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An Examination of Transgender Youth: Support Networks and Mental Health Concerns

Jessica Bolton
Pacific University

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Abstract
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AN EXAMINATION OF TRANSGENDER YOUTH: SUPPORT NETWORKS AND MENTAL HEALTH CONCERNS

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ABSTRACT

Currently there is a paucity of psychological literature dedicated to the transgender community, and the literature specifically addressing gender nonconforming youth is almost nonexistent. However, adolescents who do not adhere to typical gender roles are particularly vulnerable to experiencing negative life events (i.e., homelessness, victimization, stigmatization, familial and peer rejection) that may increase their risk for developing mental health problems. The current project includes a review of the psychological literature which addresses transgender and gender nonconforming youth. Also, a survey of 6 transgender and gender nonconforming youth participants yielded information regarding general demographics, degrees of assumed masculine and feminine gender roles, mental health experiences, and levels of perceived social support. Finally, a discussion of the information derived, limitations, and clinical implications are provided.

Key words: transgender, gender nonconforming, adolescents, gender roles

An Examination of Transgender Youth: Support Networks and Mental Health Concerns

Transgender populations have largely been ignored by the psychological community. Currently there is a paucity of psychological literature regarding transgender populations and their experiences, and research specifically addressing transgender youth is almost nonexistent. In fact, adolescent transgender populations are the least researched age group among all age groups within transgender populations, and the limited literature that does exist predominantly focuses on sexual reassignment surgery (Mallon, 1999). Further, transgender youth are a particularly vulnerable population that have been called the "most disadvantaged of all transgender persons" (Tarver, 1997, p. 134) due to their age, minority status, and experiences of adversity. Adolescents who identify as transgender and those who do not conform to the binary gender system (i.e., the dichotomous classification of gender as either male or female) are particularly susceptible to experiencing negative life events, such as homelessness, victimization, stigmatization, rejection, which may increase their risk for developing mental health problems (Mallon, 1999; Rosenberg, 2002; Tarver, 1997). The current push for empirically-based treatments is driven by the notion that competent mental health services are to be informed by empirical research in order to maintain standards of the profession and uphold the basic principles of psychology (e.g., beneficence and nonmalficence), especially for vulnerable populations such as children and adolescents (Rae & Fournier, 2008). It could be suggested that the lack of research in this area perpetuates a cycle of vulnerability for transgender youth. Therefore, it is imperative that these youth are better represented in the research to increase the likelihood that mental health practitioners provide quality care.

Grossman and D'Augelli (2006) offer a definition of transgender as "Individuals who exhibit gender-nonconforming identities and behaviors, or in other words, those who transcend typical gender paradigms" (p. 112). The term *transgender* is an all-inclusive term representing crossdressers, drag kings and queens, transsexuals, transgenderists (i.e. male-to-female and female-to-male), gender benders and blenders, masculine women, feminine men, and androgens (Burgess, 1999).

Gender Nonconformity in Development, Society, and Psychology

The developmental age at which children begin to form their gender identity has become clearer in the recent years. According to Bjorklund (2005), gender identity is considered a child's proclivity to identify as either a boy or a girl. Some researchers have suggested that children begin to identify their gender at age three (Mallon, 1999). More recent research suggests gender identity issues can be evident as early as two and a half years of age (Rosenberg, 2002), and yet other researchers argue that cross-gender identity has been reported at an age as young as two (Smith, Cohen, & Cohen-Kettenis, 2001). In addition, puberty is a developmental stage correlated with intensified gender dysphoria for many transgender youth (Grossman & D'Augelli, 2006), likely because this is the stage in which sexuality is emergent.

The exact prevalence of transgender individuals in the general population is unknown (Burgess, 1999). However, Ettner (1999) estimates that transgender individuals comprise between 3-10% of the United States population. The prevalence of transgender youth is particularly difficult to estimate because much of the data is derived from epidemiological data regarding Gender Identity Disorder (GID). The prevalence estimates of GID for children and adolescents are between 1.5-3% for boys, which is double the prevalence of girls (Green, 1995); however, it should be noted that this estimate is based erroneously on retrospective studies of

adult homosexuality. Further, for every nine boys that are presented to mental health treatment, only one girl is seen clinically (Green, 1995). These numbers beg the following questions: (a) How accurate are estimates of transgender youth when using epidemiological data regarding GID?, and (b) Do boys actually have higher prevalence rates or does society tend to be more accepting of gender nonconformity in girls?

When a child's subjective experience of masculinity or femininity is not viewed as developmentally appropriate, some parents become alarmed that what was initially regarded as a phase does not appear to be passing. This is often the reason that psychologists come to see these children and their families in their clinics, at which point these gender nonconforming youth are often diagnosed with GID. At this point, it is important to note the history of GID as a diagnostic category. GID first appeared in the DSM-III in 1980. This diagnostic category was added immediately following the removal of the homosexuality as a disorder. GID for children was introduced, to some extent, as a result of United States Government-funded study on gender variant boys in the 1970's in which up to one-third of the boys examined were found to identify as homosexual upon follow-up in adulthood (Burke, 1996). It has been highly speculated that the GID diagnostic category was added as an attempt to prevent future homosexuality and transexualism (e.g., Cooper, 1999; Lothstein, 2006; Mallon, 1999). This speculation is supported by the inclusion of specifiers that require identification of the individual's sexual orientation (e.g., sexually attracted to females, sexually attracted to males, and sexually attracted to both). As a diagnosis, GID is comprised of two major components: (a) "evidence of a strong and persistent cross gender identification," and (b) "a persistent discomfort about one's assigned sex" (DSM-IV-TR, 2000, p. 576). Questions regarding the appropriateness of this diagnosis have been raised, especially in practice with children and adolescents. Many youth have been diagnosed

with GID despite not meeting full criteria (Mallon, 1999), notably because it is often the parents--not the children--who experience discomfort with the child's gender nonconformity.

Mental Health Concerns

As children who do not conform to gender norms enter elementary school, they often become the target of peer scorn, maltreatment, and rejection. These children, with an emphasis on effeminate boys, are subject to being stigmatized by society, resulting in isolation and feelings of shame. As these children move into their adolescent years, they are often faced with negative life events that lead to school refusal or dropout, unsafe or survival sex (i.e., sexual activity performed in exchange for basic needs), running away, homelessness, and victimization (Grossman & D'Augelli, 2006; Klein, 1999; Mallon, 1999; Menvielle & Tuerk, 2002; Pazos, 1999; Swann & Herbert, 1999). As these children progress in age and experience these negative life events, mental health problems often arise, such as anxiety, depression, attention and behavior problems, eating disorders, low self-esteem, self-abuse, substance abuse, and suicide (Mallon, 1999; Rosenberg, 2002; Tarver, 1997). In fact, Tarver (1997) suggested that as many as 50-88% of transgender youth have seriously considered or attempted suicide. Therefore, the continued disregard for transgender youth by the mental health community could have serious and irreversible consequences.

Cohen (1991) argues that suicide in this population is related to problems with gender identity development. He postulated that young children live in an ego-centric state of being where the illusion of omnipotence is created. Cohen referred to this as an "event-centered stage…the accompanying feeling is one of total control over the event and its components" (p. 20). As the child grows older and approaches sexual emergence in adolescence, the young person may not be able to separate and individuate themselves from love objects (e.g., parents). Cohen

further suggested that, in many gender nonconforming youth, there is a regression to the event-centered stage as a result of overwhelming social demands and physiological changes. The adolescent may feel as if he or she should be able to cope with the pressures of gender conformity but cannot resolve the internal conflict. Therefore, the adolescent may reject the physical body and personality that has subsequently developed. As a result, gender nonconforming adolescents may become isolated, or worse, choose to reject their body in the form of suicide.

Ethical Considerations

There are several ethical considerations that mental health professionals must make when treating transgender adolescents in therapy. Swann and Herbert (1999) suggested the ethical dilemmas which frequently arise when working with gender nonconforming youth are the following: autonomy, confidentiality, competence, beneficence, and nonmaleficence. With regard to these youth, confidentiality has been an especially complex dilemma to navigate. Transgender adolescents have a valid reason to be suspicious of the mental health professional seated across from them in therapy. Not only are therapists adult members of a psychological community that has so often failed them, therapists also have the power to tell the youth's parents about what is disclosed in therapy. Therefore, clinicians should expect it to be difficult when attempting to earn the trust of these clients. Further, it may not be surprising for the under-age client to reveal potentially reportable information once a good rapport has been developed. As has been discussed, suicide, risky sexual behaviors, and substance abuse are highly prevalent in the adolescent transgender population. However, a clinician should strongly consider all aspects of the situation before the decision to make a report is made. In general, members of the transgender population are often isolated and feel as if they have no one with whom they can

share deep, painful feelings. The literature has often suggested refraining from breaking confidentiality unless absolutely necessary so as to avoid reinforcing feelings of isolation and distrust already experienced by these youth (Mallon, 1999; Swann & Herbert, 1999). Further, breaking confidentiality could result in more dramatic risks, such as family violence or mistreatment by law enforcement and other professionals.

Another example of an ethical dilemma involves competence. Mental health professionals are rarely taught about gender issues to an extent that would engender increased sensitivity or awareness with gender nonconforming individuals. In particular, it was the experience of the current author that her graduate program did well to provide information about competent mental health practice for racial and ethnic minorities, as well as gender issues as they related to gender-typical individuals. With the exception of an all-encompassing LGTBQ class, the author's program did not adequately integrate information about issues that face transgender populations. This academic omission was likely due in part to the lack of existing information available and in part to the sense of discomfort that this topic tends to raise in members of the majority culture. In other words, not enough is known about mental health practice with transgender and gender nonconforming individuals and, therefore, the topic is often avoided altogether. As stated by Mallon (1999), "…most people, even experienced practitioners, have little or no accurate knowledge about the lives of transgendered persons" (p. 2). Unfortunately this avoidance only perpetuates the cycle of what is known as *transignorance* (Mallon, 1999). Transignorance, combined with little-to-no formal education to addresses the topic of transgenderism, too often leads to mental health professionals deciding to refer the potential client elsewhere. This experience could lead to feelings of rejection that are all too familiar to the transgender or gender nonconforming individual.

Review of the Literature

As mentioned previously, the literature regarding transgender and gender nonconforming youth has predominantly focused on the psychological functioning of transsexuals before and after sexual reassignment surgery. Transsexual individuals are "those who have made the transition to living in the gender other than the one originally assigned to them" (Grossman & D'Augelli, 2006, p. 112). Further, most of the existent research is based out of a university in the Netherlands by a sole group of researchers. Although the literature regarding transsexuals is beyond the scope of this proposal, the reader is referred to the following references: Cohen-Kettenis, and Van Goozen (1997); Smith, Cohen, and Cohen-Kettinis, (2002); Smith, Van Goozen, and Cohen-Kettenis, (2001). With regard to the psychological literature focused on transgender youth who have not undergone sexual reassignment surgery, a search yielded only one result.

Grossman and D'Augelli (2006) were interested in examining and identifying common experiences that affect gender nonconforming youth. The study took the form of three focus groups and included 24 youth participants aged 15 to 21. The mean age was 16.5, and the average grade level was 11th grade. Fifty-four percent of their sample identified as male-to-female (MTF), 17% identified as female-to-male (FTM), and 29% identified as MTM (i.e., being assigned the female sex at birth but having identified with a male gender consistently throughout develpment). The breakdown of biological gender found that 83% identified their anatomical gender to be biologically male and 17% were biologically female at birth. Demographic results indicated that 50% lived with parents or relatives, 29% lived in a group home, and 21% had other living arrangements. Approximately half of the youth estimated their parents' income to be less than $25,000. Regarding transition, most (69%) had been living in role or, at a minimum,

been dressing as the opposite gender. In addition, 14% were taking hormones and an even higher percentage planned to begin hormones in the future. More than 75% planned on pursuing sexual reassignment surgery in the future.

Grossman and D'Augelli, (2006) collected qualitative data from 3 two-hour focus groups in the New York City area. These groups were comprised of eight transgender youth per group and were conducted by master's level social workers. The data were then coded to determine the following themes: (a) gender identity and expression, (b) reactions of others to gender identity disclosure, (c) sexual orientation, and (d) vulnerability and health issues.

For most of these youth, the awareness that their gender expression did not match their assigned sex at birth occurred around puberty (M = 10.4 years), but a few felt this to be true at even earlier ages. These youth reported noticing that other people began labeling them as transgender later (M = 13.5 years) but, on average, these incidents occurred 1 year prior to self-identifying as transgender (M = 14.3 years). Interestingly, disclosing one's transgender identity, on average, occurred at a later stage in life (M = 14.5 years). Once these youth did disclose their gender identity, reactions by others were reported to be mostly negative. Their experiences ranged from physical assault to having their gender and sexual identity questioned to verbal harassment. Despite these experiences, 83% were out to friends; 75% were out to teachers; 66% were out to parents, brothers, and sisters; 63% were out to aunts and uncles; and 50% were out to grandparents. Awareness of sexual orientation occurred primarily between ages of 4 to 9 years of age or 13 to 15 years of age, and this awareness was typically precipitated by same-sex physical attraction. Ninety-five percent of males (n = 19) and 75% of females (n = 3) had sexual experiences with both biological males and females. Personal reactions of one's own sexual orientation ranged from feelings of depression and withdrawal to happiness. With regard to

health issues, four major issues related to a sense of vulnerability: (a) absence of a safe environment, (b) lack of access to health care (e.g., high risk for STDs and HIV), (c) few resources for mental health (e.g., high risk of self-harm and lack of competent mental health professionals), and (d) lack of stabile family and community supports (e.g., lack of financial support and homelessness). The predominant concern was related to being the potential victim of violence upon disclosure of transgender status. One youth stated, "There is nothing for transgender youth. Please help us" (p. 125).

Current Project

The paucity of literature regarding transgender youth calls for mental health professionals to conduct research that will, in turn, inform sensitive and competent psychological treatment. As discussed, transgender youth are a population that is largely ignored despite numerous detrimental life experiences. The current study is an examination of transgender and gender nonconforming adolescents currently living in the Portland, Oregon area. The current investigation will focus on five primary questions of interest: (a) What common descriptive and demographic characteristics exist within this population of individuals? (b) To what degree do these individuals adhere to binary gender roles? (c) What sources of social support exist for these individuals? (d) What is the current mental health status of these individuals? (e) What are the mental health needs of these individuals?

Method

Procedure

Permission for this project was sought and obtained by the University's Institutional Review Board with one caveat: this study required exemption from parental consent. In order to provide a sufficient level of gender sensitivity, it was deemed critical that these youth be allowed to participate without the threat of having their gender identity inadvertently disclosed to outside parties, namely parents.

The youth were asked to provide data to determine: (a) descriptive information about their gender identity and expression, (b) sources of social support (both emotional and tangible) and current and previous life experiences, and (c) current mental health status and perceived barriers to treatment. Informed consent (see Appendix A) and survey data were collected by means of convenience sampling by utilizing an electronic survey, known as Survey Monkey. This survey was distributed by email to an identified contact person from community organizations designed to serve LGTBQ youth. The agency contact person then emailed the survey link to be distributed among the youth who utilize their services from May 2009 to October 2009. To maintain the anonymous nature of the study, the principal investigator did not have direct access to personal emails as a further safeguard of privacy.

Participants

To address the research questions raised within the previous section, the author sought support from community agencies that serve LGTBQ youth and received permission to conduct research through the following three agencies: Sexual Minority Youth Resource Center

(SMYRC), Outside-In Trans/Identity Resource Center (TIRC), and TransActive. Transgender and gender nonconforming youth aged 14-17 who were active within these agencies were then recruited for participation. Participants were informed about the study by means of in-person contact or informative business cards dispersed by the agency directors. Youth who self-identified as transgender or gender nonconforming were encouraged to participate. There was no exclusion of participants based on others' perceptions of their gender status. That is, if a youth identified as transgender or gender nonconforming, the individual was allowed to participate without question. Participation was estimated to require approximately 30 minutes. Participants were given the option to provide their name and address in order to receive a $5 gift card incentive for a national grocery store chain upon completion of the survey. The youth were provided with the option to give the agency's address, rather than a home address, as a further safeguard.

In total, the sample was comprised of 6 gender nonconforming adolescents, of which 5 completed the entire survey. The total number of potential participants was difficult to determine due to measures taken by agency directors to protect the privacy of the youth. Further, two of the three agencies have an open-door policy for these youth, which make it difficult to provide an accurate estimate of potential participants who met the inclusionary criteria. The average age of the sample was 15.5 years, and each age from 14 to 17 years was represented. All participants self-identified as White or Caucasian.

Measures

Descriptive information was collected largely by means of an adapted survey initially developed for the Trans Project conducted through the University of Vermont (R.J. Factor, personal communication, January 25, 2007). Permission was obtained from the original author to

adapt the Trans Project survey for the current project. This descriptive portion of the assessment includes questions assessing aspects such as gender expressions, experiences, and identities; changes one might have undergone to become conventionally gendered; personal presentation (i.e., dressing); perceptions of others; physiological issues (i.e., changes to one's body, perceptions of one's body, likes and dislikes of one's body); sex-role identification and sexual attraction; activity within the lesbian, gay, bisexual, and transgender communities; general demographics (i.e., age, education, employment, current and past living situation, current and past relationships, familial structure) (see Appendix B).

In addition to the demographic questionnaire, gender experiences, gender roles, and social supports were assessed through the application of several well-established measures: the Bem Sex-Role Inventory (BSRI; Bem, 1974), the Norbeck Social Support Questionnaire (NSSQ; Norbeck, Lindsey, & Carrieri, 1981), and the Mental Health Inventory (MHI; Veit & Ware, 1983), respectively. However, it is important to note there is no normative data available for sexual or gender minorities with regard to NSSQ and MHI measures. Further, most of the aforementioned measures are not normed on an adolescent population, with the exception of the MHI.

The Bem Sex-Role Inventory (Bem, 1974; Appendix C) is a 60-item scale used to measure androgyny and gender roles. The BSRI requires that participants rate themselves on possession of socially desirable, stereotypically masculine and feminine personality characteristics on a 7-point scale ranging from 1 (*never or almost never true*) to 7 (*always or almost always true*). The BSRI has been found to have internal consistency and test-retest reliability coefficients ranging from .86 and .86 respectively for the masculinity subscale and .80 and .82 respectively for the femininity subscale (Bem, 1974). The existing psychometric

properties are based on a population of psychiatric adults patients aged 31 and older. Later research raised concerns regarding the psychometrics of the measure based on problematic discriminate validity of items that construct the MHI (Wheeless & Dierks-Stewart, 1981). Unfortunately, there is not currently an alternative measure to the BSRI that captures the same or similar construct of gender roles for adolescents.

The Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri; 1981; Appendix D) is a measure of multiple components of social support including functional properties (e.g., emotional and tangible support) and network properties (e.g., stability of relationships, frequency of contact), as well as descriptive data about recent losses of supportive relationships. In addition, the amount of support from specific sources (e.g., relatives, friends) was calculated. The NSSQ requires participants to list each significant person in their lives who provides personal support to them. Participants then indicated the kind of relationship (e.g., spouse or partner, family members or relatives, friends, work or school associates, neighbors, health care providers, counselor or therapist, religious advisor, and other) for each person within this network list. Finally, respondents used a 5-point rating scale with endpoints ranging from 0 (*not at all*) to 4 (*a great deal*) to describe the amount of support available from each person on their network list. The NSSQ has been found to have generally good psychometric properties, with internal consistency ranging from .88 to .97, test-retest reliability ranging from .86 to .92, and concurrent validity ranging from .44 to .56 among the subscales.

Current mental health status and perceived needs were assessed through the use of the Mental Health Inventory (Veit & Ware, 1983; Appendix E). The MHI is a 39-item instrument that examines general mental health along five distinct dimensions that comprise two broad subscales: Psychological Well-being and Psychological Distress. Mental health needs were

assessed by means of an open-ended questionnaire format. Participants were asked to provide information regarding previous and current mental health care needs, their success in obtaining services for such needs (if any), and what they perceive to be barriers to obtaining mental health services. A study by Heubeck and Neill (2000) found the MHI to have relatively strong psychometric properties for a sample of Australian adolescents, with Cronbach's alpha coefficients ranging from .92 to .94 across items and test-retest correlations ranging from .69 to .73. In this same study, Heubeck and Neill surveyed 878 Australian adolescents using the MHI. Their sample was comprised of 51% boys and 49% girls, with an average age of 14.7 years. The overall mean score for the Psychological Distress subscale was 78.09, and the overall mean score for the Psychological Well-being subscale was 54.74. More recent research by Geddess and Davis (2007) included a sample of 87 college-aged students. The results from their study indicated a Psychological Distress score of 63.8 and a Psychological Well-being score of 47.82. The findings from these two studies will prove useful for comparison with the results from the current study.

Results

A descriptive analysis was utilized in the present study, primarily due to the small sample size. This analysis included examination of group demographics and group averages on the BSRI, NSSQ, and MHI. A considerable amount of information was gained through this analysis. The information serves as useful preliminary data while simultaneously highlighting commonalities in characteristics of the gender nonconforming youth that might be useful in detailing mental health needs that may be common to this population. It should be noted, however, that of 6 gender nonconforming adolescents and only 5 participants completed the entirety of the survey. Therefore, the external validity of these results is limited at best.

Analyses

Demographics. The average age of respondents was 15.5 years, although each age from 14 to 17 years was represented. All participants reported currently living with their parents. Due to the multiple identities that gender nonconforming individuals typically experience, these youth were allowed to endorse multiple gender identities in the survey. These categories were not mutually exclusive. Although all 6 participants reported they were assigned the female sex at birth, there was a substantial amount of variation among their identities. Table 1 provides a breakdown of gender identity endorsements.

Table 1

Gender Identity Endorsements

Gender Identity	Number Endorsing
Pre-Op Transsexual	3
Gender Queer	2
Cross Dresser	1
Transgender	3
Gender Blender/Bender	2
Female-To-Male (FTM)	2
Transman	3
Butch	1
Androgynist	1
Gender Radical	1
Bigender	1
Queer	5

Half of the participants reported they experience their gender as changing over time, while the other half reportedly did not. The majority of participants (n = 4) reported they are most comfortable using "He" as a gender pronoun, although one participant reported using no pronoun, and the remaining participant reported being most comfortable with "Whatever people wish to call me." When asked the age at which they first experienced themselves as something other than their assigned birth, the participants reported a range of ages from 3 to 16 years (M = 10 years). On average, the age at which these youth first told someone they were aware of their

diverse gender experience occurred at a later age, with an average age of 12 (R = 4 to 16 years). When these youth initially disclosed their different gender experience, two told their mother, two told a transfriend, one told a cisgender (i.e., someone who's gender identity matches their assigned sex at birth) friend, and one stated, "I didn't necessarily tell anyone. It wasn't a concrete moment."

With regard to dressing rituals, there appeared to be a diversity of expressions. Of particular interest, most participants (n = 5) reported engaging in breast binding on a regular basis. Most participants (n = 5) also reported wearing boxers or briefs; however, two of the participants reported wearing panties. This result suggests at least one of the participants may wear traditionally female and traditionally male undergarments interchangeably. Further, two participants reported wearing a simulated penis when dressing. With regard to sexual reassignment, most participants have reportedly considered some option, with the most commonly considered options being chest surgery (n = 5) and hormones (n = 4).

When asked about other people's perceptions of their gender identify, two participants reported feeling as if their gender identity is "not at all" perceived accurately by strangers, while half (n = 3) reported feeling their gender identity was perceived as *moderately* accurate, and the remaining participant reported feeling their gender identity was *very much* perceived accurately by strangers. When the participants reflected on their feelings about when their gender expression was not accurately perceived, half of the youth (n = 3) felt this experience was *a little bit* distressing while the remaining half (n = 3) reported this experience as *extremely* distressing.

With regard to sexual orientation, two youth identified as pansexual, one youth identified as lesbian, another youth identified as both pansexual and queer, and the another youth did not

identify with any sexual orientation and stated they were "attracted to the female bodies of all gender identities."

The youth were also asked about whether family members and other supports knew about their gender identity. Results were that one participant's mother is unaware of the youth's identity, while the remaining participants' mothers know but only two of these mothers openly talk about it with the youth. In comparison, these youth are less likely to feel they can openly discuss their gender identity with their fathers, on average. Extended relatives were reported to be even less likely to know about their identity in comparison to their parents. These youth were most likely to talk openly with their lovers or partners about their gender identity. Mental health professionals were more likely than medical providers to know about the youths' gender identity; although only half reported their identity was openly talked about in therapy.

Bem Sex Role Inventory. The BSRI is comprised of two subscales, masculine and feminine, on which an average of both scores must exceed 4.9 in order for the individual to be considered androgynous. Only one of the participants endorsed items to indicate significant levels of androgynist identification. A summary of these results is provided in Table 2.

Table 2

Average Scores for Feminine and Masculine Subscales on the Bem Sex Role Inventory

Feminine	Masculine
4.65	4.8
5.4*	4.7
--	--
5.4*	5.5*
3.95	5.65*
5.85*	4.75

Note: One participant did not complete the BSRI.

* Both subscale scores must exceed 4.9 to be significant.

Norbeck Social Support Questionnaire. The NSSQ is comprised of three subscales: Total Functioning, Total Network, and Total Loss. An examination of the Total Functioning subscale indicated that the response of one participant was highly aberrant and the responses of this individual on all subscales were removed. For the remaining participants, the average perceptions of social support (M = 79.75; R = 59-103) were considerably lower when compared to an average of 132.87 found in previous research conducted by Geddes and Davis (2007, unpublished master's thesis). However, it should be mentioned that the sample obtained in the previous study was young adults rather than adolescents. The resulting average for the Total Network subscale (M = 21, R = 19-24), however, was comparable to an average of 25.68 found in the Geddes and Davis study. One participant did not respond to survey items for the Total Loss subscale. The average for the remaining participants on the Total Loss subscale (M = 12.75, R = 8-15) was nearly 2.5 times higher when compared to an average of 5.3 found in the previous study. A summary of these results is provided in Table 3.

Table 3

Average Scores for the Norbeck Social Support Questionnaire Subscales

Total Functioning	Total Network	Total Loss
67	19	15
59	24	8
--	--	--
103	22	--
509*	120*	14
90	19	14
79.75	21	12.75

* Outlier data removed for analyses

Mental Health Inventory. The MHI is comprised of five subscales that factor into two summary scores: Psychological Distress and Psychological Well-being. The Psychological Distress subscale is comprised of an average of the Anxiety, Depression, and Behavioral/Emotional Control subscales. The Emotional Well-being subscale is comprised of the General Positive Attitude and Emotional Ties subscales. The mean score for the Psychological Distress subscale for the 6 participants was 102.17 (R = 74-161). Previous research examining mental health experiences of young adults (Geddes & Davis, 2007, unpublished master's thesis) resulted in a substantially lower average on the Psychological Distress subscale, with a figure of 63.8. Other research of adolescents (Huebeck & Neill; 2000) resulted in a mean Psychological Distress score of 78.09. However, both of the previous studies included a substantially larger sample size. While the mean score for the Psychological Distress subscale appears to be higher for the current sample, there does not appear to be a noticeable difference on the Emotional Well-being subscale (M = 47.5; R = 31-70). Previous mean scores on the Emotional Well-being subscale have ranged from 47.82 (Geddes & Davis, 2007, unpublished master's thesis) with young adults to 54.74 (Huebeck & Neill, 2000) with gender typical adolescents. A summary of the current results is provided in Table 4.

Table 4

Average Scores for the Mental Health Inventory Subscales

Anxiety	Depression	Behavioral/ Emotional Control	General Positive Attitude	Emotional Ties	Psychological Distress	Psychological Well-being
32	19	29	26	15	80	41
32	25	39	18	13	96	31
56	42	63	49	21	161	70
33	16	25	28	24	74	52
35	18	40	31	20	93	51
41	23	45	27	13	109	40
				Average	102.17	47.5

Discussion

The aim of the current exploratory study was to gather information that would provide a better understanding of transgender and gender nonconforming youth and their experiences of gender, social support, and mental health status.

The multiple terms adopted by individuals in this sample highlight the importance of being sensitive to gender self-identification. Among this sample, 'queer' appeared to be the most commonly adopted identity. This point is interesting given the term 'queer' has historically been considered a derogatory term among the LGTBQ populations; however, a more progressive society appears to be reclaiming the term as a positive form of expression. On a similar note, only one-third of the youth (n = 2) identified as FTM despite all participants reporting being assigned the female gender at birth. This finding is of particular interest given that researchers in this domain of study have historically categorized such individuals as FTM based on their biological sex. Further, only half of the youth (n = 3) identified as transgender. These data suggest that categorizing gender nonconforming youth as transgender, or categorizing gender nonconforming individuals as FTM, are possibly common practices in psychological research that lack gender sensitivity. There also appears to be a lack of consensus with regard to whether these youth experience their gender identity as constant or changing over time. Future research should address whether identifying one's gender as transgender is more frequent among individuals who have progressed to a later stage in their gender transition. With regard to clinical implications of this finding, mental health professionals are cautioned from assuming their

client's gender identification based on birth sex and external expression of gender. Rather, it is best practice to inquire how the client identifies gender and which, if any, pronoun is preferred.

Results also indicated that these youth, on average, were aware of their diverse experience of gender far before they disclosed their experience to another person. This finding is commensurate with previous research conducted by Grossman and D'Augelli (2006). In addition, there appeared to be a variety of responses when asked if their family members and other supports were aware of their gender identity. At least one of the participant's mother did not know of the youth's identity, highlighting the importance of obtaining exemption from parental consent in studies of this kind. The results also suggested that their parents' awareness of their gender identity did not necessary mean it was a topic of open discussion. More specifically, fathers were less likely to talk openly about the adolescents' gender identity than were mothers, and extended family members were even less likely to know. These youth were more likely to talk openly with lovers or partners about their gender identity. Of particular relevance to mental health professionals, the youth reported their mental health professionals were more likely than medical providers to know about their gender identity. However, only half reported their identity was openly talked about in therapy. Given the salience of gender and sexuality in adolescent years, it is difficult to imagine a youth's alternative gender expression does not have any bearing on their psychological health. This finding raises the question if mental health professionals avoid the topic based on their own transignorance or in an effort to avoid offending their client. Further exploration of these possibilities is necessary.

Interestingly, only one of the participants endorsed items on the BSRI to indicate gender androgyny. The current data also failed to suggest that survey responses followed any particular pattern toward masculinity or femininity despite the participants' identification with gender

nonconformity and having a female birth sex. This finding, taken together with the heterogeneity of the demographic results, provides that gender identity is much more complex and unique to the individual than conventional notions would suggest. Past research has also identified inherent flaws in the construction of the BSRI, suggesting many of the items used to comprise the masculine and feminine subscales do not properly reflect these gender dimensions (for a review, see Wheeless and Dierks-Stewart, 1981). Specific to the current sample, the current findings suggest that gender nonconformity may not be synonymous with an identification that is androgynous. To illuminate this finding, Wheeless and Dierks-Stewart (1981) asserted

> …the BSRI measures psychological gender orientation, and the terms masculine and feminine could be confused with male and female. Therefore, to avoid the possibility of confusing gender orientation and anatomical gender identification, masculine and feminine terms are not proposed as items to measure masculinity and femininity. (p. 184-185)

Based on this limited sample, it can be concluded that the participants in this study neither adhere nor reject gender roles, but rather experience and express their gender in a way that best suits them as an individual.

With regard to social supports experienced by this population, findings on the NSSQ suggest the levels of perceived social support for these youth are comparable to that experienced by college-aged adults found in a previous study of a youth (e.g., Geddes & Davis, 2007). However, the youth in the current study appear to have experienced substantial interpersonal losses and poorer social functioning comparatively. In fact, the current study suggests gender nonconforming youth are approximately 2.5 times more likely to experience loss, although this finding is based on an extremely small sample size. All things being equal, this finding is contrary to what would be expected given the fewer years lived by the youth in the current sample. Experiences of interpersonal loss, typically as the result of familial and peer rejection, is

consistent with previous literature (Mallon, 1999; Swann & Herbert, 1999). This finding highlights that mental health professionals should be especially aware of the impact this loss can have on the psychological functioning of gender nonconforming youth. It follows that mental health professionals should be attuned to experiences of relational estrangement as a critical part of their psychosocial assessment. Future research should explore whether such loss is the result of transitory relationships which are developmentally normative during adolescence, or if this loss is in excess of what would be expected for youth.

The results of the MHI suggest gender nonconforming youth are much more likely to experience higher levels of psychological distress than the general population (Geddes & Davis, 2007; Huebeck & Neill, 2000). This finding is not surprising given the frequency of negative life events, such as homelessness, victimization, stigmatization, and rejection, which have been highlighted in the literature as major risk factors for the development of mental health problems among these youth (Mallon, 1999; Rosenberg, 2002; Tarver, 1997). It is entirely possible that these negative life experiences may overwhelm the adolescent's intrapsychic resources, resulting in higher levels of anxiety, depression, and poorer behavioral and emotional control.

While it appears the amount of distress experienced by gender nonconforming youth is higher in comparison to the general population, the current results suggest these youth experience similar states of psychological well-being (Geddes & Davis, 2007; Huebeck & Neill, 2000). Specifically, these youth likely experience similar general positive attitudes and emotional ties as the general population given that the items reflecting these constructs factor into the emotional well-being scale on the MHI. As such, these results could suggest that gender nonconforming youth have the capacity to maintain a positive outlook and develop meaningful

support systems despite other negative experiences in their lives. Unfortunately, the implications of the current results remain unequivocal given the limitations of the current sample size.

Challenges and Limitations

A discussion about conducting research with gender nonconforming youth would not be complete if the myriad challenges of this type of research were not addressed. It is the opinion of the author that these challenges frustrate efforts to conduct similar research and serve as a substantial barrier to understanding gender nonconforming youth, thus perpetuating an overall sense of transignorance currently present among mental health professionals. Obtaining exemption from parental consent was of particular relevance to the current study in order to avoid potentially outing these youth to their parents. As might be expected, making such a request can prolong, or even prevent, an institutional review board's approval of similar studies, as was the case with the current investigation. One strategy for overcoming such an obstacle is to recruit a community consultant, who is well versed in the issues faced by gender nonconforming youth, to write a letter of support that is to be included in the proposal documentation. It is also suggested that institutional review boards consider these diversity issues and the implications of rejecting future proposals to study gender nonconforming youth, while preserving other policies that protect the human rights of this vulnerable population.

Another dilemma inherent in representing a nonclinical population has to do with accessing this population. The little research that has been conducted using gender nonconforming youth has been reliant on clinical, and even psychiatric, populations. Such methodology may have led to exaggerated results of psychopathology or distress. Therefore, surveying gender nonconforming youth found in the community was necessary to the current investigation as a means to accurately reflect the experiences of these youth. It should be noted

that a critical component of accessing gender nonconforming youth involves developing relationships with community partners who serve transgender and gender nonconforming youth. As a researcher, making oneself visible in the community as an ally and supporter will increase levels of trust and likelihood of successful research.

Other important limitations of the current research are the small sample size and lack of control group for comparison. This limitation clearly impacts the external reliability of the results as they pertain to experiences of gender nonconforming youth in the general population. The exploratory and descriptive nature of the current study and lack of comparison group discourages causal interpretations, as well as well as probabilistic inferences. Future research could build upon the current study by expanding it to gender nonconforming youth nationwide. Such an endeavor could be made possible by contacting agencies who serve these youth, similar to the approach of the current author.

Yet another limitation is the ethnically homogeneous sample. All participants identified as White/Caucasian. This begs the question if results would have been different for a multiethnic sample. Future research should focus on expanding research of gender nonconforming youth to an ethnically-diverse sample.

Finally, the lack of population norms for the measures used in this study serves as a methodological obstacle worthy of some discussion. No normative data is available for sexual or gender minorities with regard to NSSQ and MHI measures. The BSRI is standardized on individuals aged 31 and older found in an inpatient, psychiatric facility. Further, the NSSQ and MHI lack norms for adolescent populations, but comparison studies are available for conventionally-gendered youth. As a result, the findings derived from the measures used in the current study must be interpreted with caution. Unfortunately, more appropriate alternatives are

not available to measure constructs of gender experiences, social supports, or mental health experiences. The direction of future research should be to expand norms of such measures to encompass adolescents and LGTBQ populations.

Implications

Mental health professionals have an obligation to help transgender youth seeking therapy, especially because these youth represent a particularly vulnerable population. The current lack of empirical research undermines the possibility to provide evidenced-based treatment.

Mental health professionals can also follow a few basic steps to ensure they are providing sensitive treatment. According to Mallon (1999) and Tarver (1997), the first and most crucial step is to become educated on the topic. Reading books and journal articles, joining online transgender associations, being aware of relevant current events, knowing community resources, and finding a consultant who has expertise in gender issues are ways in which a clinician can learn how to provide trans-sensitive mental health care. Seeking information will help mental health professionals provide accurate psychoeducation to their clients. For example, providing accurate information on safe sex, HIV, STDs, and substance abuse is always a good idea for adolescents, especially transgender and gender nonconforming adolescents who may be at higher risk.

Second, hormone administration and sexual reassignment procedures should be considered on a case-by-case basis. Unfortunately, mental health professionals have been delegated the responsibility of playing a gatekeeper role that affect decisions regarding hormone administration or medical procedures. This role must be taken very seriously as it can have irreversible effects (e.g., virilizing and feminizing hormones, surgical procedures). Therefore, the therapist should consider the length of time the youth has experienced gender dysphoria and if

the client's experience has persisted over time. Mallon (1999) also recommends a 2-year period between initiation of hormone treatment and sexual reassignment surgery. On a related note, mental health therapists can provide a letter that the youth can present to legal and medical authorities in an emergency.

It is also recommended that mental health professionals reach out to the extended family and social network of the gender nonconforming youth to provide education and information, provided that the youth is out to these persons. In the event the youth has been rejected by their family and has little access to financial resources, mental health professionals should consider offering free or sliding scale options. It is also important that the therapist be familiar with and be able to identify trans-friendly resources in the community. Knowledge of resources will not only help the client access further supports, but may also bolster the therapist's credibility.

Finally, the mental health professional should try to normalize the youth's experience of gender nonconformity. They may be the only one in their life that does so. These are only a few suggestions about how mental health professionals can increase their competence for working with these youth. Until research addressing gender nonconforming youth is available, it is necessary for mental health professionals to follow available guidelines that have been developed by experienced gender specialists. The psychotherapy guidelines offered by Holman and Goldberg (2006), and Lev (2004), and the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (2009) are recommended.

The results of this study provide a preliminary view into the lives of gender nonconforming youth. Future research should continue to explore this area in order to gain a deeper-level understanding of this extremely underserved population, with concurrent focus on expanding normative data for relevant measures, increasing access and sample sizes, and urging

the acceptance of similar research proposals by institutional review boards. Further, additional research will inform mental health professionals so they will be in a better position to provide services appropriate to the unique needs of gender nonconforming youth.

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Appendix A: **Informed Consent Document**

Informed Consent Form

1. Study Title

Transgender Youth: Support Networks and Mental Health Concerns

2. Study Personnel

	Student Researcher	Faculty Advisor	
Name	Jessica Bolton, M.S.	Shawn Davis, Ph.D.	
Institution	Pacific University	Pacific University	
Program	School of Professional Psychology	School of Professional Psychology	
Email	bolt2590@pacificu.edu	davissh@pacificu.edu	
Telephone	(503) 715-6050	(503) 352-7319	

3. Study Location and Dates

The study in which you are invited to participate is anticipated to begin May 2009 and to be completed by October 2009. The data for this study will be collected at multiple locations (SMYRC, Queerzone at Outside In, and TransActive) in the Portland, Oregon area that serve transgender and gender nonconforming youth.

4. Study Invitation and Purpose

You are invited to participate in a study about social supports, mental health experiences, and needs of transgender and gender nonconforming youth. You were invited to participate because you affiliated with an organization (SMYRC, Queerzone at Outside In, or TransActive) who serves transgender youth. This study is being conducted by Jessica Bolton, a student under the direction of Dr. Shawn Davis at Pacific University.

Please read this consent form carefully and ask any questions you may have before you agree to be in this study by emailing the principal investigator at bolt2590@pacificu.edu.

This study will begin in May 2009 and continue through October 2009. As part of this study, you are asked to provide informed consent and complete an online survey. The purpose of this study is to identify demographic, social support, and mental health experiences and needs of transgender and gender nonconforming youth. We are interested in your opinions in the service of furthering the research that informs competent mental health services for working with transgender youth.

5. Study Materials and Procedures

Within this website you will be asked to provide descriptive personal information about your gender expression, evolution of your gender identity, personal presentation, perceptions of others, physiological issues, participation in activities within your community, and other general demographics. You will also be asked to provide information about general life experiences by completing the Bem Sex Role Inventory, the Norbeck Social Support Questionnaire, and the Mental Health Inventory (a survey evaluating current mental health status, needs, and perceived barriers to mental health care).

6. Participant Characteristics and Exclusionary Criteria

Your participation was requested because you are affiliated with SMYRC, Queerzone at Outside In, or TransActive and are between the ages of 14-17 years.

7. Anticipated Risks and Steps Taken to Avoid Them

The risks posed to you as a participant of this study are minimal. By filling out the survey, there is the potential risk of emotional discomfort or stress associated with disclosing personal information could be elicited. **You are free to stop your participation at any time.**

8. Anticipated Direct Benefits to Participants

There are no direct benefits to participating in this study.

9. Clinical Alternatives (i.e., alternative to the proposed procedure) **that may be advantageous to participants**

Not applicable.

10. Participant Payment

Not applicable.

11. Medical Care and Compensation In the Event of Accidental Injury

During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete mental or medical health care as a result of your participation in this study. If you are injured during your participation in

this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

12. Adverse Event Reporting Plan

In the event you would like to report and adverse experience related to taking this survey, please contact the principal investigator's research advisor, Dr. Shawn Davis, at the number listed on the first page.

13. Promise of Privacy

The results of your participation will be kept strictly confidential. Your identifying information will only be associated with the data by the principal investigator in the event that you choose to disclose such information to obtain compensation. Further, your results will be kept in a safe, double-locked location to prohibit your results from being disclosed to anyone other than the principal investigator.

14. Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with Pacific University and/or the other organizations involved in the study. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you withdraw from the study early, however, you will not be compensated for your participation.

15. Contacts and Questions

The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. Complete contact information for the researchers is noted on the first page of this form. If the study in question is a student project, please contact the faculty advisor. If you are not satisfied with the answers you receive, please call Pacific University's Institutional Review Board, at (503) 352 – 2112 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

16. Statement of Consent

I have read and understand the above. All my questions have been answered. I am 14 years or older and give my consent to participate in this study. I have been offered a copy of this form to keep for my records.

Since this is an on-line survey, signatures cannot be obtained. By clicking "NEXT" I understand I will be taken to the study and that my continued participation in the survey denotes my consent. If I choose not to participate or to withdraw from participation, I can close the web page at anytime.

Appendix B: **Demographic Information**

1. What is your age? _____

2. What is your race/ethnicity?
African American/Black_____
Native American_____
Asian American/Pacific Islander__
White/Caucasian_____
Latina/Latino/Hispanic_____
Multiracial_____

3. With whom do you live? (check all that apply)
No one_____
Male partner_____
Female partner_____
Transpartner_____
Parents_____
Sibling_____
Other family_____
Roommate_____
Transfamily
Other_____

4. What sex were you assigned at birth?
Male_____
Female_____

5. How do you identify your gender (check all that apply)?
Pre-op Transsexual_____
Post-op Transsexual_____
MTM (Male to Male)_____
Genderqueer_____
Cross dresser_____
Transgender/ist_____
Intersex_____
Mem Male_____
Gender Blender/Bender_____
FTM (Female to Male)_____

MTF (Male to Female)_____
Transman_____
Transwoman_____
Cisgender_____
Gender variant_____
Butch_____
Stone_____
Sex radical_____
Androgynist_____
Female impersonator_____
Male impersonator_____
Two-spirited_____
Drag king_____
Drag queen_____
Gender radical_____
Differently gendered_____
Bigender_____
Omnigender_____
Queer_____
Other(s):_____

6. Do you experience your gender as changing over time?
Yes_____
No_____

7. What, if any, pronoun are you most comfortable with?
She_____
He_____
Ze_____
Co_____
None_____
Other: _____

8. At what age did you first experience yourself as something other than your assigned birth sex?
_____

9. At what age did you begin to present yourself as a gender identity you experienced yourself?
_____

10. At what age did you first tell someone you experienced yourself as something other than conventionally gendered? _____

11. Who was the first person you told that you experienced yourself as something other than conventionally gendered?
Trans friend_____
Cisgender friend_____

Sister/brother_____
Father_____
Mother_____
Co-worker_____
Therapist/Counselor_____
Teacher_____

Lover/Partner_____
Other: _____

12. Which, if any, of the following items do you wear when dressing?

Blouse_____	Boxers or briefs_____	Breast binding_____	Dress_____
Heels_____	Panties_____	Stimulated breasts_____	Wig_____
Simulated penis_____	Skirt_____	Stockings_____	Tie_____
Pants_____	Vest/jacket_____	Other: _____	

13. To what extent to you feel your gender identity is perceived accurately by strangers?

Not at all_____	A little bit_____	Moderately_____	Very much_____	Extremely_____

14. When you feel your gender is not perceived by others, how distressing is this for you?

Not at all_____	A little bit_____	Moderately_____	Very much_____	Extremely_____

15. For each of the people listed below and on the next page, please choose the statement that best describes your experiences?

Rating scale:
1 = person definitely does not know about your gender identity
2 = person might know about your gender identity, but it is never talked about
3 = person probably knows about your gender identity, but it is never talked about
4 = person probably knows about your gender identity, but it is rarely talked about
5 = person definitely knows about your gender identity, but it is rarely talked about
6 = person definitely know about your gender identity, and it is sometimes talked about
7 = person definitely knows about your gender identity, and it is openly talked about

_____Mother
_____Father
_____Siblings
_____Extended Family/Relatives
_____New conventionally gendered friends

_____Lover(s)/partner(s)
_____Co-workers
_____Work supervisors
_____Other students
_____Teachers
_____New acquaintances
_____Members of your ethnic community
_____Members of your religious community
_____Primary health care provider
_____Mental health provider (e.g., therapist)

15. Please check all of the below sexual reassignment options you have considered:
_____Hormones
_____Genital surgery
_____Chest surgery
_____Hysterectomy
_____Speech therapy and/or Adam's apple removal
_____Other:_____

16. How do you identify your sexual orientation?

Heterosexual_____	Bisexual_____	Omnisexual_____	Pansexual_____
Lesbian_____	Gay_____	Multi-sexual_____	Queer_____
Other_____			

17. How connected do you feel to the LGB community?

Not at all_____	A little bit_____	Moderately_____	Very much_____	Extremely_____

17. How connected do you feel to the Transgender community?

Not at all_____	A little bit_____	Moderately_____	Very much_____	Extremely_____

Appendix C: **The Bem Sex-Role Inventory**

The following items are from the Bem Sex-Role Inventory. Rate yourself on each item, on a scale from:

1 = Never or almost never true
2 = Usually not true
3 = Sometimes but infrequently true
4 = Occasionally true
5 = Often true
6 = Usually true
7 = Always or almost always true

1. self-reliant
2. yielding
3. helpful
4. defends own beliefs
5. cheerful
6. moody
7. independent
8. shy
9. conscientious
10. athletic
11. affectionate
12. theatrical
13. assertive
14. flatterable
15. happy

16. strong personality
17. loyal
18. unpredictable
19. forceful
20. feminine
21. reliable
22. analytical
23. sympathetic
24. jealous
25. has leadership abilities
26. sensitive to the needs of others
27. truthful
28. willing to take risks
29. understanding
30. secretive
31. makes decisions easily
32. compassionate
33. sincere
34. self-sufficient
35. eager to soothe hurt feelings
36. conceited
37. dominant
38. soft-spoken

39. likable
40. masculine
41. warm
42. solemn
43. willing to take a stand
44. tender
45. friendly
46. aggressive
47. gullible
48. inefficient
49. acts as a leader
50. childlike
51. adaptable
52. individualistic
53. does not use harsh language
54. unsystematic
55. competitive
56. loves children
57. tactful
58. ambitious
59. gentle
60. conventional

Appendix D: **Norbeck Social Support Questionnaire**

Please list each significant person in your life on the right. Consider all the persons who provide personal support for you or who are important to you.
Use only first names or initials, and then indicate the relationship. Use the following list to help you thing of the people important to you, and list as many people as apply in your case.

-partner
-family members or relatives
-friends
-work or school associates
-neighbors
-health care providers
-counselor or therapist
-minister/priest/rabbi
-other

You do not have to use all 24 spaces. Use as many spaces as you have important persons in your life.

First Name or Initials:	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

21. _____ _____
22. _____ _____
23. _____ _____
24. _____ _____

For each person you listed, please answer the following questions by writing in the number that applies.

0 = not at all
1 = a little
2 = moderately
3 = quite a bit
4 = a great deal

Question 1: How much does this person make you feel liked or loved?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 2: How much does this person make you feel respected or admired?

1._____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
22. _____
23. _____
24. _____
25._____

0 = not at all
1 = a little
2 = moderately
3 = quite a bit
4 = a great deal

Question 3: How much can you confide in this person ?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 4: How much does this person agree with or support your actions or thoughts?

1._____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
22. _____
23. _____
24. _____
25._____

0 = not at all
1 = a little
2 = moderately
3 = quite a bit
4 = a great deal

Question 5: If you needed to borrow $10, a ride to the doctor, or some other immediate help, how much could this person usually help?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 6: If you were confined to bed for several weeks, how much could this person help you?

1._____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
22. _____
23. _____
24. _____
25._____

Question 7: How long have you known this person?

1 = less than 6 months
2 = 6 to 12 months
3 = 1 to 2 years
4 = 2 to 5 years
5 = more than 5 years

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 8: How frequently do you usually have contact with this person? (Phone calls, visits, or letters)

5 = daily
4 = weekly
3 = monthly
2 = a few times a year
1 = once a year or less

1._____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
22. _____
23. _____
24. _____
25._____

Question 9: During the past year have you lost any important relationships due to moving, a job change, divorce or separation, death, or some other reason?

_____ 0. No
_____ 1. Yes

IF YOU LOST IMPORTANT RELATIONSHIPS DURING THIS PAST YEAR:

9a. Please indicate the number of persons from each category who are *no longer available* to you.

_____spouse or partner
_____family members or relatives
_____friends
_____work or school associates
_____neighbors
_____health care providers
_____counselor or therapist
_____minister/priest/rabbi
_____other (specify) _____

9b. Overall, how much of your support was provided by these people who are no longer available to you?

_____0. none at all
_____1. a little
_____2. a moderate amount
_____3. quite a bit
_____4. a great deal

Appendix E: **Mental Health Inventory**

These questions are about how you feel and how things have been for you during the past month. For each question, please circle a number for the one answer that comes closest to the way you have been feeling.

1. How happy, satisfied, or pleased have you been with your personal life during the <u>past month</u>? (Circle One)

Extremely happy, could not have been more satisfied or pleased	1
Very happy most of the time	2
Generally satisfied, pleased	3
Sometimes fairly satisfied, sometimes fairly unhappy	4
Generally dissatisfied, unhappy	5
Very dissatisfied, unhappy most of the time	6

2. During the <u>past month</u>, how often did you feel there were people you were close to? (Circle One)

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

3. During the <u>past month</u>, how often has feeling depressed interfered with what you usually do? (Circle One)

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

4. How much of the time, during the <u>past month</u>, did you have difficulty reasoning and solving problems; for example, making plans, making decisions, and learning new things? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

5. During the <u>past month</u>, how much of the time have you generally enjoyed the things you do? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

6. How much of the time, during the <u>past month</u>, has your daily life been full of things that were interesting to you? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

7. During the <u>past month</u>, how much of the time have you felt loved and wanted? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

8. How much of the time, during the <u>past month</u>, have you been a very nervous person? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

9. During the <u>past month</u>, how much of the time did you have difficulty doing activities involving concentration and thinking? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

10. During the <u>past month</u>, how much of the time did you feel depressed? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

11. During the <u>past month</u>, how much of the time have you felt tense or "high-strung"? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

12. During the <u>past month</u>, how much of the time have you been in firm control of your behavior, thoughts, emotions, and feelings? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

13. During the <u>past month</u>, how much of the time did you become confused and start several actions at a time? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3

Some of the time	4
A little of the time	5
None of the time	6

14. During the past month, how much of the time did you feel that you had nothing to look forward to? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

15. How much of the time, during the past month, have you felt calm and peaceful? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

16. How much of the time, during the past month, have you felt emotionally stable? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

17. How much of the time, during the past month, have you felt downhearted and blue? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

18. How often have you felt like crying during the past month? (Circle One)

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

19. How much of the time, during the <u>past month</u>, did you feel left out? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

20. During the <u>past month</u>, how often did you feel that others would be better off if you were dead? (Circle One)

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

21. During the <u>past month</u>, how much of the time did you forget, for example, things that happened recently, where you put things, or appointments? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

22. During the <u>past month</u>, how much of the time did you feel that your love relationships, loving and being loved, were full and complete? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23. How much have you been bothered by nervousness, or your "nerves", during the <u>past month</u>? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

24. During the <u>past month</u>, how much of the time has living been a wonderful adventure for you? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

25. How much of the time, during the <u>past month</u>, have you felt so down in the dumps that nothing could cheer you up? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

26. During the <u>past month</u>, did you ever thing about taking your own life? (Circle One)

Yes, constantly	1
Yes, very often	2
Yes, fairly often	3
Yes a couple of times	4
Yes, once	5
No, never	6

27. During the <u>past month</u>, how much of the time have you felt restless, fidgety, or impatient? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4

A little of the time	5
None of the time	6

28. During the past month, how much of the time have you been moody or brooded about things? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

29. During the past month, how often did you get rattled, upset, or flustered? (Circle One)

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

30. How much of the time, during the past month, did you have trouble keeping your attention on any activity for long? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

31. During the past month, how much of the time have you been anxious or worried? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

32. During the past month, how much of the time have you been a happy person? (Circle One)

All of the time	1

Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

33. How often during the <u>past month</u> did you find yourself having difficulty trying to calm down? (Circle One)

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

34. During the <u>past month</u>, how much of the time have you been in low or very low spirits? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

35. How much of the time, during the <u>past month</u>, have you felt cheerful or lighthearted? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

36. During the <u>past month</u>, how depressed (at its worst) have you felt? (Circle One)

Extremely depressed	1
Very depressed	2
Quite depressed	3
Somewhat depressed	4
A little depressed	5
Not depressed at all	6

37. How much of the time, during the past month, did you react slowly to things that were said or done? (Circle One)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

38. During the past month, how often did you feel isolated from others? (Circle One)

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6