Global Pediatric Health
Volume 7: 1–9

DOI: 10.1177/2333794X20954680
journals.sagepub.com/home/gph
SAGE

Evaluating transgender youth and parent interest and preferences regarding support groups

Shauna Marie Lawlis, MD[1], Patrick Butler, PhD, LCSW[1], and Amy Middleman, MD, MSEd, MPH[1]

Abstract

The purpose of this cross-sectional survey study is to explore transgender teens' and their parents' interest in and preferences regarding support groups in an effort to optimally serve the entire family's needs. The aims of the study were to: (1) describe transgender teens interest level and preferences regarding support groups; (2) describe parents of transgender teens interest level and preferences regarding support groups; and (3) compare responses based on demographics including teens versus parent, natal sex, and gender identity. De-identified surveys were collected from a convenience sample of transgender patients (N = 26), ages 13-18 years, and their parents (N = 20). Overall level of interest in support groups was 7.20/10 for youth and 7.95/10 for parents where 0 is not interested and 10 is very interested. Both groups endorsed benefits of a support group, including help with managing school issues, learning about local resources for transgender teens, and providing peer support. Both groups indicated "no time" as the most common potential barrier to attendance. Both groups expressed moderate interest in support groups, with minor differences between youths and parents noted in preferred support group structure. Further examination is warranted to determine optimal support group characteristics aimed specifically at parents and, separately, for youth. Additional support services might complement groups for a more comprehensive approach to support resources for this community.

Keywords

transgender teen, adolescents, parents, support group preferences, support services

Received February 11, 2020. Received revised July 24, 2020. Accepted for publication August 7, 2020.

Highlights

What do we already know about this topic?

It has been suggested that support groups for LGBT youth can mitigate minority stress through community support. In addition, many parents feel unsure how to support their children. Support groups can be a safe place for both teens and their parents to garner support and engage the whole family in the process of gender affirming care.

How does your research contribute to the field?

Previous studies regarding support groups for transgender teens and their parents have not evaluated the support group characteristics that attendees desire nor the barriers to attendance. This study examines transgender teens' and parents' interest in and preferences regarding support groups.

What are your research's implications towards theory, practice, or policy?

Understanding the preferences of the population to meet the specific needs of teens and, separately, their parents may increase participation by allowing the opportunity to address barriers faced by the population. While many

[1]University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA

Corresponding Author:
Shauna Marie Lawlis, University of Oklahoma Health Sciences Center, 1200 Children's Ave., Suite 12200, Oklahoma City, OK 73104-5410, USA.
Email: shauna-lawlis@ouhsc.edu

institutions employ support groups as part of comprehensive care for transgender teens and parents, investigating alternative support options may better serve the needs of these patients and their families in a way that allows for comprehensive, adolescent-centered, family-supported care.

Introduction

Current estimate of the prevalence of youth in the United States who identify as transgender is approximately 1.5-1.8%.[1-3] Compared to their cisgender peers, transgender youth are at higher risk for anxiety, depression, and suicide attempts.[4] Among U.S. transgender adults surveyed in 2015, 40% of respondents reported attempted suicide in their lifetime.[5] Based on Meyer's minority stress model, the stress associated with stigma and discrimination is thought to contribute to worse psychological distress and thus higher levels of anxiety and depression in transgender individuals.[6,7] It has been suggested that general support groups for lesbian, gay, bisexual, and transgender (LGBT) teens can decrease social isolation and mitigate minority stress through community support.[8] Bockting, *et al*. have extrapolated this idea to transgender youth and noted that stigma is associated with psychological distress but "family support, peer support, and identity pride. . . were protective factors."[6] Based on the data from this study, parent and patient support groups may benefit the overall mental health of transgender youth.

Many comprehensive gender clinics currently offer involvement in peer support groups. There are no data available currently regarding the specific preferences of transgender youth with respect to support groups. Evans, *et al.* examined the use of online resources by transgender youth and their caregivers and found that transgender youth and their families used the internet to seek support networks, particularly when living in areas with a low density of people and resources.[9] A small qualitative study looking at medical, mental health, and social service utilization among 18 male to female transgender youth found that approximately half of the respondents had attended transgender support groups; those who had attended spoke positively about their experiences.[10] Another study noted that transgender adults often use support groups to fill gaps in medical knowledge, such as advice and general information regarding gender affirming care.[11] Further study of the specific needs and desires of transgender youth with regards to support groups is needed and may validate the role of support groups in comprehensive gender care.

Family support of LGB[12-14] and transgender youth[6,15] has been shown to be protective against psychological distress and increased risk behaviors such as drug use and increased rates of sexually transmitted infections (STIs) among the youth; however, parents often do not know how to approach their teens' gender identity concerns or provide the support their children may need.[8,12,16,17] One study found that parental support of transgender youth was associated with "higher life satisfaction. . . and fewer depressive symptoms"[15] among trans youth; however, parents often require their own support systems to help them understand, validate and advocate for their children. In a study that examined parents' experiences with parenting a transgender child through in-person individual interviews, parents interviewed "felt that support provided by[6] communities increased their confidence to navigate parenting decisions."[18] One of the few studies describing group methodology and structure of a parent group described a more structured approach representative of group therapy rather than a support group. Yet parents from this group reported decreased feelings of isolation after meeting other parents in similar situations.[19] Thus, while there is some literature that describes the structure, process, and experiences with a transgender parent group and relates common topics discussed in the group,[16,17,20] fewer authors have shared data reporting regarding member preferences associated with the development of those groups.

Prior to this study, concurrent support groups for transgender teens ages 13-18 years and their parents were initiated on the first and third Monday nights of each month in an academic hospital clinic setting in the summer of 2017. Both attendance and engagement were low, dropping off completely by the winter holiday season. Inspired by this poor attendance, surveys were designed to quickly identify the needs of this patient population and their parents. The purpose of this study is to determine transgender teens' and parents' interest in and preferences regarding support group characteristics, potential benefits, and perceived barriers to attendance.

Methods

Anonymous surveys for transgender teens and their parents/guardians were developed to determine level of interest in support groups, preferences in support group elements and logistics, and barriers to attending support groups. Survey items were developed by faculty based on prior support group experience and available literature. Prior to distribution, surveys were reviewed and vetted by a group of experienced gender-affirming providers from a statewide network. A small number of items were included on the patient survey that were not included on the parent survey. For example, youth were

provided an option of "parental support" as a potential barrier to attendance; this option was not included in the parent survey. Both surveys provided open ended items for subjects to list additional ideas, preferences, and concerns in order to better capture participants' opinions and experiences. Items included in the survey focused on: overall interest in a support group; general preferences related to a support group (such as times, locations, etc.); potential benefits of a support group; barriers/concerns related to attending a support group; and several demographic items such as gender identity, natal sex, age, race and ethnicity.

Data regarding preferred characteristics of support groups were gathered using multiple choice or "circle all that apply" items. A visual analog scale (VAS) was used to assess gender identity. The scales consisted of 10 centimeters lines along with verbal anchors at both ends along which subjects marked their responses.[21] The gender identity scale had verbal anchors of "female" and "male;" for the analyses, the midpoint of the line was assigned a value of 0, representing "gender neutral;" subjects could also choose to identify as "gender fluid" in lieu of or along with completing the VAS.

The VAS was also used to assess interest in attending a support group, importance of food at the support group, importance of various potential benefits of a support group and level of concern over potential barriers to group attendance (scale from 0 to 10).

As part of a quality improvement project in a state that previously had limited clinical resources for transgender youth, paper surveys were distributed to a convenience sample of transgender/gender diverse (TGGD) teens between the ages of 13-18 years and to any parent of TGGD teens in this age range who presented for outpatient care to an academic, hospital-based Adolescent Medicine Clinic. Nursing staff offered the surveys to patients and parents arriving for gender affirming care at the beginning of the visit, explaining these were optional and for gathering information regarding interest in and preferences for possible support groups. Both youth and parents could elect to not complete the surveys and were assured participation was not associated with care. Data were not collected on the few who declined to participate. Paper surveys were color-coded for teens (white) and parents (yellow) and were distributed between August 2018 and December 2018 in the adolescent clinic. They were completed in the private exam room by respondents and were collected during the visit by staff. Although anonymous, given the small number of patients and participants, individual surveys were collected and batched with other surveys. Responses were entered into an SPSS database and data were reviewed for accuracy.

Descriptive statistics included frequency, range, median, mean, and standard deviation. Chi square and Fisher's 2-tailed exact tests were used to determine associations between nominal variables, and the Mann–Whitney *U* test (a non-parametric test for most conservative analysis due to fewer than 30 subjects per group) was used to determine associations between continuous variables. Because the number of participants in each group did not meet the customarily accepted minimum for the Central Limit Theorem of 30 or more, medians were reported as a more conservative measure and the standard deviation (SD) from the mean were reported as a rough estimate of data dispersion. Data were analyzed for differences between groups including youth and parents, assigned sex at birth, race, and ethnicity. SPSS version 24 was used for the analyses. Unless specifically noted (gender identity variable), VAS scores are reported out of a possible maximum of 10.

Ethical Approval and Informed Consent

The project was reviewed and exempted by the University of Oklahoma Institutional Review Board (IRB), IRB #9847. It was exempted because it involved no more than minimal risk and no PHI was collected. Written informed consent was not required as the survey was anonymous and voluntary, and participation implied consent.

Results

Demographic Information

Surveys were collected from 26 youths and 20 parents. Patient ages ranged from 13 to 18 years with a median of 16.0 years (SD 1.61). The majority of teens were assigned female sex at birth (88%), and identified as white (73.1%), and not Hispanic/Latino (80.8%). Reported gender identity for those assigned female at birth was represented by a median of 5.00 (SD 0.78) out of 5 on the male side of the continuum. Those assigned male at birth identified their gender identity at a median of 4.80 (SD 4.39) out of 5 on the female side of the continuum with one patient selecting −2.70 from female direction. One patient identified as gender fluid and also completed the VAS. One patient did not complete the VAS. (Table 1)

Parent/guardian ages ranged from 24 to 58 years with a median age of 46.50 years (SD 7.57). The majority of parents were assigned female at birth (90%) and identified as white (70%) and not Hispanic/Latino (90%). Reported gender identity for parents assigned female at birth was represented by a median of 5.00 (SD 0.68) out

Table 1. Youth and Parent Demographics.

	Youth	Parents	*P*-value
Age in years			
Range	13-18 years	24-58 years	
Median	16.0 (SD 1.61)	46.5 (SD 7.57)	
Mean	15.9	44.4	
Assigned female sex at birth % (N)	88 (N = 22)[b]	90 (N = 18)	
Gender identity[a] – Median	5.00 (SD 0.79) in ♂ direction	5.00 (SD 0.68) in ♀ direction	
Assigned male sex at birth % (N)	12 (3)[b]	10 (2)	
Gender identity[a] – Median	4.80 (SD 4.39) in ♀ direction	4.90 (SD 0.00) in ♂ direction	
Identified as genderfluid	% (N)	% (N)	
	3.8 (1)[c]	5 (1)[c]	
Race	% (N)	% (N)	
American Indian/Alaskan Native	7.7 (2)	20 (4)	NS
Black	3.8 (1)	0 (0)	
White	73.1 (19)	70 (14)	
Mixed Race	7.7 (2)	5 (1)	
Declined to answer	7.7 (2)	5 (1)	
Ethnicity	% (N)	% (N)	
Hispanic/Latino	11.5 (3)	10 (2)	NS
Not Hispanic/Latino	80.8 (21)	90 (18)	
Declined to answer	3.8 (1)	0 (0)	
Previously attended any LGBTQ support groups	% (N)	% (N)	
	56 (14)	25 (5)	NS(0.067)

[a]Gender identity was measured using a visual analog scale where the middle was assigned 0 for gender neutral and labeled up to 5 in both the male and female direction.
[b]One patient did not complete the VAS.
[c]One patient and one parent who completed the VAS also identified as genderfluid.

of 5 on the female side. Parents assigned male at birth had a median gender identity of 4.90 (SD 0.00) out of 5 on the male side. One parent identified as gender fluid and also completed the VAS. More than half of youth (56%) and few parents (25%) had previously attended LGBT patient and parent support groups, respectively. See Table 1 for full demographic information.

Overall Level of Interest

Median level of overall interest in support groups was 7.20 (SD 3.16) out of 10 for teens and 7.95 (SD 2.35) out of 10 for parents; these values were not statistically significantly different.

Desired Support Group Characteristics

Youth most often selected every other week (43.5%) and parents once a month (52.6%) for preferred meeting frequency. Both youth (56%) and parents (68.4%) most frequently chose a session duration of 60 minutes. Fifty eight percent of youth and 32% of parents chose to have meetings on weekends. (Table 2) In general, youth and parents wanted to be informed about a support group via email (35.6%), a website (35.6%) or their provider(s) (53.3%). When asked about the importance of food being present, youth reported statistically significant greater interest than parents ($P = .039$). Youth felt that either 6-10 people (39.1%) or 11-15 people (43.5%) would be an ideal group size; the proportion of parents preferring 6-10 people and 11-15 people were 55% and 35% respectively. The difference between parents (89.5%) and youth (65%) interest in the hospital as a meeting location approached a statistically significant difference ($P = .081$). Responses were associated with assigned sex at birth as youth assigned female at birth were more willing than youth assigned male at birth to attend group sessions at the hospital ($P = .037$). The majority of youth (80%) and parents (63%) were willing to attend group sessions at an LGBT center. Approximately half of teens reported a willingness to travel 21-40 minutes to attend a group; 58% of parents would be willing to travel 11-20 minutes to attend.

Benefits of Support Groups

Both youth and parents assigned a level of importance of greater than seven on the VAS for the following

Table 2. Youth and Parent Responses Regarding Preferred Characteristics of, Potential Benefits of and Barriers to Support Groups.

Topic	Youth	Parent	*P*-value
How often would you like for support group to meet?			.02[a]
• Weekly	30.4% (7)	10.5% (2)	
• Every other week	43.5% (10)	26.3% (5)	
• Once a month	21.7% (5)	52.6% (10)	
• Once every 3 months	4.3% (1)	10.5% (2)	
How long do you think each group session should last?			NS[a]
• 60 minutes	56.0% (14)	68.4% (13)	
• 90 minutes	28% (7)	26.3% (5)	
• 120 minutes	16% (4)	5.3% (1)	
Days			NS[b]
Weekends	57.7% (15)	30% (6)	
How important is food?			
Median response on VAS	5.93 (SD3.07)	4.14 (SD3.79)	0.039[c]
What kinds of food? Select all that apply (Frequency responses)			
• Meal foods	46.2% (N = 12)	40.0% (N = 8)	NS[b]
• Snack foods	73.1% (N = 19)	50.0% (N = 10)	NS[b]
• Dessert foods	46.2% (N = 12)	6.3% (N = 1)	0.006[b]
Other answers:			
"Dessert or snack depends on time"	N = 1		
"Don't care"	N = 1	N = 1	
"Healthy food/non-junk food"	N = 1	N = 1	
"Sweet tea"	N = 1		
What is the ideal number of people for such a support group? (Response frequencies)			NS[a]
• 2-5	17.4% (4)	5% (1)	
• 6-10	39.1% (9)	55% (11)	
• 11-15	43.5% (10)	35% (7)	
• >15	0	5% (1)	
Where would you be willing to attend a group? Select all that apply.			
• Children's Hospital in a conference room(s)	65% (16)	89.5% (17)	NS[b]
• LGBTQ center	80% (20)	63.2% (12)	NS[b]
• Local community center	56% (14)	73.7% (14)	NS[b]
• Religious organization's building (Ex: church, temple, mosque)	36% (9)	31.6% (6)	NS[b]
• School conference room	36% (9)	42.1% (8)	NS[b]
• Local business (Ex: coffee shop)	52% (13)	36.8% (7)	NS[b]
• Other	4% (1)	10.5% (2)	NS[b]
"Any"		N = 1	
"Anywhere welcoming"		N = 1	
"Nowhere"	N = 1		
How far would you be willing to travel to attend a group?			
• 5-10 minutes	25% (6)	0	NS[a]
• 11-20 minutes	20.8% (5)	57.9% (11)	
• 21-40 minutes	50% (12)	31.6% (6)	
• 41-60 minutes	4.2% (1)	0	
• >60 minutes	0	10.5% (2)	
Overall level of interest in support groups			
Median response on VAS	7.20 (SD3.16)	7.95 (SD2.35)	NS[c]
Potential benefits of support group (Median response on VAS: 0 = no benefit, 10 = strong benefit)			
Meeting other parents/transgender teens	8.30 (SD2.41)	7.55 (SD1.93)	NS[c]
Education on trans-related toics/speakers	7.70 (SD3.29)	8.30 (SD1.80)	NS[c]

(continued)

Table 2. (continued)

Topic	Youth	Parent	*P*-value
Activities and games	7.20 (SD2.65)	1.20 (SD2.52)	<0.001[c]
Local resources for trans teens	7.20 (SD2.91)	9.25 (SD1.35)	0.013[c]
Tips or advice on transition	8.80 (SD2.84)	9.40 (SD2.00)	NS[c]
Dealing with school issues	7.20 (SD3.08)	9.55 (SD1.83)	0.023[c]
Peer support/sharing stories	8.40 (SD3.03)	9.20 (SD1.39)	NS[c]
Other (write in)			
"Not too structured"	N = 1		
"Current events"		N = 1	
"Helping teens network into college/job opportunities after high school"		N = 1	
"Helping those who are questioning"	N = 1		
"Lunches at schools"		N = 1	
"Something not trans-related"	N = 1		
"Potential future life issues – travel, passport, legal, medical, family planning, job, business, etc."		N = 1	
Worries/concerns about support group (Median response on VAS; 0 = no concern, 10 = strong concern)			
Confidentiality/Privacy	3.90 (SD2.63)	4.90 (SD3.41)	NS[c]
Potential disagreements/differences with others	4.50 (SD3.06)	4.65 (SD2.98)	NS[c]
Boredom	5.00 (SD3.22)	1.35 (SD3.24)	0.032[c]
Other people respecting pronouns	2.10 (SD3.34)	*Not asked*	
Other (write in)			
"Child gravitating towards other trans boys with ED"		N = 1	
"Having to drive too far"	N = 1		
"I'm concerned my kid will be bored & I will monopolize the conversation"		N = 1	
"My kid has anxiety and will not do this easily"		N = 1	
"Other parents who may not be respectful"	N = 1		
"People in general"	N = 1		
"Political disagreements"	N = 1		
"Support groups being too formal"	N = 1		
"Trans people who disrespect non-binary people"	N = 1		
"What fines?"	N = 1		
Barriers to attendance, select all that apply (Response frequencies)			
Transportation	50% (N = 12)	15.8% (N = 3)	NS(0.057)[b]
No time to go	73.9% (N = 17)	66.7% (N = 12)	NS[b]
Confidentiality	4.3% (N = 1)	5.6% (N = 1)	NS[b]
Anxiety	43.5% (N = 10)	16.7% (N = 3)	NS(0.095)[b]
Parent Support	4.3% (N = 1)	*Not asked*	
Other (write in)			
"$ to get there"		N = 1	
"Already go to a group"	N = 1		
"Conflicts"	N = 1		
"Distance"	N = 1	N = 2	
"Mental health reason/depression"	N = 1		
"Other obligations"		N = 1	
"People"	N = 1		

[a]One-way ANOVA.
[b]Chi-square, Fischer's exact 2-tailed test.
[c]Mann–Whitney *U* Test.

potential benefits of attending a group: meeting other transgender teens/parents; education on trans-related topics/speakers; accessing local resources for trans teens; receiving tips or advice on transition/supporting your teen through transition; dealing with school issues; and experiencing peer support/sharing stories. Parents

were more interested than youth in learning about local resources for trans teens ($P = .013$) and how to deal with school issues ($P = .023$). Parents assigned female at birth were more likely than parents assigned male at birth to indicate interest in the potential group benefits related to information on local resources (median interest for parents assigned female 9.02, SD 0.94; for parents assigned male 5.75, SD 0.64; $P = .011$) and peer support (median interest for parents assigned female 8.90, SD 1.14; for parents assigned male 6.05, SD 0.35; $P = .011$), although the number of parents assigned male at birth was only 2. Teens felt activities/games might be of benefit in a support group but parents did not desire activities and games in their groups ($P = .001$). Open ended responses were too few and disparate to establish themes, however two individuals did indicate that helping teens with finding a job might be a benefit. Other potential benefits that were written in open ended items by parents and teens included helping teens network, helping those who are questioning their identity feel supported, providing advice on navigating future life issues, and being able to discuss current events; enumerated in Table 2.

Concerns and Barriers for Support Groups

Worry/concern over confidentiality/privacy and potential disagreements with others were not rated highly as significant concerns among either youth or parents. (Table 2) Youth indicated a concern (5.01, SD 3.22) for potential boredom, and parents indicated less concern (1.35, SD 3.24) ($P = .032$). When asked about potential barriers to attendance, 73.9% of youth and 66.7% of parents indicated that "no time to go" was a barrier. Youth in this sample did not indicate that lack of parent support was a barrier but 50% of youth did report "transportation" as a barrier. (Table 2) Other potential concerns and barriers that were written in open ended items included a few themes: concerns over disrespect, particularly to those who identify as non-binary; cost and transportation issues/distance; and political disagreements/interpersonal conflicts. Details enumerated in Table 2.

Discussion

Much of what youth and parents endorse as potential benefits to transgender support groups reflect a strong interest in accessing further resources and recognition of traditional benefits of interacting with others with similar concerns, which agrees with Bockting's data that support may be protective against minority stress.[6] Although there is very little literature regarding support groups for transgender children or their parents, the few studies that do exist endorse these same benefits.[20,22] Respondents did not strongly voice concerns related to attending support groups, and the majority of barriers selected and listed by participants were relatively universal concerns associated with any group activity such as time constraints, conflicting obligations, cost, and transportation. Interestingly, the youth response for transportation as a barrier could be viewed as incongruent with the response that they would be willing to travel farther than parents (21-40 minutes for youth vs 11-20 minutes for parents); however, it is also possible that youth may be willing to travel farther but may not have the means or a vehicle with which to physically get to a support group. In addition, some of open ended responses regarding barriers to attendance mention respect from other parents and youth around gender identity, such as non-binary identities. Of note, this concern regarding respect of non-binary individuals may reflect past experiences with support groups that this respondent was noted to have in their survey responses, and would suggest that firm ground rules regarding respect within the group may need to be established.

Despite the identification of benefits that seemed to outweigh concerns, not everyone rated overall interest in support groups as 10 out of 10. The relatively moderate interest expressed for support groups of approximately 7 out of 10 may indicate that an as yet untapped, additional modality of support may exist for youth and parents to achieve similar benefits as those associated with support groups. The wide standard deviation of this result for teens (SD 3.16) and parents (SD 2.35) also shows that many people had lower overall interest levels in attending a support group. It is possible that subjects who responded with overall interest below the median may be interested in online resources[9] or, alternatively, may desire an entirely different modality for support services.

Both youth and parents were interested in weekend meeting times for groups. The majority of adolescents also indicated interest in more social aspects of group engagement including the provision of food and interest in games and activities, which may imply the teens prefer interactions made less intense by interspersing them with or conducting group through social activities. These findings are developmentally appropriate and may explain why adolescents are more willing to meet on weekends. Parents expressed the desire to meet during the week and were more interested in the educational benefits of support groups, particularly the identification of local resources and help dealing with school issues. These results suggest that youth may see groups as not only a potential source of information but also as a more social opportunity; parents appear eager for more information on how to best help their teen navigate gender

affirming care. A study conducted in Cincinnati supports this idea; 40% of transgender teens and 44% of parents reported a desire to meet other transgender youth and other parents of transgender adolescents.[23] More study is required to further guide the development of the most effective support groups to target the disparate needs of both youth and their families.

Findings on preferences for frequency and duration of groups are helpful in guiding support group development for this particular population, though it is unclear if these results are generalizable given the small sample size and uniformity of respondents. For those who rated overall interest in groups as low, this may be indicative of the need to assess whether group is the most efficient and valued form of intervention for some transgender youth. Interest in groups may be decreased among trans youth with significant dysphoria or social anxiety; struggling youth may be more comfortable using online resources, which are often used by transgender youth and caregivers for support and information.[9] One-on-one peer mentoring, either online or in person may be another valuable adjunctive strategy. As with any other group of people, one strategy rarely works for all group members; the approach to supportive services for trans youth and their families will likely require a multifaceted approach to be fully successful.

Limitations

Limitations of this study included a small sample size leading to a lack of power. There may be selection bias as the majority of the youth and majority of parents were assigned female at birth and identified as white. Also of note, we do not have data regarding potential bias resulting from characteristics associated with refusal to participate. While potentially representative of the population that typically presents to a tertiary care clinic, the results may present a biased view related to access to care in this geographic area. Given that the surveys were provided to patients and parents at an adolescent medicine clinic, this study may also not represent the more potentially diverse views of youth whose families are not yet ready to seek specialized care. The study was conducted in a state with relatively few services for this population, also potentially affecting generalizability.

Conclusions

This study sheds light on the support and resource preferences of transgender teens and their parents in a state with previously poor availability of services designed specifically for their needs. Transgender teens and their parents expressed some interest in support groups and identified several potential benefits as well as concerns related to attending a support group. Perhaps focus groups of parents and youth would yield further data to aid in developing more tailored support groups as well as adjunctive support resources targeting the unique needs and levels of interest of parents vs. transgender youth.

Author Contributions

SL - contributed to conception and design; contributed to data acquisition, analysis and interpretation; drafted manuscript; critically revised manuscript.
PB - contributed to conception and design; contributed to data analysis and interpretation; critically revised manuscript.
AM - contributed to conception and design; contributed to acquisition, analysis, and interpretation; critically revised manuscript.
All authors approved the manuscript for submission.

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Dr. Middleman receives royalties as a section editor for UpToDate.com. She is the principal investigator on a grant her institution received from Pfizer Medical Research. Dr. Lawlis is a paid contributor of Pediatric News. Dr. Butler has nothing to disclose.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Shauna Marie Lawlis https://orcid.org/0000-0002-4825-1242

References

1. Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. *J Youth Adolesc*. 2009;38:1001-1014.
2. Johns MM, Lowry R, Andrzejewski J, et al. Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual behaviors among high school students - 19 states and large urban school districts, 2017. *MMWR*. 2019;68:67-71.
3. Dane County Youth Commission. *Dane County youth assessment overview report*. WI2015, Madison.
4. Mustanski BS, Garofalo R, Emerson EM. Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *Am J Public Health*. 2010;100:2426-2432.
5. James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality; 2016.

6. Bockting WO, Miner MH, Swinburne Romine RE, Hamilton A, Coleman E. Stigma, mental health, and resilience in an online sample of the US transgender population. *Am J Public Health*. 2013;103:943-951.
7. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull*. 2003;129:674-697.
8. Allen KD, Hammack PL, Himes HL. Analysis of GLBTQ youth community-based programs in the United States. *J Homosex*. 2012;59:1289-1306.
9. Evans YN, Gridley SJ, Crouch J, et al. Understanding online resource use by transgender youth and caregivers: a qualitative study. *Transgender Health*. 2017;2: 129-139.
10. Corliss HL, Belzer M, Forbes C, Wilson EC. An evaluation of service utilization among male to female transgender youth: qualitative study of a clinic-based sample. *J LGBT Health Res*. 2007;3:49-61.
11. Hines S. Transgendering care: practices of care within transgender communities. *Crit Soc Policy*. 2007;27: 462-486.
12. Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 2009;123:346-352.
13. Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs*. 2010;23:205-213.
14. McConnell EA, Birkett MA, Mustanski B. Typologies of social support and associations with mental health outcomes among LGBT youth. *LGBT Health*. 2015;2:55-61.
15. Simons L, Schrager SM, Clark LF, Belzer M, Olson J. Parental support and mental health among transgender adolescents. *J Adolesc Health*. 2013;53:791-793.
16. Menvielle EJ, Rodnan LA. A therapeutic group for parents of transgender adolescents. *Child Adolesc Psychiatr Clin N Am*. 2011;20:733-743.
17. Malpas J. Between pink and blue: a multi-dimensional family approach to gender nonconforming children and their families. *Fam Proc*. 2011;50:453-470.
18. Gray SA, Sweeney KK, Randazzo R, Levitt HM. "Am I Doing the Right Thing?": pathways to parenting a gender variant child. *Fam Proc*. 2016;55:123-138.
19. Di Ceglie D, Thummel EC. An experience of group work with parents of children and adolescents with gender identity disorder. *Clin Child Psychol Psychiatry*. 2006;11: 387-396.
20. Menvielle EJ, Tuerk C. A support group for parents of gender-nonconforming boys. *J Am Acad Child Adolesc Psychiatr*. 2002;41:1010-1013.
21. Chang R, Little TD. Innovations for evaluation research: multiform protocols, visual analog scaling, and the retrospective pretest-posttest design. *Eval Health Prof*. 2018; 41:246-269.
22. Hillier A, Torg E. Parent participation in a support group for families with transgender and gender-nonconforming children: "Being in the company of others who do not question the reality of our experience". *Transgender Health*. 2019;4:168-175.
23. Lawlis SM, Donkin HR, Bates JR, Britto MT, Conard LAE. Health concerns of transgender and gender nonconforming youth and their parents upon presentation to a transgender clinic. *J Adolesc Health*. 2017;61:642-648.