses, or parent awareness that a disclosure happened but also parent perceptions of the disclosure's representation. In addition to social conformity and expectations, parent perceptions of the disclosure's meaning was often driven by adolescent mental health. For some adolescents who disclosed during or after puberty, parents often went through a process of trying to understand their child being transgender in relation to their child's

autism and other mental health diagnoses. One father described his initial process of trying to understand his child's gender identity in the context of his child's mental health diagnoses. His child, referred to as Adolescent J, is transmasculine, non-binary, 14-year-old (who used they/them pronouns), and has had a diagnosis of Autism and a mood disorder since early childhood.

> You know, as a parent you don't expect any of this right? Honestly, I was thinking, eh, it might just be a phase. I mean, he was gay and now he is not gay, he is transgender. You know, is it just a phase? You know, he's been changing so much. You know, is this something related to the ASD? I kind of view this through an ASD lens and that is really his primary issue and then there is this gender piece and then this emotional regulation piece.

For their father, he initially understood his child's gender through an Autism Spectrum Diagnostic (ASD) lens. For father, ASD had been the primary lens within which their child was understood and being supported since their child was a toddler. Disclosure through this lens complicated how their father understood his child's relationship with and expression of their own gender. Adolescent J didn't discuss their parents' awareness and acceptance process as being tied to ASD and instead tied their parents process to coming to terms to normative gender expectations.

> I think the most helpful thing is that my parents coming to terms with, like me being trans. And like, I said shaving all my hair off is what made them take it more seriously. And they were like, I see it now. It took a while. Like now my parents bought me a hoodie, like gender is over for Christmas. Like, they get it. But, before it wasn't going to be like that. So, I feel like, it's the same thing, the

> whole, like, I mean it was just all confusion within the family. Like, what does this mean, what does that mean? What is a social construct?

Much like Adolescents A, E and D, Adolescent J reported that their parents provided support quickly despite their father acknowledging his own process of questioning the validity of his child being transgender in the context of their ASD. Early clear and ambiguous disclosures tied to heteronormative and cisnormative social expectations, parent awareness, and adolescent mental health impacted father's acceptance and support process of his child's gender identity. This also begins to underscore the knowledge and readiness gap parents and their trans children experience regarding adolescent gender as being both real and enduring.

Knowledge and readiness gap vs. bridging the gap. Timing of parent awareness or adolescent disclosure in relation to puberty was an important factor regarding parent support and adolescent gender affirmation processes. In dyads where children disclosed or parents were aware of their child being transgender before puberty, they had time to research trans-specific information and resources, connect with those resources, and emotionally prepare for social gender affirmation, legal document changes, school advocacy, and medical care, all before puberty. This process of transgender knowledge building and transition readiness typically occurred together as a dyad. For adolescents who disclosed before puberty, parents were the ones to initially research trans-related information and community resources, as they became the primary source of knowledge and advocacy for their young child following disclosure. Adolescents whose parents understood that they were transgender in childhood, before puberty, relied on their parents for knowledge and advocacy following disclosure. Adolescents who disclosed to parents during or after puberty had previously done their own research for months or sometimes years before disclosing to parents and were experiencing distress connected to their

developing body and were ready to start their social and medical gender affirmation process leading up to disclosure. At the same time, their parents were playing catch-up to their child and were often uncertain about how to support their child's gender affirmation process. Adolescents and parents were often at different positions regarding trans-related knowledge and readiness for adolescent gender affirmation and transition upon disclosure. For adolescents who disclosed after puberty, many had a more enduring process of developing trans-related knowledge proficiency and their own identity before disclosing to their parents as transgender. In the context of these narratives, this process for adolescents represented the many ways in which adolescents started to understand themselves as transgender, gain knowledge, and seek out other transgender role models, often online before disclosing to their parents. After their child disclosed to them (or after parents confronted their child), parents were typically unprepared, had many questions, and relied on their child's and other parent role models' knowledge and journey to inform their own readiness.

"I don't expect most people to open their arms and be like wonderful." Adolescent's gender identity development process typically started before disclosure and was connected to early gender socialization, online knowledge acquisition regarding being transgender and gender transition, and preparing for the spectrum of parental responses. Parents had their own developmental process after their child's disclosure where they often confronted socialized gender norms, absorbed fears related to their trans child's safety and future, and tried to understand their child's gender in the context of their child's broader identity.

As previously discussed, Adolescent D's mom's "antenna" went up when Adolescent D shared with her that he was following a transgender role model on YouTube. Adolescent D described his process of understanding himself as a young trans person through stories of other

transgender role models online. However, Adolescent D had started puberty in fifth grade and started feeling body distress connected to his breasts. At that time, he didn't connect his body and chest distress to dysphoria related to being transgender. "*I was just really uncomfortable and in fifth grade was when it really peaked. Fifth grade my claim to fame was asking my mom to get a chopping board and cut off my boobs."* Despite his distress with puberty, he didn't connect his distress or his identity with being transgender until he connected to similar others for the first time online. This was when he started gaining more trans-related knowledge and connecting his own experience with being transgender.

> I read something online in early seventh grade, like about someone talking about their experience. I would attempt to educate myself and listen to some stuff on YouTube and was like oh why does this sound so familiar? This is what I have been experiencing, like all these tiny details that people provide about their life, from things as being uncomfortable with puberty and being miserable with it and just constantly uncomfortable choosing the guys toys at McDonalds and stuff like that. It just all pieced together.

Adolescent D's initial process of developing transgender awareness began online, where he started to understand his own identity in the context of familiar and relatable narratives, narratives that were not available to him in his home or school environments. However, this process of connecting to trans role models online was not always positive for Adolescent D. His process of gender identity development and trans awareness also included the ways in which he compared himself to online role-models and how this comparison exacerbated his body distress, leading him to disclose to his mom.

> I would go to the internet a lot and just watched tons of videos and get sad. Like oh, why do all these people look better than me? I remember I came to her [mom] like, I don't know, like I was really upset with like my body and I came to talk to her [and said], I just want my boobs removed and I feel like more of a guy and stuff like that.

Through his process of gender identity development, Adolescent D began to not only connect with the stories of other trans role models but he also compared himself to them, which increased his distress and sense of urgency. By the time he talked to his mom, he was clear about his identity and his increasing body dysphoria.

For his mom, she described her "antenna going up" in relation to her child's online research and connection to a trans role-model prior to coming out. As he was connecting to role models online, she was beginning to realize that her child could be transgender. As she questioned her child, he was not ready to acknowledge his own gender identity in relation to the online trans role-model he was following. "And you know, we were looking at the video of this guy and I said, "are you transgender, do you think you are transgender?" I don't remember specifically my exact words. But he was like *"No, No I am a girl*." Mom recalled that she had a conversation with his father as they were both trying to find meaning in their child's enduring masculine gender expression. As his mom began to question his gender identity, Adolescent D was both developing more clarity and knowledge regarding his gender and at the same time, unprepared to address his mom's questions about his gender or being transgender. His subsequent disclosure, while under distress, represented his readiness to move forward with his gender affirmation process during a time when his mom was beginning to process what being transgender meant personally and in the larger context of the social environment.

> First, I wanted to be supportive but at the same time I was like, OK, you are like 12. How do you know? You know, and I am like, you know the usual thing like is this a phase? And then second, if it were true, I was like please no, because [crying] that is just such a hard life. And immediately I started thinking about the future for him, like who is going to want to be with him? The challenges he would have to face. Um as a parent, you just don't want your kid to have a hard life. And then you know I started thinking about the violence that a lot of trans kids face, you know as depicted in the movies. Like Oh my god, is that going to happen to him? Is he going to get assaulted? Is he going to get raped if someone finds out? So, there was a lot of that going on in my head too.

The knowledge and readiness gap within the dyad was in part driven by Adolescent D's time spent learning vicariously through role models online. At the same time, his mom was questioning the meaning of his expression and internalizing socialized stigma and fears. While Adolescent D was becoming clear about his gender, his mom was struggling with ambiguity about her child being transgender and her fear for her child's safety. At the same time, she leaned on her son's process to guide her toward acceptance.

> And it was hard to accept because it was like you just don't know if this is just a phase kind of thing. But one of the things that struck me when I kind of knew this was true was the crying he did, and he's like "if I had the choice, I wouldn't be transgender." And then when I heard that, and started thinking, I was like he is right, because at first, I thought he was making a choice. And that is what I have seen in the community and talking to other people about these things, they think they are making choices. But it's not a choice.

Adolescent D's mom's acceptance took her from ambiguity, fear, and seeking advice through her trusted community as she was trying to see and hear her son. While Adolescent D's mom continued to adjust to being a parent of a transgender child, her enduring process of support informed her child's continued gender affirmation journey.

> In perspective to what a lot of other people have to go through, it was really nice. I have neutral feelings about it. There were stuff that could have been done better. I don't expect most people to open their arms and be like wonderful. It's understandable that it came as a shock. I think it would to most people.

Despite his mom's internal conflict after her son's disclosure, Adolescent D's experience of her support was both "nice" and "neutral". For both Adolescent D and his mom, their processes of awareness, trans-knowledge development, and gender affirmation process represented their preparation for and adjustment to the dyad's transgender journey.

For other adolescents, developing their gender selves was informed by parent support of gender expression and an internalized process stemming from harassment, shame, and fear. Adolescent C had disclosed past trauma connected to early feminine expression when she was around age seven and eight, in early childhood. Thus, she initially saw her masculinity and maleness as protective against potential harm and internalized shame associated with her feminine expression.

> Um, it [being masculine] felt good because I felt safe and it was, at that point, I was not in a place where I could consciously conceive my own femininity. But rather I saw it as some weakness that was pervading me. And so, I really took this opportunity to cut my hair, to start gaining more muscle and present myself more

> masculine in terms of clothing and expression. Um and I still um did feminine things, like I wasn't able to stop. Like I indulged in more feminine things secretly. But I still refused to identify as transgender or as female in any way. I felt ashamed of myself for enjoying it but couldn't stop enjoying it.

As Adolescent C was trying to understand herself in the context of past trauma and socialized shame, her mom, who was a sexual health educator and incorporated gender development into her teaching, was starting to sense that her child was struggling with her own identity.

> She was always very clear verbally about being a boy. And um, it wasn't until I started teaching classes to teenagers and we were talking about identity and gender identity and [Adolescent C] kept making these comments during the class, "oh yea, I feel that." Or "that makes sense to me." And I was like oh my gosh. And I was the one who came to her at some point and was like 'I don't think you are cisgender. You may be gender queer or something.' And she said "no, I am a boy, but I would like to start wearing dresses" [laughing]. I am kind of laughing not because it's funny. But um, well it's important to know that we've only just started having [Adolescent C] assessed for Autism which may explain a lot of the disconnects she has, which are separate too but intertwined in a lot of ways with her gender identity.

Later, as Adolescent C talked about her coming-out process, she clearly felt her parents' support and validation, and at the same time, she understood that her continued gender journey was an enduring process toward self-acceptance as she coped with her past trauma and internalized shame.

> It was very, very, very slow. Very patient. It was really casual and really easy in terms of how I did it with my family but for me it was more of an internal struggle. Because they were like 'OK great, here are all the resources I can give you' and that was really easy. But it was my internal struggle that was the real coming out story. [*When asked how it was for her*]: Terrifying and it took a lot of bravery and self-confidence and um like I said the decision to live authentically even if it was dangerous.

However, months before Adolescent C came out as transgender, she disclosed her past trauma to her parents. While Adolescent C felt supported in the context of her gender, she felt her parents were unprepared to validate and address her trauma.

> Well I think accepting me, um as my gender being different was actually very easy because all they really had to do was support me in me being happier. Um like they could see there was light in my face. They used the pronouns. It was easy, and they knew about it, they were educated about it. But with me reviewing my past trauma with them, they were ill-equipped to support me through that and were kind of freaking out and not sure how to handle the fact that their child had gone through that and they weren't there to help me. So, though they did their best and did all they could for me, they ended up just making it a lot worse, inadvertently

Adolescent C's gender identity development process allowed her to accept and embrace her own gender identity and open up about her past trauma related to her childhood femininity. Adolescent C saw her trauma as connected transfeminine shame and stigma, and as a barrier to accepting her own gender identity earlier. Adolescent C perceived her mom as knowledgeable, accepting, and supportive of her gender identity but unprepared and not ready to support her in

the context of her trauma. On the other hand, while her mom did connect her daughter's past trauma to her early childhood feminine expression, she did not see this trauma as a barrier to her daughter's gender identity development. When asked if her past trauma was perpetrated based on her gender expression mom replied: "I think that it was, but I don't think that played into it". Instead, mom saw Adolescent C as potentially having Autism and connected her daughter's gender identity development delays with Autism. Adolescent C and her mom had a different awareness and understanding of the many intersecting forces that informed Adolescent C's readiness for her gender journey but at the same time, Adolescent C understood and felt affirmed by her mom's support of her gender.

"People were noticing and they were doing something about it." Many transgender adolescents and their families who were socially and/or medically affirming their gender had to navigate systems of support, such as healthcare and schools, implicitly designed for cisgender people. As medical and mental health care varies widely in their knowledge and protocol for medical gender affirmation (such as gender affirming hormones and puberty blockers), transgender adolescents and their parents had to learn to navigate, advocate, and trailblaze those systems. Differences emerged between adolescents who came out to parents before puberty versus after puberty, specifically regarding balancing how and when to start a medical gender affirmation journey with emerging or imminent puberty.

Often, adolescents who came out early in elementary school had time to gain knowledge and explore options to transgender care years before puberty. Adolescent Q's mom knew her child to be a girl when she was three. By the time Adolescent Q was six, she remembered seeing both her transgender medical provider and a therapist to support her gender affirmation process.

> I was anxious when I was going to public school. I was always very anxious. My mom actually wanted me to see a therapist first. But uh, if I wanted to quit now, I couldn't because now [name of transgender doctor], while I have the blocker in my arm, is requiring me to stay with the therapist.

This family was able to connect to a therapist and a medical provider years before starting her puberty blocker, speaking to the importance of time when working through social anxiety and making decisions for medical gender affirmation.

Adolescent B, who had been open about being a girl to her parents since second grade, and her mom spoke to the importance of being connected to their provider to prepare for puberty. "I was eleven. And I didn't show signs of anything, they just didn't want anything to start because they wanted to see if that would work better. And it did. Um because it didn't start anything whatsoever.*"* While Adolescent B spoke to the significance of early access to care to prevent her male puberty, her mom remembered the extreme distress associated with her daughter anticipating a male puberty and the importance of being connected to transgender care for support as they prepared for puberty blockers.

> Like you can't get the blocker until tanner stage two. So, there were freak outs all the time because there would be a hair and we would rush to [name of transgender health doctor] and she would say it's not time. And then she [daughter] would freak out. It was the hardest thing. I mean and it was, I am just surprised she didn't get hospitalized. I mean she would scream. She would destroy things. She would yell out, "*take me to the hospital*!" she was in extreme distress. I mean we would um have to protect her brother from her. She would get violent. It was very difficult. So 5th and 6th grade were the worst, the worst.

Adolescent N who was known to be a girl since preschool had lived her life as a girl for years before puberty. Adolescent N's mom understood the value of time in the context of gaining knowledge, accessing resources, and preparing for gender affirmation, puberty, and hormone blockers. She contrasted her and her daughter's experience with the gender affirmation process of another family with a transgender child who came out at 14 and during the distress of puberty.

> If I look at this other kid who is now doing this in puberty, I'm like, oh my gosh. Thank god, we did this at five. Thank god we had enough time. And especially with this family who's not like always been the easiest, right? Like that we've had this many years and then we did this, right? What would that have looked like if at 14 all of a sudden, I am doing the paperwork, like right away? Like we all had years and years of living as a girl and then finally doing the paperwork. And then, doing the puberty blockers. There was so much time for everybody to get used to this. Um, again, being thankful for that right? From not knowing a thing about this, to them being pushed into this. Go do your homework. Go figure this out. Does this feel like the right thing?

When Adolescent N was talking about puberty, she made it clear that she only always saw herself as a girl, which made it challenging for her to talk about boy puberty or transition. For her, thinking about being designated a boy at birth was more incomprehensible as a young person who never remembered living life as a boy. During the interview, Adolescent N was asked the following question*: "Leading up to this part when you got blockers, what did you think about puberty? What thoughts would come to mind when you would just think about your body changing in that way*?" Adolescent N replied: "I just think I am a girl and I want to get it how I want".

Adolescent Q, who had been connected to both therapy and a trans medical provider since she was six felt distress connected to the anticipation of her male puberty and acknowledged the importance of planning with her provider for puberty blockers to stop male puberty.

> The thought of puberty was scary but I went to my medical healthcare person and she said it was time to get the blocker and block the male hormones from coming in. It was really nice, I was happy because everything was starting to happen and people were noticing and they were doing something about it.

"I didn't want to like, have my voice and big feet, big arms". Adolescents who came out before puberty had time with providers, often for years, to prepare for a medical transition. Adolescents who disclosed their gender to their parents after puberty often felt the impact of their developing bodies and thus experienced a sense of urgency to mitigate the dysphoria associated with puberty. Adolescent K discussed her frustration with coming out after puberty and the impact on her delayed medical transition.

> I wish I got it done earlier, I wish I got it done earlier, I wish I got it done earlier, I wish I got it done earlier. Like in every sense of the word. Like, I wish I figured it out, oh hey I am trans, someone give me estrogen please. And last year when I was in this weird limbo of not talking about it. I wish I had been, you know, talking about it. Yea, I just wish I had done it earlier.

Dyads who became aware of adolescent gender identity and initiated gender affirmation after puberty, often experienced a readiness gap driven by not only discrepancies in knowledge but also in perceptions of that transition. Parents and adolescents both understood that gender

affirmation and medical transition was a path to both affirming adolescent gender and relieving dysphoria. At the same time, the readiness gap was driven by two disparate processes: (1) Adolescent readiness to emotionally and physically affirm their gender and for many, relieve their body distress; and (2) parent hesitation related to fears and anticipated rejection, lack of knowledge and a familiar path, and ambiguous loss. Adolescent E's mom's expressed concerns about the speed of her child's gender affirmation process. At the time of the interview, Adolescent E identified as agender and was taking puberty blockers but had not started testosterone.

> And uh you know we tried of course to be supportive to [Adolescent E] and [Adoelscent E] was angry that we weren't getting on board straight away like 'yes we are going to do this'. You know, no we are going to do, so I think although we did try to give support and we were trying and then straight away it was like 'oh yea will you call me he/him' and we were trying. She would correct us constantly. And I said, "OK we are trying we are trying, trying." And it was just really hard. And of course you don't tell anybody. I mean [Husband's name] and I went through our own kind of three or four months of total depression ourselves and didn't talk to anybody. And everyone just kept saying time time time and you guys got support. And then we just came to the conclusion to get over ourselves and it's not about us. It's about keeping our child safe and alive.

Adolescent E's parents were trying to adjust and make sense of their child within the context of their own fears and expectations for their child. At this early stage in his parent's adjustment and support process, Adolescent E's parents had not reached out to other parent role models for support. Lacking a familiar roadmap to help them understand and accept their child's gender

journey, their fear for their child's safety prompted them to take their initial step towards supporting their child's gender affirmation journey. Adolescent E did not trust that his parents would consent for testosterone and while he was happy to not have his girl puberty progress, he began comparing his development to other cisgender boys whose body development was on an earlier trajectory.

> I can't deal with not being on testosterone for a long time. I look at all the male students or whatever in my class and all of their voices are cracking, they are growing facial hair and their features are turning into an adult male's features and its making me really jealous and really upset that I am not going through anything. Like I am glad to not be going through female puberty but I really want to start going on T as soon as I can. When I told my mom how I want to start testosterone sooner than a year she said it might be a good idea to talk to my therapist and see what a good decision is on that. So, I don't think my parents will talk to my therapist because they say they will do a lot of things but never do.

Adolescent E's parents were adjusting and trying to understand how to support their child and his gender affirmation amidst their own fears for their child's wellbeing and perceived loss. At the same time, his parents were trying to make sense of trans related knowledge and guidance.

> And I don't, you know we will support him with whatever 100%. But for us we are a bit nervous, rushing into, because he says, "*when can we see Dr. [name of gender doctor] again" and "when can I get the T? When can we start? When can we start*?" and we're like just hold on. And then he starts getting depressed when we are not motoring with things. Because as parents we have to make sure because if this is wrong for whatever reason, then we can't reverse the

> testosterone. And then you are stuck with the deep voice and hair on the face. It's a big decision. And I know he's depressed and the dysphoria really is horrible, its horrendous and we can't be like pushed as parents, we've got to be responsible. It's really tough. When he's 18 or whatever he effectively can make those choices for himself but right now, I have to, you know.

Both Adolescent E and his parents were on different paths regarding timing and expectations for testosterone. For Adolescent E, he felt stuck between the relief associated with staving off his female puberty, and the sense of urgency he felt to not only catch up to the body representation of his young male peers, but to relieve his distress connected to his body dysphoria. At the same time, his mom felt the gravity of their decisions as parents related to starting testosterone. Their contemplation was grounded in their own fears, dearth of knowledge regarding the impact on their child's body, lack of a familiar roadmap in their community regarding trans health care and transition, questions regarding their child being agender, and their own distress connected to their child's continued dysphoria.

Adolescent G came out to her mom after she had started puberty. At the time, her mom was living in a community outside of California without access to formal trans specific knowledge, resources, or other parent role models of transgender children. Adolescent G's mom reflected to her child's dysphoria associated with her body development from male puberty before she started estrogen.

> He got older, he's going through puberty so things are growing and he hated, hated his body. His voice started changing, you know. And he was starting to sound like a boy or a man, a young man. And he hated it, he hated everything

about it. In cheer, he was wearing a boy uniform and he didn't want to wear a boy uniform anymore.

Mom saw her child going through a puberty that caused her daughter distress but at the time, mom didn't have access to formal knowledge or resources to help her support her child and alleviate her distress. Her child came out to her after her body started changing from male puberty. Adolescent G's mom was trying to determine how to alleviate her daughter's distress and support her daughter's gender affirmation but did not have a familiar roadmap to support her daughter's transition. At the same time, Adolescent G's male puberty persisted and her dysphoria worsened before starting estrogen.

> I feel like, me going through puberty around seventh grade I don't know if I was starting puberty yet. But, I feel like I was, and I couldn't come out as trans. Even though I came out now, I feel like I was too late. Because I wanted to do it before puberty. I didn't want to like, have my voice and big feet, big arms, like I just didn't want any of that. But then, as I grew, I got taller, I grew, I didn't want to grow. I was so squeaky as a child but then after puberty, I've gotten a deeper voice so it's been harder. I just can't, if I speak like a girl, I feel like I am giving it away. I feel like I sound gay, like a faggot. I just don't feel like speaking.

Adolescent G didn't feel like she was able to disclose her gender before or during her body's early developmental changes from puberty. Once she did talk to her mom, her body was moving closer to representing a man. At the same time, Adolescent G had internalized the stigma and stereotypes about her voice and height.

Adolescent I, a transmasculine non-binary 16-year-old who privately used they/them pronouns but publicly used he/him pronouns, described having an early awareness of feeling disconnected to their designated gender and at the same time experienced early childhood expectations from their mom toward feminine conformity. This discrepancy between how Adolescent I felt and what was expected of them represented an initial barrier to early gender exploration. Consequently, without an early path to exploring their gender identity, they internalized early pressures for feminine expression conformity and hid their feelings under pressures to conform to stereotypical female gender norms.

> It was always kind of just like [since age 2 or 3], I wanted to be a boy and everything would be better if I was a boy. And it's like, why do I feel like this? Like, I ignored a lot of these feelings growing up. Like I wanted to appear masculine and everything. But my mom wouldn't let me wear those kinds of clothes or cut my hair short. Like she [mom] always just thought that "oh she is just a tomboy" but I kind of knew it was something deeper than that.

Adolescent I was raised in the United States, while their mom was raised in another country, and their father who often helped mom navigate local social norms, passed away three years prior to their interview. As Adolescent I was trying to gain and assert clarity regarding being non-binary, they were also trying to convince their mom to start hormones to affirm their gender and relieve dysphoria. Mom's readiness was driven by the lack of easily available knowledge about being transgender and the gender affirmation processes, and inadequate access to social support. "Well, I was not ready to start him taking hormones. I just wanted to see doctor and just get some information, what's going to happen or how it changes his body? I wasn't looking on the internet, but I was just listening. I needed to do more research by myself." During this time,

Adolescent I was performing a binary transmasculine identity to bridge the readiness gap between them and mom and create a path to hormones.

> I don't really like tell her about it because I don't want her to get more confused. Just like with me being gender queer, like in her trying to get to an understanding of what trans was and like why I feel like a guy. So, I don't really tell her about those things because I don't want it to confuse her more. So, before I was on T, I didn't want to tell her about me feeling like, in between the binary because it's like, oh what if that makes her question, like, 'is T a good like path for you to go?

"Nobody gives you the book for this". Upon disclosure, parents were often urgently making decisions to mitigate their child's distress without formal trans-related knowledge and support, and at the same time confronting their own perceived loss and fears. Adolescent A's mom's adjustment and decision making process was complex: she reflected on the dearth of available knowledge, her perceived loss connected to her perception of losing her daughter, and fears driving her sense of urgency to alleviate her son's dysphoria and prevent him from killing himself.

> Yea, it's kind of tough, no we are not sure, how can we be sure of any decisions we make for our kids. We are doing the best we can and following their lead. How can I be sure that we are doing the right thing by our daughter, our first born? You know, I don't know. Nobody gives you the book [slight laughter] for this but all I know is that I want my kid to be happy, which is what any parent wants. I just want a living happy child. And you know I would rather have a <u>happy living</u> [Adolescent A] than a <u>dead</u> [Child's birth name] any day. You

> know, that has been the most, for me, that has been my motto for every next step. And not that I am opposed but regardless of how I feel about the loss.

The gap in knowledge and readiness felt prominent for Adolescent A upon disclosure. While his mom was trying to gain knowledge and come to terms with her own adjustment, fear, and loss, he was ready to move forward and be affirmed as himself.

> Yea, I had done research before about this and when I finally had this come to terms, not come to terms with my parents, but by this point, I was surprised that they didn't know about this stuff. Because I had spent so much time by myself online that I just thought everyone would know about that.

Access to formal and informal resources and support systems can also be limited by geographic location, which in turn impacted not only knowledge and readiness gaps between parents and adolescents, but feelings of isolation felt by parents navigating early stages of their child's gender journey. Adolescent G's mother who is a single parent did not initially have access to knowledgeable resources or other parents of transgender children in her East Coast community before moving to the West Coast.

> When he started telling me stuff, I started looking up support groups for like me or for him and programs and there was none. This was in eighth grade, when he started becoming more of a girl to me. The only groups I've seen was in Massachusetts which was hours away. So, I am just like, UG! It was just overwhelming because, even though [Partner's name] was so supportive, I still wanted someone to relate to me. Um, like here in [West Coast city] or in [Northeast Coast City], but it's like, everyone else is left out. I feel there should

> be more to help parents going through it. Because a lot of parents are struggling. I suffered a lot because I was alone.

Adolescent G felt a complex connection to her home community back East and her new community out West. For her, she didn't have access to role models in her communities and like her mom, felt isolated from knowledgeable resources and others who reflected her own experience.

> I left my problems out there and started over out here. I can express myself more out here. I feel like nobody really cares what you do out here. People have their own thing going on, why would they care about you? Out there, it's just like a small community so like, if someone wore something totally different that they don't usually wear, everybody knows about it. Since over here is so big and more like, expand, they have more whatever going on, like different. And I feel like I'm at like, literally like there is nothing out there. I only met one transgender out there and that's it. One gay friend and then a transgender and that's it. And there was nobody around me doing the same thing. But out here, I know a lot of trans people and I know a lot of pansexuals, gay, bi.

As Adolescent G felt her identity as a young transgender woman was reflected and represented within to her new community out West, she simultaneously felt a lack of cultural representation as a young Puerto Rican woman within her school and neighborhood.

> I thought I would be going to school with, like, different, like out there it's so much cultural, like you know what I mean? Like there are more dark skin people out there. Um, where I lived, there was a lot of dark skin people, like

> Hispanic people, like Puerto Rican and Black, that's it. Like, mostly in the spot where I lived, like that. But over here, I feel like, I was the literally the only Puerto Rican in my class. I am the only Puerto Rican, what?

Other families were not only geographically disconnected from resource saturated locations but also felt culturally isolated within their communities of care. Adolescent I's mom lacked easy access to clearly understandable information and had to navigate language and cultural barriers, thus relying on insurance providers as a method to navigate systems of support.

> Maybe my husband still alive and his insurance was PPO and we can choose. But, the MediCal, I had to call for the mental health department to find the other doctor, to find psychiatrist who was in the area and can diagnose for gender dysphoria. And I call around and the first time I thought I found they said, this number, and that was just regular therapist. And they were talking and we already have a therapist and they don't understand. So, finally I said to the therapist, I don't know how to do this. Um, if the therapist didn't tell us about [name of transgender health provider], I was not sure where I go. I didn't even know the doctor. I put the name into google and find out what.

Adolescent I's mother faced institutional barriers connecting her child to a specialty healthcare system she didn't completely understand until a school therapist stepped in to bridge the gap by connecting the dyad to their transgender healthcare provider.

"Education and awareness made that chasm shrink". On one hand, knowledge disparities widened the readiness gap between transgender adolescents and their parents. On the other hand, both formal and informal education can be an important asset in bridging that gap.

Just as adolescents used similar others, primarily found online, to connect with transgender role models and transition related education prior to disclosure, parents used transgender medical experts, listened to their children, and sought support from their own parent role models to familiarize and educate themselves about their transgender child's experience.

A mother of a 14-year-old transgender guy referred to as Adolescent P, started looking online once she realized her child was embracing a masculine gender expression. "When I saw the outward expression like fully masculine, that's when a lightbulb went on for me. I got online and went crazy and googling it and found gender spectrum.org, thank god, and found [name of transgender family support group] and like, OK, there's like a whole world here for us." Similarly, the father of a 15-year-old, Adolescent O, reflected on the importance of education to their journey as parents.

> We are going to educate ourselves and buckle down and honestly, it's just the way I think of it, it's nothing more than that. So, we just decided to get very involved in the transgender community through PFLAG and going to [name of transgender family support group], and we saw [name of transgender advocate] a couple of times and you know [name of doctor] sees [name of adolescent] and just got educated real fast. My perception of it when I first went into it versus what my reality is today, another one of those chasms, it's very big. But the education and the awareness has made that chasm shrink and shrink and shrink. And you just feel more and more comfortable.

A single parent of a 13-year-old transgender guy, Adolescent H, found both formal and informal sources of support with providers and other parents of trans kids to be a pivotal part of her journey and support as a parent herself.

> Knowing the right people to call, and you know this when you hook up with another parent who is going through the same thing. All it takes is one parent, you just have to find one parent who is in this situation and they will give you all the information you need and the resources you need. Um, going online helped a little bit too. Um, the support group has been pivotal for all of us. Um, having access to doctors. [Name of transgender doctor] is phenomenal. She spent an hour on the phone with me, the week I found out about all of this. And this is a busy person. She spent an hour on the phone explaining everything to me, which was amazing.

Adolescent P's mom had to catch up to options for care quickly. Her sense of urgency was driven, in part by her fear for her child to start menstruation. Thus Adolescent P's mom was on-board with blockers as a way to prevent puberty despite the distress associated with making these medical decisions quickly.

> Whenever I like caught that that was the thing to do, like I didn't know that there was a whole medical treatment. So we were like, hormones just felt so overwhelming at that point because it was just so brand new. So, we had an appointment, in like Thanksgiving week or something so that, I guess I booked in September and our appointment was in November and I was just like panicking that he was going to get his period before then. He even had like, the tiniest bit of spotting but he didn't get a full period. I started to feel upset about him having to go to the bathroom and take a shower every day and the water running, the smoke up the mirror. And I just felt upset about this idea of like if you are a guy and you have boobs, that's not OK.

Adolescent P's parents had questions about her son starting testosterone and hormone blockers but after connecting to parents from the support group and meeting with a transgender healthcare provider, she accepted that these interventions were a next step in their child's gender journey. His mom had expressed fear about him getting his period and this fear contributed to her sense of urgency to research puberty blockers. Families whose children disclosed to them after puberty often experienced a condensed timeframe to research, connect to supportive resources, and make decisions regarding puberty blockers and hormones. However, Adolescent P experienced his parent's support through the ease of initiating gender affirming medical interventions. In the end, this may speak to the complex motivators for transgender specific care. Parents frequently pushed their fears related to hormones and being on an unfamiliar medical path aside to mitigate their child's distress, to ease parents' own fears for their child's emotional health and safety and support their child's affirmation.

> They were more hesitant but they were OK. And they like, looked up some doctors or just going to that group was helpful for that as well. I mean, we really didn't talk about that much. I know I briefly asked them and they said we'll think about it. I went on the puberty blocker in [month] of 2016. This year, I'll get the blocker out. I've been on T for almost a year.

Thus, knowledge and access to both formal and informal supportive resources and information often bridged gaps in readiness for adolescent gender affirmation and care. All parents who participated in this study demonstrated support for their child's gender transition by consenting for their child to be prescribed puberty blockers and/or gender affirming hormones. However, the drivers of support and how both parents and adolescents understood the meaning of that support varied.

Fear and acceptance-based parent support. Children who are under the age of 18 must receive parental consent or must be legally able to provide consent for treatment. Parent support was crucial as transgender adolescents must constantly negotiate their gender affirmation in relation to puberty, their school, healthcare, and families. Support was rooted in both fear and acceptance at different times along the adolescents' gender affirmation journey. Fear and acceptance are conceptually different drivers of support and thus had an impact on the meaning, timing, and type of support provided after disclosure. These two drivers often overlapped, creating complex intersections of support.

For adolescents who disclosed before puberty, children and parents navigated a social gender transition before or during early elementary school. This often lengthier and early gender affirmation process enabled dyads to connect with therapists and community resources thereby adjusting to being and parenting a transgender child before the urgency of puberty. Both Adolescent B and Adolescent R who came out in early elementary school described practicing their asserted gender on a family vacation and at home before coming out in school and other settings. For Adolescent B and her parents, they used summer vacation to practice Adolescent B's gender expression during a time when she was out to her family but not to school.

> When second grade finished, so that summer we went to Vegas. She was so excited. She brought all [Adolescent B]'s stuff from the car, dressed as [Adolescent B]. She had brought [adolescent birth name] bathing suit because we had never done swimming, just in case. But I had also found some board shorts and a shirt as [Adolescent B]. So, the whole time she was dressed as [Adolescent B] and was ecstatic. And the minute I have to do the check out. The minute she hears "check-out" or you know like "lets pack", the worst freak-out session that I

> had ever seen in my life, and my husband saw it. She completely and utterly hyperventilating, screaming.

Adolescent B's parents understood the importance for their daughter to express herself in the safety of vacation. At the same time, the distress of hiding her gender in more familiar environments became clear to her parents as they were preparing to transition back to their home community. Adolescent R reflected back to first grade, after she disclosed to her parents, remembering the initial support she felt as she began her gender affirmation journey.

> I think my parents started doing research. They let me wear what I wanted in the home, that is where I could dress up. But outside I had to wear more gender-neutral stuff. I think it took them a little to get used to it, but ever since that, they have been right there. They have been the floor for me, they've always been strong enough to carry me and hold me up.

Here, Adolescent R's parents accepted her as a girl early in childhood and that early acceptance allowed her parents space to slowly adjust to parenting a transgender child across social domains.

"It's one of the things you leave your kid right? You give them a name". A father of a 17 year old transgender girl with autism referred to as Adolescent K discussed his sadness and loss adjusting to his daughter's asserted name, yet through his sadness, he demonstrated support driven by a conscious embrace of his daughter and an ambiguous acceptance of her name.

> We thought long and hard about names [before birth]. I remember for months and months working on the name, as parents, it's one of the things you leave your kid right? You give them a name. So, there was a little bit of sadness that, you know,

> recognizing that she didn't like the name that she had. It didn't feel it was right for her. But I did like the fact that she got to pick her first and middle name. She picked her first name then she asked us for help with her middle name. First, neither my wife or I liked the name. It's not a name we would have picked, so after a while, I remember we said, look, we want you to have the name you like, but we really like the nickname [nickname for Adolescent K]. What do you think about us calling you [nickname]? And at first, she was like no, that is not what I said, I said [Adolescent K]. Then in a couple of days she said, 'now I actually like that, I like it'.

Adolescent K's father described the initial stages of support related to his child's name. For many adolescents and parents, birth-given name and pronouns were important and meaningful, often culturally embedded, and personally significant for the parents. The mother of Adolescent P, who was Jewish, described the meaning of her child's birth name.

> When he was one, we did a baby-naming. So, that was very memorable. It was a really big celebration. It's a Jewish thing. You know, he got his Hebrew name and we did it under the chuppah that we married under, we did it in the backyard next door, family, friends, and you know, kids, a lot of adults. But it was a big, it was a very big celebration.

For Adolescent P's mom, acceptance of his gender affirmation meant balancing cultural values attached to choosing a Hebrew name with a name he wanted for himself.

> And he chose his name and he told us his name. He was running all these names by us and he just said, Bam it's this. I initially said, in Judaism you name

> someone after someone that died in your family, some morbid, you know religious thing. And so, he said, um, no, he wouldn't do that. So, I said OK, you pick a name, I'll find a family member who died [laughing] so that is how we got around it. And then, he chose a Hebrew name for his Bar Mitzva. So, we had this baby naming when he was one. We had another naming at his Bar Mitzva, he was given a new Hebrew name. I love the name he chose and even if we didn't, you know, it was just so affirming for him.

For mom, acceptance driven support meant negotiating her son's asserted name with their family's cultural traditions and values. For Adolescent P, parent support also meant balancing his parent's cultural values with his own values and transgender journey. While Adolescent P's mother placed importance on the cultural significance associated with his name within their Jewish heritage, he felt disconnected from his Jewish upbringing, thus did not feel the same cultural connection to Judaism. While support felt like a conscious acceptance for mom, within the dyad, acceptance was more ambiguous.

> My parents just forced me to have one [Bar Mitzvah]. It wasn't my choice. I don't, I just don't want to be associated with religion. That's not my thing. It really has nothing to do with like, I have nothing against Judaism. I just don't believe in it. And I just don't like religion that much. I don't know, Hebrew itself is a gender binary. So, there's like a girl's side and a boy's side to everything.

Mom's journey and transition meant balancing her son's asserted name with the family's cultural traditions. For Adolescent P, he recognized and accepted that it takes time to adjust to using a new name. "I don't think it was hard for them, I just think it was something to get used to. I mean calling someone by something for like 13 years and then calling them by something, isn't

pretty easy to do." However, his gender affirmation process and own beliefs about Judaism conflicted with his family's cultural values at that time. Acceptance speaks to the early negotiation strategies employed between parents and adolescents regarding the how and meaning of gender affirmation, and the mutual understanding within the dyad of one-another's positionality.

"If anybody bothers you or says anything, you can come find me". Often dyads felt like they were trailblazing and fighting for access to a safe and inclusive school environment. Before her daughter's transition from elementary school to middle school, Adolescent B's mother's fear of her daughter's invalidation, exclusion, and harassment, contributed to the dyad preparing differently for middles school. Adolescent B's parent described her fears as stemming from earlier interpersonal minority stress experienced in elementary school. At the same time, Adolescent B's mom acknowledged how past stigma and fear of future stigma drove her advocacy for early institutional support to prepare for her daughter's inclusion and safety as the first transgender person within their new school system.

> And because I was petrified of middle school, the principal in 6th grade [elementary school was K-6th grade] said "you know what, let's start now." This principal said, "you know I am going to tell them [middle school teachers] to go to the same training we went". Trained the staff and got them the materials to use and got a plan and [Adolescent B] was part of the plan. That school prepared for her. They found out one of the things we worried about was PE. They built um a private stall for her, but of course they are for anybody. The school had started a Rainbow Gems club. Rainbow Gems is a GSA type of thing. So they did things ahead of time because they were afraid that if we do everything the week before

> she comes, they are going to be like they are just doing this for like this one kid? So, they did everything a year ahead.

Both acceptance of her child's gender journey and autonomy as well as fear for her daughter's safety drove the parents' enduring advocacy for their daughter within the school institution. Additionally, as she disclosed to her elementary school in third grade, Adolescent B, her parents, and the school system had time to ensure the appropriate steps were taken to support her within her transition from the elementary to middle school system. As Adolescent B integrated into her middle school, she reflected on the importance of inclusion and support: "They are perfect. They set up support groups, they have an LGBT counselor that you can go to if you have problems with someone or if you have gender identity problems or if you don't feel comfortable in your body."

Parents and adolescents often had different perceptions of and experiences related to stress and support. While Adolescents were often the target of both stigma and support within the school system, parents were tasked with preventing stigma and intervening from the outside. Adolescent F who is a 13-year-old trans boy described his experiences with PE and his peers at his middle school.

> Ug, I still feel very uncomfortable with PE. I have to wear these giant shirts that hide everything. Sadly, I have to walk through the girls' locker room to get to my room behind the girl's office. I want to start changing there [boys locker room]. I think they will let me use the boy's locker room, but they are wondering about my concerns and my parents' concerns. Most everybody uses the correct pronouns unless they slip up, which is Ok because they are still learning. And some other

> people who are like '*transitioning is not real, you are a girl, you will always be a girl, God hates you'*. And I am like OK.

His mom described her involvement and how she felt the school had responded to harassment and school accommodations regarding the PE facilities.

> They were incredibly supportive. [Adolescent F] was being harassed by students at school. There would be like 10 of them that were going at it, going at it, going at it. They sat the whole class down and said that this was intolerable behavior. And the two that actually physically interacted with [Adolescent F], they were actually uh removed from class. So, the school was extremely supportive. And this year we met with the new resource teacher who we knew from last year as well. He made accommodations of where to change for the gym, bathroom accommodations, and has also said to [Adolescent F] if anybody bothers you or says anything, you can come find me and I will help you with the situation.

Like Adolescent F, mom sees the school administration as supportive even though they both perceived minority stress related to non-affirmation related school facilities and peer harassment. This demonstrated the importance of mom's advocacy and the importance of initiating a process towards an affirming and safe environment, despite continued needs regarding peer-based non-affirmation, harassment, and locker-room access.

Adolescent L, who was a 13-year-old transgender guy talked about how he navigated his public middle school in 6th and 7th grade, before he came out more broadly.

> I talked to my friends going like 'oh yea, I have to change in the bathroom because I don't feel comfortable in the locker room' and nobody really cared. And

> that's how it was and it was two years and around 7th grade, I like really, I looked like a boy, like if you looked at me, you would have probably immediately assumed boy. But I was in the girls' locker room and there was people who I didn't even know yet who would give me like weird looks and stuff and I was used to it at that point because I had experienced it in 6th grade.

And since coming out more broadly in 8th grade:

> It has been fine, it's been great. I haven't had any problems with it at all. And everything has been relatively easy. The teachers, a lot of them are very nice. Um, and like the administrators are really nice. The students, most of them are nice and some of them are kind of jerks. But I knew the teachers would be accepting and the students just didn't care, like it wasn't a problem

Adolescent's L's mom on the other hand, tried to consolidate support within the public middle school system. Looking toward middle school, she was fearfully anticipating non-affirmation and harassment.

> I wanted to be sure we had a safety net of support. And I was also concerned cause middle school, this is the age when people are, kids are just horrible to each other and I was anticipating, 'here's a kid who doesn't fit the norm and is he going to get bullied'. Then starting in 6th grade, which is middle school, we knew about PE and the locker rooms and I met with the counselor ahead of time to make sure he had an alternate place to get changed because I knew he wasn't going to be comfortable in the girls locker room.

Broadly, adolescents were able to reflect on their gender affirmation in the context of the support they received from their parents and within school. Parents, on the other hand, often advocated behind the scenes, often stemming both from fear of how their child might be treated within the school system and acceptance of their child. At the end of his interview, Adolescent L reflected on the parent support he felt contributed to his gender affirmation more broadly. "I think it is pretty important to know that I had it a lot better than most people and my transition went a lot smoother given that my parents are accepting and they were able to push and get everything quickly and I think that is the only thing."

Minority stressors contributed to adolescent gender affirmation, parent support processes, and adolescent mental health

Adolescents and parents experienced minority stress navigating adolescent gender identity and expression across social environments. Adolescents and parents discussed both stress and support related to gender affirmation and mental health throughout child and adolescent development. I assessed adolescents' and parents' perceptions of adolescent symptoms of social anxiety, depression, and suicidality using validated measures of social anxiety and depression. Understanding their specific symptoms were important given the extant literature documenting the relationship between minority stress and mental health. Within our LHC interviews, dyads endorsed numerous adolescent mental health symptoms and diagnoses (Appendix F: Table 3). Below, adolescent and parent reports of adolescent mental health and suicide attempts must be situated within their life history narratives.

I assessed adolescent social anxiety and risk for depression as two important indicators of adolescent mental health. According to the authors of the Social Anxiety Scale for Adolescents (SAS-A), which assesses adolescent and parent perceptions of adolescent social anxiety

symptoms over the past two weeks, the SAS-A's clinical cut-off score of 50 (range 18-90) is a marker for clinically significant social anxiety for adolescents (LaGreca and Lopez, 1998). Adolescents in our sample reported a median social anxiety score of 59 (range 40-78) which not only exceeded the clinical threshold for significant social anxiety but also exceeded mean SAS-A scores (51.3) of 12-17 year-olds diagnosed with social phobia (Ginsberg et al., 1997, 1999). Adolescents' parents rated their child's total social anxiety nearly as high (median 54; range 37-72) as adolescents rated themselves. The SAS-A includes three subscales of social anxiety. The authors of the SAS-A recommends using subscale scores in research and clinical practice as opposed to the total scale score. The three subscales measured Fear of Negative Evaluation (FNE), Social Avoidance and Distress with New Situations (SAD-New), and Social Avoidance and Distress-Generalized (SAD-Gen). Adolescents endorsed thoughts and experiences on these subscales indicating higher median anxiety related to FNE (median 29; range 13-37), SAD-New (20; range 12-29), and SAD-Gen (10.5; range 5-15) compared to adolescents in a clinical sample of 12-17 year-olds diagnosed with social phobia (Ginsberg et al., 1997, 1999).

Adolescents' median DISC scores (median 9; range 0-19) indicated that adolescents were moderately likely to be diagnosed with depression (Shaffer et al., 2000). At the same time, their parents reported adolescent depression lower than adolescents rated themselves (median 7; range 2-14). The DISC included three questions related to suicidality, one of which asked adolescents if they had ever attempted to kills themselves. Nine (45%) reported at least one suicide attempt in their lifetime. Five adolescents reported being psychiatrically hospitalized at least once during their lifetime, two adolescents had been taken to the ER for suicidality but were not hospitalized, and another adolescent contacted the Trevor Project Suicide Hotline due to suicidality and was not hospitalized. Regarding past suicide attempt, 8 out of 15 (53%) adolescents who came out

after the onset of puberty reported a past suicide attempt whereas 1 of the 5 adolescents who were known to be transgender in early childhood reported a past suicide attempt. In total, 8 of the 9 (89%) adolescents who reported suicide attempts were among adolescents who came out after the onset of puberty. Five dyads disclosed experiencing at least one adolescent psychiatric hospitalization. Out of the 5 adolescents who had been psychiatrically hospitalized, four were adolescents who disclosed at or after the onset of puberty and were hospitalized due to suicidality. The other adolescent who was hospitalized was understood to be transgender in early childhood. For this adolescent, she had not endorsed a previous suicide attempt and instead mom indicated that her past psychiatric hospitalizations were due to angry outbursts and running away from home. Only one adolescent (who had disclosed their gender after puberty) had been hospitalized after starting gender affirming hormones and they had a history of psychiatric hospitalizations prior to disclosing and starting gender affirming hormone therapy.

Within the context of this study, I cannot meaningfully associate adolescent mental health with minority stress. However, understanding both minority stress and specific mental health symptoms among this adolescent population whose parents support their gender affirmation processes provides a deeper understanding of how these two experiences are potentially connected. Minority stress represented the internalized and explicit stigma and discrimination, typically stemming from cisgender and heteronormative social norms enacted upon being and parenting a transgender child/adolescent. Minority stress was frequently discussed in terms of (1) proximal minority stress; (2) distal minority stress within interpersonal relationships; (3) institutional minority stress within systems of care; and (4) political & social-climate minority stress within community. These minority stressors were related to how adolescents and parents navigated adolescent gender affirmation within their social networks as well as institutional and

community domains. Often, these minority stressors were not mutually exclusive and often intersected with one another, representing complex minority stress experiences for dyads. In the same light, being seen, validated, and accepted by family, peers, and within community were potentially important protective factors contributing to adolescent mental health.

Proximal minority stress. Otherwise understood as internalized stigma, proximal minority stress reflected stress that adolescents and parents had internalized and projected out into the world around them. This was often described as stress that adolescents and parents anticipated or expected within specific social interactions or settings.

"I can talk and not be some weird, kinky thing in my head". Adolescents were often thinking about their gender and decisions to disclose in relation to their internalized social stigma. Social constructions of being transgender were often situated within the context of social norms and had created internalized trans negativity thus prevented adolescents from confronting, disclosing, and talking about their gender earlier. Adolescent K reflected to when she was 14, before she came out, and described her internalized stigma as a barrier to acknowledging that she was a girl.

> Like, for a really long time, I was in this weird pseudo denial. I was like no, this is, you know, I kept like, maybe you're trans, and I'm like no no. Because I didn't want people to know about it. I just thought it was weird and yea, I just thought it was weird and creepy. Because a lot of it was, a lot of it was fetishistic. Like, because you are a 14-year-old boy, thoughts. So, I didn't want to talk about it and then afterwards I was like, oh, OK, trans, this all makes sense now. I can talk and not be some weird, kinky thing in my head.

Internalized trans negativity created barriers to coming into her gender when she was 14, and while the delay impacted the timing of her gender affirmation, she was able to accept herself as a trans person. She also acknowledged how stigma informed her disclosure process at age 16 when she sent an email to her parents one night at home while her parents were in their bedroom.

> It was a desperate email the night of the election, cause I couldn't talk to them about this for a really long time. I was really worried about having to talk about it and confront it. It was also really scary. We weren't even in the same room. I was leaning against the wall in the hallway. I knew they would accept, I was just afraid of a lot and just having to talk about it a bunch.

Her internalized minority stigma likely delayed her disclosure, and simultaneously informed her disclosure process and her comfort with talking about her feelings and identity following disclosure. She was also diagnosed with Autism at a young age which likely contributed to her disclosure process. Her father remembered her disclosure very similarly to her. When Adolescent K's father was discussing his daughter's disclosure, he reported that she has had "all kinds of challenges in her life" and said, "but that one came out of the blue". Still, it seemed important that he push down his own shock in order to support his daughter.

> Um, it wasn't a conversation. She emailed us late at night hoping we wouldn't read the email till the next day when she was at school. But, she didn't know that I get my email on my phone. So, I got the email that night and I went to try to talk to her but in the email it said don't talk to me right now. So, I went in and I just told her, I got your email, when you are ready to talk, we'll talk

For Adolescent K, while proximal minority stress informed her self-awareness and disclosure process, her father's acceptance and initial validating response likely ameliorated the stress that once negatively impacted her own self-acceptance.

Stigma and wanting to be socially affirmed as his asserted identity motivated Adolescent P to hide his gender journey. "So, going as myself in high school. I'm not telling anyone. I mean, people know it, they just don't say anything because I don't want to out myself. I just don't want to bring attention to myself." For Adolescent P, being seen as his asserted gender identity represented the importance of the outside world seeing him as he saw himself. At the same time, hiding his trans experience from his peers at school represented a proximal minority stress related to internalized trans stigma and his desire to prevent discrimination of a significant and socially stigmatizing aspect of his personal experience.

At the same time, Adolescent P's mom and his father were experiencing their own proximal stress related to fears for their child's safety in a cisnormative world.

> [Name of father] too, like he just felt, we both had a lot of anxiety like is he going to be safe? Like what is the world going to do to him and we didn't know anybody who was transgender at that point and so we just felt like Oh My God, like, I didn't want him to get hurt, I just had like scary thoughts about what that could mean.

For Adolescent O's father, he expressed fear regarding how to navigate seemingly mundane conversations with others in his community, that for father, was anything but mundane. For father, proximal minority stress was apparent in how he anticipated the ways in which he talks about his family and how others might respond.

> Thoughts just start going through your head and Oh my god, all the people I know are going to ask. They are going to see pictures on Facebook. I am going to have to sit down and talk with every single one of them. Some aren't going to be nice. Some are going to be assholes and your mind starts spinning. Even something as you go to your local market and you're picking out lemons and some guy you haven't seen for months says, "hey how's the family, how's [adolescent birth name] doing?" Uuhh [sigh] and you decide I have my little saying now, it's like I have to decide whether this person is worthy of my time at the moment, do I have the time? Do I give them the 20 second elevator speech or do I want to give them the five minutes? It's just, all of that. And it just rushes around in your head.

Adolescent I, a transmasculine non-binary 16-year-old described having an early awareness of feeling disconnected to their designated gender and at the same time experienced early childhood expectations toward feminine conformity. This discrepancy between how they felt and what was expected of them represented an initial barrier to early gender exploration.

> That also relates to my mom because like, I haven't, I don't, I haven't really told her I am gender queer…but it doesn't matter as much to me, because like, I don't really use they pronouns unless I'm in an LGBT space. Like, I still use he pronouns and I'm still comfortable with that. And it's just easier for everyone because its cis-heteronormative life out there.

Responding to parental and community pressures for cisgender conformity, Adolescent I understood and internalized early pressures to conform to stereotypical binary gender norms and subsequently performed a binary masculine identity within most social spaces.

Adolescent H's mom described proximal minority stress related to fears of non-affirmation in the healthcare setting. For mom, her fears were not based on previous experiences of discrimination within the ER system. Instead her fears of invalidation appeared to be rooted in internalized messages related to trans specific social stigma.

> You know, he was in the ER. He had this cyst that needed to be drained and what-not. We went to Urgent Care first, and so you know, you check off male or female. And I was like, Uh, what do I check? You know? And then I checked both and "identifies as" and I put male. And he was standing right next to me and I don't like to have conversations right in front of him. And so, I handed her the clipboard back and pointed to where, you know, where I had that information and I had the birth name and then in parentheses the preferred name and they were great. They called him [Adolescent H], brought him in. Because you don't know. When they told us, "hey you need to go to the ER", I had to stop and think, "which ER am I going to go to?" So decisions around that, um, I never had to think about that before.

Distal Minority Stress. Distal minority stress within interpersonal relationships represented stigma adolescents and parents directly experienced, often through interactions with others. This distal minority stress was also often connected to proximal minority stress and also embedded within social systems of care such as family, schools, social relationships and health care settings as these were salient social domains within the lives of adolescents and parents.

"It's not what kind of gay you want him to be." Families were one of the primary spaces for adolescents and parents. Parent support was critical for adolescent emotional development, attachment, and gender affirmation. For adolescents to start medical gender

affirmation, they relied on parent support and consent. Once transgender adolescents disclosed and started their affirmation process, their identity was more visible to those in their social environment.

Parents often experienced pressure from their own parents and social network and this pressure felt confusing for parents who were trying to understand the best ways to support their transgender child. Mom of Adolescent G was a young single parent and was raised in a very intergenerationally connected Latinx family.

> And, my mom is so bias, you know. "*OK, you're a lesbian, it's OK. And if he would have been just a regular gay*", how she says, "*why can't he be a regular gay guy, you know, just a regular gay guy that dresses like a man but likes men*." And I'm like, 'It's not, what the fuck, it's not what kind of gay you want him to be. That's not his life. His life is his life, it's his own. You can't choose what kind of gay person you want. "*He's too young, he doesn't know what he wants. They don't know what they want to be when they are teenagers. Wait till he gets older and he can make that decision when he is 18 and an adult and he leaves the house*." And I just felt, Ugg, I can't, I was just tired of listening to everyone. Because at that point, I had so many regrets. I'm like WOW, if I would have listened to myself, he could have transitioned earlier and he wouldn't have had to go through this stage of hating his body and maybe he wouldn't have all these male features that he hates about himself. You know, I regret it, I regret not thinking for myself.

Adolescent G's mom experienced distal minority stress related to family pressure for cisgender LGB conformity. Adolescent G's mom felt guilt for listening to her own mom's advice which

was driven by her mom's transnegativity, and in hindsight, perceived her own experiences with this distal minority stress as a barrier to recognizing, acknowledging, and affirming her daughter's gender identity earlier. On the other hand, Adolescent G understood her mom's earlier non-affirmation as tied to the structural oppression her mom experienced as a young single mother of twins living in poverty.

> She had a hard life. She had kids at a young age, she had to drop out of school, she had to work three jobs. And I felt like that wasn't her fault [crying]. I always used to do runway shows for my sister in the hallway with my mothers' clothes. And she would just get mad and I'm like shoot. <u>But she always knew, she just never knew how to act upon it</u>, you know. I feel like it shouldn't be her fault because it wasn't her job to do that, you know? But I felt like, oh my god I'm going to cry but [crying], I just don't want to make her feel it was her fault, me doing it so late.

Here, their dyadic empathy for one another demonstrated the importance of dyads sharing their experiences with each other as they understand and navigate intersections of multiple stressors with adolescent gender affirmation. Adolescent G may have been unaware of the pressures her mom felt from her own mother, but Adolescent G's empathy demonstrated a deep awareness for her mom's struggle. This awareness appeared to connect this dyad in the context of their lived struggles, enacted minority stress, and Adolescent G's gender journey.

Similar to Adolescent G's mom, Adolescent H's mom described the discrimination and social stigma her brother and sister-n-law directed toward her about her son and her parenting. She described how her family had to draw a line in the sand as a method to protect her son from their invalidation and harassment.

> You know, it was my brother and sister-n-law who said, "you know, he is doing this because you guys are getting divorced." And um, my sister-n-law and I had lunch in August. It was two hours of her preaching to me about how what I am doing is hurting my kid and this was wrong and here's why and there's a guidebook for life and it's called the Bible. And, you know, she was like, "what does this mean moving forward? Like we can't be together?" And I said, "Well, I am not going to put my child in a room full of people where he is not going to feel accepted." And she's like "well, so, you know, I have friends who are democrats." And I'm like uh-huh. And I said, "so what do you do when you're with them?" And she said, "well we avoid the subject." And I said, "so what you're saying is that you're going to ignore my child." I said, "that is not a belief, that's a person." I said, "I can't do it." So, the rest of my family has been nothing but supportive of us and [Adolescent H] and they don't invite my brother, my sister-n-law and their kids to any holiday events and anything. It's like, they all drew a line in the sand.

Parents' experience with interpersonal minority stress was often connected to balancing their family's needs with their child's need for affirmation. Similarly, adolescents felt pressure to perform the wrong gender and connected their psychological distress directly to feeling invalidated and unseen by parents and extended family members. Adolescent E's perception of parent support was ambiguous and complicated by a conditional affirmation of his gender.

> I did feel pretty supported by my parents after telling them all that. But um while in [name of another country], they wouldn't use my preferred name and pronouns because my family didn't know. And since it was my grandfather's 80th birthday and my grandparents are pretty old-school or whatever so they are not supportive

> of anything um LGBTQ+ related really. I wanted to wear pants. And I wanted to wear a white dress shirt and a grey tie. And my parents flipped out and they would not let me. And so that really really upset me, so we were yelling at each other and screaming. Um, I tried to keep my cool the whole time, until my mom said um "your my daughter." I started screaming and ran into the kitchen and just burst into tears. And I yea. We ended up being pretty late but we did get there eventually. But it was horrible and I had the worst summer I had ever had.

On the one hand, his parents supported their child and were on-board with their child's affirmed gender. On the other hand, Adolescent E's parents' internalized stigma related to fear of rejection and negative evaluation informed their conditional support within their larger family system. To mitigate these fears, the parents asked their child to compromise his identity to meet other family members' expectations regarding their child's designated gender. As Adolescent E experienced psychological distress connected to his parents' non-affirmation and the pressure to perform a gender that was not his own, his mother understood the intersecting proximal and distal minority stressors related to their child being compelled to hide his asserted gender identity and perform an inauthentic female gender identity.

> We did have a whole situation with my dad's 80th birthday this summer. And of course we were already on-board with the [Adolescent E], he and him and blah blah and then have to say to [Adolescent E], "it's my dad's 80th birthday, it's his week, we flew over especially for his party, we can't" But she, he was desperate, "I want to tell, I want to tell." And I don't know if I did the wrong or the right thing but I said I didn't want to steal his thunder for his 80th birthday and god knows, you know they don't see us from one year to the next. So, that really

> really hurt. Because we had to then start calling [Adolescent E] [Child's birth name] again. She wanted to wear a suit and tie and everything, which she has not done in front of um, and [husband's name] and I were both like 'just today for the party'. And I felt terrible, absolutely terrible. I just said "*please please, we will tell Nanna and Grandad but just for today please it's the party. It's not about you today, we are all for you, we support you but just do me a favor and wear this and you are going to have to be [child's birth name] and she all day, and I know it's going to kill you but just please*" and it did, it was just horrible for her, hated it. And she was crying and everything and my dad was like "*what is wrong with [child's birth name]? What's wrong with [Child's birth name]*?"

While some parents struggled to balance family expectations, norms, and relationships with their child's gender affirmation process, other parents gave their family members an ultimatum, by instilling norms and rules early to ensure their child's name, gender pronouns, and identity was affirmed. These parents were clear about this boundary, and often "drew a line in the sand" early regarding support and affirmation. The mother of Adolescent N wrote a letter to her family members, living in Israel and the United States regarding this very clear line.

> I don't know how much [Adolescent N] is aware and has to deal with it. Because frankly, when she transitioned when she was five, I wrote this very clear document and I sent it to everyone saying "you will from now hence forth call her [Adolescent N] and use she/her or else you are not in our life." And maybe that letter was too harsh, who knows. Whatever. The point was this is not an option. And this is not really, um we could talk about it but this is not really a discussion or an argument, this is just what it is.

The ways in which parents set boundaries and rules regarding expectations for gender affirmation may have been an important strategy to protect and prevent misgendering and non-affirmation. Some dyads also discussed stigma and discrimination experienced within the immediate family unit, among at least one parent in the family system. Adolescent H discussed how his father's harassment and invalidation impacted his disclosure, gender affirmation and mental health, and the importance of having one supportive parent.

> I didn't want to say anything because my dad was transphobic and homophobic. He still is. When I was like, 12, that's when I said, "hey dad, I think I'm a guy." And he's like *oh that's stupid*. My mom is really understanding. I just wanted to be a guy and my dad was like, you are girl and you can't do that. I wish I had, I mean because if my dad were more open, I would have totally come out earlier. I just want him to go away. He doesn't help at all. It's really fucked up.

While being, understandably, more reserved in discussing his suicidality, hospitalization, and dysphoria, Adolescent H acknowledged that his suicidality and dysphoria was directly tied to his father. His mom also acknowledged the discrimination from his father and how this impacted her child's disclosure and mental health.

> Um, he told [adolescent's father's name], and [adolescent's father's name]'s response was "oh I don't believe it that. You can't do that." Um, and, and that was kind of the end of that conversation. I think [Adolescent H] was kinda like, 'well screw you, this is who I am.' Um, I'm sure he was hurt by that, but you know, he kind of came off as the 'oh well, too bad for you.' And then he'll make comments, like "*yea, but you know, I don't believe in this*" and you know, "*he's still a girl*." And he'll say that to [Adolescent H]. Um, you know, he'll say "*I*

> *want my kid to live so I gotta do what I gotta do. I got to at least pretend*." To backtrack a little bit, we had found out that he had been cutting himself the January before. So we knew something was up.

Prior to Adolescent H's disclosure, he had been cutting himself which mom said was the catalyst for his gender identity disclosure. Later in the interview, Adolescent H's mom discussed his suicidality and hospitalization after he disclosed and before he started gender affirming hormones.

> You know he came out of his room and was sobbing. And I said, "what's going on?" And he said "I don't want to live anymore. Can you please take me to the hospital?" And I said, "well what do you mean? Did something happen?" And he said "no, I'm just tired of doing this." And so, I took him to the hospital and they transferred him to better facility and he was there for three days, four days.

Many adolescents experienced interpersonal stigma and discrimination in multiple domains of their life. Adolescent F reflected on both school and home as spaces where he had to endure discrimination related to his gender.

> Oh god, school. Everybody like is like "you are a girl, you can't be a guy it makes no sense, what do you have in your pants? What were you born as?" "A girl" "Well if you were born a girl you can't change it. If you change it, then like god or whatever will blah blah blah and Jesus"… I don't think I feel the support at school. I don't feel support at school very well.

Later Adolescent F talked candidly about his suicidality and connected his suicidal thoughts and attempts to being bullied and the timing (6th grade) of when he felt more distress connected to his developing body.

> I think parents should be aware that kids will feel suicidal because there is a lot of bullying and like kids feel very suicidal. Like I have made threats and written notes and tried to do it multiple times. I've tried to poison myself, cutting and which my parents were informed, and my doctors know. And I've stopped. And I am very clean, I think I'm clean. I've stopped for three weeks right now…6th grade it started.

Regarding parent support, Adolescent F reflected on the additive stress when one parent was not supportive and the impact on the parent-child relationship.

> "He's not like really a big part of my life. I mean he is supposed to be. I mean he lives in the same house as me, he does everything for me really, but I feel selfish for saying that, but I don't feel like he supports me that much…I can hear them [parents] arguing sometimes. They are specific to me. Like specific about my transition. Like, my dad is like, "I don't think [Adolescent F] is trans.' And my mom's like, "but he said multiple times" and he's like "I don't think"… he doesn't see me being a guy. So, my mom and other grown-ups say it's pretty hard to lose a baby girl. I should understand that, but I don't anymore."

Adolescent F had one supportive parent, his mom, whose support advanced his gender affirmation process and identity development. Adolescent F's mom also saw the stress associated with father's non-affirmation and rejection of their son.

> Very difficult. I think having one supportive parent has helped a lot. But I think it's very hard for [Adolescent F]. He [Father] is very slow to adapt to new situations. I think just even the idea of it, I think he was doubtful. And I think he thought it was just a phase we were going through. Um, didn't want to start blockers or testosterone. Um and after speaking with [Transgender physician name] and being in group, you know, I said look, the realization is, is that [Adolescent F] started puberty very early at age nine, his plates are going to close soon and if we don't move now, this could be something detrimental. He [Father] had very reluctantly agreed. In fact, we hadn't signed the forms. We went to the appointment to turn in the consent forms and we literally had them unsigned until we sat down and he was able to ask questions one more time and then he agreed.

Mom discussed the importance of both parents being on-board to sign the consent forms. Here, minority stress associated with father's non-affirmation was not only detrimental for Adolescent F's relationship with his father but was also a barrier to starting his gender affirming medical treatment sooner. The non-affirmation and stigma he felt at school in conjunction with family-related invalidation and non-acceptance likely compounded the barriers to his own gender affirmation across important domains of his life.

Other dyads discussed minority stress associated with parents who supported their child's social and medical gender affirmation processes and at the same time struggled to accept their child's transition. While parents demonstrated support through engaging in support groups and supporting the steps toward a medical transition, the struggle with acceptance was clear for some adolescents and often bled into multiple aspects of the parent-adolescent relationship. Adolescent O discussed his parents' connection with family support groups and the support he felt as they

took steps towards a medical transition alongside him. At the same time, his mom continued to struggle with "losing a daughter".

> Like, I don't slack off, I get shit done. And it's like, she [mom] considers me very "oh you talk too much, you annoy me" and it's like OK, I'm sorry. But I work really hard. My mom was kind of difficult. She would say "I'm still mourning the death of my daughter" and OK, go to the funeral come back. Like, I gave them the time and everything and my mom still gets sensitive about it. I needed to make sure that stuff got done and my parents are also very on top of it and are willing to do something to make me feel comfortable. But, then my mom, like whenever she hears gay, she says "oh my god, I love gay people" like she'll jump up and any movie with a gay actor or trans, oh my god. They both love gay trans all of this stuff. Um, I don't really mind it, I think it's a little bit annoying at times. They're big support group people. They go to every single one. Like, when there is the [name of transgender family support group] there is like four other ones in the same week and they've just always gone to these meetings.

His dad on the other hand, discussed both proximal and distal minority stress he and Adolescent O's mom experienced in relation to their child's disclosure and gender transition. Father saw two parents with different paths, but both struggled with their own internalized trans negativity which was then projected onto their child. In addition, father discussed anticipating an amalgamation of stigmatizing experiences for themselves and their child.

> I think [name of mom] and I were on two different paths, to where we sit today. I think to one we had in common was fearing just a really hard life for not only our child but for us…I think for [adolescent mom], it was a little bit deeper. She was

> raised pretty devout Catholic and I think generally deep inside, she knew her parents weren't going to be accepting. So, there was shame involved. There was hiding involved. There was embarrassment involved. There was feeling of lack of acceptance, I mean I could fill up the whole board with the adjectives. So, it just kind of strikes fear into you that our entire world is going to get turned upside down. And if that was the case, how in god's name are we going to navigate this.

Adolescent O saw how his parents personally benefitted from their involvement in support groups and simultaneously continued to experience their lack of connection to him as their son. Adolescent O's parents experienced a conflict between their supportive behaviors, acceptance, and shame. Dad took pride in his leadership roles within trans community groups and at the same time continued to protect his child by hiding his and his wife's enduring stress.

> Fear. [name of mom] used the word shame. A lot. She definitely had shame over it. I don't have shame over it. It's not something I've chosen, I don't think I have to have shame over it. Wouldn't be the word I would choose. I don't feel shame that my child was born in the wrong body. Nobody did anything wrong, it's just an unfortunate incident. Which we are just trying to be productive and make the best of it. I want to be supportive and so, we started going to PFLAG meeting, we would introduce ourselves and say we have an 11-year-old gay daughter. Like, OK. So then we would go to PFLAG meetings and say, our child is saying this. And, I'll never forget, I told this to many people, we left this meeting and I could tell my wife was very emotional over it. We stopped at a red light. And she looked at me and said, "please god tell us that is not our path. I'll take anything other than that." So, we just decided to get very involved in the transgender

> community through PFLAG and going to [name of transgender family support group], and we saw [name of transgender advocate] a couple of times and you know [name of doctor] sees [Adolescent O] and just got educated real fast. So, it sounds really simple and it's not because it's very convoluted and complicated and emotional. But if you think about it in the most macro sense, it is pretty simple. You just have to be supportive of your kid when you are in their presence.

Parents who supported their child's transition often struggled with acceptance and their own minority stress related to enacted and perceived stigma and shame. Adolescent O's parents often hid their stress and struggle from their child to protect and support him, and at the same time, became super advocates of him. Adolescent O however, continued to pick up on his parent's adjustment and stress while also acknowledging the ways he felt supported. Parent involvement in support groups may speak to the essential role these supportive groups have in parental coping with shame, community connection, and acceptance of their child. At the same time, parent support through participation in support groups and supporting steps of transition did not in and of themselves equate to acceptance. In addition, their participation in support groups and advocacy may have served to mask their own distress, internalized stigma, and continued adjustment process.

"***She's your student you're supposed to protect her, to provide safety".*** The school environment is one of the main spaces children and adolescents engage with on a daily basis. Friends and teachers made up the important interpersonal relationships within schools, shaping adolescent development. Adolescents in this sample went to public school (n=11), private school (n=2), home school/independent study (n=5) and out-of-state therapeutic school (n=2) for middle or high school (see Appendix D Table 1). Half of the adolescents (n=10) interviewed had either

IEPs or 504 plans for education and behavioral/emotional accommodations. While these academic accommodations addressed the educational needs of youth in this sample, these resources often did not address adolescents gender affirmation or minority stress experiences within the school system. While some adolescents experienced enacted harassment and discrimination, others felt the stigma more indirectly. Adolescent K didn't experience school-based stigma through harassment or misgendering, and instead felt ignored through her experiences of her gender being undone.

> Most of the time, people don't gender me at all. You know, real life friend-base is straight cis people. But I know a couple trans people online. And there's a lot of very affirming stuff going on there which is awesome. But school, it's this weird feeling like, I don't even know if they notice or care, they use the right name, but just feels like they are ignoring it almost. I don't know. I just feel like it's the elephant in the room and nobody will address it.

Interpersonal minority stress ranged from implicit and subtle to overt and explicit acts of stigma. Often, parents were unaware of these experiences while other times, parents directly understood these minority stressors. Within the school system, distal minority stress within interpersonal relationships often intersected with institutionally driven minority stressors. Adolescent A experienced misgendering in his school that was institutionally driven and interpersonally enacted during the first year of taking gender affirming hormones.

> There is a nickname function. So, you can input that so teachers will read that but apparently substitutes don't b/c apparently they are stupid. And so there was one time in geometry class where I thought it would be better to be marked as absent than to say, "hey you called the wrong name".

Here, a teacher's non-affirmation and misgendering appeared unconscious and was the product of unclear institutional protocol regarding names and gender of students. Adolescent A also experienced interpersonal minority stress related to being misgendered by a teacher. While this misgendering was not intentional, how it landed on Adolescent A was distressing.

> I was in the class right? The teacher said, [Adolescent A] and then she. And I was like what? Like is that me mishearing something or like I don't know, is that a common problem for people? I mean I have not met a single woman named [Adolescent A] before and it's not a gender-neutral name like Sam. I don't know, I was just like what? And a couple days later, he asked me like "are you going by he/him?" and all that. And I was kind of like yes, you know, I wonder what gave it away? Is it my name, the constant lowering of my voice? I have one hair on my chin.

This incident for Adolescent A represented how misgendering, despite being accidental, was distressing.

Other adolescents discussed experiences where distal minority stress was more explicit. Harassment and intentional invalidation by teachers or peers were some more common experiences by adolescents within the school system. Adolescent B and her parent discussed her early elementary experiences with peers after coming out in third grade.

> I started getting extreme anxiety about the bullying and harassment from the teachers and the peers. We told the principal, and then my dad went to the school counselor and he was like it can't be this terrible that she wants to commit suicide,

> that you want to commit suicide. Cause I was really suicidal at that point. I was suicidal from like second grade to 6th grade.

Adolescent B clearly connected her suicidal thoughts to the bullying she experienced in elementary school from both students and teachers. Earlier, Adolescent B described feeling anxiety connected to hiding her identity in second grade while here she described suicidality connected to bullying and harassment after she disclosed in school.

At the same time, her mom underscored the impact of invalidation and harassment from both teachers and students. Before Adolescent B disclosed her gender to the elementary school, her mom remembered the subtle ways her teacher tried to encourage cisgender expectations by using shaming language when discussing teacher's perception of Adolescent B's gender expression within the classroom.

> The teachers would also point out "we provide blankets for the children because it gets cold in the room, but your child doesn't use the blankets like other children." And we were like what? And she was like "your child, kids are making fun of him because your child would make it like a skirt um and you know it's a little disturbing that you know your child does that." And we were like OK, thanks for the information. But I already knew that my child loved to do that. So, I was like alright.

Later, in third grade, after the family disclosed her gender identity to the school, her mom recalled more overt discrimination towards Adolescent B.

> It was a bad time. Parents asked to get out of the class. Um, I remember going on a field trip that week and [pause] and I am in the bus, and you know [Adolescent

> B] was like to a kid, "hey come sit next to me." And the kid was like "no, my mom said I can't sit next to you". She doesn't get invited to birthday parties or anything like that. She has never had a relationship. She did see a psychiatrist and was on medication. Um for anxiety and depression. She was on Zoloft and Xanax. So at the height of all that, she was but is not on anything now.

Mom recognized the impact of gender-based discrimination and social isolation on her daughter's mental health. Adolescent B's panic attacks prior to disclosure were related to hiding her gender. After disclosure, her anxiety, depression, and suicidal thoughts as an elementary school student were tied to discrimination, non-affirmation and bullying in the school system.

Structural factors in institutions of care. Transgender adolescents and their parents discussed their experiences navigating systems of support, primarily educational, health and mental healthcare systems. Often, dyads faced barriers to institutional acceptance and inclusion related to disclosure, access to facilities, institutional gatekeeping policies, affirmation, and safety. Dyads discussed these institutionally driven structural and interpersonal minority stressors and supportive processes related to adolescents' gender affirmation journey.

"This is not a communicable disease". Schools are spaces that occupy a larger portion of many children's lives. Regardless of timing of disclosure, parents were often interfacing with schools, ensuring their child's needs were met within the school system. Parent support on behalf of their child was critical in this space to ensure their child's affirmation, safety, and scholastic achievement. Transgender children/adolescents and their parents had to navigate typical school-based stress related to achievement, social network support, and mental health, while also navigating the additional stressors associated with being transgender in cisgender-dominant school systems.

As Adolescent B and her mom both described the mental health impact of distal minority stress experienced interpersonally with students and teachers, they also encountered institutional minority stress related to the process of affirming her gender in the elementary school system. Adolescent B's mom described her own fierce acceptance and advocacy as she supported her daughter's social affirmation in school in the wake of the institutional response to prepare for a transgender student and the subsequent distal minority stress experienced by students and parents immediately following disclosure.

> I called the principal and said "um hey my kid just told three kids at school that she is transgender so she is ready. She wants to come to school tomorrow and tell everyone that she is [daughter's name]. She is ready, she is done. She is ready now". And the Principal said, "wait a second, no don't send her to school tomorrow. I gotta make some phone calls so can you keep her home tomorrow?" Their fears were what the parents would say. Their fears were, um [pause] this is the youngest child in the district coming out and we need to do it right. So, the lawyer decided, "lets draft up a letter to inform all the parents. And we are going to send a letter so let's stay out of school". And I said I hated it. And I said, don't you only send letter for communicable diseases like lice? This is not a communicable disease. And because of the letter, the entire school got the letter so the entire school knew. Yea, "Oh my god that's the one, that's the one". And she doesn't look like a girl at that point. We [mom and father] didn't tell her about the letter or the news van. We shielded her, but we were petrified.

Mom recounted how institutionally driven internalized trans negativity and anticipation of parent and student discrimination and rejection drove the disclosure process. Following this disclosure,

Adolescent B disclosed being bullied and harassed at her school and discussed how her parents, therapist and principle were supporting her and at the same time were at a loss as to how to support her at school.

> So everyone was telling me I had to leave, like the principle was telling me I had to leave my therapist was saying leave the school and even my parents were like we should leave. And I felt that was taking the easy way out and I am never one to take the easy way out. I don't even know why I stayed at the school, but I stayed at the school. And then um and then I was just completely bullied and harassed and I am still being bullied and harassed.

Her parent was stepping in to work actively and consistently to mitigate barriers to institutional affirmation, inclusion and acceptance within her school district and educational setting. At the same time, school administration lacked institutional policy and process to adequately support Adolescent B within her elementary school setting.

Adolescent T reflected on middle school as a particularly challenging period as he coped with body dysphoria, internalized transphobia, and subsequent depression.

> And my parents always had in the plan that I was going to go to [name of public school] for middle but in 8th grade I hated it. Now for high school I go somewhere else, closer my old house, but what can you do. I have lots of bad memories associated with school because I was really depressed in 8th grade. Kind of dead zone through 8th grade. I've been unhappy but that has been my own problem. I blocked all my memories before coming out. I kind of blocked out most of my memories, I don't remember anything anymore. As a middle schooler,

> I also, you know, I liked people a lot, I wanted to be in a romantic relationship and I thought being trans was a really big issue. Especially with all the dysphoria. Like the chest dysphoria is like the worst. I like, I couldn't flatten them, whatever I did, you could still see it. So, that was miserable. I was so deeply unhappy.

His "blocked out" memories from before coming out likely served critical functions: (1) enabled him to begin to re-write his gender narrative and start anew; (2) a strategy used to disconnect from his past; and (3) a trauma response to repress painful memories.

Adolescent G discussed the lack of support and LGBT resources at her previous public school before transitioning to homeschool and the importance of her parent support.

> I felt like, no, there was nothing literally there. There was no club for LGBT that I seen. The counselors weren't doing shit. The counselors weren't doing nothing at that school. I felt like everything had to be left at home, like all your problems and you can't bring them to school. That's what I felt like. There was no support system there. I felt like you just get your stuff done and then leave. She [mom] is mostly supportive of everything I do. Like, immediately with the school, like doing like homeschool. Yea, so. She is a good sense of support with that and giving me options.

Adolescent G reflected on her mom's support and validation as being crucial during a time when she felt invalidated at school. Mom discussed institutional minority stress connected to systemic invalidation and exclusion within a public educational system that failed to protect her transgender daughter from school-based bullying. Mom was compelled to transition her daughter to home-school during her junior year as her last and only option for a safe education.

> At school she went in there as female, but everyone knows she's a boy. So, its, that's one thing she couldn't take it. And she would make up excuses not to go to school. I went to the counselor's office and I told her about some things. 'My daughter was walking home from school at one point, these kids were like following her and like, like they jump her and kept doing stupid shit.' And I'm like, do you guys have something that could help her, like, she's your student you're supposed to protect her, to provide safety. And literally what she suggested was to put her in an alternative school. And she was like, "you know, I don't want to push that. I know she would probably be comfortable. That is what a lot of transgender students or kids do." And I was just like, Oh, OK, you're basically saying, we can't help you. We can't protect her. You know what I mean, and it was just like, so, 'maybe you should put her in a school where there's no kids. Put her in an alternative school where she doesn't have to actually attend school. Home School her.' And that bothered me. My daughter shouldn't be walking, getting bullied from the school-ground you know? I just, (sighs). But, since I wanted her to be safe, I did it.

Mom discussed both distal minority stressors her daughter experienced through bullying and harassment and the institutionally driven minority stress demonstrated by a lack of policy, supportive resources, and trans student inclusion. Schools also had opportunities to prevent minority stress and mitigate stigma. Adolescents S's mom described how her daughter's elementary school took steps to support her child after school disclosure. Here, the principal demonstrated the importance of establishing structural systems of support for transgender students in elementary school.

> We went in and talked to her [Principal]. And we said, I don't know if she should stay here. And the principle said, no let us try, please, she can use the nurses bathroom, she can use the girl's bathroom, she can use whatever bathroom she wants, right. And they told us about [transgender advocacy group] and [transgender advocacy group] came out and talked to all the teachers. They had an in-service at the school for all the teachers. And that was based on [Adolescent S] being there.

Other adolescents often advocated for themselves with teachers and administration. The response of the school system to take steps and affirm students gender often made a difference in their school experience moving forward. While Adolescent E had discussed experiences related to feeling invalidated, the response of the school to his advocacy was equally and positively impactful.

> And multiple times I kept saying "that is the wrong name I don't know why they put that. That's not the right name. My name is [asserted name], can you change that" and all that. Then at lunch I actually went to her and explained to her and um also asked her why that might be and um that it was down as my dead name on her register thing. And she said that that was what was on the thing that they gave her and I should talk to the office about that. And I said OK. And I also explained to her that since that was a female name, I just want to tell you my name is [asserted name] and I am male so yea. So I told her that and she understood and she has only been calling me by [asserted name] and using male pronouns since. And I went straight to the office and asked them what happened and so they checked the uh system and I had been changed back to my dead name and female.

> So, she changed it back to [asserted name] and male. And they were all pretty happy and I was pretty happy about that. So for the rest of the day um all the teachers were calling out my name [asserted name] so that made me pretty happy.

Adolescent L discussed support in the context of overall school climate. For Adolescent L, starting with a positive school climate before he disclosed enhanced his experience of feeling accepted within his school.

> The teachers, a lot of them are very nice. There are only a few that are kind of like, they get on people's nerves. Um, but and like the administrators are really nice and stuff like that. The students, most of them are nice and some of them are kind of jerks. Um, but I knew the teachers would be accepting and the students just didn't care, like it wasn't a problem to them and like it wasn't their deal.

Adolescents also reflected on their sex-[mis]education at school as a sign of school support and exclusion. Adolescent F discussed the difference between schools demonstrating acceptance and inclusion within school curriculum.

> Sometimes they [school] say, being gay is OK but then they like completely skip over it, gay sex or anything, no. They talk about protection but sometimes they talk about, not in sex ed, but sometimes they talk about it and I was only there since last year and last year they barely talked about gay sex. I learned that from online. My mom is like what are you on and I'm like, not porno because that's weird. My mom is like what are doing and I'm like learning about sex ed and she's like, 'watching porno" and I'm like "no.

In addition to online resources to supplement the absence of sexual health support and inclusion in schools for transgender students, one youth (Adolescent K) described her experience finding inclusive sex education at her Unitarian Church.

> I have a super liberal Unitarian Universalist Church, where we have a couple of trans youth I think. Its not just church, it's a bigger thing and its better than every school sex ed program ever. Like we spent like a couple of hours talking about transgender people in a sex ed class. It advocates for masturbation on the grounds of 'hey, you get off and nobody gets pregnant and no STDs' like freaking amazing. Like, it's a really good sex-ed class, and it starts fairly young, like the first class is early middle school. Like before middle school sex-ed happens. So, I never really paid attention to school sex-ed because I already know this, everything you are gong to teach me and far more.

While many youth described how it was for them to navigate cisgender normative school systems as a transgender person, Adolescent K who has autism and is a senior in high school, reflected on the importance of social climate and perceived community support for trans people when looking toward college.

> Well, the biggest concern is that there might be more trans-phobes at a college than I have met before. But I mean I have specifically looked, um, almost all of my colleges are in California. Like, I specifically did not even look into any colleges or any state that does not have laws protecting me. You know, if its not illegal to discriminate against trans people in housing or jobs, I mean no, I am not going, I'm not going to that state. And there is no way in hell I would not go in a girls' dorm.

Her father also felt concerned about discrimination and support within the college system and how this may have already impacted Adolescent K.

> She interviewed for a college she didn't get into and she did an interview one-on-one and she refused our advice to let the person know beforehand that she was transgender. So, I don't know if this person was like, 'whoa, who is this?' and I don't know if that negatively impacted and hurt her chances, you know. And, she didn't get in because of that? I don't know. College is a big enough step as it is. It is even more complicated when you are autistic. And it's even more complicated when you are transgender.

"***That would be nice if psychiatric hospitals could care"***. Mental health care was another system often ill-prepared to integrate gender affirmation with mental health treatment. Adolescents and parents discussed their experience with the mental health care system. Adolescent D discussed his experience as a young trans person who was hospitalized for suicidality.

> And I would say, "I don't like being short." And they [psychiatric hospital] are just like, "its not that bad if you are a girl" and stuff like that. I mean, I would be like what the hell, I am not a girl. They were not very supportive, it was very detrimental. I mean the fellow inpatients were OK with it but I think all the psychiatric wards in general are not good at it because all the nurses there are burned out for good reasons. Yea, that would be nice if psychiatric hospitals could care. You would think it's the common association between transgender and mental illness so psychiatric hospitals of all places would be better equipped but for some odd reason, they are not. Its very bad. Even some gender therapists suck

> at being gender therapists because it's kind of like a side part. Because they are not like, they are trained therapists and then they take the role as gender therapists but they are not totally educated and stuff like that. And I don't know, there just isn't enough education.

Others have positive experiences with psychiatric hospitalization itself and at the same time recognize that hospitals focus primarily on psychiatric stabilization without a plan to incorporate gender into treatment planning. Adolescent J was non-binary and transmasculine, diagnosed with Autism and had been psychiatrically hospitalized 5 times. They experienced support in terms of accommodations and validation which felt important for them despite not treating the gender affirmation intersections of mental health.

> Not helpful, but I think, cause like, when you first get admitted, the first few days is needed but all the rest of those days isn't. Its sad, the hospital, its sad because I've been there a lot, the same one. And, the hospital is great, actually. They were always really nice and um, they understood. They've had kids like that before. Usually, they room with the same gender but they put me in another room because they didn't want me to be with someone and have dysphoria. They were really understanding.

Adolescent J differentiated between their hospitalization experiences within one hospital setting as supportive but not helpful. Adolescent J's father discussed their (parents) experience with trailblazing support within a series of in-patient hospitalizations and partial hospitalizations, outpatient mental health care and IEP supported therapeutic schools. From their father's perspective, mental health care system fragmentation was a unique institutional minority stressor specific to young transgender people being treated within with mental health care settings.

> They [psychiatric hospital] had dealt with kids who were transgender, but they weren't really specialized enough in it to deal with it. They were really focused on the mental health piece and not the gender piece. The hospital just wants to stabilize him, that's it. Stabilize him and get him out. So, we tried on, it felt like we were experimenting with our kid when we were trying different medications. It felt like we were experimenting on him when we were trying different avenues of therapy or interventions. So, it was a lot of trial and error. And there isn't a lot of resource for the integrative care that he needs. Like you can get mental health resources, or you can get gender resources, but you don't really see that coming together.

Many parents expressed fears of the health care system and insurance barriers for care that they had not discussed with their child. Other parents spoke to fears regarding which ER to take their child in the event of an emergency. The mom of Adolescent C expressed fears of potential lack of support and validation within the ER system within their community and what they would do in times of medical emergencies.

> I mean ever since we figured out she is transgender, she's just been with Dr. [doctor's name]. I am really worried about the possibility of her having a life-threatening emergency, we don't have time to get to CHLA where she is going to be respected and having to go to the ER in [name of California city], I know that that's not going to be a good place for her to go. So, I worry about things like that.

Parents of Adolescent F, Adolescent G, and Adolescent M spoke to their concerns over insurance and financial barriers to care and the ways they supported their child's medical and

social gender affirmation process. Mom of Adolescent F spoke to concerns over losing health care coverage and how that would impact her child's care.

> But, you know, there's a lot of anxiety about if I change jobs, like I won't change jobs unless I can get a comparable package. So, its one of those things that I would stay at a job I hate because of the great coverage that's providing for [Adolescent F]. Um, but it is one of those things that causes a lot of anxiety if I lose that coverage.

Mom of Adolescent M spoke to costs associated with purchasing a new wardrobe in addition to insurance barriers within the healthcare system, even with good healthcare insurance.

> We bought all new clothes, all those kinds of things, the haircuts and stuff and testosterone and whatever else he wants to do. God the insurance, always the first time they deny it. The healthcare part, I can talk to you another 90 minutes about that. The crappy healthcare situation for these kids.

Adolescent G's mom supported her daughter out of both acceptance for who she was and urgency associated with balancing her daughter's progressing puberty with managing gatekeeping care.

> This was the big thing. She wants to do this and that and she was kind of depressed because it took a little bit of time because with Kaiser insurance, its like you have to go through so many steps and you have to go through a couple of therapy sessions before you can start hormone treatment. Um, they don't just, you know, interview you and then boom, "OK we think you are good for it." You have to go to so many appointments before you can get there. And so she was

> becoming a little depressed. Its like, oh save up some money, pay this off or get my credit right, or wait till they finish high school or whatever. And it was just like, I'll be waiting forever.

These parents each discussed how they supported their children while navigating and hiding the stress associated with gender affirmation including insurance, financial burdens, and the gatekeeping barriers to medical care. Parents navigated added stress of navigating that system alongside their child's urgency to mitigate puberty and affirm their gender.

Adolescents and parents experienced minority stressors, related to decisions for transgender affirming care and navigating a cisgender normative system of care. Minority stress within these domains of care were often related to acceptance and fear driven support. At the same time, minority stress was also related to the knowledge, readiness and cultural gaps between parents and children that created barriers to transition.

Adolescent I who had been hospitalized twice between when they disclosed their gender to their mom and before starting testosterone, reflected on their own journey between their uncertainty and hopes for his future.

> My mom was like, they [psychiatric floor at hospital] are not going to fix you. And I was like, "Yea, I know but I don't feel safe here" and I'm like (sigh), it was bad to the point that like, I couldn't trust myself walking to my friend's house, even though I didn't do it, it was hard to not jump in front of traffic because like I would just watch the cars go by and in my head I kind of timed like how like fast a car was moving and just like, (sigh) or like uh, like if I timed how fast a car was

> moving, I would be like, would that kill me or would like that break a bone or whatever?

After Adolescent I's father passed away, their mom was left to navigate a foreign healthcare system that didn't seem to address the cultural divide between her apprehension and her child's urgency to start hormones, thus the gap between mom, the medical system, and Adolescent I widened.

> So doctor prepare for the testosterone. So, I think October we went second time and uh, I guess, I think [name of gender doctor] said, "so are you ready to start?" And I was not. Doctor explained that because he is under the age, I have to sign. "So, its when you're ready, you can start it, but I have to sign and I think its healthy." And I said I can't do it this time, right now Like in November, I was ready but it just, something [testosterone] he inject and uh it just scare me. I don't know. It's a medication but, because it changes his body. I don't know. I told my therapist, like, I almost there, but another 10%. I don't know, maybe if my husband be here, saying lets go, but, um. I talked to my family and friend, but I think they do not understand it.

At this point in time, Adolescent I's mom was not ready to consent to gender affirming hormones. As she was questioning how to best support her son, she was managing conflicting advice from disparate trusted sources of support: (1) the medical provider who had knowledge and felt her child was ready and that it was safe; (2) personal friends and family who represented mom's cultural connections but were not perceived to be knowledgeable sources of transgender related information and support; and (3) Adolescent I, who was knowledgeable and whose suicidality and hospitalizations intensified both their and their mom's sense of urgency related to

starting gender affirming hormones. Adolescent I understood the cultural disconnection and isolation their mom experienced navigating their gender identity affirmation process and the westernized healthcare system.

> Um, could be better, but we're doing pretty good I think? Not with Trump as president. But like, I guess like, yea, with the way she was brought up and just uh, how [Country of Origin] is with gender and uh, homosexuality. Um, so the first time, she wouldn't. And then like, when I actually got my first T shot, um, she, like I was suspicious that she wouldn't sign the papers. But like, I was actually surprised that she did. Wow, I am going to be starting T.

Adolescent I remembered the depression and despair they felt in the period of time when they weren't sure what their future would hold. For Adolescent I's mom, her fear of what hormones would do to her son's body was a barrier to consenting for gender affirming healthcare while fear for her son's safety facilitated her urgency to support their access to care.

Other dyads discussed the challenges associated with gatekeeping processes specifically related to access to gender affirming health care within the medical institution. Adolescent D and his parent's experiences reflected both interpersonal and institutional the minority stressors related to navigating hormones with cisgender gatekeepers.

> I did not like my first gender therapist. Yea, I passed the man test with flying colors but apparently the red flag was that I didn't want to go to a transgender support group. He was like, yes, that is a sign for concern. And I was like, how, in what way does that make you doubt my identity? Because I don't want to go to a support group? Like that was for separate reasons. Yea, it was kind of a shock.

> Like I was like you are allowed to work in the field and say things like that? That was pretty much my only formal gender therapist. He was just the person that writes the letters. Like that is his sole purpose. Like that was my intention for me having him.

His mom echoed their experiences with institutional minority stress barriers to gender affirming hormones.

> So, we are Kaiser. And the mental health care at Kaiser kind of sucks. And the transgender program is one of those things that we feel like came from the top. Either by law or something they were like this is something we have to offer. And there is not a lot of health care workers that are interested in it or know enough about it who will volunteer and say, 'hey I will do that.' So, I felt like a lot of this was pushed on the doctors and social workers and I don't think their heart is into this or they know enough about it because the social worker he was seeing, it was just like, yea it did not work, and was like "I am not sure he wants to do this".

Social and political climate. Social environments such as neighborhood and other community settings also often felt invalidating and uncomfortable for many transgender adolescents. Additionally, many adolescents and parents were aware of political stigma connected to specific social and geographic communities. Minority stress in the context of perceived and enacted social stigma tied cisgender cultural norms and being seen as transgender.

"I don't know about going to a state that does not allow that". Adolescents and parents both expressed proximal minority stress and distress connected to a trans-intolerant political climate. This stress was often expressed in terms of negative expectations and fears of

discrimination within geographic regions that did not have policies protecting against trans-related stigma and inequality. Some adolescents also expressed concern about being transgender in a cisgender world as it relates to fitting into cisgender binary male and female dominated spaces. Parents and adolescents often connected an intolerant political climate to proximal minority stressors and subsequent adolescent psychological distress.

Adolescent C discussed minority stress in relation to both fitting in and fears associated with being seen as a transgender young woman.

> But I am still trying to figure out how to fit into more male spaces and more female spaces. I am still figuring out how to fit in with their male spaces as a girl, though a trans girl, still a girl. And similarly, with other girls, because I am a trans girl. So, I am figuring out how to be accepted in either one of them or both. And just being targeted for my identity as a transwoman for whatever reason. And now also the identity of being a woman. And now also being a gay woman. All of those intersecting things makes me much more at-risk. I have been passing more and more well recently so I have been feeling a little more safe but also a little scared, scared of being targeted...I think whenever a group of white men come near me, I get a little bit of a sense of this is scary. Men in general but white men particularly hold more of a threat to me.

Other transgender adolescents experienced interpersonal minority stressors such as harassment which were directly tied to social stigma within their neighborhood. Parents on other hand are balancing their child's safety within a transphobic society and giving their child developmentally appropriate independence. Adolescent G talked about her fear for her own physical safety and

anticipation of physical harm while walking in public spaces in her neighborhood amidst cisgender gaze and scrutiny.

> Yea, me going into public, I get a lot of looks. I get stared at a lot. And I feel like that is not safe and I am scared, I am by myself. So, I don't know what to do in that situation. I don't want to talk because they are going to be like, "oh, that is a man, lets go beat him up.". And I'm scared. So, I just keep walking and keep to myself and keep feeling scared. Like I feel like, "they know, they know, they know I'm transgender." Like these people walking around, like "oh they know I am transgender, they know I am transgender."

Adolescent G didn't tell her mom about her harassment or feeling scared because she was concerned her mom would try to protect her by limiting her independence. On the other hand, mom saw her daughter as unphased by others' gaze while mom was feeling her daughter's harassment vicariously and thus felt the need to vigilantly protect her daughter against social stigma. In the face of this type of stigma, her daughter became her role model.

> When we would go out together, it took me a while to get over people staring, you know. Or people pointing or kids, like teenagers laughing. I would get so mad. And I would be the parent that would be like "What? What are you looking at?" [laughing]. I wouldn't care because I was just, I was just so on edge and so defensive. And honestly, I had all this built up, that I was just ready to snap at any moment, you know. And there's been plenty of times when I wanted to fight someone or I called somebody out, like "Stare at my daughter again? Like say something to her, so I can fuck'n punch you in your face." I was just so ready, and she did not care. She would walk into a room full of people with some heals on, a

> full face of make-up and she's just, she would not care. She didn't care. And I'm like, I want to be like you.

Beyond the implicit and explicit minority stress experienced within community, dyads also discussed the influence of the political time-period of these interviews. Not only was minority stress palpable within neighborhoods and community spaces, stress was also attached to political ideology. Adolescent B discussed her hopes for her future amidst the stress of feeling politically isolated.

> I hope that people, will become more accepting and by the time I am going to college it will be better. I don't want to get political. But I feel like with who we have as President, it is really hard to be setting these guidelines. Then even the president not following them. Like we are completely 100% Democrat. Like I went to the March. I went to the Anti-Trump Marches. Um, I have gone to everything. I am completely open about it. But I feel we can't really set these guidelines yet if the president does not follow them. Like I feel he needs to go or set a new rule book but that is not OK.

Adolescent G discussed her fear of a conservative presidency and how that directly impacted her anxiety.

> Like, Donald Trump becoming president scared the shit out of me. I got so scared, I had a panic attack when it happened. I was like oh my god. I felt like a lot of people had a panic attack. Basically, a lot, and I'm like OK, I am not the only one. But I basically sat there shaking, I'm basically shaking.

Adolescent F's mom directly tied the current administration to the rights of her son and to her son's (and her own) elevated anxiety.

> The only thing is, this particular administration in our government causes a lot of anxiety for [Adolescent F]. When that insane person opens his mouth and starts speaking out against transgender, he gets really upset. I am just like, I mean everything that comes out of his [referring to President Trump] mouth makes us all really upset. Um, its just interesting to see that and worry about, I mean, God on a daily basis I am so fearful of the fascism of this administration and what they could do and what they are doing and how they are dismantling. So, I worry a lot about the impact of what that will do to [Adolescent F]'s rights. That's a very real concern.

While Adolescent F didn't tie his concerns regarding stigma and equality to the current administration specifically, he did explicitly tie his future outlook to inequality in the United States.

> I want to go to college in Sweden. In Sweden, if you, they are open to transgender kids and nonbinary and the laws are OK, same-sex marriage is allowed and college is free as long as you live there. A state that is not open. I don't know about going to a state that does not allow that. I am not going to go there then. No, I kind of don't want to be in the U.S.

Adolescent J who is non-binary and transmasculine discussed the intersection of living in a conservative community to experiences of harassment and discrimination.

> A lot of snobby rich kids that are always like really conservative. I don't have a lot of friends that are like, uh, or not friends just people I know here who are open to LGBT people and gay community. But I did like, find some people which is good. But, I'd go to the park, which is down the street from here. I hang out there a lot. And, um, like, I'll be walking, and everyone knows who everyone is here. It's a small town. And, everyone's in everyone's business all the time, and it sucks. I know I've been called a fag and stuff like that, just walking down the street, people like would scream it. I was like, OK, you need to stop.

Adolescent J's dad explicitly tied social isolation to being in a conservative community and acknowledged and discussed with his child the importance of being in communities where they would have access to support and see themselves reflected in that community.

> You know, we've tried to go into environments where he can see himself reflected in the community, because its not here. I mean, this is a white conservative, you know, community here, that, that, you know, really everybody is very similar. So, we've taken him to Pasadena where he can see people with nose piercings and crazy colored hair. And same-sex holding hands. You know, so he's like, mom, there's people like me here. And when we go to West Hollywood and he can see the community there. And he can say, hey look, there's communities here where you can be accepted for who you are and there are people with alternative life-styles and who are different, where they are thriving in a community. There are places like this, not like the place you live. And so, um, you know, I think he's starting to understand and get that and maybe you go to school near one of these communities where you can kind of get support.

Being connected to community was one way transgender adolescents coped with minority stress and affirmed their gender identity moving forward. Adolescent C spoke to her connection with the transgender community and support she received from this source of support.

> One interesting thing I would like to add is that all my friends now are trans and I am very very much so a part of the trans community. And the reason I so enjoy being around trans people is that not only are they generally nicer, just having the experience of both genders is a really personality shaping experience that I like about trans people. But also, I feel really validated and really easy in my identity because being in those really lovely trans spaces and having trans friends is they understand me to be a girl and that is that. Because they understand their own gender identity and they have learned about it and done the research. I don't ever have to answer weird questions, I don't have to deal with wondering if I am some girl boy hybrid. They just know I am a girl, I am a trans girl and they understand that experience. Even if they are a trans male or gender non-binary.

Parents were silently adjusting to their child's gender identity affirmation process and their role as a parent of a transgender child; at the same time, adolescents were beginning to reclaim their identity and start anew

While parents in this study took the steps with their child to support their medical gender affirmation, legal affirmation and also accommodations within their educational settings, many continued to experience distress, ambiguous loss, and both negative expectations and hope for their child's future. Often, parents hid these stressors from their child and simultaneously, children/adolescents likely picked up on their parents' distress. At the same time, adolescents

were trying to start anew and reclaim their gender narratives. This process of continued adjustment and growth between parents and adolescents was explored in relation to (1) being stealth and enduring body dysphoria; (2) grief, ambiguous loss, and reclaiming gender narratives; and (3) finding hope for the future.

Being stealth and enduring body dysphoria. Many transgender adolescents strived to be stealth and at the same time, coped with enduring body dysphoria. For many adolescents, being stealth represented wanting to be known and seen only as their affirmed and asserted gender and at the same time, wanting to rewrite their designated gender at birth narrative. Other adolescents were OK with being known as transgender in very specific social contexts. Adolescents' desire to be stealth often quieted the noise of body dysphoria and mitigated minority stress related to non-affirmation and negative expectations. For parents, they expressed concern about their child being stealth and what that meant.

"I am going to be fine. Live my life but like in my mind, I don't see that". Adolescent M, a 15-year-old transgender guy who graduated from an independent study high school at 14 described how he saw his gender affirmation process long-term.

> I think I will always be dysphoric about some things. Like my height and eventually, I will have scars, but I don't think it will be unbearable, like it will just be a thing that I live with. I don't think it will be debilitating like it has been in the past. It will just be fine, you know. My therapist says that it will be gone. I don't believe that. It will just be less. It's like logically, I can see that. I am going to be fine. Live my life but like in my mind, I don't see that. I don't see it. Its just like, a year of my life has been like Ahhhh and I can see that it can get better but it feels like it won't.

Adolescent M recognized that dysphoria is enduring and at the same time vacillated between acceptance, hope, and hopelessness.

Despite being connected to care and progressing within his transition, Adolescent A's body dysphoria felt enduring for him. This may represent important intersections between healing tied to gender affirmation and the distress connected to bodies that adolescents felt may never conform to binary social constructions. Adolescent A discussed his dysphoria in term of how he saw his body development and the proximal minority stressors tied to being seen as male within a cisgender dominant and binary society.

> Now, the problem is I am not even 50% done. And it's mostly my legs that are wrong actually. Um because at this point nobody cares about anything in between. You know, and it's just like I have these big thighs compared to everyone else. I don't want these big turkey legs. It seems that I am walking around and it's like a chicken. You know how they have these big things and these tiny legs. And the feet. So, you know, hopefully once all of that can be gone. I mean, isn't testosterone supposed to redistribute fat? I mean, you know, a stomach you can deal with you know but legs, it's just like everyone is going to see that. You can't even cover it up with pants, you know b/c they are visible through your pants unless you wear a trash bag on your legs or something like that.

Adolescent A was acutely attuned to the distress associated with his body dysphoria. While his mom recognized the dysphoria, she saw him developing into a boy faster than he saw his own development. At the same time, she experienced grief connected to the ambiguous loss of her child's designated birth gender. While she was supporting every next step regarding his

gender affirmation, her grief and ambiguous loss and his desire to be "stealth" may have contributed to the disconnect between how he saw himself and how she saw him.

> We are still seeing the body dysphoria. You know I think, of course from the waist up he looks one way but from the waste down he appears as something else. [Adolescent A] had top surgery in July, summer of this year. Everything has been the next right step for him. But as I told my husband, that does not take [Child's birth name] [crying] it doesn't take [Child's birth name] out of my heart. So I just need help with that. Because I am feeling that affect my relationship with him. But, like I said, I was in the O.R. with him during his surgery and that was right for him. The steps we are taking are right for him. But he kind of bulldozes.

Adolescent G and her mom both discussed Adolescent G's continued dysphoria in the context of the pace of her gender development through gender affirming hormones and in context developmental expectations.

> I feel like every time I wake up I see some new change but its not really changing. Like, I feel like the first time I took my hormones, I would get up and be like "ooh this is changing or that's changing". And like, no, nothing changing but I felt like that. I felt happy you know, when I first got it, and its weird and I'm like what? I've been basically growing balls of estrogen in my breasts. Its been growing but it hurts whenever I touch it or go down the stairs, if it moves, it hurts. My hips have been like opening. Because it always hurts at my hips and then some days it doesn't and some days it does, but it doesn't anymore. I feel like its hard. I feel like I have to wait. I am young right now, I feel like I have to wait a couple years,

> then I can make a decision about what I want to do to make my body, me feel comfortable with my body or whatever, so I feel like I just have to wait.

Her mom was empathetic to and connected to her daughter's distress and continued dysphoria. Her daughter integrated her mom's life story into her own gender narrative moving forward. This dyadic empathy connected both adolescent and parent in the context of her enduring dysphoria and minority stress.

> Getting dressed. Trying on clothes. We'll go to the store to get her new clothes, you know. Trying on pants is, horrible. Nothing fits right. You can see her penis through everything. She wants so much to look like a girl and she, she [crying] she hates that people can notice that she is a boy. Like her dysphoria, this is what bothers her every single day. She tries to prove so much that she is a woman. She wants the world to see her as that. And then once she started doing the hormones and stuff, I guess she thought she was going to, voila, come out of the shell and she's a woman, you know. She was seeing her body and then she feels like she looks like a man, and it was just like (crying). Every time she just notices that she's a man, because she goes through life like she's a woman. But the mirrors if she's, you know, she knows, its like Ugggg, makes her down again.

Before her gender affirmation process, Adolescent G felt the gaze of the outside cisgender world and struggled to see herself fitting in and being accepted. She found spaces online that allowed herself to have a platform to express herself and be a role model. Similar to Adolescent D, this platform also triggered her own self-scrutiny as she compared herself to others who lived a life she saw as unattainable.

> I just didn't want to grow up in a world where I wasn't accepted. Like, some people weren't accepting, and some people were, but I felt the majority of people weren't. And, I felt like I wasn't content with my life, like I didn't like my life. I didn't like being transgender, I didn't like being out. I wanted to feel normal. And that's what made me think of those things [referring to suicide]. But then I'm like, to better myself, I, like, with social media its been a positive outlet for me. Because I can be more myself out there. And I'm more accepted. So that's what got me through things. But sometimes it's not, because I see other people, like other trans people who have better lives. And I'm like, I'm jealous. Like, I envy her. I envy that person. And I just get so frustrated with myself. And like, how can I live up to that?

Similarly, Adolescent G's mom saw her distress as tied to her dysphoria and fear of being seen as a man during a time she was trying to navigate high school as a young woman.

> Its every now and then. But, its crying, she cries, she will cry for a whole day. Like, cry. Whenever we go out, it's a problem usually. So, its been a little rough because she, she still physically a man. And she hates that people know that. At school she hated, she went in there as female, but everyone knows she's a boy. So, its, that's one thing she couldn't take it. Every day it was just something else. And she would make up excuses not to go to school.

As previously stated, Adolescent G's mom felt compelled to make the choice to homeschool her daughter due to the school's failure to protect her from harassment and discrimination. This dyad's story throughout demonstrates the importance of dyadic empathy and connection between

a parent and child who rely on one another as their primary system of support through their gender journey.

Stealth was often a term used by adolescents to describe being and wanting to be affirmed as their asserted gender, often re-writing their gender histories to mirror how they have seen themselves. Some who were stealth didn't want to acknowledge or be acknowledged as transgender. Other youth shared their gender journey in a safe context but didn't want to be seen as transgender, and only wanted to be validated as their affirmed self. Often adolescents who came out before puberty were primarily socialized as their affirmed gender, thus never connected with their trans experience and their designated sex at birth. Adolescent Q, a 12-year-old who was home-schooled reported that she did not remember coming out and only had faint memories of her life before the age of four, when she came out as a girl. For her, she only saw herself as a girl.

> My secret is that I'm transgender. I don't tell anybody that really. It's a secret. I just don't feel comfortable talking about it. Its' not something that I like talking about. I don't want to be known as the trans kid. I want to be known as that kid. Because, here's the thing. I really wasn't keeping a secret, I just wasn't talking about it. So, I wasn't trying to actively be telling people that I'm not that. I was just not talking about it.

Adolescent N, who was told she started acting like a girl at age 3 and was known as a girl at age 5, only had awareness of being a boy through her parents stories. She also did not identify as transgender but acknowledged the importance of context when disclosing her trans experience. "I just think I am a girl. I identify as a girl, but like some topics you have to identify

as trans. Like with [name of doctor] and things like breast development and things. I know it will make me feel and look more like the person I want to be, a girl."

Often adolescents who disclosed at or after puberty acknowledged wanting to be their affirmed gender following periods of social transitions. These developmental transitions, typically associated with changing schools or grade transition, represented a new beginning in terms of gender identity affirmation for many transgender adolescents. Adolescent F talked about the transition from middle to high school in terms of being stealth

> I wish that I was stealth. And I wish people would acknowledge that I was more boy instead of calling me a girl. I wish my dad was a little bit more supportive. Freshman to Senior? I hope I will be stealth the whole time to those people. I hope I will be in a LGBTQ club and probably the leader and just a really good person. But mostly, I will um, but hopefully I'll be good.

While Adolescent F looked to high school as a period of being just a boy and not having to consistently acknowledge his transgender journey, his mom accepted his desire to be stealth and at the same time was concerned about him navigating a cisgender dominated institutional system.

> But we've also discussed and its very very important that when [Adolescent F] starts high school next year [Adolescent F] wants to have his gender marker changed on his birth certificate. So that when he goes to his new school, he can go in as stealth. And I said "I think that will work for the most part but we have to work out a few things, like you haven't had a mastectomy and you still bind. So someone in school is going to know because you have to go and change somewhere for PE and you can't go in the boys locker room just yet.

Adolescent F's mom looks to the future with some ambiguity, questioning her son's path and at the same time committed to supporting the journey. For her, she saw her son's journey within the context of her own support processes.

> But overall, what I am amazed at is my curiosity of how does he knows and what path and will it always be that way? Will he, because at one point, before that was like "I'm Bi" and then it became clear that "I'm lesbian" and then now its gay male. I don't know if it will continue to fluctuate as [Adolescent F] grows through the teen years. I wouldn't be surprised if it did and I wouldn't be surprised if it didn't. But you know, its all new to us to observe it. And you know for us what is most important is to be supportive.

Adolescent F mom's concerns represented the complexity of acceptance for her child's desire to be stealth. On one hand, she expressed concern about her child navigating a cisgender dominated school environment while also being committed to supporting her son. On the other hand, her worries also represented her own internalized minority stress related to his journey and what it means for him to be a boy according to cisgender norms.

Grief, Ambiguous Loss and Reclaiming Gender Narratives. Immediately following adolescent disclosure of gender to parents, the dyad often jumped into action by increasing knowledge and awareness, connecting to resources, taking steps to affirm adolescent gender, and advocating within important domains such as school, mental health, and health care settings. Once life started to settle down, parents began to feel grief and experienced perceived loss connected to complex connection to both their child's designated and affirmed gender. At the same time, adolescents, many who saw themselves as stealth, began to rewrite their gender narratives, including histories, moving forward. While parents were often trying to figure out

how to hold on to the designated gender of their child and simultaneously move forward alongside their child, adolescents were trying to figure out how to understand and define their identity in relation to their affirmed selves.

"But you can't wipe out 13 years of your life when you were having a lovely time".

Many parents experienced grief and ambiguous loss while adolescents (and sometimes parents) were re-writing their own narratives. Parents continued to struggle to understand the future and their connection with their child's gender. Many parents of adolescents, particularly those who disclosed after puberty, questioned their child's gender affirmation process, and struggled in silence, likely in an attempt to try and move forward and protect their child from experiencing more distress associated with their parents' adjustment. Mom of Adolescent E discussed how she both coped with and mourned the ambiguous loss of her daughter in silence as she continued to support his gender journey moving forward.

> Obviously, she's probably noticed, he's noticed there are not pictures up and stuff. My phone has pictures and its like don't look at that. But you can't wipe out 13 years of your life when you were having a lovely time." Just doesn't want to see pictures, doesn't want to be reminded. I mean I will talk about memories but I won't, like you know "oh do you remember when you wore that lovely pink dress?" Because that would really upset him. I got treasure boxes and I will keep that treasure box of [child's birth name] and one day I want him to show it to his kids. You know his journey, his journey to his kids. So I don't know if I'll ever be ready but I'll have to get on board. I have to, if that is what he wants you know.

At the same time, parents were making their own cognitive shifts regarding gender norms and relating these not only to how they reconstructed their child's early gender experiences but

how they began to accept and affirm their child's identity. Father of Adolescent K began to realize differences in how he felt about pressures for conformity for his transgender and cisgender children and connected these perceptions to how he began to accept his transgender child.

> Recognizing how much gender bias plays a role in our perceptions. And how I had to fight it because when she said "I'm transgender" one of my first thoughts was, 'she's never wanted to play with dolls, she's never wanted to wear a dress, she's never wanted to put on make-up. Obviously, she can't be a girl, she can't be feminine, right?' But then I'd turn around and say, oh and she likes video games. I realized if someone had gone to my younger [cisgender] daughter and said, 'well because you are a girl, you can't wear jeans, you have to wear make-up, you are not allowed to play video games.' If someone had turned it the other way around on my other daughter, I'd be incensed. I'd be like 'you, you know, you asshole, you can't say that to my daughter.' So, I had to get that, the gender stereotypes don't define gender.

Adolescent A saw his future as tied to being stealth and at the same time he understood that his mom likely continued to hold on to his designated gender.

> I feel like my family has much more of a connection to her than I do. I mean, I have some fond memories and stuff like that. My parents remember all of this [referring to earlier years on calendar] but because of their supporter attitude and role, they wouldn't bring any of this up. You just can't look at it the same way as you used to. I just want to start living on my own, doing everything. And that is where the anonymity thing comes in, because I want to start anew. I don't want

> people to be like "oh I know all of your past." It's not like they aren't going to hire me or anything like that. But everyone will be conscious of it which nullifies all of the things I have been trying to work for. Which is complete Stealth. Like you don't think about it and the only person who might think about it is your family who won't be able to talk to your other people in your other country or state. You know, that is my goal. I am not one of those people parading around with a flag, marching in rallies.

Adolescent A understood his mom's attachment and at the same time, wanted to be stealth and start his life anew. Adolescent A's mom supported her child's every step in his gender affirmation process and at the same time she felt grief attached to the ambiguous loss of her child's designated gender.

> So when I go to the support group I am like "Yea Hooray" but privately [crying] I hold a lot in because I don't want [Adolescent A] to see [crying] the struggle that I have. Its not for who he is, but the loss for who I knew him to be when he was [child's birth name] [mom is crying]. Anyway, recent I recently come to the understanding for myself that its mourning. It's a mourning process for myself. But it's something I will never tell [Adolescent A]: How much I am struggling with this [crying]. You know, we have a screen saver on my laptop, it draws from all the pictures we have archived in the folders [crying] and I just recently just had to change the screensaver b/c I can't keep looking at her, all those pictures of [Child's birth name] [crying].

"**Do as Much as I Can to Teach and Validate and Be a Good Role Model".** Dyads' future outlook encompassed adolescents' enduring gender identity development and parent

support. When talking about their future, adolescents expressed concerns but also hope for what life holds for them. While adolescent L wished his gender affirmation process speed and progress was different, he had a grounded perception of his hopes for the future.

> I mean, I wish I had top surgery and I wish I was a cis boy and there's like countless things where I could complain that I am trans. But given that this is how it's going to be and I can't change it, there's nothing I would change. I hope to be comfortable with myself. And to surround myself with people who I love and who love me.

His mother echoed his hopes for the future.

> You know, my husband and I, we always felt we want our kids to be happy, healthy, and safe and that will be the commonality throughout their lives I hope. Um, [Adolescent L] is a super super smart and super super talented kid. I just want him to weather this storm and get to the other side and he'll have a happy wonderful life. And we'll weather the storm too.

Adolescent G's mom understood her daughter's drive to continually affirm her gender through medical transition. At the same time, she was worried that her daughter would lose sight of her own goals and dreams in the context of her gender affirmation process.

> Well, she has all these plans to do all these surgeries. And I hate that that has to be her life. Um, but I, I'm not her, and yea, I guess I understand her, you know. She's going to be on hormones for a certain amount of time and then she wants, um the doctor said that she can get this tracheal shave so that she won't have an Adams apple, which she hates. And then after that, she'll, I don't know, we'll do

> some facial feminization. She wants to do all this stuff. And, I hate it because its like, "Ok, but what do you want to do in the future? What do you, what about school? Work? What is your career choice?" She doesn't care about anything except for trying to convince the world that she's a woman. That's her goal, that's all her, its all about the transgender thing. Its never about anything else. And I hate that. But I'm not her, I'm not in her shoes and I don't know what she's going through, you know. But I wish she would focus a little on, you know, your future.

At the same time, her daughter recognized that she struggled with self-worth and tied this indirectly to her own internalized stigma of being a trans woman in a world that places value on cisgender and binary norms. Adolescent G stated that she didn't want to be "a low-life", indicating how stereotypes and social stigma may have shaped her own self-value as a transwoman. While she struggled to see her future options outside the context of her gender journey, she saw her potential, viewed herself as a mentor, and understood herself as someone who has value as a young transgender woman.

> I really don't have anything for the future. I just feel like I live for today and I just can't think of myself. I've always like had like panic attack because I don't know what I want to do for my future. I have nothing. Like, I have nothing that I am good at. I feel like, um, I'm not interested in anything. And I just need to explore my options, but I can't because then I'm just, I don't want to be like some, I don't want to put myself in a situation that I have to like, I don't know how to say it. Like, I don't want to be like a low-life. But like someone, I want to do something good for my life and I want to do something good for other people too. I want to help other people.

Adolescent I reflected on their past distress and then connected to a gender affirmation they did not think was possible. For Adolescent I, they saw hope for their own future and a connection to wanting to help LGBT community in the context of their past suicidality and hopelessness. Here, Adolescent I distinguished between their feelings of hopelessness in the past and the hope they held moving forward.

> I want to do something within the LGBT community, like psychology, like gender therapist. Uh, or just like an LGBT therapist because I know I have not reached 18 yet, but I never imagined myself to live to 18 because I didn't really imagine myself to be on hormones before then and at the time that I had attempted, nothing really mattered, not even transitioning. People do matter to me in my life but like, at that time when I was going to attempt, people or transitioning didn't matter to me, I was just so far done with everything.

Adolescent I's mom expressed hope for her son's future and placed this hope in the context of her own journey as a parent. While she continued to struggle financially to support her son's journey, she demonstrated her support by affirming their dreams.

> At the meeting [transgender family support group], they talking about top surgery or bottom surgery. He knows or I tell him, I don't know if I can have that or he get a job and maybe. I'm just, right now I'm trying to get another job so, working. So, I can have the benefits, maybe after that, I can help him too. He wanted to be a therapist to help transgender children. So, I hope he will be a therapist. Or whatever he want to be.

Despite minority stressors and barriers to gender affirmation, many parents continued to be champions for the children. Adolescent N's mom acknowledged continued stigma and at the same time pushed back with affirmation and acceptance for her daughter.

> If she hadn't been persistent than she probably wouldn't be growing up as a girl, right? But that persistence is the thing that will make that kid successful in whatever she chooses. She said to me when um, Hillary Clinton didn't win the election, she said to me "that's good, now I can still be the first woman president". And you know, I'm like, yea It is really just trying to make the world OK for [Adolescent N]. And everyone would always say, "well what if she transitions back? What if she doesn't agree? Other kids have decided to". Enough. Flip the world again. Flip it once and I will flip it again. I will make it OK. It was the best I can for her.

Adolescent N saw herself beyond gender and reflected her broader sense of identity and goals she had for herself: "There isn't a part of my life where I feel uncomfortable. I just feel I know who I am. I want either be an engineer. Or a detective, I am really good at things like that." Adolescent J talked about their desire to be a therapist for other young people who have gender dysphoria. They saw themselves using their own early life journey to support and positively inform other transgender young people. Looking toward their future, Adolescent J saw the value of life experience within the therapeutic relationship as an important approach to support and connect with other young transgender people.

> Um, people who have gender dysphoria. Um, like, you know, depression and stuff like that. Stuff that I've been through. I hate, I don't hate it, but I know staff at my school, I've heard people yell, "you don't know me, you haven't bee through

> this." And if someone or some of my clients in the future says "you haven't been through this", and I would be like oh yes I have.

Other adolescents, such as Adolescent B demonstrated hope for society as a whole. Adolescent B was 13 at the time of her interview and it was clear that the years she had spent looking within helped her connect her journey to that of the outside world.

> I wish that people, that society in general was a lot more accepting of people who are different and don't fit in to the boxes that society wants to put everyone in. Like I feel we all need to grow as individuals and not as one society. I am not sure I am wording this correct. But like we can't just stick to the same script or guidelines.

For Adolescent C's mom, her child's assumed Autism informed her and her daughter's understanding of herself as a young trans woman. Adolescent C's mom suspected her child may be transgender years prior to when Adolescent C disclosed to her. Immediately following disclosure, she accepted her child as a young woman. For her mom, understanding her daughter as both a young transgender woman and a younger person who was understood to have Autism was empowering.

> Well, you know what, at the same time she was figuring out her gender identity she was also figuring out that she was not neurotypical. Those things really came together for her. And there was an article she read, and it was written by an autistic transgender girl and it was about her experience being both autistic and transgender and how they were inseparable for her. I am glad you asked this because I wouldn't have remembered. I forgotten about this. She read that article

> and that is when she came to me. And I had already been talking to her about all of these things including the fact like maybe you are autistic too? Um [Adolescent C] read that article and was like, this is me. And it is. She could have written it, it is so similar to her experience as a kid and teenager. She does self-diagnose as autistic, that does feel right to her and helps her to identify that way and transgender. Each helped the other make sense to her.

Adolescent C, as someone who understood herself to be "neurotypical", who came out and started her gender affirmation after puberty, and who was socialized as a cisgender young man, she integrated her socialization into her self-concept and hopes for the future. For her, she saw herself as a transgender role model for other transgender young people navigating multiple socialized identities.

> I think in terms of the masculinity that I have now. I am not concerned with losing it or how much of it I have and more just enjoying myself. As a person with femininity and masculinity both. So, while I don't have much of that now, I have had that experience and can incorporate it into how I act. I think growing up as a boy has taught me valuable skills that I want to hold onto as a woman. I am hoping I can be more and more a part of the LGBT community and do as much as I can to teach and validate and be a good role model and explore my own desires and goals as a transwoman.

Chapter 5: Discussion

The present qualitative study had two primary aims: (1) Describe gender minority adolescents' stressors and parental support from both the adolescent and parent perspectives and identify dyadic stressors; and (2) Identify specific areas of overlap and discordance between adolescents and parents regarding stress and support in response to gender identity and expression and begin to understand implications for adolescent mental health. Findings are specific to adolescents whose parents were aware that their child was transgender and supported their social and medical gender affirmation processes (commonly understood as gender transition processes).

Specific to Aim #1, findings indicate that transgender adolescents experienced similar minority stressors to LGB and transgender adults, as documented in the extent literature (Meyer 2003, Testa et al., 2015). Transgender adolescents also experienced additional distal minority stressors across various social domains contributing to health and mental health outcomes for transgender adolescents (Appendix B: Figure C). Parent support and minority stress appeared to impact gender affirmation processes and adolescent health and mental health both before and after adolescents disclosed their gender to their parents. The parents we interviewed supported the steps of their child's gender affirmation process and at the same time, many continued to emotionally adjust and struggled with acceptance and ambiguous loss connected to their child's asserted and designated gender simultaneously.

For Aim #2, timing of adolescent gender identity disclosure was an important factor related to adolescent gender identity development, gender affirmation, and parent support (see Appendix C: Figure D). Specifically, for dyads with adolescents who disclosed their gender in childhood, prior to puberty, they typically navigated steps of child and adolescent social and

medical gender affirmation together as a dyad and were able to slowly and systematically prepare to start trans-related medical interventions at the onset of puberty. For dyads where adolescents disclosed during adolescence and after the onset of puberty, dyads often experienced an adolescent-parent gender affirmation knowledge and readiness gap that for some, was further exacerbated by parent's own support and the institutional gatekeeping practices within the health care system. Dyads of adolescents who disclosed in childhood did not experience this gap. For these dyads, parents often took the lead in creating a trans-affirming environment for their child across all settings. Stemming from Meyer's (2003) original minority stress model, I found that parent support uniquely impacted the relationship between minority stress and gender affirmation processes and adolescent health and mental health.

Unlike previous minority stress models where health and mental health are the outcome variables (Meyer, 2003; Testa et al., 2015), I found that mental health symptoms may directly impact parent support processes. Findings related to parent support and dyadic stress also indicated that parent support is not an either/or experience. Ambiguous loss emerged as an important component for dyads, impacting disclosure, gender affirmation processes, acceptance, and parent support. Thus, factors related to parent support and adolescent perceptions of that support are complex and this complexity may uniquely contribute to adolescent mental health.

Adolescent and parent narratives demonstrated how transgender adolescents and parents navigated adolescent gender identity development, minority stress, and parent support within cisgender dominant environmental conditions. Four major themes emerged from the narrative analysis: (1) Cisgender and heterosexist social norms and expectations constructed adolescent gender identity development before adolescent gender identity disclosure to parents; (2) time between adolescent gender identity disclosure and puberty mattered; (3) Minority stressors

contributed to adolescent gender affirmation, parent support processes, and adolescent mental health; and (4) parents were silently adjusting to their child's gender affirmation process and their role as a parent of a transgender child; at the same time, adolescents are beginning to reclaim their own gender narratives and start anew. This discussion offers a critical analysis of these themes in the context of transgender adolescents and parent support.

Theme 1: Pre-disclosure cisgender social norms

The power of social norms are not only readily accessible and maintained through daily interactions and messages but often are so discrete that their influence commonly goes unnoticed and are subconsciously internalized (Butler, 1997 as cited in Evans and Williams, 2013). I use the term "cisgender conformity" or "cisgender norms" throughout to describe the implied and explicitly communicated gender norms and rules, which inform expectations to be cisgender and govern boundaries of gender expression and gender identity across social domains. Studies on the impact of gender socialization from parents, teachers, and peers have generally examined gender socialization from a predominantly heteronormative and cisgender lens of these stereotypes (McHale, Crouter, and Whiteman, 2003). Additionally, research on gender socialization has been dominated by North American white middle-class and often binary perspectives (McHale et al., 2003).

Developmental perspectives on children who dress up in clothes or play with toys, and games typically ascribed to the "other" gender, continue to be broadly understood within the context of developmentally appropriate imaginary play and exploration, and commonly associated with progressive parenting (Kane, 2006; Rahilly, 2015). Kane's research with parents of preschool age children who were not considered gender diverse or transgender, suggested that gender exploration of stereotypically "other gender" feminine and masculine stereotypes are

understood as typical in childhood (Kane, 2006). At the same time, Kane's work suggests that parents perceived any non-conformity among preschool children as normative and within the wide varieties of gender expression possibilities available to cisgender children (Kane, 2006). Egan and Perry's (2001) research on gender exploration among cisgender children similarly points to the potential importance of reframing atypical masculine or feminine gender expression to a natural process of identity development beyond play and exploration, especially for adolescents who have a low connection to their designated gender at birth. According to Egan and Perry, parents who give their children freedom to explore gender options freely is particularly important for children who have a low connection to their gender designated at birth (Egan and Perry, 2001). Another study of parents of gender diverse and transgender children ages 5-19 goes further, suggesting that parents of gender diverse and transgender children come to disrupt the connection between genitals and gender (Rahilly, 2015). This disruption did not stem from belief systems of progressive gender politics but was found to be child-centered and supported through increased transgender literacy throughout their child's gender identity development (Rahilly, 2015).

Dyads in this study confronted early gender norms regulating gender diversity. Younger children often used many forms of expression other than verbal communication, such as dress and play, to express their gender. I used "disclosure" to describe the process by which children/adolescents initially asserted their gender either verbally or in expression. Younger children didn't necessarily verbally disclose to their parents, but instead asserted their gender through their persistent expression, behaviors, and play. Reflecting on the time leading up to gender identity disclosure, all dyads connected early cisgender social norms and expectations to the child's gender identity development and related stress. Gender expectations and social

adversity lack neutrality, especially for non-binary and gender fluid children and adolescents (Diamond, 2020). Diamond's research with non-binary and gender diverse children and adolescents suggested that cisgender conformity and binary stereotypes often explicitly construct the ways in which adolescents are expected to express their gender across different social environments (Diamond, 2020). These norms help to inform self-perception, and subsequently influenced decisions regarding when and what to disclose to parents and others regarding their gender and sexual identity (Burgess, 2000; Diamond, 2020; Simons et al., 2013).

Previous research indicates that having at least one supportive person in adolescents' lives mitigates adolescent distress (Rafferty, 2018) and commonly, parent support strengthens over time (Riley et al., 2011). Of the 20 dyads interviewed, six dyads, all with transfeminine children (designated male at birth), reported parents providing freedom to consistently express their gender in the home. Five of these six girls were understood to be transgender and were supported in that identity during elementary school. Parents of these five girls looked back and recalled that their child persistently expressed their gender and their gender preferences in early childhood (i.e. dress and make-believe play). These five girls remembered their parents being open to their early childhood feminine gender expression and allowed them to wear clothes, engage in play, and be a girl at home, even before their parents knew them to be transgender. On the other hand, many adolescents, primarily those who disclosed after the onset of puberty recalled early pressures from at least one parent toward cisgender conformity before disclosure. For these adolescents, they felt that not being allowed to explore their identity earlier, having specific boundaries regulating gender expression, and exposure to negative messages about gender diversity delayed their disclosure and subsequent gender affirmation process. Most parents indicated that cultural norms, fear of negative evaluation, lack of readily available trans-

related knowledge, internalized stigma, and lack of support from their own parents (adolescents' grandparents) were related to enforcing adolescent cisgender expression boundaries and awareness.

Within Rahilly's research, this type of initial boundary setting, such as "you can't shop in the boy's section" prior to developing conscious awareness of their child's developing trans experience was referred to as gender hedging (Rahilly, 2015). Gender hedging referred to the ways in which parents specifically tried to balance their child's social non-conformity with dominant cisgender belief systems governing social acceptance and affirmation of gender normative behavior and expression (Rahilly, 2015). According to Rahilly (2015), "gender hedging largely upholds the gender truth regime, as parents work to fashion an overall front of normativity, it also permits small concessions to a child's gender-variant interests and stirs parents' questioning about how much of these they should regulate and restrain, if at all" (pg. 347). Parents typically engaged in gender hedging prior to developing gender consciousness related to their child's gender variance (Rahilly, 2015).

In line with Rahilly's research on gender hedging and specific to adolescents who disclosed during adolescence, findings suggest a potential distal minority stress related to gender expression and identity regulation was also a dyadic stress related to how parents and adolescents negotiated adolescent gender expression before adolescent gender identity disclosure. Rahilly's conceptualization of gender hedging (Rahilly, 2015) informed how I understood the ways in which both adolescents and parents encountered minority stress related to gender expression and identity regulation. Importantly, as adolescents who disclosed during adolescence were trying to express themselves in a way that were comfortable and affirming for them pre-disclosure, parents were trying to set boundaries. For families experiencing this type of dyadic minority

stress, parents perceived their child as cisgender and allowed certain concessions regarding gender expression and at the same time regulated boundaries. Gender expression and identity regulation was especially prominent for some parents who began to question the meaning of their child's gender expression. Parents were balancing social and family expectations, ideas of progressive parenting, and in some cases, child's social safety along with their child's gender expression. For adolescents, this type of regulation represented some of their early experiences of concealment and internalized stigma of gender expression.

Children who disclosed in early childhood, were all trans girls and were understood to be transgender in elementary school, typically years before the onset of puberty. This early dyadic clarity and early awareness spoke two important aspects of the dyad's experience prior to disclosure: (1) children were persistent and consistent regarding how they saw themselves, wanted to express themselves, and their drive to do so; and (2) parents demonstrated early awareness, acceptance, and support of their child's gender diversity even during times when they had not necessarily understood their child as transgender. Findings suggest that parents' early openness to their toddler's gender diversity may have initially represented progressive parenting (Kane, 2006); however, persistent, and consistent support for their child's enduring feminine gender expression in early childhood was likely child centered (Rahilly, 2015).

For dyads where adolescents disclosed in adolescence, typically after the onset of puberty, adolescents and parents often looked back and understood adolescent gender identity development with more ambiguity. This ambiguity was not related to adolescents' own ambiguity regarding their gender identity leading up to disclosure but represented ambiguity within the context of: (1) the amount of time that adolescents were socialized and known as their designated gender and amount of time that parent identity was tied to their child's designated

gender; (2) lack of a familiar trans-centered roadmap; and (3) adolescent anticipation of reactions/responses from parents and the outside world to their disclosure.

Based on our interviews, I cannot determine why children who were understood to be transgender in early childhood were persistent in their feminine gender expression and drive to live life as a girl at a young age. However, reflecting on the interviews, all five adolescents had parents who recognized the persistence of their child's feminine gender expression and gave their child a safe space and options to live their life, at least in part, as a girl. During this time, before disclosure, these parents didn't necessarily initially identify their child as transgender. For these dyads, they often experienced gender identity awareness and consciousness in harmony. Parents also commonly initially connected their young child's feminine gender expression to a developing gay identity, possibly representing stereotypes (Kane, 2006) and more familiar narratives about young male femininity in early childhood.

Rahilly's (2015) research found that through the process of developing gender consciousness and integrating their developing gender literacy related to their child's trans identity and gender identity development, many parents resisted ideas that sexual orientation and gender were connected. In the present study, as parents continued to develop this gender consciousness, they gave their children permission to express femininity in the home and at the same time respected their child's requests to perform their masculinity at school, before understanding their child as transgender. For these dyads, children often performed stereotypical masculine traits and roles in most socially familiar environments outside the home. Concealing feminine gender expression within these familiar social domains was understood by dyads as a response to both implicit and explicit social pressures for cisgender conformity and negative expectations regarding others' responses. Concealing gender expression and identity based on

anticipated negative expectation of stigma related to social scrutiny for violating norms within specific social domains of life was a common protective strategy (Meyer, 2003) initially used during their coming-in process. As I will discuss later in this section, and within the fourth theme, concealment intersects with gender identity assertion as adolescents continue along their gender journey.

Developing their gender selves for the 5 adolescents who disclosed in childhood represented the ways in which children asserted their gender in safe environments and consciously concealed their gender in familiar environments perceived as potentially intolerant. For these younger children, their gender identity development was grounded in a freedom to embrace an early deep connection to their gender within a family system that took a child-centered approach to parent support even when the social environment around them did not. Here, these younger children experienced minority stress related to the ways in which institutional norms and expectations, most often within peer and school environments, regulated gender. Protectively, these adolescents were able to lean on parent support to mitigate the deleterious impact of this type of minority stress. For many adolescents who disclosed during puberty, gender identity development represented the process of developing gender consciousness and gender identity for months or even years before disclosing to parents and others. This process was not linear and often meant times of questioning or temporarily embracing identities that were socially familiar and accepted (Kane, 2006). Prior to disclosing he was transgender, Adolescent A saw himself as a tomboy and then in 6th grade, understood himself to be a lesbian. "I thought, hey, I am wearing these things. I am wearing shorts and not dresses, I must be a lesbian." On the other hand, his mom always saw him as "a kid having fun" and tied this earlier expression to cisgender gender creativity. Other parents of adolescents who

disclosed after puberty, reflected to a time before disclosure and remembered questioning how far to support their child's gender expression across various settings. At the same time, adolescents often initially conceded to socially familiar and accepted gender performances to fit in, avoid scrutiny, or as a socially familiar path towards their own gender identity consciousness.

Based on our interviews, I understood gender expression as a reflection of how adolescents saw themselves, whereas gender performance was related to performing gender according to socialized gender norms and expectations. Nearly all adolescents in my study performed gender to prevent social scrutiny and stigma, ensure parent acceptance, and in some cases, mitigate parent suspicion of their gender identity before disclosure. Prior to disclosure, dyads were in what Rahilly (2015) referred to as an early phase of critical consciousness regarding the power of cisgender dominant social norms used to neutralize gender diversity. In the present study, dyads developed this critical consciousness of dominant social norms and quickly learned how to survive across social settings before disclosure. During this time, dyads with children known to be transgender in early childhood leaned into this critical consciousness to resist these socialized gender norms, leading to early gender affirmation and broad disclosure during elementary school. For parents of adolescents who disclosed being transgender during adolescence, their child was only seen as their designated gender or they began to quietly question the meaning of their child's gender expression while upholding cisgender norms and regulating their child's gender expression. For these adolescents, their resistance began with a more conscious process of internalizing and incorporating familiar identities and then quietly connecting with trans-role models on their path to developing and affirming their gender before disclosure.

Transgender adolescents in the present study typically lacked transgender role models within their own family or peer environment. Subsequently, adolescents found role models online which informed adolescent's gender identity development process before disclosure. Proximal minority stress represents internalized stigma turned toward the self or projected out into the world, often stemming from stigmatizing and discriminatory messages received, perceived, and understood from the outside environment (distal stressors) (Meyer, 2003). In addition to these negative messages within social environments, transgender adolescent and their parents often lacked positive and affirming counter narratives about being transgender, leaving more opportunity for negative and invalidating narratives to be prominent. Adolescents who disclosed to their parents during puberty spent time, often alone, coming-in to their gender for months or sometimes years before they disclosed they were transgender. Leading up to disclosure, regardless of their disclosure timing, adolescents were often faced with the task of understanding their own identity within a world that lacked a mirror reflecting their lived experiences.

Children and adolescents often did not know they had other gender options and often didn't initially see their own experiences as related to being transgender. Most adolescents who came out during childhood reported always seeing themselves as a girl but didn't know how to say it or didn't know that they could be a girl. Some adolescents who disclosed during adolescence recalled feeling a difference or disconnected from their designated gender but didn't know what that meant. Previous research on gender identity development among transgender and gender nonconforming emerging adults found that many lacked access to transgender or non-binary narratives from which to understand their own developmental journey (Kuper, Wright, & Mustanski, 2018). Within my research, adolescents didn't have access to a transgender roadmap

within their social environment, thus initially adopted available and familiar cisgender LGB or tomboy narratives to initially understand themselves. As body and social consciousness started to develop through the onset of puberty, many adolescents soon began to notice that their lived experiences seemed different than their LGB and queer-identified peers.

Research demonstrates that seeing and meeting other young transgender people helps trans adolescents understand their own identity and can provide clarity regarding gender affirmation (Kuper et al., 2018). Lack of access to similar others can create barriers to feeling affirmed and validated about their own gender expression and self-perception (Selkie, Adkins, Masters, Bajpai, & Shumer, 2020). Likewise, for adolescents in the present study, exposure to more familiar cisgender identities in their social domains, such as being a tomboy, gay or lesbian, often represented an initial reflection of their experience in the absence of role models or knowledge pertaining to being transgender.

Prior to disclosure and in an attempt to understand themselves, many adolescents who disclosed during adolescence found role models and information online, through social media sites such as YouTube, online gaming sites, and cosplay sites. Previous research on transgender adolescents' use of social media for support found that these important virtual domains provided a space for adolescents to connect to like-others and to their own internalized process of gender identity development (Selkie et al., 2020). By connecting to the lived experiences of other transgender adolescents online, adolescents are able to make sense of their own experiences and find a space of comfort and connection (Selkie et al., 2020). A lack of accessible role models within in-person social domains often perpetuates internalized stigma of difference and can lead to social loneliness (Selkie et al., 2020). Previous research on the importance of role models for gay identified male adolescents point to the ways in which norms are role modeled in the home

(Flowers and Buston, 2001). Similar to the lived experiences of transgender adolescents in the present study, the young gay male participants in Flower and Buston's study reflected on adolescence and identified that they were primarily exposed to heterosexual relationships within their home and school environment, thus reinforcing the perceived stigma of difference (Flower and Buston, 2001). Role models that promote a step toward LGBT acculturation with a new identity become important for adolescents developing alternative narratives to cisgender role models that dominate adolescents' social domains (Flower and Buston, 2001). Prior to disclosure, many transgender adolescents in my research found these counternarratives predominantly online.

Prior to disclosing, adolescents in my study understood that these virtual spaces offered a contrast to the isolation and disconnection experienced within their in-person environments such as, family, school, and peer communities. In line with previous research (Kuper et al., 2018; Selkie et al., 2020), I found that by connecting to similar others, whether online or in-person, adolescents: (1) developed emotional connections with similar peers; (2) learned from others what it meant to be transgender; (3) developed a clearer sense of identity labels and language to describe themselves; (4) understood options and resources for social and medical gender affirmation; and (5) navigated a social world that did not demonstrate familiarity of or did not provide a path for adolescents to be transgender. However, with online access came exposure to narratives involving trans-perpetrated violence, discrimination, and idealized binary social expectations about how to be transgender (Selkie et al., 2020). For adolescents in the present study, connecting to near-peer narratives online outweighed this risk, were described as positive, and enabled adolescents to see themselves and their experiences reflected in similar and often idealized others.

Some adolescents in my study did begin to compare themselves to young role models who were of similar age but further along their transition. This disparity often created a sense of anxiety and urgency to catch up. One adolescent who was non-binary and transmasculine compared himself to cisgender guys in his school whose bodies were beginning to develop through puberty. For many adolescents who disclosed during or after puberty, this sense of urgency to start their gender affirmation process was triggered by their developing body and compounded by comparing themselves to the development of others. These comparisons magnified their own body distress and reinforced internalized stigma related to their own socialized gender representation amidst puberty.

For adolescents who disclosed during adolescence, as they became clear about being transgender, they were often unclear how to disclose and what responses to expect. While some parents suspected their child was transgender prior to their child disclosing, others did not expect their child to be transgender. As adolescents who disclosed to parents after the onset of puberty were coming-in to their gender identity and preparing to disclose, parents were often either silently observing or questioning, and still mostly unaware. Parents were often aware of social and popular media stories of trans-perpetrated violence and discrimination, archived those messages, but did not personally relate to trans community or narratives prior to understanding their child as transgender. At the same time, their trans child was developing clarity about their own trans experience and gender identity, and personally connecting with affirming narratives of role models found online. Consequently, an adolescent-parent gender affirmation knowledge and readiness gap was forming between adolescents who were preparing to start their gender affirmation upon disclosure and parents who were unaware and unprepared.

Theme 2: Time between gender identity disclosure to parents and puberty mattered

The gender affirmation process was markedly different depending on relational timing between disclosure and puberty (Appendix C: Figure D). For adolescents who disclosed during adolescence, a gender affirmation knowledge and readiness gap emerged within the dyad. Upon disclosure, these adolescents experienced an urgency to socially and medically affirm their gender, while parents needed more time. For adolescents who came out in childhood, before puberty, the gender affirmation process within the dyad typically happened in unison, with parents working alongside their child to support their development.

Previous research stemming from interviews with five mothers of young prepubescent transgender girls between the ages of 8 and 11 found that the young girls had time to intentionally affirm their gender across multiple social contexts before puberty (Kuvalanka, Weiner, and Mahan, 2014). This often included practicing gender in their home, going on vacation or trips to practice their gender expression in public, to growing out their hair to appear more stereotypically feminine, changing their name and wearing feminine clothing, and then integrating feminine behavior, roles, and identity into all life domains (Kuvalanka et al., 2014). According to Kuvalanka's research, parents had time during their child's early childhood to gain knowledge and adjust to being a parent of a young transgender child and support their gender affirmation across multiple social domains of life (Kuvalanka et al., 2014).

In the present study, parents of adolescents who came out in early childhood were often the ones who initially researched healthcare and mental health care resources and sought out knowledge, found parent support groups, and worked closely with elementary schools to support their child's gender journey. Providing time and space to practice gender in safe environments was a systematic, intentional, and often a slow process toward stepping out within their school and other familiar environments. This slow transition to being a girl across all social

environments, enabled both parents and adolescents time to prepare for the next developmental milestone of puberty. For some adolescents who disclosed in childhood, elementary school was understood as the first space where gender-expectations were upheld through peer-based sharing activities (favorite color or toy) and lining up by gender for class-time transitions; and after disclosure, two dyads recalled bullying, harassment, and lack of teacher intervention to support trans-inclusion and acceptance in elementary school. For these adolescents, as they faced intolerance in their elementary school environment, their parents were building trans-literacy and resources to support these early stressors years prior to the emerging stress of puberty.

Dyads confronted the social construction and distress of a natal puberty, which for transgender adolescents, represents the time when bodies develop and become more aligned with the physical and social construction of ones' designated gender at birth (Compass et al., 1995; Lorber, 1994; Olson et al., 2011; Steinberg, 1987). In the present study, adolescents who were known to be transgender or disclosed during early childhood had years to live as their asserted gender before puberty. Additionally, many of these young people only had conscious memories of being their asserted gender, therefore only ever saw themselves as their asserted gender. Research has also found children supported early for who they are versus children whose families endorsed a period of "watchful waiting" to see who their child will become, informed positive adolescent mental health and positive attachments (Rafferty, 2018).

All adolescents in the present study had started puberty and were far enough along their development to be eligible for puberty blockers to stop their natal puberty progression and/or start gender affirming hormones to medically transition. While the adolescents in the present study confronted a puberty associated with their designated gender, those adolescents who were understood to be transgender in childhood, had entered puberty living life as their asserted

gender for years. For these adolescents, the anticipation of puberty likely represented an unfamiliar confrontation with a male body development and a gender designated to them at birth. Their early affirmation prior to puberty provided them with an opportunity to develop their own identity as a girl and connect to health and mental health care resources to intentionally prepare for and address puberty.

Alongside their child's early gender identity development and affirmation, their parents developed trans awareness and knowledge, engaged with a transgender parent community, and learned how to support their transgender child early. Specifically, these parents discussed the importance of having access to and connecting with a transgender health provider when the dyad was anticipating the start of puberty and preparing for puberty blockers. Connecting to care early was understood as important to relieving distress associated with anticipating puberty. Research demonstrates the importance of puberty suppression to prevent puberty-related development (through the use of puberty blockers) to affirm gender, mitigate distress associated with natal puberty, and improve psychological wellbeing as children age through adolescence (Rafferty, 2018). Many parents who understood and accepted that their child was transgender in early childhood squarely placed this slower and deliberate gender affirmation process and early connection to care in contradiction to other families whose children came out after puberty. Families with adolescents who disclosed after the onset of puberty had to urgently and simultaneously do research and gain knowledge, connect to care, navigate insurance, make decisions regarding medical interventions, and emotionally prepare for a medical gender transition/affirmation.

Dyads with adolescents who disclosed that they were transgender during adolescence and puberty experienced a knowledge and readiness gap, which reflected two ends of a spectrum

where adolescents and parents sat regarding readiness for adolescents' social and medical gender affirmation (Appendix C: Figure D). Within this context, dyadic stress was understood in the context of navigating adolescent gender identity development. Upon disclosure, adolescents often felt a sense of urgency to be socially affirmed and mitigate puberty through a medical gender transition. At the same time, parents were often in shock or unprepared to start this process alongside their child. Adolescents had spent time coming-in to their gender identity months before disclosing to their parents that they were transgender. Prior to disclosure, adolescents connected to transgender role models online, gained knowledge and trans literacy regarding labels and terminology, learned about social and medical affirmation options, and began to develop a clearer sense of self. On the other hand, parents didn't start their gender journey as parents until after their child disclosed. Thus, as parents were in period of developing trans-literacy and awareness, confronting socialized trans-related fears, and confronting their changing identity and roles as parents,, their child was ready and prepared to socially and medically affirm their gender.

As adolescents finally felt connected to themselves and their gender, some parents were not ready to affirm their child's gender across all settings, particularly with other relatives. Findings suggest that adolescents and parents experience dyadic stress related to gender expression and identity regulation post-disclosure. This adds to Rahilly's work regarding gender hedging. While adolescents were starting to affirm their gender across multiple domains and were feeling more distress connected to their designated gender, some parents were not ready to affirm their child's gender in front of extended family, most prominently their own parents. Within this context, some parents asked adolescents to perform a gender expression in line with their designated gender identity. Parents who felt pressure to regulate their child's gender

expression reportedly did so to mitigate negative expectations of family responses, to preserve family relationships, and/or used concealment to protect their child from gender-based rejection. Parents were attempting to mitigate stigma and protect their child by compelling them to confront the distress of their designated gender during a time when adolescents were, for the first time, meaningfully asserting their true gender selves.

According to recent work on dyadic stress among transgender women and their cisgender male partners, relationship stigma was related to judgement or discrimination from family members towards the relationship, causing the relationship to feel devalued (Gamarel et al., 2014). This research suggests that proximal minority stress related to a stigmatized relationship can cause self-consciousness and concealment of the relationship (Gamarel et al., 2014; Frost and Meyer, 2009). Within the context of dyadic stress within the transgender adolescent-parent dyad, stigma was initially related to the ways in which parents regulated adolescent gender expression and identity regulation. In contrast to intimate partner relationships, parent-adolescent dyads cannot conceal their relationship, thus the burden is placed on the adolescent to conceal their true gender selves and perform a gender that did not represent their identity. For these families, dyadic stress was related to the impact of minority stress and parent support on adolescent gender affirmation and psychological distress (Appendix B: Figure C).

Theme 3: Minority stress and parent support mattered

Dyads in the present study were interviewed during a unique time when transgender community rights and social policy were being explicitly confronted and reversed – representing a powerful, vocal, and hostile community climate targeting transgender people (Jones, 2018). Jones's work examining transnational progress related to the Trump-era reversal of transgender civil rights, and evangelical groups vilifying transgender "others" found that these narratives

have contributed to a hostile climate within the United States towards transgender community (Jones, 2018). Families were looking to the future with an eye on state-specific social and political climates of acceptance versus intolerance. For these dyads specifically, as adolescents were looking to broaden their horizons beyond California for college or other aspects of life and living, adolescent and parent perceptions of individual state policy and social climate mattered. For transgender communities, structural stigma is understood as social norms, laws, and environmental conditions that lead to social inequality, restricted resources, and limited opportunities for stigmatized groups, including transgender people (Perez-Brume, Hatzenbuehler, Oldenburg, & Bockting, 2015; Nolle-Clements et al., 2006; Reisner et al., 2015; White-Hughto, Reisner & Pachankis, 2015). As research suggests, structural stigma weaponizes the dominant cisgender white social values within communities, institutions, and policies as a method to devalue and restrict power of transgender community (White-Hughto et al., 2015).

Minority stress framework is embedded in a historical precedent of racial, sexual and gender-based oppression in the United States and describes how social stigma impacts sexual minority (Goldbach and Gibbs, 2015; Meyer, 2003), and gender minority people (Testa et al., 2015). Recently, a major step forward was made in transgender civil rights following a Supreme Court ruling (in June 2020) which affirmed that transgender people's employment protection is included in the Civil Rights Act of 1964. At the time of these interviews, between the 2017 and beginning of 2018, the Trump Administration was pushing for healthcare, school-based, and employment (including military) related discriminatory legislation against transgender people (Jones, 2018). Minority stress for transgender adolescents and parents in my sample represented the ways in which cisnormative and heteronormative power and privilege have been and continue to be enacted upon the lives and rights of transgender people. According to Susan

Stryker's seminal work (2006), (*De)Subjugated Knowledges: An introduction to transgender studies,* in the *Transgender Studies Reader* (Stryker and Whittle, 2006) cisgender power and privilege is the dominant ideology communicated and understood since birth and often influences the social climates that regulates gender and bodies. During my work, this world of cisgender power and privilege was the context within which adolescents and parents lived. The explicit and implicit "rules" and expectations that dyads understood as shaping social climate and governing legal rights and protections, were often intertwined with their own social systems and familial culture and values.

The extant literature on minority stress has connected minority stress to health and mental health outcomes, and at the same time, pride and community connection have been found to mitigate deleterious effects of these types of minority stressors (Meyer, 2003; Testa et al., 2015). Specific to Aim #1 and in line with the extant research on minority stress, adolescent and parent narratives demonstrate that adolescents and parents experienced proximal minority stress related to negative expectations, internalized stigma, and concealment (Goldbach and Gibbs, 2015; Meyer, 2003; Testa et al., 2015). My analysis also supported experiences related to distal minority stress such as gender-based discrimination, victimization, rejection (Goldbach and Gibbs, 2015; Meyer, 2003), and non-affirmation (Testa et al., 2015). Through my analysis, two additional distal minority stressors emerged that may very well represent the minority stress experiences for adolescents in the present study: (1) gender expression and identity regulation; and (2) gatekeeping.

Exposure to minority stress started early and informed adolescents' identity development, disclosure, and gender affirmation processes. Research posits that early pressures to conform to cisgender and binary gender norms, exposure to minority stressors (Meyer, 2003; Testa et al.,

2015), and poor parental support (Simons et al., 2013) can create negative consequences to quality of life, mental health, and self-concept at a young age (Olson et al., 2011). Without parent support, these challenges can become exacerbated throughout the life course due to persistence of gender and sexual orientation-based sanctions (Ryan et al., 2010; Simons et al., 2013). Many parents in the present study supported their child's early gender fluid expressions and at the same time, parents regulated gender expression, likely due to internalized stigma and negative expectations of social stigma especially as they began to question their child's expression. In turn, these adolescents commonly understood their parents' gender expression and identity regulation as non-affirmation, thus impacting adolescent disclosure. While related, gender expression and identity regulation appeared to be a different minority stress experience compared to non-affirmation as described by Testa et al., (2015). In the latter minority stress model, non-affirmation was described in terms of being perceived, understood, and seen as their asserted gender. Parents' stories revealed that they regulated child and adolescent gender expression and identity, to enhance child safety, keep the status quo among family, and mitigate family-based rejection of adolescent. However, this regulation felt compulsory for the child and was related to disclosure delays and then distress post-disclosure as they performed the wrong identity. This in turn, worsened their distress as they performed a gender that contradicted their true gender selves. More research is necessary to understand how and if gender expression and identity regulation is different than Testa and colleagues non-affirmation.

A "toe in the water" describes the ways in which adolescents were testing their parents' responses and reactions through indirectly disclosing. For some adolescents, they ambiguously disclosed by asking their parent indirectly what they would do if their child was transgender. This type of disclosure was more ambiguous because adolescents were consciously testing their

parents to see how they would respond or react. A toe in the water was related to an amalgamation of complex and intersecting experiences for adolescents pre-disclosure. Before disclosure, adolescents commonly expressed negative expectations related to their fear of parental rejection. According to the extant research on ambiguous loss, many trans people fear rejection and a disruption in family relationships related to disclosure of gender minority status, thus delayed disclosure to avoid relationship loss (McGuire et al., 2016). Another common first disclosure was related to adolescent's perceived sexual identity. Many adolescents initially came out as gay, lesbian, or bisexual as this was how many adolescents initially understood themselves before understanding they were transgender. Within Kane's research on parent's perceptions of cisgender girls and boys, gender expression non-conformity for boys specifically was commonly associated with sexual orientation likely because this was a more socially familiar understanding of femininity in designated boys (Kane, 2006). On the other hand, according to previous research with transgender and gender diverse persons, adolescents who disclosed in stages, such as disclosing being LGB first, gave parents time to adjust by easing parents into accepting a more socially stigmatized trans identity (McGuire et al., 2016; Rahilly, 2015).

Within the present study, parents did not initially understand this as a disclosure or a test. However, for many of the adolescents, initial disclosure processes were complex, related to negative expectations of gender-based rejection, familiarity with cisgender LGB social identity, and lack of in-person trans-affirming role models in the social environment. Many adolescents who first came out as LGB felt supported by their parents. These initial ambiguous disclosures did not feel ambiguous for their child. The ambiguity of these disclosures were related to (1) self-perception in the context of socially familiar identities before understanding themselves in the context of their gender; (2) anticipated negative expectations related to being transgender;

and (3) dyadic awareness of the social-developmental meaning of these disclosures. In turn, adolescents indicated that non-affirmation, parent rejection, or dismissal related to these initial disclosures, and early gender expression and identity regulation delayed their trans-identity disclosures and often subsequently their gender affirmation timeline for months to well over a year.

Previous research on the parent-adolescent relationship among LGBTQ adolescents found that parent support for adolescents is critical for mitigating psychological distress and strengthening self-concept, which is particularly important for adolescents navigating their transgender identity across often un-affirming, unsafe and unprepared social domains (Meadow, 2011; Ryan, et al., 2009; Ryan et al., 2010; Simons et al., 2013). For most adolescents in the present study, they lacked a path to understand or talk about their developing consciousness about being transgender. Reflecting on the time before disclosure, dyads began to connect adolescents' unrecognized or concealed gender identity to misunderstood health symptoms. The extent research on minority stress has found concealing a stigmatized identity was associated with psychological distress (Goldbach and Gibbs, 2015; Meyer, 2003; Testa et al., 2015). For two adolescents, C and G, dyads reflected to a time before disclosure and remembered adolescents to be suffering from health conditions. Both dyads had transgender girls who disclosed to their parents at the ages of 16 and 15 respectively, well after the onset of puberty. Adolescent G developed debilitating migraines in elementary school and Adolescent C developed debilitating stomach aches in high school. Despite medical interventions, their health conditions persisted until they disclosed their gender and/or sexual identity to their parents during adolescence. After they disclosed to their parents that they were transgender young

women, both adolescents remembered being supported by their parents and both dyads remembered immediate relief of these health symptoms.

Previous research on minority stress among transgender adults and LGB adults considers concealment of a stigmatized identity to be a proximal minority stress used as a method to protect against anticipated stigma or harassment (Testa et al., 2015), further underscoring the connection between conscious concealment and health (Meyer, 2003). A cross-sectional study using a national online sample of 1,093 transgender adults in 2003 found that transgender adults had high rates of psychological distress and somatization, which were found to be related to distal and proximal minority stress (Bockting, Miner, Romine, Hamilton & Coleman, 2013). A recent systematic review on the impact of hormone therapy for transgender adults found that compared to pre-hormone therapy at baseline, somatization significantly decreased at 6 month and 12 month follow-up, suggesting the importance of medical gender affirmation to reducing somatic impact (White Hughto & Reisner, 2016). The extant literature on somatization with transgender people are with adults (Bockting et al., 2013) and also study HIV and substance use (Lombardi, 2010). The present research points to the potential relationship between conscious and unconscious concealment and health, and the importance of parent support for gender identity disclosure in alleviating health symptoms during adolescence and before a medical transition.

Adolescents C and G in the sample were not conscious of or out as transgender to anyone upon the onset of their health symptoms. This may underscore two important aspects of minority stress on health for these two adolescents: (1) the potential connection between enduring internalized stigma or shame of feminine expression from early childhood and health; and (2) the potential connection between concealing the desire to be feminine before disclosure with

somatization. While I cannot attribute a causal relationship between disclosure and the relief of health symptoms, this evidence does point to the health benefit of disclosure and being supported by parents in that disclosure.

While somatization experienced among two adolescents in this study was resolved through disclosure and parent support, dyads, regardless of timing of adolescent gender identity disclosure, discussed the ways in which they experienced mental health symptoms from childhood through adolescence. Many adolescents in my study had mental health diagnoses, sometimes multiple, starting in childhood (Appendix F, Table 3). Most dyads attributed mental health changes and not necessarily elimination of mental health symptoms to disclosure to parents whereas identity salience and starting puberty blockers or gender affirming hormones was tied to positive mental health outcomes. Most dyads experienced an increase in anxiety and suicidality related to social stigma and body distress (understood and named by dyads as body dysphoria) and these symptoms became increasingly exacerbated for adolescents following disclosure and before their asserted gender affirmation journey.

Psychological distress was measured to further describe adolescents and their experiences. Specific to recent psychological distress, adolescents completed measures of depression symptoms, social anxiety, and past suicide attempt. I analyzed these among all 20 dyads and among dyads who came out in childhood and dyads who came out in adolescence. Overall, adolescents in the present study had depression scores indicating they were at moderate risk for depression and this level of risk was similar between adolescents who came out in childhood and adolescence. Comparatively, about 25% of adolescents over the age of 11 are thought to be at moderate risk for depression (Shaffer et al., 2000).

Overall, 55% of transgender adolescents in the present study had social anxiety scores higher than the clinical cut-off score of 50 for adolescents (LaGreca and Lopez, 1998) and higher than social anxiety scores for adolescents of the same age range who were diagnosed with social phobia (Ginsburg, LaGreca, & Silverman, 1997, 1999). Findings demonstrate that transgender adolescents who came out in early childhood (n=5) had median social anxiety scores considered within the normal range or lower for social anxiety (<50) (LaGreca & Lopez, 1998). This is also in-line with previous literature with pre-pubescent transgender children which suggested that parent support of a child's social transition prior to puberty mitigated psychological distress (Olson et al., 2016). This study found that pre-pubescent children supported early by their parents had depression scores similar to that of a matched cisgender sample and anxiety was only slightly higher, indicating that despite the stress of a social transition, parent support may be a critical buffer (Olson et al., 2016). In my study, among adolescents who disclosed in adolescence, 67% had scores higher than adolescents diagnosed with social phobia in previous studies (Ginsburg et al., 1997). Previous work with transgender adolescents found that between 9% and 31.4% had a social anxiety disorder (Busa, Janssen, & Lasksham, 2018; deVries, Doreleijers, Steensma, & Cohen-Kettenis, 2011) and 10% had social phobia (DeVries et al., 2011). According to the DSM-5, approximately 7% of adults and adolescents have a diagnosis of social phobia (APA, 2013).

Regarding suicidality, 45% (n=9) of adolescents reported a previous attempt. This is in line with the extant literature which found between 17% and 51% of transgender youth reported past suicide attempt (Peterson, Matthews, Copps-Smith, & Conard, 2017; Reisner et al., 2015; Toomey, Syvertsen, Shramko, 2018). Of the nine adolescents in my study who endorsed a previous suicide attempt, 8 were among adolescents who disclosed in adolescence. The extant

literature finds that minority stress (Clark et al., 2013; Goldbach and Gibbs, 2015; Kosciw, Greytak, Zongrone, Clark, & Truong, 2018; Testa et al., 2015; Meyer, 2003) contributes to psychological distress whereas parent support has an opportunity to ameliorate distress (Olson et al. 2016; Ryan et al., 2009, 2010; Riley et al., 2011; Simon et al., 2013). Previous research with LGB adolescents (Goldbach and Gibbs, 2015) and adults (Meyer, 2003), and transgender adults (Testa et al., 2015) suggest that proximal minority stress such as negative expectations and internalized homophobia/trans negativity as well as distal minority stress such as discrimination, victimization, rejection and additionally for transgender adults, non-affirmation (Testa et al., 2015) are related to psychological distress.

For many adolescents, dyadic narratives indicate that minority stress and parent support informed gender affirmation processes and potentially adolescent mental health. Similar to Kristina Olson's (2016) study, transgender adolescents in the present study who were affirmed and supported by their parents in early childhood had social anxiety scores that were only slightly above the expected norm for adolescents (LaGreca and Lopez, 1998). Related to Aim #2, findings indicate that parent support of the child's gender journey since early childhood provided time for dyads to develop strategies and connection to community and resources necessary to mitigate the deleterious impact of minority stress on adolescent mental health. Concomitantly, adolescents who came out in adolescence had social anxiety scores higher than adolescents diagnosed with social phobia (Ginsburg et al., 1997) and higher than the clinical cutoff for social anxiety (LaGreca and Lopez, 1998). Gender affirmation is not inherently stressful, but in most cases, demanded that children and adolescents confront discrimination, rejection, gender expression and identity regulation, non-affirmation, and negative expectations on their path to affirm their gender. High social anxiety scores and suicidality may speak to the

impact of adolescents' enduring exposure to minority stressors and the condensed timeline dyads have to mitigate body distress and affirm gender after adolescents disclose being transgender to their parents.

Previous research provides support for the understanding that gender, in fact, is not a choice (Olson-Kennedy, Cohen-Kettenis, Kreukels, Meyer-Bahlberg, Garofalo, Meyer, & Rosenthal, 2016). This understanding is what ultimately helped some parents accept their child as transgender and support their journey moving forward. Other motivators to support their child, mostly for parents of adolescents who disclosed in adolescence included: (1) fear for adolescent suicide and increasing dysphoria and distress symptoms; (2) minority stress; (3) and acceptance. For the 5 adolescents who disclosed in childhood, parents were often the ones who took notice and started affirming their child's persistent and consistent feminine expression and behavior.

For many trans adolescents, being seen and seeing oneself as their asserted gender was often related to parent support and minority stress. To inform the understanding of this gender cognition among transgender children, a recent study by Kristina Olson and colleagues (2016) examined differences and similarities on measures of gender identity and gender preferences between pre-pubescent transgender children and their matched cisgender peers. The study found that the two groups were indistinguishable on measures of gender identity and gender preferences indicating that transgender children understood themselves in the context of their asserted gender and demonstrated cohesion between their asserted gender and the designated gender of their cisgender peers (Olson et al., 2016). In the present study, the 5 adolescents who came out in childhood, primarily only ever saw themselves as girls, and in turn, their parents primarily only understood them in terms of being a girl.

Olson's study (2016) is informative for parents of younger transgender children who have had limited socialization experiences as their designated gender at birth. This study is important for understanding young children and subsequently, the depth of asserted gender connection and integration among these young children. On the other hand, adolescents who disclose to parents after puberty had experienced years of being socialized as their designated gender. Three adolescents in the present study were non-binary and transmasculine, thus it is unclear if and how measures of gender identity and preferences represent the complex identity and role experiences of adolescents who are non-binary. Adolescents in my study who disclosed and were affirmed in childhood often only ever saw themselves as a girl and had been primarily socialized and supported in that context. Adolescents who disclosed during their adolescence had been socialized within the context of their designated gender for years. While adolescents were finally able to assert their gender more openly and develop a more integrated and salient gender identity, they continued to confront years of being socialized and understood by the outside world, most notably their parents, as their designated gender.

Dyadic stress related to the parent-adolescent gender affirmation knowledge and readiness gap represented the impact of minority stress and parent support on gender affirmation after disclosure. This gap was prominent for adolescents who disclosed being transgender during adolescence. By the time adolescents disclosed to their parents, they knew their pronouns and expected parents to use their pronouns, they had an idea of their name, wanted to be socially affirmed in multiple domains of life, and were often ready to begin puberty blockers or hormones as part of their gender affirmation journey. Additionally, by the time adolescents disclosed their gender to their parents, they had already started puberty and most felt body distress connected to puberty and a body that was moving further away from their internal gender. At the same time,

while some parents may have suspected their child to be transgender, most were either surprised or were not emotionally, financially, or logistically prepared to start a social or medical affirmation process. At a time when many adolescents were experiencing worsening psychological distress connected to an urgency to affirm their gender, parents were pressing the pause button in an effort catch up.

For adolescents who disclosed during adolescence, many parents who initially supported them as LGB pre-disclosure, often wondered if their child's asserted gender identity was a phase post-disclosure. This experience of supporting adolescent's LGB identity and questioning an asserted trans identity was different for parents of children who came out in childhood versus adolescents. Similar to previous research with mothers of young transgender/gender variant children (Kuvalanka et al., 2014), my analysis suggested that parents of children who disclosed in childhood also initially assumed their child to be gay as well, and at the same time, these parents were the ones to quickly recognize and affirm their child as transgender. For these families, parents understood their child as their asserted gender and supported their affirmation process. On the other hand, for those who disclosed during adolescence, parents often questioned how their child knew they were transgender, which in turn, communicated to their children that support for being trans was markedly different. Parents asked questions such as "how do they know", understood their child's multiple disclosures as ambivalence, were balancing family cultural norms with their child's asserted gender, and for a few, conflated autism with perceived gender disconnection. As adolescent body dysphoria, anxiety, and in some cases, suicidal thoughts strengthened, adolescents were urgently and with much distress, negotiating their readiness for social affirmation and medical intervention. At the same time, parents were tasked with undoing years of their own gender socialization and disrupting their

identity as parents. Ultimately for many parents, their child's worsening distress was a motivating factor for parent support of their asserted gender affirmation processes. This points to the unique relationship between mental health, parent support, and minority stress (Appendix B: Figure C). While parent support can affirm their child's gender, mitigate minority stress, and in turn positively contribute to adolescent mental health, adolescent psychological distress can also motivate parents to support their child's gender affirmation. Thus, the factors contributing to adolescent gender affirmation appears to be both stress and child-centered; and these motivators may be uniquely related to timing of disclosure and the multiple social, environmental, and cultural influences in the lives of dyads.

Dyadic stress associated with the adolescent-parent gender affirmation knowledge and readiness gap was mitigated through parent support. According to Bodenmann's research (2005) on dyadic coping in intimate partner relationships, seeking external support can mitigate dyadic stress and improve relationship functioning. Within the context of our interviews, dyads with adolescents who disclosed being transgender in early childhood did not endorse a gender affirmation knowledge and readiness gap. Within these dyads, parents supported their child's gender identity early, thus dyads engaged in gender affirmation processes simultaneously. Dyads with adolescents who disclosed being transgender in adolescents commonly experienced this gender affirmation knowledge and readiness gap.

Olson's study with pre-pubescent transgender children underscores the deep connection children had with their asserted gender and the importance of early parental support for young children in being seen and accepted as their designated gender early (Olson et al., 2016). At the same time, when understanding the importance of this study for transgender adolescents who disclose after puberty, my study potentially speaks to two additional factors: (1) the influence of

socialized gender norms on both parent and adolescent identity development and parent support processes the longer children and adolescents are perceived as and socialized to be their designated gender; and (2) the role of adolescent psychological distress in parent support and gender affirmation. All adolescents in my study, regardless of whether they came out in childhood or adolescence, were ready and wanted to live their life openly as their asserted and true gender selves. Adolescents who were out and supported as transgender in childhood still experienced minority stress but were able to confront this as a family and with systems of care. Adolescents who disclosed after the onset of puberty were questioning their identity against the backdrop of intolerant social norms, were not affirmed, scrutinized, concealed their gender, experienced gender expression and identity regulation, and confronted internalized stigma for years prior to disclosure.

Adolescents and parents often united to fight for inclusion amidst cisgender expectations within diverse contexts – family, school, healthcare, and mental health care systems – theoretically designed to support adolescent's healthy development. During this time, and often with trans community support, dyads developed more explicit and concrete strategies of resistance to what Rahilly calls, the gender truth regime (Rahilly, 2014), such as interpersonal relationships, institutions, and social climates reproducing cisgender "truths". In response, dyads often became advocates within institutions and helped develop and implement policy and protocol to support inclusion and mitigate minority stress.

Schools. For many dyads, school was understood as one of the first dominant and often enduring social domains where adolescents understood expectations for socialized gender conformity and experienced transgender related minority stress. The narratives of adolescents and parents indicated that some schools were balancing transgender student inclusion and safety

with the needs of the larger cisgender student body. This pressure to manage cisgender student and family expectations and norms is pervasive and this pressure can motivate schools to compromise safety and inclusion of a smaller number of transgender students for the benefit of the dominant student body (Payne and Smith, 2014). Being a minority in a school system designed for the majority contributes to both distal and proximal minority stressors, which have been shown to be related to bullying, harassment, absenteeism, leaving school, feeling unsafe (Kosciw et al., 2017), and is related to psychological distress (Toomey et al., 2013). In the present study, children as young as pre-school and kindergarten clearly understood and internalized how they had to navigate elementary school systems at an early age and understood the pressures to conform to a gender expression aligned with their designated gender at birth before they were out or started their social affirmation. In the present study, adolescents who were known to be transgender girls during childhood, prior to social affirmation, performed a masculine expression and identity within elementary school to fit in and avoid social harassment and invalidation while they were expressing their feminine gender in the home.

Schools also represented spaces where students were supported, validated, connected with supportive LGBTQ peers and, in some cases, this was the first social domain of disclosure for transgender adolescents. Simultaneously, adolescents were acutely aware of the pressures toward cisgender and binary gender expression throughout their schooling history. Recent research using 2013 YRBS data from Los Angeles Unified High School District (LAUSD) students to understand school-related stress among socially assigned gender non-conforming and socially assigned gender conforming students found that socially assigned gender non-conforming students experienced more bullying and missed days due to school safety concerns compared to socially assigned gender conforming students (Klemmer, Rusow, Goldbach, Kattari,

& Rice, 2019). This study speaks to the importance of not only identity but stigma and harassment directed towards adolescents' gender expression and socially perceived identity more broadly.

Following disclosure to parents, adolescents wanted to be known, seen, and referred to as their asserted gender in school. Some students had to make decisions regarding disclosure within their current school system, while others decided to wait to change schools before asserting their affirmed gender openly in school. For those who chose to disclose within their current school, families often had to negotiate those disclosures within schools that lacked availability of inclusive and supportive practices and policies. While some schools allowed trans students to lead in how they wanted to disclose, other schools took the lead in navigating those decisions for families.

Transgender adolescents in the present study who had autonomy in how their disclosure process would happen and whose parents supported or advocated for a safe gender affirmation process within school had control over how and what was disclosed within or by the school. Additionally, these schools demonstrated their solidarity with transgender students and parents as an institution thus likely embracing and communicating to the larger student body a climate of social acceptance, support, and inclusion. Previous research demonstrates that having a teacher within the school environment who supports trans students in their affirmation processes promotes trans student resiliency (Singh et al., 2014). While adolescents who experienced institutional and parent support still reported individual instances of teacher non-affirmation or peer harassment, the supportive policies, and protocols at the school for transgender students provided a needed safety net and social climate of support (Kosciw et al., 2018).

Within the present study, school support varied widely from no perceived support to full institutionally driven support. Schools that provided support often had policies or changed policy to support transgender student inclusion and safety. While a few schools had already implemented policies to support transgender students, many adolescents, along with their parents, were the ones who helped create those policy changes and practices to support transgender inclusion. Recent research on interactions between schools and parents of transgender students, underscored many useful strategies schools used to support transgender student safety and inclusion. These strategies, which were often endorsed by families included: (1) implementing gender and transgender inclusive policies; (2) participating in professional development related to gender and transgender support and inclusion; (3) ally training; (4) including LGBTQ history and issues into class-based learning curriculum; (5) involved trans parents in school policy; and (6) supported teacher led initiatives to enhance school climate around racial and gender diversity (Baldwin, 2015; Payne and Smith, 2014; Toomey, McGuire, and Russell, 2012). Furthermore, extant research finds that within schools that develop and implement policies for transgender support, inclusion and safety, teachers are more likely to intervene against transgender-based bullying and harassment compared to teachers in schools without such policies and protocols (Baldwin, 2015; Payne and Smith, 2014).

Parents often spent time working with schools to ensure their child was supported and safe within the school system. Stemming from adolescent and parent narratives, this included the following: (1) Ensuring a student's asserted name and pronouns were recorded in school's administrative system, including attendance; (2) school meetings between faculty and parents of transgender students; (3) engaging community-based transgender experts to train school staff on developing and implementing inclusion policies to support transgender students; (4) engaging

transgender students and parents in decisions regarding disclosure process (if any) and access to bathroom and locker room facilities; (5) identifying supportive faculty within the school as a safe point of contact for students who experienced bullying or discrimination; and (6) ensuring confidentiality – disclosure with faculty would only happen on a need-to-know basis within the school.

On the other end of the spectrum, many dyads reported that their schools lacked institutionally driven policies to support transgender student inclusion and acceptance. The Gay Lesbian and Straight Education Network's (GLSEN) National Climate Survey included results from 23,001 LGBT students, 25% of whom identified as transgender (including those who identify as male, female, nonbinary, and unspecified) (Kosciw et al., 2018). Findings indicate that negative comments directed towards transgender and LGB students went down consistently from 2001 to 2015 among students, but that rate went up in 2017 regarding school administrator and staff comments about LGBT students. Additively, more students have felt empowered to report experiences of harassment in school but schools and staff addressing complaints have declined indicating that despite more schools with policies, staff may lack professional development to both know their school policy and how to implement and respond (Kosciw et al., 2018). This potentially points to the relationship between increased exposure to stressors such as harassment and a worsening hostile social climate faced by transgender adolescents and directed at the larger transgender community both locally and nationally beyond that of their LGB peers.

Dyadic narratives indicated that many families changed schools multiple times, adolescents were home schooled or enrolled in therapeutic alternative schools due to psychological distress, bullying, and/or absence of policy or procedures to protect transgender students and ensure their access to school-based facilities and resources. When Adolescent B

and her mom planned to disclose to the elementary school, the school system did not have a policy in place to support disclosure. The dyad reported that the school's plan was developed to support cisgender families, mitigate families' negative reactions, and address questions from cisgender families. This dyad reported an absence of policy to empower the dyad's disclosure process or keep the child safe from persistent bullying and harassment following her disclosure within her elementary school. Despite having full parent support and despite parent advocacy, Adolescent B disclosed being suicidal (without an attempt) and directly linked her suicidal thoughts to school bullying, harassment, and negative school climate. Adolescent G and her mother reported that in the absence of school-based protocols and resources to ensure trans student protection against peer-based bullying and harassment, her school suggested that mom home-school Adolescent G as a method to support her education. While mom expressed concerns about the lack of socialization and educational opportunities within a home school program, she relented to keep her child safe. These experiences are in line with a recent study exploring interactions between parents of transgender adolescents and their child's schools, which found that these parents were either pushed into homeschooling their child, regardless of fit with the family's life or chose to remove their child from a brick and mortar school and into homeschool or an alternative school in an effort to provide protection from school-based marginalization and oppression (Baldwin, 2015).

Mental health care. Dyads in the present study discussed experiences specific to outpatient mental health care, gender specific therapy, psychiatric inpatient units, and intensive outpatient therapy. A study on access to care among transgender youth found that not knowing where to go and lacking available services in their community were barriers to mental health care (Clark, Veale, Greyson, and Saewyc, 2018). According to adolescent and parent narratives,

finding integrative care to address multiple sources of psychological distress and gender-specific stress often meant finding and engaging in more than one mental health care system to support complex stressors, mental health symptoms, and diagnoses.

Dyad's narratives revealed a couple salient experiences related to minority stressors faced by the dyad within adolescent mental health care. First, families faced barriers related to accessing integrated mental health care. Dyads reported that outpatient mental health therapists and in-patient hospital settings did not commonly integrate transgender related stress management and support into their treatment and/or clinicians were perceived as having poor trans literacy. Recent research on access to mental health care among transgender youth found that previous negative experiences were barriers to accessing mental health care (Clark, et al., 2018). Regarding inpatient mental health care, while the goal of these settings is to stabilize and prepare patients for a lower level of care, families reported that hospitals often did not integrate gender therapy into their treatment or discharge planning. This is noteworthy, especially since trans adolescents' experiences with minority stress and related body distress were common triggers for more extreme emotional distress and suicidality leading up to a hospitalization. Similarly, upon their child having a psychiatric emergency, families were balancing a psychiatric crisis with the stress related to their child being admitted to a psychiatric hospital with low trans competency and perceived to be unequipped to support complex needs of transgender adolescents.

Adolescents often distinguished gender therapists/outpatient mental health therapists who were gender-knowledgeable and affirming, and often transgender themselves from therapists who had poor trans-literacy, were not transgender, or were understood as gatekeepers to trans affirming medical interventions. Many adolescents saw a gender therapist who was also

transgender and reported that this shared identity helped adolescents connect more deeply with their therapist and helped families navigate minority stressors and develop affirming trans and gender identity narratives. Adolescent K distinguished between a past therapist who was not perceived as knowledgeable and a more recent therapist who was knowledgeable and identified as transgender. When asked about the difference between the two, Adolescent K stated, "Mostly just like I know with certainty that they [transgender identified therapist] have at least some degree of understanding of what I am going through". Other prominent mental health care experiences discussed by dyads were related to the intersection of mental health and transgender centered health care.

Transgender centered health care. In a study with 4,049 transgender adults from the National Transgender Discrimination Survey (NTDS), researchers examined access to care for transgender and gender non-conforming individuals and found that roughly 50% delayed accessing care when sick due to discrimination or financial barriers (Cruz, 2014) compared to a 20% national average (Cunningham and Felland, 2008 within Cruz, 2014). Another study on access to transgender-specific care for transgender youth ages 14-22 found shared barriers for both youth and adults as well as youth specific barriers (Gridley et al., 2016). In line with extant research (Gridley et al., 2016; Reisner et al., 2015; Schultz, 2018) dyadic narratives revealed barriers related to poor access to puberty blockers, institutionalized gatekeeping practices, and geographic isolation. In line with the extant research, I use the following understanding of gatekeeping: "where the locus of power lies with practitioners to make treatment decisions on behalf of transgender clients, often based on assumptions about gender that do not always apply to the lived experience of transgender persons" (Schultz, 2018, pg. 73). Additionally, based on adolescent and parent narratives, I also understand gatekeeping to include barriers related to

suicidality or levels of distress that cause practitioners to question adolescent emotional readiness for care.

Dyadic analysis of narratives indicated that dyads navigated adolescent gender affirmation processes within social institutions and systems that never provided a "roadmap" for them to follow. In relation to gender affirmation, adolescent psychological distress was often a motivating factor for parents to support their child's gender affirmation journey. Likewise, adolescent psychological distress also impeded adolescents' asserted gender affirmation processes in terms of gatekeeping. Gatekeeping models of care often act as a barrier to medical transition if an adolescent is perceived to not experience enough gender dysphoria (Schultz, 2018) or based on the present study's interviews, is perceived to experience exacerbated psychological distress symptoms such as suicidality impacting perceived readiness for care. These barriers lead to worsening psychological distress. On the other hand, parents who recognized their child's exacerbated distress, who understood their child to be suicidal and related this to minority stress and body distress, became motivated to support each step of their child's gender affirmation process and were allies within systems of care. Adolescent's A's mom stated: "I just want a living happy child. And you know I would rather have a <u>happy living</u> [Adolescent A] than a <u>dead</u> [Child's birth name] any day. You know, that has been the most for me, that is has been my motto for every next step." For many families, adolescent psychological distress shrank the readiness gap within a dyad, even as parents continued to question those steps. Based the narrative analysis, from the perspectives of dyads, I understood there to be two primary schools of thought within different transgender healthcare systems regarding adolescent distress: (1) psychological distress was understood as either a symptom of gender-related

stressors, thus facilitated transition, or (2) distress was understood as a lack of emotional readiness or clarity, thus served as a barrier.

Dyads differentiated mental health therapy/gender therapy that affirmed and supported adolescents as their true gender selves from therapy within a gatekeeping model. Recent research demonstrates the potential harm of gatekeeping within the therapeutic relationship as a model of gender-specific therapy (Schultz, 2018; Singh and Burnes, 2010). Gatekeeping models are commonly perceived as a barrier to developing a trusting therapeutic relationship which supports and empowers transgender individuals to understand their true gender selves and safely confront minority stressors and structural stigma that impact wellbeing (Schultz, 2018; Singh and Burnes, 2020). Gatekeeping models can prevent adolescents and parents from healing from and understanding important parts of their life history such as abuse, intolerant social climate, family culture and expectations, or non-binary identity. Based on my narrative analysis, adolescents who had knowledgeable, affirming, and supportive mental health therapists and gender therapists were able to explore their identity and life experiences without judgment. Concomitantly, adolescents reported being attuned to gatekeeping models of gender therapy and healthcare, often seeing this type of therapist as and according to Adolescent D, “just the person that write the letters”. Recent research echoes the experiences of dyads in the present study with findings indicating that removing the gatekeeping model, can improve the therapeutic alliance, help families develop a positive gender narrative, and integrate informed consent for care with personal empowerment (Schultz, 2018).

In line with access barriers to integrative mental health/gender health care, research on geographic and social isolation for transgender persons is limited but available studies on support for transgender and LGBT adults in rural settings found that geographically isolated

communities do not have feasible access to resources of support and often contain invisible LGBT community members (Oswald and Culton, 2003) which in turn force transgender individuals to rely on family or accrue economic hardship traveling to connect with transgender community (Walinsky and Whitcomb, 2010). For some dyads in my research, school counselors connected parents to knowledgeable gender affirming mental health providers and LGBT family support groups like PFLAG. For more geographically isolated families and even for families just outside of transgender resource rich environments, they didn't have immediate access to knowledgeable health professionals, transgender peers, or transgender parent role-models in their immediate community or culture. For some dyads, the nearest support group or medical provider was hours away from their neighborhood. When Adolescent G came out as transgender, her mom looked up support groups in their community and found that their community was a desert for transgender supportive services and care. "When he started telling me stuff, I started looking up support groups for like me or for him and programs and there was none. It was just overwhelming because, even though [Partner's name] was so supportive, I still wanted someone to relate to me" For another family their HMO required them to obtain a diagnosis of gender dysphoria before accessing transgender specific care and at the same time, this family, who was geographically isolated from a major metropolitan city, came across barriers to finding an adolescent transgender health provider. Poor access to competent health and mental health providers who are close in proximity (Oswald and Culton, 2003), are knowledgeable about and can competently address specific community barriers, and who have been trained and are equipped to support and treat transgender people represents structural stigma for trans community (Cruz, 2014).

Related to health/mental health care and in the context of Aim #2, this study's conceptual model demonstrates a preliminary understanding of complex relationships between gender identity development and affirmation, parent support, minority stress, and mental health (Figure C). Adolescent distress is impacted by non-affirmation and discrimination (Schultz, 2018), and at the same time, this distress is scrutinized within gatekeeping practices that evaluate distress within the lens DSM-5 diagnostic criteria of gender dysphoria (APA, 2013), and use this to determine eligibility for medical care (Schultz, 2018). Gatekeeping models further exacerbate dyadic distress as they arbitrate the criteria of a transgender truth. This distress which was exacerbated by increased minority stress placed adolescents at risk for suicidality which then raised a red flag for providers now questioning adolescent readiness. This distress further motivated parents to support their child's gender affirmation and mitigate barriers to care.

Theme 4: Embracing ambiguous loss, identity, and hope

Through the dyad's stories and my analysis, I understood that dyads with adolescents who disclosed during adolescence experienced ambiguous loss. In line with previous research, parents and children who disclosed in childhood were less likely to experience ambiguous loss because they were less likely to have internalized norms associated with a child's designated gender, especially as they moved into adolescence (McGuire et al., 2016; Mahan, Lacey, and Hoelscher, 2017). Parents who experienced ambiguous loss typically had two distress processes attached to ambiguous loss. One which began after disclosure and before parental consent for gender affirming medical interventions. The other felt prominent after adolescents began their gender affirming medical interventions.

Similar to previous work in the area of ambiguous loss in transgender families (McGuire et al. 2016), ambiguous loss for dyads in the present study was tied to parents' perceived

emotional loss connected to their child's gender identity, parental loss of their own parent-identity, and imagined future relationship with their child. Ambiguous loss is ambiguous because it is understood as an unclear loss (McGuire et al., 2016). Parents of adolescents who disclosed in childhood didn't discuss ideas of loss or grief, likely because parents predominantly saw their child as their affirmed gender since childhood (Riley et al., 2011) and saw themselves as a parent of a girl very early in their parenthood. Experiences of ambiguous loss were more common for parents who understood their child to be transgender starting in adolescence. Many of these parents described a deep sense of loss connected to an idea of their child, their own parent identity, and their relationship with their child. On the other hand and similar to previous research (McGuire et al., 2016, 2017), all parents were also embracing a new vision and hope for their child's future, centered by their child's affirmed identity and building new memories of shared experiences.

Research finds that supporting gender affirmation diminishes the noise of gender in adolescents' lives and allows them to focus on other social, educational, and future oriented tasks (Kreukels & Cohen-Kettenis, 2011; Rafferty, 2018). On the other hand, my research suggests that for some parents, gender affirmation makes ambiguous loss more prominent. Through this affirmation process, parents commonly experienced ambiguous loss tied to lingering ideas of their child and their own identity as a parent while they were connecting to who they saw their child to be. Previous research also finds that transgender people experience their own ambiguous loss, not necessarily related to identity but connected to fear of or actual parent rejection and related to perceived relationship change with parents (McGuire et al., 2016). My work adds to McGuire's work by demonstrating unique experiences based on disclosure timing. Specifically, adolescents who disclosed in adolescence experienced more identity and relational

ambiguity, which not only contributed to dyadic stress but likely adolescent mental health. Ambiguous loss impacted dyads in multiple and often complex ways. Adolescent ambiguous loss represented the following processes both before and after disclosure: (1) adolescent's negative expectations regarding parental rejection and the impact on disclosure processes and/or disclosure delays; and (2) actual parent rejection post-disclosure and related parent support, gender affirmation, and adolescent psychological distress. For parents, ambiguous loss started post-disclosure and represented (1) perceived loss of or changed relationship with a child; (2) perceived loss related to parent identity; and (3) perceived loss of plans for a child's future.

For dyads, gender affirmation and adolescent body dysphoria represented complex dyadic stress experiences related to ambiguous loss and minority stress for the dyad. On one hand, dyadic narratives suggest that adolescent's body dysphoria and related suicidality may be exacerbated by non-affirmation and internalized stigma. For some families, stress related to increasing body dysphoria and psychological distress then crossed over to parents who then supported their child's gender affirmation in an effort to mitigate distress and affirm their child's gender, despite questioning this step and feeling unprepared (Riley et al., 2011). Contrary to previous research on cross-over stress which suggests that stress which crosses over from one member to another leads to relationship strain (Gamarel et al., 2014), I found that for trans families who are making decisions for gender affirmation (such as hormones and puberty blockers), cross-over stress may also facilitate support and ultimately lead to important gains within this dyadic relationship. At the same time, this distress was a deleterious backdoor to adolescent gender affirmation and speaks to the level of distress many adolescents had to absorb in order to be affirmed.

As dyads were navigating adolescent distress and ambiguous loss, they commonly experienced minority stress tied an adolescent-parent knowledge and readiness gap which was related to disparity between adolescent's desire to be affirmed and be stealth and parents' continued questions regarding a medical journey and negative expectations related to adolescent concealment of their trans experience moving forward. Stealth is understood as "those not disclosing their transgender history to anyone" (White Hughto et al., 2015, pg. 8). Through adolescent narratives, stealth was also understood by adolescents in the present study as: identifying and wanting to only be seen, understood, or known as their asserted gender. This often meant not disclosing that they were transgender, concealing their gender history, and reclaiming and/or rewriting the narrative of that history. At the same time, adolescents often had to navigate specific contexts (healthcare and in some school contexts) where they had to confront and disclose being transgender. Stemming from the narratives, as adolescents were on a path to being stealth, they simultaneously experienced body dysphoria which was a constant reminder of their trans experience and designated gender. On one hand, being stealth can be understood through the lens of dysphoria or minority stress if adolescents experience hiding an important aspect of their lived experience and identity development related to fear of rejection, internalized stigma, or fear of physical and emotional harassment. According to White-Hughto and colleagues (2015) being stealth meant hiding a core aspect of one's lived experience which in turn can lead to extreme stress related to being found out and making decisions as to when and to whom to disclose. As parents were trying to support their child in their true gender selves, they simultaneously expressed fear related to social consequences of concealment such as being found out and barriers to building intimate relationships. Stealth for many adolescents represented their autonomy to be themselves and break free from the boundaries of an incorrect designated

gender. However, as exemplified through the minority stress and affirmation model (Figure C), being stealth in the context of a gender identity or gender affirmation process is not in of itself a stressor that leads to poor mental health outcomes. I understood the stress of being stealth as stemming from minority stressors in their social environment, such that without these stressors, being stealth would be a positive and affirming aspect within the adolescent's life.

Other research differentiated stealth from language historically used in LGBQ narratives related to being closeted (Zimman, 2009). Zimman (2009) who is transgender and a linguistics researcher sees stealth as a conscious decision to not disclose trans experiences post-disclosure whereas being closeted was connected to shame or consciously hiding identity pre-disclosure as a form of protection or to avoid harassment and scrutiny. For many adolescents, being stealth was seen as a way to reclaim asserted identity and at the same time, not share their trans experience (Zimman, 2009). In this context, the use of stealth can be understood within the lens of empowerment as adolescents begin to resist cisgender expectations and socialized gender norms, in part, by reclaiming their identity and rewriting their history (White-Hughto et al. 2015; Zimman, 2009). Adolescents in the present study were reclaiming and redefining their identity and in line with Zimman's research (2009) were making a conscious choice not to disclose their transgender experience. While parents supported their child's reclaimed identity and disclosure process, many parents simultaneously looked to the future and expressed concern for their child's ability to develop intimate and close relationships while simultaneously hiding a core aspect of their lived experience. For adolescents who affirmed their gender in early childhood, many did not have a conscious memory of seeing themselves as a boy. For these adolescents, the majority of their lived experiences have been organized around being affirmed as girls, yet as they aged into adolescence, they, like their transgender peers who disclosed after puberty, still

face enduring decisions around disclosure within a world socially constructed around being cisgender.

For dyads, minority stress was driving stress and distress related to being stealth in terms of concealing a stigmatized aspect of their identity and lived experience; on the other hand, being stealth also represented how adolescents empowered themselves to reclaim their identity and confront cisgender norms which socially defined how they were previously understood. For many, being understood and affirmed as their asserted gender enhanced social affirmation and minimized rejection. Some adolescents wanted to be seen and affirmed as their asserted gender and at the same time, saw themselves as trans advocates for other transgender or questioning young people. For those who are open about being transgender, their stories around coming out and gender affirmation are critical to help connect others, develop their trans awareness and identity, develop trans literacy, and feel validated within the context of their own experiences (Zimman, 2009).

Parents felt isolated within their own families and communities as they were trying to understand and navigate their child's gender identity development and gender affirmation alongside their child. Similar to recent research with parents of transgender children (Hildago and Chen, 2019), parents in the present study struggled with how to disclose and talk about their child to relatives, friends, co-workers, and acquaintances. Walking a line between disclosure, privacy, and respecting their child as their affirmed self was a process many parents navigated in their personal lives (Hildago and Chen, 2019). Transgender family support group is understood by parents as an important and often critical space to connect with other parents of transgender children, gain knowledge and support, and connect their children to other transgender peers (Riley et al., 2013). Most dyads in the present study had previously attended or were currently

attending a monthly parent and/or adolescent support group facilitated by peers who were further along their gender journey as parents or as adolescents. Seeking emotional support to minimize isolation, finding others who can relate to their experiences, and finding answers to complex questions is at the core of seeking emotional support, particularly from other transgender peers (Riley, Clemson, Sitharthan, & Diamond 2013).

Adolescents who were connected to transgender peers were able to gain trans-literacy related to identity, relationships, sexuality, identity labels, navigate minority stressors, and building community both before and after disclosure. By relating to others either online, through support groups, or within their peer friendships, trans adolescents began to develop a clearer sense of self. Parents in the present study didn't connect to transgender support groups until after their child disclosed that they were transgender. By listening to the stories of other group members, parents began to connect with their child, developed trans literacy, gained access to resources, and learned how to support their child's gender journey across adolescents' social domains. For parents, attending these support groups began to close the adolescent-parent gender affirmation knowledge and readiness gap. Riley and colleagues' study (2013) with transgender adults indicated that lack of parent's knowledge and awareness about gender diversity not only contributed to adolescent minority stressors but also hindered parent's acceptance and support. As Meadow's (2011) research with parents of gender variant and transgender children suggests, institutionalized knowledge informed the ways gender identity and development is regulated and at the same time, these fields, including sociology, also informed parents' knowledge regarding the complexity of gender. While dyads didn't explicitly discuss the historical impact of institutionalized gender-based knowledge production, they did discuss how support groups and trans medical providers helped to disrupt cisgender dominated knowledge about gender. Dyadic

narratives are in line with what Meadow's suggests: various forms of knowledge and discourse helped parents construct alternative ideas of their child's gender expression and helped parents to co-create with their child a new shared reality of their child's gender (Meadow, 2011). Through support groups, parents reported that their experiences were normalized and for the first time, had access to a roadmap about how to provide support and adjust to their own emerging identity as a parent of a transgender child.

Support groups are a personal process, and it didn't feel right for everyone. While transgender family support groups often connected members who could relate to one another, some parents and adolescents felt isolated, unable to relate, and alone within the group. External to support groups, most adolescents had an online community or developed connections with LGB and cisgender allies in their own communities. For parents and similar to previous research, support group was their primary or sole space of connecting to similar others (Hildago and Chen, 2019; Riley et al., 2011). Most parents found solace through this shared space of support. Parents who were contemplating their child starting their gender journey, who questioned trans specific medical care, and who were adjusting with their own feelings of ambiguous loss, grief, and internalized stigma felt disconnected from other parents in the group who were perceived as further along in their gender journey. Often, parents hid their distress and fears from their child and within support groups while simultaneously and openly becoming super advocates of their child within community. Support groups for parents may speak to the essential role of these supportive spaces in connecting both new and experienced parents who can relate to one another, share knowledge and resources, and provide support. At the same time, parents who are struggling with their own acceptance, grief, loss, and minority stress during a time when they are

actively supporting their child's every next step, may need individual therapy with a transgender knowledgeable provider to address more personal emotional experiences.

Dyadically, while some parents continued to grieve or feel unsure, at the end of the interviews, all parents discussed wanting their child to be happy, to feel secure, develop intimate relationships, and build a life for themselves for the future. Parents also looked up to their own children and felt their experiences parenting a transgender child was transformative. Adolescent P and G's moms expressed gratitude for their process as parents and reaffirmed the importance of their support for their child: "I'm just grateful that we had the experience we had and that he is doing so good. That means a lot. That is the most affirming thing for us as parents, is to see him happy and so, that's the bottom line" (Parent P); "I'm definitely more compassionate, she's done that for me. I honestly just go through life so differently now " (Parent G). As adolescents in the present study were reclaiming their own identity and sometimes looking to the future with some uncertainty, all the adolescents discussed their dreams and hope for the future. Adolescent C, K & G expressed their hopes and dreams for the future: "I am hoping I can be more and more a part of the LGBT community and do as much as I can to teach and validate and be a good role model and explore my own desires and goals as a transwoman" (Adolescent C); "You know, I want to change the world for the better" (Adolescent K); and "I've gotten so many DM's basically about them coming to terms with themselves. Like they will text me about "*oh, you gave me inspiration to tell everyone that I am bisexual. You gave me the inspiration to tell my parents that I am trans*"...it feels like I should keep doing what I am doing" (Adolescent G).

Limitations

The findings from the present study must be interpreted in light of limitations related to study design, sampling, interview approach, survey design, and the interviewer stance. These

limitations represent areas of growth for future studies, which will be discussed in the context of future directions of research.

Limitations to study design

The retrospective qualitative approach demanded that adolescents and parents reflect on and recall memories all the way back to early childhood. I used a qualitative Life History Calendar approach for the interviews which used more prominent and memorable events to aid in the recall and relational timing of other less prominent events (Freedman et al., 1988). However, past experiences are framed from the perspective of the present which likely skewed how events were remembered or understood. Additionally, interviewers asked dyads to reflect on sensitive experiences related to adolescent identity and affirmation as well as parent support and acceptance. The interview method may have increased the risk for social desirability bias if participants believed their responses would be perceived in a negative light. Consequently, dyads may have withheld or masked those experiences to protect against perceived interviewer judgement.

The interviewers and I conducted 16 interviews in family homes and 4 interviews at the research offices. Families had the opportunity to choose where they wanted to complete the interviews. Within the screening procedures, I asked each dyad if they had two separate private spaces for each of the interviews. I also asked if other family members would be home during the interviews and suggested the importance of having quiet or private spaces for interviews with few distractions. However, I could not control how each family understood separate and private. Additionally, the interviews lasted anywhere from 90 minutes to 3 hours, so to ask other family members to be out of the home for that length of time was also not feasible for all families. I provided two confidential and quiet spaces for each interview within our research offices. When

we (interview team) completed interviews in homes, we were often in less private spaces such as kitchens, living rooms, shared bedrooms, and garages. While some family members who were not being interviewed left the home during interviews, others remained in the home. The interviews focused on sensitive and private experiences related to different types of stigma and stress about being transgender or being a parent of a transgender child, adolescent mental health, and suicidality. Interviewers were clear about risks to confidentiality and privacy during pre-interview screening as well as during the consent/assent process for in-home interviews as we could not guarantee that others outside the interview would not overhear aspects of each interview.

The quantitative survey focused on describing the participants in terms of demographics, schooling, and adolescent social anxiety, depressive symptoms, and suicidality. Results were used not to make claims but to understand and describe adolescents in addition to their life history narratives. For this small sample, quantitative results must be understood in the context of qualitative findings which gives more depth of understanding and meaning to the quantitative results.

These results may have been unknowingly influenced by confirmation bias by prioritizing responses that confirmed my hunches. To minimize this risk, I used multiple perspectives from the research team to understand dyadic analysis. I also reviewed my findings with community members who work for transgender specific providers. I originally planned to engage in member checking process (Creswell, 2013) with members of the transgender support group and planned to hold a focus group with parents and adolescents to get feedback. This method mitigates researcher bias. However, due to barriers related to the Covid-19 pandemic, I had to be mindful of the limited time and space families had to connect during this historic

moment. I am currently working with transgender community providers to determine alternative ways to mindfully and sensitively bring results back to community for feedback.

Sampling Limitations

My research risks framing early gender development within the context of a white middle class lens. I recruited families from transgender family support groups, a Southern California LGBTQ center, and an adolescent transgender specific health care clinic. My sample was limited to adolescents between the ages of 12 and 17 who were within their first 12 months of starting puberty blockers and/or gender affirming hormones, thus parents had already taken important steps to support their child's gender affirmation. These results represent the experiences of families who had awareness and were ready and logistically and financially able to support their child's social affirmation and medical gender affirmation/transition. I also recruited families within a specific geographic region on the West Coast of the United States, a region considered to have more trans-affirming resources and be a more accepting social climate for transgender people than many regions of the United States. Thus, these findings must be considered within the context of this narrow sample of families who had access to transgender affirming health care and whose barriers to care ultimately did not exceed access to receiving that care. However, the geographic region I recruited from was large, spanning across two counties and included many smaller geographically isolated areas lacking transgender medical care, supportive resources, and trans communities. Certain demographic areas within the larger recruitment region represented more trans-intolerant social climates.

My sample was predominantly white (60%) and most adolescents identified as transmasculine (60%), three of whom were non-binary transmasculine. The findings of this study will not be representative of all transgender youth and their families. Due to the purposive

sampling strategy and small sample size, I can only discuss any findings in relation to these adolescents or dyads with similarities regarding parent support and engagement in transgender care, community, and with demographic characteristics. According to a physician at an adolescent transgender healthcare clinic, which was also one of the sites adolescents in my sample received care, Black, Latinx, Asian and Pacific Islander, and Native American families were under-represented within child and adolescent-specific transgender care and subsequently my sample. I tracked demographic characteristics of all study participants and purposely attempted to recruit families who were underrepresented based on race/ethnicity to ensure diversity of the study sample. However, transgender specific care has been largely inaccessible to the broader community of transgender adolescents due to structural stigma related to resource deprivation across neighborhoods, social climate of intolerance, institutional barriers to care, and family support.

I gave adolescents and parents the choice regarding which parent (if a two-parent household) would interview with the adolescent. Consequently, 16 out of 20 parent interviewees were cisgender mothers. Parents who self-selected into the study were those who were highly involved in their child's asserted gender affirmation process. Thus, results regarding parent perspectives were skewed to parents who were supportive and knowledgeable of their child's gender affirmation process. To limit contamination from one participant to the other, two interviewers (myself and another MSW-level trained interviewer) interviewed each member of the dyad separately and simultaneously. Two of the twenty parent-adolescent dyads were unable to interview simultaneously and I subsequently each dyad within those family interviews at different times. For these two families, I informed them of the importance of not priming the

other participant regarding the interview and survey questions and responses, noting benefits and challenges associated with consecutive interviews such as contamination.

Interviewer positionality

Given that I recruited from transgender adolescent and family specific community resources, my research ran the risk of being influenced by interviewer identity and involvement with my recruitment sites. Families were aware that I had worked with specific family support and transgender adolescent health care providers to gain access to the sample. I made every effort to ensure families of the confidential nature of this study, informed participants that their data would be de-identified and that we would not disclose information regarding who participated in my study. The interviews were audio-recorded and I ensured families that the research team, which included myself and the interviewers, were the only people who would have access to the audio-file.

I am a white, highly educated cisgender woman who is also a parent. Multiple interviewers aided in the initial development of the codebook and initial analysis of a small subset of interviews. While my lens informed how I understood the interviews, qualitative research experts use audit trails to provide transparency to research methods (Creswell, 2013). To do this, I documented each step of the interview process, kept detailed field notes, maintained secure storage of transcribed interviews, and analytic memos. Per my NRSA F31 training grant (#5F31HD091981), I regularly met with my research consultants to ensure analytic rigor and transparency, review the dyadic analysis process and thematic findings, and discuss applicability with theoretical and substantive knowledge.

Implications for Practice, Policy, and Research

Despite limitations of this research, the findings contribute to ongoing work related to transgender adolescent health, mental health, and family health. I will discuss the contributions that these findings have for policy, practice and research related to gender affirmation, parent support processes and minority stress across schools, health and mental health care and family systems. Dyadic narratives demonstrate the diversity and breadth of experiences among a small specific group of transgender adolescents and parents. These implications are meant to honor those differences and address common threads. Additionally, while it is beyond the scope of this dissertation, the hope is that one day, gender diverse and transgender children/adolescents and their parents will represent and see their narratives reflected in mainstream community, school curriculum, and parenting literature. One assumption imbedded in these recommendations is that transgender young people and parents commonly carry the chronic burden of coping to ensure adolescent safety, inclusion, and dignity within systems of support (schools, health, and mental health care). These implications are meant to hold systems accountable for developing structurally situated policies and practices to alleviate this burden and ensure the dignity, health, safety, and promise of young transgender people.

Implications for policy and practice

Finding from the present study point to implications for dyads within social domains such as schools, health/mental health care settings and within families to address minority stress, parent support and adolescent asserted gender affirmation.

Schools. Many adolescents were in a variety of educational programs and schools implicitly and explicitly dominated by cisgender norms. Policies should support families with students who are known to be transgender, those who are gender diverse, stealth, or questioning. Policies supporting inclusion and eliminating systemic oppression in the school system should do

so in the context of transgender student safety, empowerment, and inclusion. I believe that policies that uphold values of inclusion and social justice should go beyond student safety and using correct names and pronouns as these practices are perhaps the most basic principles of support and recognition. Within the present study, 5 adolescents interviewed were home-schooled and two were in out of state therapeutic schools. These families either chose or were compelled to leave brick and mortar school systems that either could not or did not create an environment of safety and inclusion for their children. Schools have an opportunity to develop inclusive environments to support gender diversity of all students from elementary through high school and ensure equitable and safe access to these learning environments.

One important strategy to ensure the needs of transgender students and parents are met is to include transgender community experts and supportive parents in decisions regarding transgender inclusive school policies and practices (Baldwin, 2015; Payne and Smith, 2014). In the same light, schools should avoid placing the burden on transgender adolescents and parents to be the experts of all transgender students. However, giving transgender students and parents autonomy to determine what feels safe for them specifically, was perceived by dyads in the present study as supportive and inclusive. Involvement of transgender community experts, either online or in-person relieves the burden from schools and families to reinvent the wheel when it comes to developing and implementing transgender inclusive policies.

Regarding disclosure, families in the present study reported that schools widely varied in how they supported transgender adolescents in their disclosure process. My findings demonstrated that many students did not want to be known as transgender and wanted to be "stealth". Thus, school policy should encourage confidentiality and provide students and parents autonomy to share whether the adolescent is transgender on an as-needed basis. Transgender

adolescents, potentially parents, and transgender experts can work with schools to develop policy regarding who if anyone, needs to know that a particular student is transgender and protocol for any disclosures. Stemming from the interviews, disclosure policy can also differentiate between students who are transferring into a new school and students who are disclosing within their current school, as the needs of these students regarding disclosure may differ from one another.

Practice implications. School policies provide an important safety net for teachers to confidently address the needs of transgender students (Payne and Smith, 2014). The School Climate Survey found that transgender students from schools with inclusive curriculums were less likely to miss school (54.7% vs. 67%), less likely to be compelled to use the incorrect bathroom (23.5% vs. 52.9%), and felt a greater sense of belonging within their school compared to transgender students in schools without inclusive curriculum (Kosciw et al., 2018). The following practice implications stem from the extent research and my findings regarding steps schools took (or didn't) to address a wide variety of school-based minority stressors related to non-affirmation, school-based harassment and bullying, teachers and staff trans literacy, disclosure practices, and locker-room access and safety.

To support antiharassment policies, research demonstrates the importance of providing transgender students with access to safe and knowledgeable school faculty and supportive resources and clubs to build affirming communities of support and connection (Payne and Smith, 2014; Toomey et al., 2013). Findings from the present study demonstrated the importance of having access to at least one safe, affirming, and knowledgeable school faculty to ensure that transgender students are being supported and have a safe ally within the school. Dyadic narratives suggest that schools accessing knowledge and training from transgender experts, and insight from transgender adolescents and supportive and affirming parents in decision making

processes helped schools to address issues related to: (1) transgender student inclusion, safety and access to resources; (2) student harassment and bullying; (3) sexual health and healthy relationships; (4) access to school facilities, activities, and school resources; (5) supporting the development of a LGBTQ-related club; and (6) comfort and self-efficacy with using transgender-related terminology and talking with students about gender and sexual identity diversity. Research demonstrates that teachers who participate in training, are more likely to intervene on gender-based harassment (Kosciw et al., 2018; Payne and Smith, 2014) and are more equipped to support transgender disclosure and use learned gender affirmative knowledge (Swanson and Gettinger, 2016).

In the present study, students either came out and started to socially affirm their gender during the summer before starting a new grade or school; or students decided to come out and socially affirm their gender disclosure within their current school and during the school year. School staff and faculty such as social workers, teachers, and administrative faculty should be able to support students who come out during the school year as transgender. Some students in the present study disclosed to teachers, school counselors/social workers, and peers as transgender before disclosing to parents. For these students, teachers and social workers helped empower students to disclose to parents, supported students in their disclosure narrative, and helped to prepare students for potential rejection or non-affirmation from parents. For other students, their parents became either a silent or active partner and worked alongside their child and with the school to develop a plan to support their child's disclosure process. School disclosure is complex and demands school flexibility to develop a safe and affirming plan alongside students, and ideally parents.

Other transgender students had already begun a social transition process before entering a new school and decided to enter as their asserted gender and are stealth. For these students, teachers, administration, and social workers/school counselors have an opportunity to work collaboratively with student and parent(s) to ensure that a student's trans experience can be confidential and the limits of that confidentiality. Clear communication to establish an understanding of student needs and school limits of confidentiality ensures that students and the school work together to collaboratively support transgender students.

Elementary school setting. Within the present study, adolescent and parent narratives suggested that elementary school was a social environment where cisgender social norms and expectations were often reinforced. School-based practices need to extend into elementary school and recognize that the dominant narrative of silence regarding sexual and gender diversity in expression and identity only perpetuates the stigma of difference (Payne and Smith, 2014) and implicitly encourages student invisibility. Elementary schools have a unique opportunity to be the first line of gender inclusive practices that promote acceptance of gender diversity early for all children(Slesaransky-Poe, Ruzzi, Dimedio, & Stanley, 2013). Social workers can collaborate with principles to instill a climate of acceptance and create a school environment that celebrates diversity. In addition to professional development, social workers, principles, community experts, and families can work together ensure that teachers and staff use gender neutral salutations and greetings, and inclusive language and practices within the classroom (Slesaransky-Poe, et al., 2013) and ensure parent volunteer trainings also uphold these practices.

Health and mental health care system.

Dyadic narratives indicated that many adolescents felt disconnected from their designated gender in childhood and also explored other familiar identities as they came in to being

transgender. Pediatric providers, nurses and social workers have an opportunity to develop a practice that not only normalizes gender diversity in the context of being cisgender, but also opens opportunities for dialogue about gender diversity within the context of identity development and being transgender. By using gender-neutral pronouns, asking patients what pronouns they use, providing access to youth friendly reading material about gender diversity and being transgender, and using inclusive language about behaviors when discussing sexual health can signal to adolescents that these providers are open and prepared to address questions. In order to address questions, social workers and other pediatric providers could greatly benefit from seeking trans-specific trainings to develop trans literacy and comfort when talking to gender diverse, gender questioning and transgender young people.

Specific to mental healthcare, and similar to other studies, adolescent-parent dyads in the present study demonstrates heterogeneity regarding the mental health needs of transgender adolescents (Bockting, Knudson, and Goldburg, 2006). Specifically, regardless of why a young trans person is seeking care, providers should be able to understand and competently discuss the intersection of minority stressors, parent support, life experiences including trauma, and gender affirmation process on presenting problems (Bockting et al., 2006). Dyads made several important points about therapy: (1) gender therapy and treatment for more severe and persistent mental health issues did not happen in unison; (2) gender therapists were sometimes seen as gatekeepers to gender affirming health care and at the same time were perceived as lacking trans-related knowledge; (3) adolescents preferred gender therapists who were also transgender; and (4) some therapists labeled themselves as gender therapists, but this assignment felt like it came from the top down. Each of these points will be addressed below in terms of practice.

Transgender health clinics and mental health clinics can benefit from understanding the unique relationship between minority stress, parent support, gender affirmation, and mental health for transgender adolescents. This integration can empower adolescents within the context of their gender affirmation and address sometimes complex mental health symptoms by mitigating specific minority stress and enhancing parent support processes. Regarding gatekeeping models of care, these institutions can enhance therapeutic trust by providing access to therapy that is not a part of the gatekeeping system. The most critical risk to a gatekeeping model of trans healthcare is that adolescents must walk a line between expressing enough distress but not too much distress and mask aspects of their identity and lived experiences that are perceived as barriers to medical intervention (Schultz, 2018). Therapists acting as gatekeepers risk preventing the development of a clinical alliance, preventing adolescents from sharing trauma, inadvertently dissuading adolescents from sharing their own gender diversity, and in turn, adolescents may experience worsening mental health systems as they navigate these barriers to care (Clark et al., 2020; deVries et al., 2011; Schultz, 2018). In short, the gatekeeping model itself becomes a risk factor for adolescent health and wellbeing.

Adolescents and parents who have access to systems using an Informed Consent Model provides opportunities to allow personalized trans stories to emerge (Schultz, 2018). The Informed Consent Model omits the requirement to diagnose adolescents with gender dysphoria as the criteria for trans specific medical interventions (Schultz, 2018). Instead, this model provides opportunities for therapists to affirm transgender adolescents' gender narratives, enhance therapeutic trust, and holistically address distress (Schultz, 2018). Adolescent and parent narratives within the present study demonstrated risks related to gatekeeping model of care such as barriers to developing trust in the therapeutic process, feeling invalidated within the

context of their whole identity and identity development process, and hiding important aspects of their life story from their therapist in an effort to gain access to needed care. Dyadic narratives also demonstrated that a shared identity between a trained clinician and young person tended to facilitate more open and supportive dialogue around a shared experience within the context of a therapeutic relationship. Peer support groups facilitated by therapists who are also transgender was another important path for adolescents to connect to near peers in a therapeutic space.

Supporting parents. The knowledge and readiness gap, particularly within the disclosing adolescent-parent dyads, was profound. Adolescent urgency to affirm their gender alongside parents' hesitation did not offer dyads time or space to understand one another's narratives. For many parents, their child's body dysphoria and psychological distress was a motivating factor to support their child's gender journey regardless of parents' acceptance, fears, and grief. For children and adolescents under the age of 18, parents are the first line of support for access to adolescent transgender medical care to affirm adolescent gender. However, they can also serve as gatekeepers. Social workers must recognize the unique role that parents have in their child's gender affirmation processes. Social workers also have a unique opportunity to help families support their child's gender affirmation by providing education regarding the benefits of affirming their gender through medical intervention versus the risks of watchful waiting and subsequent worsening mental health symptoms as criteria for access to trans affirming medical care.

To shrink the knowledge and readiness gap between adolescents and parents, social workers and other mental health therapists can help parents develop trans literacy and connect to a transgender parent and family support group. In the beginning of a child's asserted gender affirmation, typically immediately following a disclosure to parents, parents who were new to

being a parent of a transgender child often felt alone, had limited or no trans-related knowledge, and were not prepared to start a social, medical, or legal gender affirmation. Research demonstrates that giving parents and adolescents a space to understand adolescent gender diversity, the range of available medical and social affirmation processes, and to give voice to their gender journey can be vital to how dyads connect on the path of adolescent gender affirmation (Diamond, 2020). In the present study, parents reported that they often developed their trans-literacy and acquired tools to support their child's gender journey by listening to the narratives of other parents of trans adolescents. Parents continually remarked that after they connected with a parent support group or even just one parent of a transgender child, and/or attended LGBTQ community events such as Models of Pride, they developed trans literacy, began to connect to their child's identity, started to see themselves as parents of a trans child, and consequently the knowledge and readiness gap between adolescents and parents shrank. Parents repeatedly noted the importance and meaning of connecting to at least one other parent who understood the challenges and beauty of being a parent of a transgender child.

While many parents attended in-person groups, others felt disconnected from the group process or were geographically isolated, thus unable to physically attend. For families who were more geographically isolated, creating a virtual online meeting that extends beyond online information forums and postings could decrease a sense of isolation from community and build meaningful connections. Research on online spaces for transgender adolescents find that these spaces often supplement offline spaces of support by providing knowledge, connecting to resources, and gain a sense of hope through shared identities and stories (Selkie, 2020). These virtual spaces also empowered adolescents to share complex and sensitive experiences they otherwise would not feel comfortable sharing amidst the barriers of perceived in-person stigma

(Selkie, 2020). However, many parents reported that meetings provided a space to share and gain knowledge, to learn how to advocate within health care settings and schools, and gain comfort in hearing other families' gender affirmation journeys. At the same time, many who were still questioning how to support their child, were mourning an ambiguous loss connected to their child's designated gender, or had fears regarding medical interventions, felt emotionally disconnected from the group and did not see a space for them to share these types of personal struggles. Therapists can be beneficial for parents by providing a safe, non-judgmental, and affirming space within the therapeutic relationship for parents to talk about and cope with these deeply personal processes.

Social workers can enhance their practice with transgender families by developing trans literacy specific to the different gender affirmation, parent support, and minority stress processes between families with adolescents who disclosed in childhood and those who disclosed in adolescence. Therapeutic interventions can address parent-specific process related to ambiguous loss & grief (McGuire et al., 2016), internalized stigma, and negative expectations (Hidalgo and Chen, 2019), trans literacy and educational barriers to the knowledge and readiness gap between transgender adolescents and parents. Additionally, a lack of transgender narratives for adolescents and parents represented structural non-affirmation and transgender invisibility thus further perpetuating the stigma of difference and experiences related to ambiguous loss. Social workers can mitigate this by connecting families with knowledge and community through support groups, community events, online trans-affirming spaces, trans and LGBTQ community programs, and trans-inclusive spiritual spaces for support and affirmation.

Through adolescent and parent-centered therapy, social works can help parents develop acceptance-driven support and understand the risks of distress-driven support as a method to

mitigate adolescent minority stress, accept their child's gender affirmation process, and improve adolescent mental health and wellbeing. To address ambiguous loss, social workers can empower transgender adolescents to assert their unique narrative about their identity histories as a method for adolescents to have control over how they understand and talk about their life history (McGuire et al., 2017). In the same light, family members can work with social workers to support and embrace their transgender family member's narrative and empower families to create their own narratives to embrace acceptance (McGuire et al., 2017). Through the ambiguous loss framework, families can work with social workers to normalize uncertainty and ambiguity around family relationships and attachments when there is a change in the family (McGuire et al., 2017). Through the therapeutic process with a trans-knowledgeable therapist, families can redefine selves, and create new meaning related to relationships and identity, further demonstrating the family's capacity to adapt to gender transitions moving forward (McGuire et al, 2017).

Future research

I recommend future research in three main areas: (1) family-based research with siblings, fathers and other significant caregivers; (2) studies to explore stress, support, and gender affirmation processes and barriers among a more diverse and national sample of transgender and gender diverse adolescents; (3) minority stress and parent support intervention development. Findings from this study do not include the unique experiences of transgender adolescents who do not have parent support or have parents who are unsupportive. Thus, future research should both build off of findings related to transgender adolescents who have parent support and who are isolated from these important familial systems of support and healing.

While dyads did discuss, often in detail, the other parent, siblings and often grandparents' roles in adolescents' gender affirmation journey, I only understood these other family members through the lens of the dyad. While the dyadic perspective is critical, further research with these important and involved family members would deepen understanding of family dynamics, the role of culture and generationally transmitted values, and how to both support family processes and engage family into an adolescent's gender journey. In line with recent recommendations from research with parents of transgender youth, research involving the family would give valuable insight into the longer-term impact of both support, rejection, and non-affirmation on health/mental health and adjustment of transgender young people (Grossman et al., 2019). Per dyadic narratives, siblings, particularly younger siblings, tended to be viewed by adolescents as the most supportive person in the household. This information is vital to family-based interventions addressing support and attachment within the family unit. Research should further seek to explore the important role of siblings in the child and adolescent gender affirmation journey and the challenges siblings face within their own social networks, within school, and as they adjust to their evolving identity and role as a sibling.

Recent research has applied Ambiguous Loss theory (Boss, 2009, 2016) to transgender families across the lifespan and studied the potential benefits of reframing loss into ambiguous loss (McGuire, et al., 2016). McGuire's work suggested that adolescents' negative expectations and fear of rejection or loss of relationships within family pre-disclosure represented another type of ambiguous loss (McGuire et al., 2017). On the other hand, parents of adolescents who came out during adolescence had salient memories of their child as their designated gender and at the same time were building new memories. Research can further build upon McGuire's and colleague's work on ambiguous loss as a path to enhancing parent support and reframing roles,

identity, and relationships, thereby positively reconstructing identity as a tool to mitigate disclosure distress and promote acceptance, parent support and adjustment, and family cohesion after disclosure (McGuire et al., 2017). By helping parents develop trans literacy, gain more clarity around boundaries and relationship status, and by developing open and affirming parent-child communication regarding transgender narratives, families can grow and enhance family cohesion (Catalpa & McGuire, 2018). Additionally, more research to address how parents socially construct loss related to their child's identity, their own identity as a parent, their relationship with their child and other community members, and their child's future is vital to the adolescent and parent gender affirmation journey. Building upon family research, these results can be used to develop studies to understand family experiences of adolescents who do not have parent support. The present study's minority stress and parent support model does not describe the unique experiences of adolescents who become isolated and are rejected from family after disclosure or who consciously hide their trans experience from their family. Future studies should build up this work to address the unique experiences and needs of adolescents who do not have parent support during adolescence.

Most families in my study lacked a roadmap regarding adolescent gender identity and affirmation. Social workers who work in schools, mental health care settings, and health care settings also commonly lack educational opportunities focused on supporting gender diverse and transgender children and adolescents. Social workers whose mental health and school-based settings lack a therapeutic model of parent support or adolescent mental health and wellness in the context of transgender adolescents' gender identity affirmation could benefit from intervention research to develop a model of transgender and gender diversity support and affirmation. Therapeutic models can help social workers develop trans literacy, skills, and

comfort addressing complex experiences related to minority stress, disclosure timing, being stealth and ambiguous loss, enduring body dysphoria, and knowledge and readiness gaps between parents and adolescents. Future research can explore strategies to build inclusive and affirming for K-12 schools that support students' gender diversity and gender identity. Additionally, given the connection between minority stress, gender affirmation, parent support, and mental health, research can focus on trans competency within outpatient, partial hospitalization and psychiatric inpatient settings and how these settings can address minority stress and parent support processes as a path to support and affirm the diversity of experiences among transgender and gender diverse youth and families.

The present study explored minority stress, parent support, and gender affirmation among a small and very specific sample of adolescents whose parents supported them in their social and medical transition/affirmation by consenting to puberty blockers and/or gender affirming hormones within the last 12 months. Gender identity and gender affirmation are not inherently stressful and do not directly lead to poor health and mental health outcomes. This study's preliminary conceptual minority stress and gender affirmation model proposes that minority stressors and parent support processes related to gender identity and gender affirmation influences health and mental health outcomes for transgender adolescents whose parents have supported their gender transition/affirmation processes. Given the stressors that many parents reported experiencing related to supporting their child's gender journey, research can also explore factors related to parent mental health and adjustment, and how this, in turn, impacts parent support. Additionally, given that many parents consent to medical care, in part, to prevent adolescent suicide or to mitigate other types of distress, more research on the relationship between adolescent distress and parent support is necessary as a path to mitigate distress-

motivated support. Given the importance of being in a community where families in the present study had access to trans-affirming health care for children and adolescents, future research should also study disparities of policy and social climate supporting transgender community and impacting access to inclusive education and healthcare services across disparate regions of the United States. Future research on how families navigate these disparate community climates and the barriers to trans community and trans affirming health and mental health care is vital to long-term wellness for trans families. In the same vein, more research is necessary to understand provider and family perceptions of gatekeeping versus trans affirming models of care and the impact on family stress and support processes.

I grounded the present study in the voices and perspectives of transgender adolescents and their supportive parents because their narratives provide comfort, familiarity, awareness, and hope for other families with shared experiences. Their life stories provide a deep and meaningful contribution to this field of family research and demonstrates the power and potential of family when fighting systems of oppression for visibility, dignity, justice, and power.

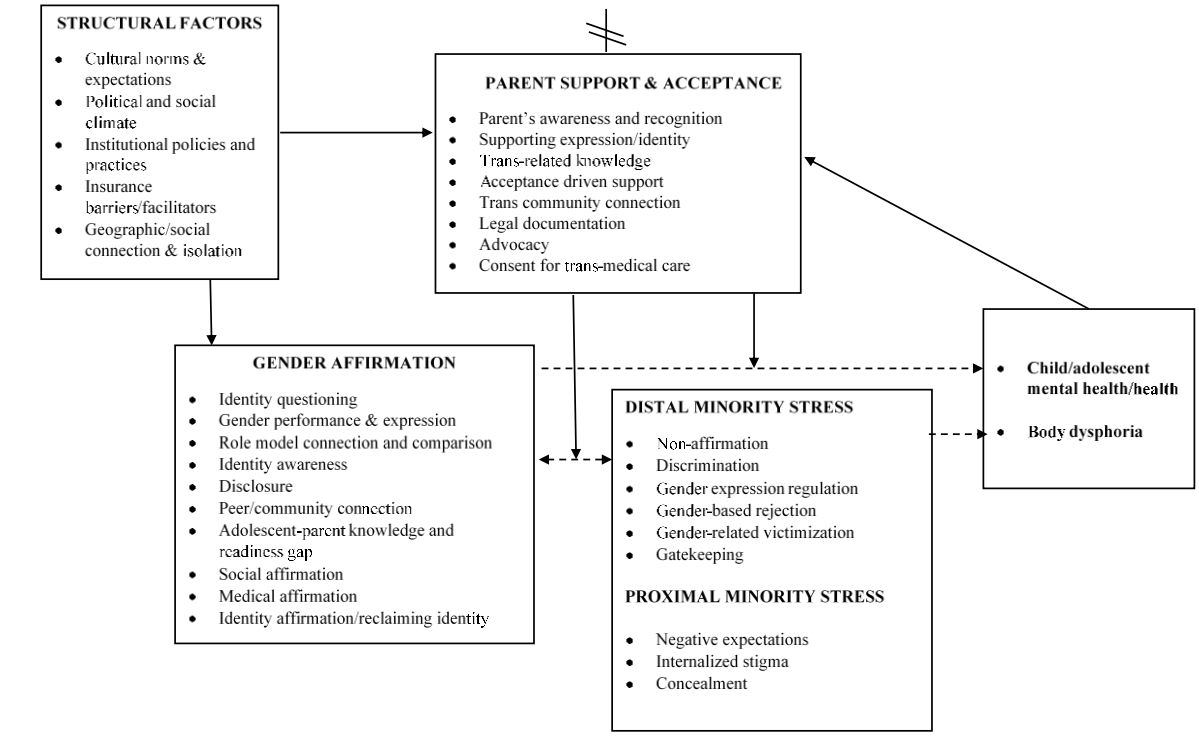
APPENDIX A

Life History Calendar (Abbreviated version)

LIFE HISTORY NARRATIVE (Abbreviated Version)						
ID#_____ Calendar Year	2019			2018		
Season	Fall	Summer	Spr/Wnt	Fall	Summer	Spr/Wnt
Adolescent Age						
Parent Age						
Year in School						
Family formation						
Living Situation/moves						
Interview Posed Specific Event						
Life Events/Gender Journey						
Milestones						
Gender Identity Self-labels and Pronouns						
Sexual Attraction and Identity Labels & Dating						
Disclosures						
Puberty/Hormones						
Self-Expression/image						
Gender Expression						
View of Self & Body Image						
Others' Perceptions/Gendering						
Family						
Communication & Dynamics						
Disclosure						
Support or Lack of						

Appendix B

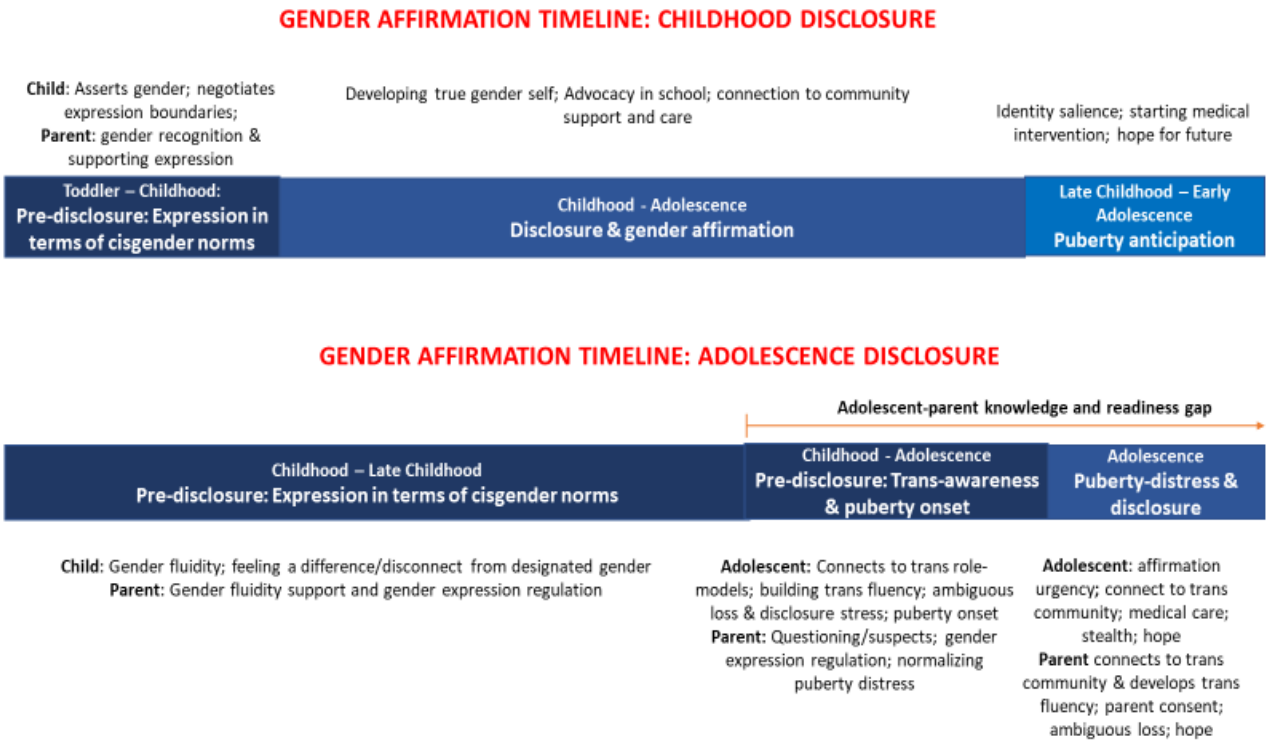
Figure C. Adolescent Minority Stress and Parent Support Model



⫫ Other external factors

Appendix C

Figure D: Gender Affirmation Timeline



Appendix D

Table 1

Demographic Data

Demographic Information	N (%)
Parent Interviewed	
Mother	16 (80)
Father	4 (4)
Timing of Disclosure	
Before Puberty	5 (25)
Puberty	15 (75)
Adolescent Age	
12 years	1 (5)
13 years	6 (30)
14 years	4 (20)
15 years	5 (25)
16 years	2 (10)
17 years	2 (10)
Adolescent Gender	
Girl/Trans Girl	8 (40)
Guy/Trans guy	9 (45)
Non-binary trans masculine	3 (15)
Adolescent Race/Ethnicity	
White	12 (60)
Latinx	2 (10)
Middle Eastern/North African	2 (10)
Multiracial/Multiethnic	4 (20)
Parent Race/Ethnicity	
White	13 (65)
Latinx	3 (15)
Asian/Pacific Islander	2 (10)
Multiracial/Multiethnic	2 (10)
Adolescent Sexual Identity	
Gay	2 (10)
Lesbian	1 (5)
Heterosexual	8 (40)
Bisexual	1 (5)
Pansexual or Queer	4 (20)
Something else or “I don’t know”	4 (20)
Parent Sexual Identity	
LGBTQ+	3 (15)
Grade	
Middle school	8 (40)
High School	11 (55)
Some College	1 (5)
School Type	
Public	11 (55)
Private	2 (10)
Homeschool/Independent Study	5 (25)
Out-of-State Therapeutic School	2 (10)
IEP/504	10 (50)

Appendix E

Table 2

Themes and sub-themes identified from dyadic interviews with adolescents (n=20) and parents (n=20)

Themes	Child Sub-themes	Grandchild Sub-themes
1. Cisgender and heterosexist social norms and expectations constructed adolescent gender identity development before adolescent gender identity disclosure to parents.	1a. Early "signs" of gender identity development.	1ai. Cisgender norms as a rule, not the exception
	1b. Connecting early health and mental health symptoms to an emerging trans identity	1bi. [Mis]understood physical health symptoms 1bii. [Mis]understood mental health symptoms
2. Time between adolescent gender identity disclosure and puberty mattered	2a Clear and ambiguous disclosure & awareness processes.	2bi. "I don't expect most people to open their arms and be like wonderful." 2bii. "People were noticing and they were doing something about it"
	2b. Knowledge and readiness gap vs. bridging the gap	2bii. "I didn't want to like have my voice and big feet, big arms" 2biv. "Nobody gives you the book for this" 2bv: "Education and awareness made that chasm shrink"
	2c. Fear and acceptance-based parent support	2ci. "It's one of the things you leave your kid right? You give them a name" 2cii. "If anybody bother you or says anything, you can come find me"
3. Minority stressors contributed to adolescent gender affirmation, parent support processes, and adolescent mental health.	3a. Proximal minority stress	3ai. "I can talk and not be some weird kinky thing in my head.
	3b. Distal minority stress	3bi. "It's not what kind of gay you want him to be" 3bii. "She's your student, you're supposed to protect her, to provide safety"
	3c. Structural factors in institutions of care	3ci. "This is not a communicable disease"
	3d. Social and political climate	3cii. "That would be nice if psychiatric hospitals could care.
		3di. "I don't know about going to a state that does not allow that"
4. Parents were silently adjusting to their child's gender identity affirmation process and their role as a parent of a transgender child; at the same time, adolescents were beginning to reclaim their identity and start anew.	4a. Being stealth and enduring body dysphoria	4ai. "I am going to be fine, live my life but like in my mind, I don't see that.
	4b. Grief, ambiguous loss, and reclaiming gender narratives	4bi. "But you can't wipe out 13 years of your life when you were having a lovely time"
	4c. "Do as much as I can to teach and validate and be a good role model"	

Appendix F

Table 3
Qualitative Accounts of Adolescent Mental Health and Hospitalizations

Mental health symptoms and diagnosis	# of Adolescents
Autism Spectrum Disorder Diagnosis	4
Sensory Integration Disorder	3
Anxiety disorder or symptoms	20
Post-Traumatic Stress Disorder	2
Trichotillomania	1
Depression diagnosis or symptoms	8
Bipolar Mood Disorder	2
Obsessive Compulsive Disorder	1
ADHD	6
Eating Disorder	2
Suicidality	Thoughts (15); Attempt (9)
Psychiatric hospitalization/intervention	Hospitalizations (5); Trevor Program (1) Psychiatric emergency department without hospitalization (2)

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