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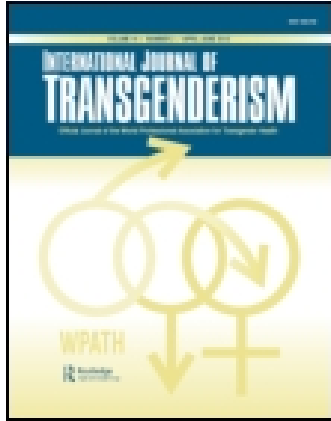Jack Tocco
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Information about the health and well-being of transgender communities is sparse, and even less is known about ethnic minority transgender communities. The little research that exists suggests that transgender women suffer high rates of HIV seropositivity, poor mental health outcomes, and body-modification-related health problems, challenges that are intensified among some ethnic minority communities (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Golub, Walker, Longmire-Avital, Bimbi, & Parsons, 2010; Nemoto, Bodeker, & Iwamoto, 2011). Even so, transgender communities are tremendously resilient in the face of transphobia and great structural disadvantage (Bith-Melander et al., 2010; Fish, 2012). Social support has been shown to play a key role in overcoming adversities associated with marginalized identities, including racial and sexual minority statuses in the United States (Brown, 2008; Graham, 2012). Yet there is a dearth of information regarding psychosocial determinants of health, such as the role of social networks in the gender transition process and the well-being of transgender communities—including ethnic minority transgender communities.

The role of social networks in influencing health outcomes may be particularly important among individuals of multiple marginalized identities, such as Black transgender women, whereby support derived from networks may mitigate the negative effects of transphobia and racial discrimination (Nemoto et al., 2011). Given the role of social resources in determining health outcomes, considering gender transition experiences and identity development in the context of social networks is likely a meaningful approach to understanding vulnerabilities and

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assets that can be leveraged to protect and improve the health of transgender communities (Graham et al., 2014). In particular, by determining how social networks relate to the experiences of Black transgender women, approaches to health promotion and disease prevention within this subpopulation can be better targeted. This study explores the role of interpersonal relationships in the gender transition of young adult Black transgender women. To further explain and theorize the impact of social support in the lives of Black transgender women, we aim to describe and characterize the experiences of Black transgender women in their interpersonal relationships during gender transition.

TRANSGENDER IDENTITY AND MINORITY STRESS

Transgender is an umbrella term that refers to a diverse group of individuals whose gender does not align with the cultural expectations and norms of gender identity and expression associated with their sex phenotype at birth. The terms *transgender woman* or *male-to-female transgender woman* (MtF) are used to describe individuals who were socially assigned to the male sex at birth but self-identify and desire to live as women. Phone interviews with 65 transgender women in 1995 suggested that coming out as transgender was driven by events that told them their feelings regarding sex or gender were "wrong," finding that there were names for their feelings, and learning that there were others who had similar experiences (Gagné, Tewksbury, & McGaughey, 1997). Performing femininity is often key to a sense of self for transgender women, yet less rigid constructions of the gender binary are related to higher self-esteem and positive transgender identity (Iantaffi & Bockting, 2011).

For some, the end goal or destination is to be perceived, seen, and identified by others as women unqualified, whereas others take on a trans identity and seek acceptance of a gender designation different from cisgender women—individuals who identify as women and were assigned to the female sex at birth (Bith-Melander et al., 2010; Gagné et al., 1997; Stryker,

2008). Regardless of the transitioning goals, there are undoubtedly implications for transgender communities regarding the degree to which these communities are or are not seen by members as transitional and, moreover, the degree to which individuals desire to be out as trans or to "pass" as cisgendered (Schilt & Wiswall, 2008). In one study of 573 transgender women in Oakland and San Francisco, California, African American transgender women had the highest rate of hiding their transgender identity compared to all other races represented in the study (Nemoto et al., 2011). Gender identity development, transitioning, and coming out (or disclosure) often occurs in the context of stress, marginalization, and alienation.

As posited by minority stress models, marginalized communities, including transgender communities, are subject to stress and prejudice as a result of alienation from social structures, norms, and institutions (Graham, 2012; Meyer, 2003). In the aforementioned study by Nemoto and colleagues (2011), 33% of transgender women reported daily verbal violence in youth and extreme difficulty in dealing with it. In accordance with minority stress models, oppression related to marginalization leads to poor health outcomes (Meyer, 1995). The limited data available suggest that access to health care and availability of social support are low, while drug use, homelessness, unemployment, discrimination, prevalence of HIV seropositivity, engagement in sex work, experiences of violence, depression, and suicide are high among transgender individuals and may be even greater among African American transgender individuals (Clements-Nolles, Marx, Guzman, & Katz, 2001; Edwards, Fisher, & Reynolds, 2007; Gagné et al., 1997; Graham et al., 2014; Nemoto, Operario, & Keatley, 2005; SFDPH, 1999; Wyss, 2004).

SOCIAL SUPPORT AND INTERPERSONAL RELATIONSHIPS WITH FAMILY AND PEER GROUPS

The quality of interpersonal relationships affects mortality, psychiatric and physical morbidity, and chronic disease adjustment (Barker, Herdt, & deVries, 2006; Cohen, Gottlieb, &

Underwood, 2000). Relationships with individuals and groups within a network can provide social support, be sources of stress, or neither, depending upon the nature of the relationships and how functional, healthy, or harmful the relationships are (Cohen & Willis, 1985; Graham, 2012). Social networks can provide stability, purpose, belonging, security, and "self-worth which reduces psychological despair and increases motivation to care for one's self" (Cohen & Willis, 1985). Social support derived from interpersonal relationships functions in two ways: (a) through provision of emotional, informational, or instrumental resources and (b) by influencing cognition, emotions, and actions without explicitly aiming to help or support (Cohen et al., 2000).

Social support has been shown to act as a buffer against stress, blunting its negative effects and facilitating more effective coping (Cauce, Felner, & Primavera, 1982; Cohen, 2004). Based on 40 studies, Cohen and Willis (1985) showed that emotional and esteem support provided protection against a wide range of stressful events. Previous work with transgender women has shown that finding peers who had rejected stigma, self-blame, and internalization of negative attitudes is important in the development of a positive sense of self and moving forward with transition; similarly, supportive reactions from others to their presentation as a woman were also important in legitimizing their identity (Gagné et al., 1997). In contrast, feedback from others that is incompatible with self-identity leads to distress (Burke, 1991).

Pursuant to parental acceptance–rejection theory, children's experience of rejection has significant impacts on their adult lives, whereas positive relationships with family can provide strength and refuge from harsh social environments outside the family (Koken et al., 2009; Rohner, Khaleque, & Cournoyer, 2005). In a national study of predominately White transgender adults and their nontransgender siblings, transgender individuals perceived less social support from family compared to their non-transgender biological sisters (Factor & Rothblum, 2007). Derogative comments from family members affected self-esteem more than insults from non-family members.

In addition to the role of support or lack thereof within families, support stemming from interpersonal relationships with friends and community groups is also consequential (Ell, 1984). Though marginalized identities have most often been conceptualized as sources of stress, affiliation of marginalized individuals with marginalized groups has been associated with protective group solidarity and cohesiveness (Graham et al., 2014; Jones et al., 1984). Previous work in transgender communities suggests that access to transgender peers is critical in facilitating self-recognition of one's transgender identity and provides assistance in navigating transitioning (Pinto, Melendez, & Spector, 2008). For transgender individuals, the mechanisms to and impact of peer minority support is particularly complex given the desire of many individuals to "pass" and the resulting invisibility or separation from trans communities (Gagné et al., 1997).

Previous work has suggested that within the context of multiple marginalized identities, access to peer support in already marginalized transgender communities may be further divided into subgroupings based on language, culture, ethnicity, and social status (Bith-Melander et al., 2010). In an ethnographic study exploring the needs of transgender youth and adults of color in San Francisco, California, African American transgender participants felt that some in their communities were marginalized based on pre-/post-operative status (whether individuals had undergone sex reassignment surgery), whether or not they sold sex, and on socioeconomic status (Bith-Melander et al., 2010). Particularly among small populations, such subdivisions are likely to limit access to the protective benefits of group affiliation. Even in the midst of such factions, trans participants identified friends and mentors in their communities as an important support system in transitioning, similar to the findings of other studies (Pinto et al., 2008).

There is a lack of data about the lived experience of transgender individuals, especially ethnic minority transgender people, and a need for more information on the psychosocial determinants of health in transgender communities, including Black transgender communities. Given the breadth of studies suggesting that

social support modifies the relationship between life stressors and well-being, characterizing the experiences of Black transgender women with regard to their interpersonal relationships may provide critical information for health promoting interventions (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). In the present study we use life-history narratives to explore Black transgender women's experiences of familial and peer social support in Detroit, Michigan. Through a modified grounded-theory analysis we examine the ways in which social support impacts identity development and the gender transition process.

METHODS

This study is part of a larger Ford Foundation–funded project titled "Economic Crisis, Residential Instability, and Changing Sexual Geographies of Detroit Youth," which seeks to examine and positively transform the structural conditions that contribute to sexual vulnerability among disadvantaged youth in Detroit (Berman et al. 2013; Graham et al., 2013, 2014; Lopez et al., 2012; Snow et al., 2013). Known locally as Detroit Youth Passages (DYP), this project is the result of collaboration between investigators from the University of Michigan School of Public Health and three community-based organizations in Detroit: Alternatives For Girls, Detroit Hispanic Development Corporation, and the Ruth Ellis Center (REC), a nonprofit organization serving lesbian, gay, bi-attractional, transgender, and queer/questioning (LGBTQ). REC is the only agency in the mid-western United States that specifically serves residentially unstable LGBTQ youth. REC operates three programs: (a) Second Stories—the street outreach and drop-in center that serves youth and young adults 14 to 24; (b) Transitional Living Program, which serves young adults 16 to 21 in need of safe and supportive living conditions; and (c) a semi-independent living program, which serves young people ages 12 to 17.

DYP uses a community-based participatory and praxis-based approach to explore the relationships between contexts, actions, and interpretations of young people's lives in order to heighten awareness of the broad range of contingencies bearing on the intersections of unemployment, housing challenges, and sexual exchange among youth communities in Detroit. This article is focused on description of socially and historically conditioned contexts for Black transgender women in the study. We used qualitative methods as a means of interpretive inquiry to elicit participants' perspectives and subjective views and to empower individuals to share their stories. In particular, we used oral narrative to collect accounts of gender transitioning.

Narratives are stories that enhance understanding through rich and intricate contextual accounts of events and sentiments (Lawrence, 1995). Narrative format was chosen to gather life history information because it produces data that is dense in the detailed and moving articulation of the teller's or subject's life experience and feelings. In narrative interviews, unlike other related data collection techniques like semistructured interviews, participants are minimally prompted, are encouraged to cover any topic they want, and are allowed to elaborate and speak at length uninterrupted (Graham, Brown-Jeffy, Aronson, & Stephens, 2011). With some other interview techniques, participants are asked a series of questions that vary in degree of relatedness, there are frequently time limits, and interviewers are tasked with keeping participants on topic.

In autumn 2011, one co-investigator and one trained graduate student from the University of Michigan conducted one-on-one, life history interviews with a convenience sample of 10 transgender women between the ages of 18 and 24 living in metropolitan Detroit. Theoretical saturation, the comprehensiveness with which a set of data captures the range of responses offered by potential participants, has been reached with as few as 5 participants for homogenous samples of phenomenological and narrative studies (Creswell, 1998; Guest, Bunce, & Johnson, 2006; Morse, 1994; Safman & Sobal, 2004). To assess quality of data with respect to the target population, we prioritized credibility, or confidence in reflecting participant perspectives in key areas (Lincoln, 1995). Primary areas included social

gender transitioning and social support in the context of interpersonal relationships.

A transgender-identified project coordinator based at REC recruited participants using online social networking sites and word of mouth. The project purpose and procedures were explained, and potential participants were screened for inclusion based on age, city of residence, and self-identified gender. For the purposes of our study, *transgender woman* was defined as any person assigned to a male sex at birth and living socially as a woman. All participants consented to a digitally recorded anonymous interview. Interviews were conducted in a private office at REC.

Each life history interview proceeded from the narrative prompt: "Tell me the story of your life." The participants thus largely drove the content of interviews. Follow-up questions focused on social aspects of the gender transition process. Participants were remunerated with US$20.

A one-page summary was completed after each interview to capture basic demographic information about each participant. Participants' mean age was 21. While nearly all participants self-identified as transgender women, a small minority rejected the transgender label and identified instead simply as a girl or a woman. Although ethnicity was not a specific inclusion criterion, most participants self-identified as Black or African-American ($n = 8$), while a minority identified as biracial including Black ($n = 2$).

Each interview lasted between 16 and 71 minutes (mean interview length, 46 minutes). All interviews were digitally audio-recorded, transcribed verbatim, and de-identified. Interview transcripts were imported into NVivo 9 software (QSR International, Melbourne, Australia). Data were analyzed using modified grounded theory (LaRossa, 2005; Ridge, Minichiello, & Plummer, 1997; Utrata, 2011), in which themes related to the explanation of phenomena were generated from qualitative data.

The authors listened to all interviews and drafted one-page analytic summaries focused on participants' experiences with social structures. Each transcript was then read and in vivo coded; text was tagged to indicate the topic or idea being discussed (Strauss & Corbin, 1998).

Based on these procedures, a provisional codebook of tags was created. Differences were discussed through team meetings.

All interviews were coded using the finalized codebook. Following coding, data were analyzed "vertically" by examining the full range of responses associated with particular themes. Themes were also examined "horizontally" to enable resituating of themes within the broader context of each woman's life (Glaser, 2005). Pseudonyms were used in place of participant names.

RESULTS

The gender transition process for Black transwomen in this study influenced and was influenced by evolving familial relationships and support from transgender peers. The following interpersonal interactions were significant for many participants: family reactions to self-recognition of femininity during childhood, coming out as gay prior to transgender identity disclosure, contact with an out transwoman or drag queen, emotional and physical distancing from existing social networks, building relationships in transgender communities, and reinitiating contact with biological family.

Familial Reaction to Self-Recognition of Feminine Sensibilities

In their earliest memories, participants described having, what Darla refers to as, a deep-seated "feminine spirit." As Adina said when describing what eventually led to her gender transition as an adult, "I always . . . I always just thought I was. (laughs) I remember being very young and thought I was, I honestly thought I was a girl." Many participants also described themselves as having feminine physical features; some participants noted people "mistaking" them for a girl while they were still living as a boy. Given early self-awareness of feminine qualities, some participants attempted to declare themselves as girls years before they would ultimately transition, and many engaged in normative feminine activities and play.

Narratives revealed early family awareness of participants' femininity. While participants found some safe havens for expressions of femininity, such as embrace by girl peers in grade school, many experienced reprimand and social chastising—teaching them from an early age that their sense of self was socially taboo. A few participants spoke of blatant transphobic reactions from family, such as being sent to live with uncles to get more exposure to men and learn to exemplify manliness. Others spoke more generally about feeling from an early age that expressions of femininity were socially shunned, without referencing specific instances of familial gender policing.

These experiences led participants to understand early on that feminine expression and attraction to boys was unacceptable. In response, participants concealed their identities as a way of managing sexual and gender conformity pressure; participants tried to hide their feelings through self-sanctioning, such as "sneaking" around with feminine clothes or purses, as Berta put it, and experimenting with private and public cross-dressing when away from their family. Berta comments,

> I wanted to be this person, but I knew I couldn't because I didn't want to get beat up. Or I didn't want to . . . you know what I'm sayin'. But when I got home and I'm alone or I'm with like my couple of cousins that I can be myself with, I'm playing with Barbie dolls and I'm doin' this and I'm doin' that. And I think that's just like the most hurtful thing for a child because you have some people that know this is the way they want to be when they're a child.

In the context of pressure to conceal gender identity, many transwomen spoke about coming out as gay prior to transitioning.

Coming Out: Gay as Easier to Accept than Transgender

Though gender and sexual identity development are occurring simultaneously and intersecting, the phased approach of coming out as gay first seemed to facilitate interpersonal transitions with respect to gender, as models for coming out as gay were more apparent and participants were more familiar with the idea and process. In coming out as gay, some participants found that their fears of family rejection were overly pessimistic. Carley, for example, anticipated familial rejection based on the horror stories peers at school had shared. At 17, when she told her mother she was gay, her mother responded, "We knew that when you was three."

Though not all family members immediately accepted participants when they came out as gay, participants found that their families were better able to "understand," in the words of Adina, being gay compared to being transgendered. Adina offers, "They know I'm a tranny. They know that. It's like they understand what a, what a homosexual is. They don't understand what a transsexual is." Participants referenced their families having more previous exposure to gay identities, including other gay family members or friends. However, families' lack of previous exposure to transgender people made acceptance of participants' transgender identities a greater struggle. Berta explains,

> Like she didn't have a problem with me so much being gay. But then when I wanted to be a girl she was like, "Why do you have to do that?" And, "you can just stay a boy and be gay" and all this and all that.

Participants in our study found that marginalized sexual identities were better understood and relatively more accepted than marginalized gender identities, perhaps because gay culture and identity were more visible than trans culture and identity.

Revelation and Affirmation Through Initial Contact with Transwomen

Participants' first introduction to a transgender woman provided them with important, unprecedented validation and affirmation. Participants described the experience of meeting

or recognizing a transgender woman or drag queen for the first time as providing them with a sense of possible self-actualization. As Eboni recounts, "And that's when I seen a tranny. And I said, 'Oh, so you can make yourself look like a girl.'" Another participant expressed the importance of the visibility of actor and drag queen RuPaul and inclusion of transgender people on television shows like "Degrassi" in facilitating her own acknowledgment and acceptance of her identity. These interactions gave participants a chance to envision a future for themselves, and the life histories suggest that this alleviated some of the isolation and aloneness transwomen felt.

Participants characterized the commitment to transition and going "full time," as a necessary part of self-actualization; presenting as a woman (not just wearing feminine clothing) was described as providing participants with an overwhelming sense of comfort. Fatima remembers, "It just made me feel real comfortable . . . Like I didn't have to be afraid or nothing . . . It was like, 'this is me.'" This sense of comfort with self was in stark contrast to the feelings of repression participants had long harbored. Darla remarks, "I bottled my feelings up all my life and [for] so long. And I just got tired, and I just had to, you know, be true to myself." The internal peace and happiness that came from accepting one's self as a woman led participants to commit to life as a woman, despite the challenges of transitioning and living as a transwoman. In many ways, the challenges faced in youth were amplified upon committing to actively transitioning or living full time as a woman. But, the necessity of transitioning as a pathway to self-actualization led participants to persevere, as with Imani,

> It was hard at first because, you know, you have your criticism and your things that you go through on a day-to-day basis. And so at one point in time, I honestly did want to give up and I stopped [trying to transition] when I was, like, 18. But after, I say, a week, after I stopped I couldn't. I just got back into the flow of things and I started doing what I had to do.

Interpersonal and Emotional Distance from Biologic Family—Emergence of Kin

Amidst mixed support, many participants described dissociation from their biologic families and to some degree their social networks more broadly, in order to transition to living full time as women. Participants described leaving their homes, rarely (if ever) seeing their family in person, and ceasing any or most verbal communication, in some cases for multiple years. For the minority of participants, division from family was less drastic or less directly attributed to transitioning. In these cases, many family members were still described as struggling with acceptance of the participant's gender, resulting in fractious, unsupportive relationships.

Participants largely took ownership over the decision to sever or severely limit communication and instrumental reliance on existing social networks. Despite taking ownership over these decisions, participants' language alluded to the decision to dissociate as one of necessity for the preservation of true self. Participants felt unable to transition in front of their families, anticipated push back, and needed independence, at least from familial instrumental support, in order to be freed to express their previously suppressed identity. Casting the separation as a decision of independence and strength may serve as a coping strategy. Jasmine notes,

> It was one thing for me to be gay, but then it was another thing for me to be a girl, but that was just like the next step. You know, like, because that's really what I wanted to do, but I could never do that because I'm, you know, under your [parents'] roof.

Life histories suggest that participants' experiences with gender expression led them to conclude that they would be unable to transition in their existing networks, particularly their family; participants spoke of a lack of emotional support for their transition, the need for informational peer support from transgender communities, and desire to form their new and true identity in a space separate from that in which

they had long felt the need to be closeted. Echoing the stories of other participants, Kisha went 2 years without speaking to her mother:

> And if you [mother] don't like it [the way I live my life], then you won't see me. So that, by the time, the next time that you see me, you, you not gonna worry about what I'm doing in my personal life so much... you just gonna be happy to see me. So, I broke away from her. I did not speak. Um, you know, um, pulled it together. Um, did my very best to survive.

In the wake of familial separation, participants' transitioning stories included difficulties meeting daily needs and building new social support. Participants' stories focused on their struggle to find housing and find a source of income.

In need of money, often, specifically to pay for short-term housing, many participants described selling sex as a source of income. Fatima shares, "I was forced to commercial sex. I had nowhere else to go. I mean, I was gonna go to ... my uncle, but he didn't like the way I live my life, so I couldn't go to him. So, where am I going?" Other transgender women provided logistical expertise regarding sex work as well as peer support; participants described information sharing such as where to post ads online, resource pooling such as sharing hotel rooms with other women, and peers being vigilant of one another's safety. As Fatima expressed,

> You know, the older trans girls were showing me the ropes and what to do. My gay mama was out there helping me, so if I could make my fair share, let me sleep in her room one night or whatever the case may be.

Particularly early on in their transition, and upon separating from family and friends to transition, participants described peers in the transgender community as providing instrumental, informational, and emotional support, even when participants were near-strangers.

Adapting to the separation from biologic family and previous social circles, participants embraced new kin. We use kin to refer to close and strong social ties that are neither based on consanguinal or affinal ties. As Kisha put it, "I built my own family, like, in, in the gay world." Participants described having "gay moms" and "gay dads," and a few described themselves as being gay mothers to a multitude of "gay kids." For some, fictive kin took the place of biologic family from whom they were displaced. Kisha continues,

> That's how, why a lot of my [gay] kids wind up staying with me... maybe their [biologic] parents don't, you know, they kind of shaky about the transitioning or... just about the lifestyle... and, you know, by them being my [gay] kids and stuff, then that's where I step in.

Reestablishing Contact with Biological Family

Whether participants came out to their families before or after having dissociated from them to socially transition, both time and distance aided in familial acceptance of transgender identity. Once navigating the world as women, participants often reestablished connections with their pretransition social networks, particularly their biological families. For some women reinitiating contact meant attending major family holiday celebrations and beginning to reestablish in-person contact, while for others it meant more superficial "friending" family on Facebook or contacting family by phone; several mentioned not having seen their family in person as a woman. Carley voiced the experience of dissociating from and then returning to her pretransition social network:

> I became a transgendered female in—full-fledged—2005. Um, I actually had to step away from my family just so I [could] do it ... I think around 2007 is when I popped back up because everybody kept asking me where I was. So, it was a

Thanksgiving and I popped back up . . . it was like my little cocoon stage . . . I came into this little butterfly. And I started flying around. And ever since then, it's been pretty good. Because before hand, it was very much so, "I can't believe this." Uh, all of that, you know, the normal ignorance. But after, I guess, they realized and thought that it was serious business, it was more accepting.

Following their social transition, participants perceived greater embrace from those around them, which they attributed to being perceived as serious about their identity, having been missed and worried about by those from whom they had dissociated, having proven they could and would make the transition on their own, and passing as a woman. Participants were emotional and strongly appreciative of the support they received from their families, referencing feeling overwhelmed and supported by family members telling them how pretty they looked in Facebook pictures, family members correcting themselves when terms like "boy" were used instead of "girl," and being shown love. Though participants felt more supported by their families over time, narratives suggest that both internal and external acceptance of transitioning was constrained by conventional understanding of a gender binary; participants' appearance and ability to pass as women were valued highly and considered tantamount in transitioning, as Imani articulated, the "right" way. Moreover, the narratives imply that acceptance by families is not the same as understanding and, further, is likely insufficient, even if unwavering, for providing individuals the array of support necessary to transition. Adina asserts, "It's not that I don't get along with my family. It's just they don't understand . . . Like, they, they, they accept me . . . They, they call me a lot. They call me, they call me a girl. They call me "her.'"

DISCUSSION

Findings highlight familial and peer relationship dynamics that featured prominently during gender transition for study participants. Participants expressed a strong admiration and appreciation for feminine attributes during childhood. They learned and performed conventional feminine gender roles early on that were recognized by their biological family unit. This process seemed similar to that outlined by Pollock and Eyre (2012) in a study of 13 female-to-male (FtM) individuals. Drawing in part on feminist constructivist theory, their study described a growing sense of gender that led to recognition of transgender identity and social adjustment. Feminist constructivist theory casts categories of gender identity and biological sex as discursively invented products of cultural and historical moments (Butler, 1990), and thus not only is gender divorced from sex, they can both be deconstructed, reconstituted, and fashioned differently across time and space—governed by will and social norms.

Participants in our study came to understand the gender conformity expectations of their family and community through social sanctions reminiscent of forms of gender conversion therapy (e.g., forced exposure to male influence). The irony of the impact of gender conformity expectations was the pressure placed on participants to masquerade in masculine drag, performing a gender incongruent with their true identities. Previous research suggests that many transgender individuals feel a great deal of anxiety about embodying a gender that does not conform to social expectations (Bith-Melander et al., 2010). This anxiety corresponds to the social sanctions placed upon individuals who fail to enact gender in socially prescribed ways (Gagné et al., 1997). Social messaging and societal cisgendered expectations have been linked to transgender individuals adopting negative self-conceptions and having their connections to community and sense of belonging compromised (Chernicoff, 2002; Gagné et al., 1997). In one study, a third of African American MtF youth reported hearing "almost daily" that transgender persons were abnormal (Nemoto et al., 2011). Given the rigidity of masculine hegemony, and the perceived relinquishing of social power associated with transitioning from male to female, MtF transition is thought to be particularly challenging and socially stigmatized (Melendez & Pinto, 2007).

In an attempt to have their feminine gender identity affirmed and validated—that is to be viewed, treated, and regarded as women—participants in our study began transitioning socially and physically, first coming out as gay. Initial close association with the gay community was also alluded to by a cohort of African American and Latina MtF transgender individuals in New York City (Pinto et al., 2008). Coming out as gay appeared to act as a pilot for coming out as transgender vis-à-vis the confusion of parents and other family members about the differences between and intersections of gender and sexuality. Transgender identities may be perceived as more unstable, more in flux, and changing, whereas a gay identity may seem more certain; one is either gay or not, but the parallel perception may not exist for transgender identities.

Black transgender communities in Detroit are subcommunities of larger Black LGBT communities, where gay identities may be centered. Many questions remain related to transgender women's relationships with gay men in LGBT communities, support derived from gay subcommunities, and the degree to which transgender women's sexual identities change from initially coming out as gay to another designation after gender identity disclosure. It is also unclear whether coming-out as gay prior to gender identity disclosure is a reflection of sexual-identity development co-occurring with gender-identity development, delayed gender identity development, or a sequential aspect of the gender-transitioning process. These and related topics should be the focus of future inquiry.

Given that identities are formed through collective cultural production, practice, and consumption, initial contact with other transwomen helped validate participants' transition in the sense that these women mirrored to participants who they were and what they felt. Consistent with social evaluation theory, participants' sense of value and worth did not rest in being tokenized or different but rather in having their identities celebrated by those who shared their cultural orientations. Sense of community allows people to compare themselves to their community rather than the dominant culture (Pettigrew, 1967). Transgender youth of color expressed, in one previous study, a desire for group acceptance for developing a positive self-image (Bith-Melander et al., 2010).

It appeared that participants committed to transitioning full time when the cognitive, emotional, and social toll of not being one's true self overwhelmed, or when they no longer had the capacity and desire to be "bi-gendered," which in many cases contributed to some form of separation from social networks, including biological family. In a study by Koken and colleagues (2009), 40% of transwomen of color classified their parents as hostile or aggressive, which led many to leave home. Though participants' familial environments, situations, and circumstances were sometimes harsh and undoubtedly contributed to separation from social networks, they remembered their separation through a lens of agency. Perceptions of self-determination and control over their own destinies may influence participants' self-efficacy and ability to envision and look forward to the future. While residential instability for our participants was in part related to familial separation in the context of transitioning, being socially located within Black working-class communities, poverty and drug addiction within families was a part of the separation backdrop. We focus here on separation related to transitioning.

The need to separate from social networks could be a result of (a) difficulties establishing new relationships with transwomen and LGBT communities while maintaining relationships with biological family, (b) challenges transitioning while emotionally and psychosocially too close to other people (a minimum amount of dyadic or interpersonal space needed to transition), (c) an inability to demand acceptance from biological family while being dependent on their instrumental support, (d) rejection of the biological family's use of instrumental support as a control mechanism or tool to wield power and influence (a tool of support being used as a weapon), or (e) an attempt to alleviate harm that these existing relationships inflict on participants in other ways. It may also be easier to transition around those who did not know what participants looked like or how

participants performed gender prior to beginning transition, since those others have no earlier image of participants for comparison. Further, because we bring all of the information we have and relationship history to bear on how we relate and interact with each other, managing how others incorporate their experience of and with participants prior to transitioning into a posttransition relationship while simultaneously transitioning may be an unreasonable task for participants who may find it easier or more effective to work on this aspect of social transition not in the presence of those with whom participants have long-standing relationships. Whatever the core reasons for separation, it apparently outweighs the potential consequence of residential instability (a structural determinant of health) and reliance on survival sex work (a form of sexual vulnerability). In one study, 70% of MtF transgender youth participated in sex work, and 66 percent had stayed at least once in a shelter or other similar living facility (Corliss, Belzer, Forbes, & Wilson, 2007). Though familial separation in the context of gender transitioning contributed to involvement in survival sex work, more widespread economic desperation within low-income Black communities in Detroit has contributed to many young people across the city relying on survival sex work.

Participants in our study found communities of transwomen who supported each other in a myriad of ways, including safety while selling sex. These communities disrupt the notion of family as being genetically or biologically rooted by subversively recreating "mother," "father," and "sibling" designations in their new kin network structure. In this way, family is (trans)theorized, not as something one is born into or dependent upon bloodline but rather something that one joins through recognition of one's place in a lineage of inclusive group identity. In one study of FtM youth, when individuals lacked biological family support, they formed their own families, which helped with transitioning and seeing self through the stories of others (Pollock & Eyre, 2012). In another study, using the Social Support for Adolescents Scale, 98% of ethnic minority MtFs cited friends as somewhat or a

great deal helpful for emotional support (Garofalo et al., 2006).

Some families go through a grieving process and later accept their transgender children (Lev, 2006). In one sense, participants in our study were in search of having their transition taken seriously. Unfortunately, when this seriousness manifested, it most often took the form of sexist and conventional notions of superficial beauty. Even though participants had long identified as women on the inside and declared themselves so from an early age, they would ultimately only be taken seriously (and in some cases only take themselves seriously) if their physical appearance was deemed "passable."

While participants sought escape from masculine–gender conformity pressures, feminine–gender conformity pressures blocked or slowed their transition process. Participants could not socially and physically transition on their own terms, free of pressure from those withholding acceptance until particular versions of femininity were performed. Transgender people are often coached to "pass" as the "other sex" (Raymond, 1994)—forced into the gender binary/crossing over. It is unclear to what degree outsiders' expectations and withholding of support influence participants' desired outcomes related to physical transitioning as distinguished from what participants' physical transitioning goals may be outside of the context of these expectations and manipulations, but it likely has implications for healthy emotional, psychosocial, and physical transitioning and thus warrants further study. The centrality of societal expectations in transitioning processes suggests an important role for interpersonal and community networks in the overall adjustment and well-being of transgender individuals.

In working to translate our understanding of Black transwomen's experiences of social support into efforts that will contribute to the health and well-being of these communities, there is a need for individual and community-level change. Practitioners and service providers should help parents and families understand the importance of careful, deliberate, and affirming message transference and response to a wide range of gender performances from children during this formative time; moreover, there is room for explicit public health

messaging and education regarding transgender identities, of more substance than simply including the "T" in LGBT. Public awareness campaigns regarding transgender identities could help to close the gap in families' understanding of gay versus trans identities. Additionally, parenting resources and family counseling can include a focus on better explaining trans identities and identifying ways of simultaneously bolstering instrumental social support while creating the necessary dyadic space and distance youth may need to transition comfortably.

Community programs can work to facilitate connecting young transwomen to transgender communities and role models in safe and supportive environments. Visibility of these resources, through avenues such as school, church, flyers, or radio advertisements may be particularly important in ensuring that young transgender individuals know that support resources exist prior to dissociating from their family. Other beneficial approaches may include increasing the visibility of transwomen in popular media and transforming cultural norms to celebrate, promote, and accept a wide range of masculinities, femininities, and other genders that may fall outside of the gender binary. Policy advocates can work to increase accessible, affordable, and culturally acceptable housing and housing programs for transgender youth and work to both decriminalize sex work and make sex work safer.

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