How well do Various Types of Support buffer Psychological Distress among Transgender and Gender Non-Conforming Students?

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Abstract

Background: Transgender and gender non-conforming (TGNC) individuals experience an increased prevalence of many psychological disorders, leading many to reach out for support from family, friends, mental health professionals, and religious or community networks. Nonetheless, experiences seeking support are often negative, and many psychotherapists report feeling underprepared to work with TGNC clients. To better understand the experiences of TGNC individuals and better equip psychotherapists in their work with TGNC clients, we investigate which sources of support most successfully buffer psychological distress among TGNC individuals.
Aims: This study aims to identify differences in levels of various types of support (social, family, religious, and living-situation) between cisgender and TGNC individuals and examine how these types of support may or may not buffer psychological distress among TGNC individuals.
Method: We used a United States national sample of 3,090 students (1,030 cisgender men; 1,030 cisgender women; 349 transgender; 681 endorsing another gender identity) from the Center for Collegiate Mental Health 2012-2015 database who provided basic demographic information through the Standardized Data Set. Psychological Distress was measured through the Counseling Center Assessment of Psychological Symptoms 34-item questionnaire.
Results: TGNC individuals reported more distress, less family support, more social support, and less frequent religious affiliation than cisgender men and women. Family and social support emerged as the strongest predictors of distress for both TGNC and cisgender individuals. Though religious affiliation and living on-campus buffered distress among cisgender students, they did not buffer distress among TGNC students.
Conclusion: Our study highlights disparities in distress and support between TGNC and cisgender individuals. We found that although religious affiliation and on-campus living are beneficial for cisgender students, neither systematically buffers distress for TGNC students. These findings illustrate the impact minority stress and systemic discrimination may have on TGNC individuals and provide suggestions for therapeutic intervention in work with TGNC individuals.

Keywords: Transgender, gender non-conforming, support, religion, psychological distress

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Transgender and gender non-conforming (TGNC) individuals experience alarmingly high rates of victimization and subsequent psychological distress (Bouman, Davey, Meyer, Witcomb, & Arcelus, 2016; Pflum, Testa, Balsam, Goldblum, & Bonger, 2015). Although there is growing awareness of the TGNC community and the effects of minority stress on TGNC mental health (Grant et al., 2010; Hendricks & Testa, 2012; Meyer, 2003), TGNC individuals continue to have significantly more anxiety, depression, self-harm rates, and suicide attempts than both lesbian, gay, and bisexual (Pflum et al.2015; Carmel & Erickson-Schroth, 2016), as well as cisgender peers (Bouman et al., 2016).

This distress, as well as the need to obtain letters of support for hormone replacement therapy or surgeries, leads many TGNC individuals to seek out psychotherapy. However, many therapists report feeling unequipped or ill-prepared to work with TGNC clients (O'Hara, Dispenza, Brack, & Blood, 2013) and many TGNC clients report negative experiences with therapists (Mizock & Lundquist, 2016). Guidelines for therapists working with TGNC clients have been released by both the World Professional Association for Transgender Health (Coleman et al., 2012) and the American Psychological Association (APA, 2015). Nonetheless, there remains a need to better understand the lived experiences of TGNC individuals and how these experiences may contribute to higher rates of psychological distress to assist psychotherapists in their work with TGNC clients.

To this end, we analyzed data from the Center for Collegiate Mental Health (CCMH) 2012-2015 database, which included over 1,000 TGNC individuals, focusing on factors that may uniquely buffer the increased psychological distress experienced by TGNC college students.

Specifically, we examined the role of various forms of support that have been found to buffer psychological distress among cisgender individuals including social support (Mustanski & Liu, 2013), family support (Hendricks & Testa, 2012), religion (Bonelli & Koenig, 2013), and living situation (Jordyn & Byrd, 2003).

Minority Stress

Noting the disparities in mental health between heterosexual individuals and lesbian, gay, and bisexual men and women, Meyer (2003) proposed the Minority Stress Theory as an explanation. Minority Stress Theory posits that increased experiences of discrimination, the hypervigilance that comes from being discriminated against and resultant internalized stigma collectively create an experience of stress that is unique to minorities and may lead to mental health disparities. This framework has been adapted and applied to gender minorities (Hendricks & Testa, 2012) and is the primary theoretical framework from which we understand mental health differences between cisgender and TGNC individuals.

Family and Social Support

Family and social support are important buffers for mental health problems for both TGNC and cisgender individuals, but may be especially crucial variables in buffering distress and negative mental health outcomes for TGNC individuals (Bockting, Miner, Swinburne-Romine, Hamilton, & Coleman, 2013; Davey, Bouman, Arcelus, & Meyer, 2014; Pflum et al., 2015). Like many LGB individuals, many TGNC individuals report receiving little or no family support (Bockting et al., 2013), leading to more psychological distress (McConnell, Birkett, & Mustanski, 2016). Many TGNC individuals are not “out” to their families and may be hesitant to reach out to their families for help (Bariola et al., 2015), possibly due to the negative mental health effects of family rejection (Klein & Golub, 2016). When the families of TGNC

individuals are accepting and supportive, TGNC individuals evidence more self-esteem, fewer suicide attempts, and better overall physical and mental health (Mustanski & Liu, 2013). Nonetheless, due to minority stress (Hendricks & Testa, 2012; Meyer, 2003), TGNC individuals may be less likely than cisgender individuals altogether to reach out to their families when experiencing psychological distress and even less likely to receive support from their families.

Many TGNC individuals may thus seek support from friends or others around them when experiencing psychological distress. Like cisgender individuals, TGNC individuals who report less social support tend to report more suicidal ideation (Mustanski & Liu, 2013), non-suicidal self-injury (Arcelus, Claes, Witcomb, Marshall, & Bouman, 2016; Davey, Arcelus, Meyer, & Bouman, 2016), distress (Budge, Adelson, & Howard, 2013), and poorer mental health overall (Bariola et al., 2015). Conversely, when experiencing more social support, TGNC individuals report improved mental health (Tebbe & Moradi, 2016). However, unlike cisgender individuals, TGNC individuals may have more difficulty building and accessing support networks. This could be due to a lack of general societal acknowledgment and understanding of the TGNC experience (Fassinger & Arseneau, 2007) and may also be magnified by the continual presence of direct discrimination (Lombardi, Wilchins, Priesing, & Malouf, 2008) and microaggressions (Galupo, Henise, & Davis, 2014) that are frequently reported by TGNC individuals.

Religion

In addition to support from family and friends, many people find support in religious communities. Religious affiliation has been linked with less psychological distress (Lefevor, Janis, & Park, 2017) and improved mental health in the general population (Bonelli & Koenig, 2013). However, as many religions do not affirm sexual or gender minority identities (Cragun & Sumerau, 2015; Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015; Kanamori, Pegors, Hulgus,

& Cornelius-White, 2016), it is unclear if religious affiliation may function in a supportive manner for TGNC individuals.

Observations of the relationship between religion and TGNC mental health have yielded two primary (and contradictory) themes. Either religious affiliation functions as an avenue for maintaining a broader sense of social and family support, possibly providing a buffer against distress (Cook, Riggle, Rosenkrantz, & Rotosky, 2016) or it conflicts with an individual's TGNC identity, contributing to feelings of isolation and exposure to non-affirming behavior (Golub, Walker, Longmire-Avital, Bimbi, & Parsons, 2010), which may lead to increased psychological distress and decreased self-esteem (Dahl & Galliher, 2012).

Living Situation

Living situation may also contribute to the mental health outcomes of TGNC individuals. Among college students, benefits of living away from home and on-campus are well established for cisgender individuals (Sullivan & Sullivan, 1980; Jordyn & Byrd, 2003). However, these trends may not generalize to TGNC students. TGNC individuals experience unique difficulties in navigating campus life and are more likely to consider leaving their universities due to feeling a lack of support (Seelman, 2016). Many express difficulties finding affirmative housing (Seelman, 2014) or do not feel affirmed in their identities on campus (Pryor, 2015). As TGNC students experience more distress and victimization than cisgender individuals (Bariola et al., 2015; Krum, Davis, & Galupo, 2013), this may contribute to more frequent self-injury and suicidal ideation (Effrig, Bieschke, & Locke, 2011).

Though a plethora of research has considered the role that access to campus facilities has as a form for support for TGNC individuals (Krum et al., 2013; Seelman, 2016), very little has focused on the role that housing plays as a form of living-situation specific support for TGNC

individuals. Entering college housing has been noted as a major obstacle for gender minority students, particularly for TGNC students (Seelman, 2016). Consequently, off-campus living may avoid many of the strains of on-campus living. No studies to our knowledge have addressed the relationship between living on or off campus on TGNC mental health.

Research Questions

Research has established strong links between social and family support and psychological distress among cisgender individuals and there is mounting evidence that these trends hold for TGNC individuals. Little research has examined rates of religious affiliation among TGNC individuals and—though examined among cisgender individuals—no studies to our knowledge have examined the impact of religious affiliation on distress among TGNC individuals. Although some research has examined the experiences of TGNC individuals on college campuses, no studies to date have looked at the potentially supportive effects of residential living on distress among this population. Further, most research on TGNC mental health has used relatively small samples of TGNC individuals recruited through convenience sampling. More thorough and representative work with larger samples is needed to understand the ability of these various forms of support to buffer psychological distress among TGNC individuals. It is also important to examine the differences that may exist between TGNC and cisgender individuals to better understand the unique contributions of minority stress on TGNC mental health.

The present study was guided by two primary questions: What are the effects of social support, family support, living-situation specific support, and religion on TGNC mental health? and how do these effects differ for TGNC individuals relative to cisgender men and women? We divided our primary question into four smaller questions: (a) How do family and social support

relate to psychological distress among TGNC individuals? (b) Does religion act as a buffer for psychological distress in TGNC individuals? (c) What is the relative impact of living on versus off campus on TGNC mental health? (d) Which of these various forms of support are most strongly related to psychological distress?

Method

Data for this study were collected through the Center of Collegiate Mental Health 2012-2015 data set. The CCMH is a national research-practice organization including over 400 college and university counseling centers primarily within the United States. All centers that contributed data to the CCMH National Database received institutional review board approval at their individual institutions prior to contributing data to the research. Institutional review board approval was also received for the use of archival data from the institution review board of the primary author for the present study.

Participants

Participants were students at CCMH-participating colleges and who presented for mental health treatment. Of the 262,916 clients in the 2012-2015 data set, 104,206 unique clients were undergraduates, provided a gender identity and responded to questions assessing key study variables (religion, social support, family support, housing, psychological distress), 1,030 of which identified as transgender or gender non-conforming. Because clients were unevenly distributed by gender, we took a random, stratified sample of 1,030 cisgender men and 1,030 cisgender women to create a final sample of 3,090 participants. Data were analyzed using a variety of methods including analyses of variance, linear regression, and chi-squared analyses using $p < .05$ to determine statistical significant. Due to the large sample size, relationships tested

were frequently significant, and effect sizes are also provided to contextualize the significance of the results.

Measures

Standardized Data Set. The Standardized Data Set (SDS; Center for Collegiate Mental Health, 2017) gathers information on demographics, academics, and mental health history of clients and is typically administered at a student's first session of mental health treatment. For the present study, the following questions from the Standardized Data Set were used: gender identity (male, female, transgender, self-identify), religious identity (agnostic, atheist, Buddhist, Catholic, Christian, Hindu, Jewish, Muslim, no preference, self-identify), and housing status (on-campus residence hall, fraternity/sorority house, cooperative house, off-campus house, other). Perceived family and social support were also measured through an item each from the SDS measuring participants' level of agreement on a five-point Likert scale to the following question(s): "I get the emotional help and support I need from my family (social network)." For analyses, we dichotomized religious identity into two groups: religious (Buddhist, Catholic, Christian, Hindu, Jewish, Muslim, self-identify; coded as "0") and unaffiliated (agnostic, atheist, no preference; coded as "1"). We dichotomized living situation into on-campus residence (coded as "1") and other (coded as "0").

CCAPS-34. The Counseling Center Assessment of Psychological Symptoms (CCAPS) is a standardized, multidimensional assessment of psychological symptoms (Locke et. al, 2012) and is typically administered at intake in participating centers. The CCAPS measures distress in students over seven different domains including depression, generalized anxiety, social anxiety, academic distress, eating concerns, alcohol use, and hostility. Each of these subscales combines to create an overall distress index, which we use as our measure of psychological distress, with

higher scores indicating greater distress. The Distress Index has demonstrated adequate internal consistency ($\alpha = .92$) and 1- and 2-week reliability (CCMH, 2015; Locke et al., 2012).

Results

Clients were on average 21.13 years old (*SD* = 3.99), White (69.9%), and equally split between being religiously affiliated (50.8%) and religiously unaffiliated (49.2%). The TGNC group was comprised of 349 transgender clients (11.3% of sample) and 681 clients who marked "self-identify" in response to the gender question (22.0% of sample). The "self-identify" group included individuals with a variety of gender identities such as gender non-binary, gender nonconforming, genderqueer, genderfluid, and agender. Due to the nature of the gender identity question and the lack of information about sex assigned at birth for the present sample, further comparisons between transmen and transwomen were not able to be conducted. We first tested relationships between our variables of interest and demographic variables. These comparisons are shown in *Table 1*. Participant groups did not differ in ethnicity (χ^2 (3) = 4.70, p = 0.20). Religious affiliation was unequally distributed across participant groups (χ^2 (3) = 185.95, p <.01) with transgender and self-identifying individuals showing the highest rates of religious disaffiliation (68.5% and 64.6% respectively). Living situation was also unequally distributed across participant groups (χ^2 (3) = 17.99, p < .01) with somewhat more cisgender women, transgender, and self-identifying students living on campus than cisgender men.

We compared participant groups on study variables as shown in *Table 2*. We found that participant groups differed significantly in Psychological Distress (F(3, 3086) = 58.32, p < .01, η^2 = .05), Family Support (F(3, 3086) = 75.13, p < .01, η^2 = .07), and Social Support (F(3, 3086) = 9.74, p < .01, η^2 = .01) with means showing the highest levels of Psychological Distress and Social Support and the lowest levels of Family Support among TGNC individuals. Psychological

Distress was significantly related to family support (r = -.32, p < .01), social support (r = -.22, p < -.22), living off-campus (r = .04, p < .01), and religious affiliation (r = -.14, p < .01). Distress was not significantly related to age (r = .01, p - .74).

We conducted a series of regression analyses using a model-building approach to test the relationships between our support variables, gender, and their interaction on psychological distress. The initial model regressing all support variables onto psychological distress was significant (F(4, 3085) = 122.22, p < .01, R^2 = .14). Including gender (dichotomized as TGNC vs. cisgender) at the second step was significant (F_{change} = 71.49, p < .01, R^2_{change} = .02), indicating that gender identity accounts for additional distress beyond that accounted for by the support variables. Consequently, we added interactions between gender identity and the support variables on a third step. The addition of this step significantly improved model fit (F_{change} = 3.71, p < .01, R^2_{change} = .004) and this model was retained as our final model and is shown in *Table 2*.

Support variables, gender, and their interaction significantly predicted 16% of the variance in psychological distress (F(9, 3080) = 65.37, p < .01, R^2 = .16). Of the predictor variables, family support and social support related most strongly to psychological distress ($ß_{family}$ = .25, $ß_{support}$ = -.18). The interaction between housing and gender was significant (t = -2.31, p = .02). Follow up analyses indicated that although living in on-campus residence halls was typically related to lower distress for cisgender individuals ($M_{on\text{-}campus}$ = 1.71, $M_{off\text{-}campus}$ = 1.84), this effect did not hold for TGNC individuals ($M_{on\text{-}campus}$ = 2.16, $M_{off\text{-}campus}$ = 2.15). The interaction between religion and gender was significant (t = 2.20, p = .03). Follow-up analyses indicated that although religion was typically related to lower distress for cisgender individuals ($M_{religious}$ = 1.68, $M_{unaffiliated}$ = 1.91), this effect did not hold for TGNC individuals ($M_{religious}$ =

2.15, $M_{\text{unaffiliated}}$ = 2.16). The interactions between gender and both family (β = .06, t = 1.45, p > .05) and social support (β = .05, t = 0.85, p > .05) were not significant.

Discussion

The present study examined the relative impact of social support, family support, religious affiliation, and living situation on TGNC mental health using a United States national sample of college students. We found that TGNC individuals had less family support, more social support, and were more frequently religiously unaffiliated than cisgender men and women. Social support and family support emerged as the most important predictors of distress among TGNC individuals. We now discuss the implications of our findings for therapists and research with TGNC individuals.

Family and Social Support

Consistent with previous literature, we found that TGNC individuals reported significantly less perceived family support than their cisgender peers (Pflum et al., 2015). TGNC individuals on average have fewer familial resources to turn to in times of distress, which may negatively impact mental health outcomes, as may also be seen by the increased rates of psychological distress observed in TGNC individuals relative to cisgender individuals in our sample and other samples (Bockting et al., 2013).

TGNC individuals reported greater social support than cisgender men and women. This is likely due to the need to compensate for the lack of family support by having a broader social network. The quality of these relationships may be of higher importance for TGNC individuals compared to their cisgender counterparts, due to the need to mitigate the disadvantage of lacking family support on psychological risk variables in times of distress. Gay and lesbian individuals report a similar phenomenon in that they rate their social networks to be more familial than

heterosexual individuals, especially in the absence of familial relations (Weston, 1991). Although TGNC individuals report having more social support, the various other stressors that they experience such as misgendering (McLemore, 2016), internalized transphobia (Testa et al., 2017), and more active gender concealment (Timmins, Rimes, & Rahman, 2017) may nonetheless result in increased psychological distress.

Of the variables studied, family and social support exhibited the strongest relationships with psychological distress, consistent with previous literature (Moody & Smith 2013; Budge et al., 2013). No interaction effects with gender were observed, indicating that family and social support were equally predictive of distress for cisgender and TGNC individuals.

Although TGNC individuals may have less family support than their cisgender peers, support variables predicted distress equally well for TGNC and cisgender individuals. Therapists may benefit by recognizing the likelihood of decreased family support among TGNC clients and help these clients to enhance their support networks in order to reduce distress. Though we are unable to recommend specific avenues for finding support from our data, others have noted that connection to the greater TGNC community may be an important source of support for TGNC clients (Pflum et al., 2015).

Religion

We found that TGNC individuals affiliated religiously less often than cisgender men or women, supporting our hypothesis. This dip in rates of affiliation is like that of many lesbian, gay, bisexual, and other sexual minority individuals (Author, In Press; McAleavey, Castonguay, & Locke, 2011). At best, religion may fail to address unique experiences of being a sexual or gender minority and at worst may cause gender minorities to experience shame, internalized homophobia, depression, and suicidal ideation (Rodriguez & Follins, 2012; Sherry, et al., 2010),

which may lead to lower rates of religious affiliation among TGNC individuals. TGNC individuals who have faced stigma from religious communities because of their gender identity may choose to leave their religious communities and beliefs before coming to college, and fail to return to said communities later in life.

For TGNC individuals who continue to affiliate religiously, we found that religious affiliation does not significantly buffer the effects of psychological distress. In contrast, we found that religiously affiliated cisgender individuals reported lower psychological distress than religiously unaffiliated individuals. This disparity implies that participation in a religious community can provide mental health buffers for some members of the population more so than others. This notion is supported by the distinction proposed by Levy and Edmiston (2014) that LGB individuals are more likely to face direct confrontation in religious settings than TGNC individuals, whose identities may go largely ignored by theology and religious communities, thereby not increasing psychological distress, but also failing to connect with these individuals in such a way that provides a protective factor against these mental health risks. As much of the discrimination LGBT individuals experience may be influenced by others' religious beliefs and practices (Mavhandu-Mudzusi & Sandy, 2014), TGNC individuals may find it more difficult to find support within religious institutions.

Therapists may be called on to help TGNC individuals navigate interactions with religions and religious individuals. Therapists should be mindful that a majority of TGNC individuals do not affiliate religiously, though many were likely raised in religious backgrounds. Therapists may also benefit from recognizing that although reliance on religious affiliation and communities may be effective for their cisgender clients, TGNC clients may be less likely to benefit from this type of support.

Living Situation

A comparison between TGNC and cisgender men and women revealed that TGNC individuals and cisgender women were more likely to live in on-campus residential housing than were men. This may be due to the younger collective age of the TGNC students and cisgender women (weighted $M = 20.70$) relative to the cisgender men ($M = 21.51$). We recognize the variability across college campuses in policies governing the requirement and/or ability of students to live in on-campus residential settings and recognize that individuals may not have complete agency in making decisions about housing.

We found small but significant effects indicating that on-campus residential living may act as a buffer against psychological distress for cisgender individuals. For TGNC individuals, however, no differences were seen in distress based on living situation. This may be due to the difficulty experienced by gender minority students entering college housing and the inflexibility of universities to accommodate TGNC students' needs in relation to special housing requests or gender inclusive restrooms (Seelman, 2016). Where on-campus residential living may provide a network of support for cisgender individuals, this may not be experienced as readily or frequently for TGNC individuals as they may experience more loneliness and discrimination, leading them to foster fewer relationships in their residence halls (Pryor, Ta, & Hart, 2016).

This finding may be important for therapists working with college students to acknowledge, especially in campuses where all first-year students are required to live on campus. If TGNC students are experiencing loneliness and discrimination when living on campus in their first year, college counseling centers may recommend that these individuals not be forced into housing that can be detrimental to their long term mental health. If such accommodations are not possible, counselors may alternatively help TGNC students cope with living-situation related

difficulties. Additionally, administrators of colleges and universities may benefit from noting the inequities experienced by TGNC students living on campus and take steps toward creating a more inclusive living environment. Though we encourage administrators to discuss needs with their specific students, we suggest inclusion of gender inclusive restrooms, gender-themed anti-discrimination training of incoming students, and fora for TGNC students to express concerns with housing as potential ways to address this disparity.

Limitations and Future Directions

Due to the nature of the CCMH dataset, several limitations qualify the generalizations that can be made from the current findings. The sample consisted of treatment-seeking college students, and it is unclear how these individuals relate to the population more generally. Though we know participants sought mental health treatment, we do not know if participants also sought gender-related treatment such as hormone replacement therapy. Given the fixed nature of survey items, it was not possible to understand which aspects of religious affiliation or housing were responsible for the trends observed. Future investigations should look at aspects of religiosity (attendance, orthodoxy, etc.) and housing (on versus off campus, etc.) to better understand these effects. The study also did not cover the full spectrum of variables that may buffer psychological distress. Finally, because data were unavailable to differentiate between genders assigned at birth, we discuss TGNC individuals as a single group to examine the experience of being a gender minority. Nonetheless, substantial variation exists between various gender minority identities (e.g., Arcelus Claes, Witcomb, Marshall, & Bouman, 2016). Future studies should explore these differences.

Conclusion

Using the largest sample to our knowledge of treatment-seeking TGNC individuals, we examined the influence that various forms of support may have on psychological distress in TGNC college students. TGNC students reported significantly more psychological distress than cisgender men and women. TGNC students also evidenced less family support, more social support, and less frequent religious affiliation than cisgender men and women. Social and family support emerged as the most important predictors of distress among all participants. Although religious affiliation and on-campus residential living buffered against psychological distress for cisgender students, neither buffered distress for TGNC students. Psychotherapists working with TGNC individuals are encouraged to recognize the increased distress and decreased family support among TGNC clients as well as the diminished efficacy of religion and on-campus housing in reducing distress among TGNC clients.

Note: all procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. This article does not contain any studies with animals performed by any of the authors. The authors have no conflicts of interest to declare.

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Table 1. Chi Squared Analyses of Religion, Housing, and Ethnicity by Gender.

			n	Percentage of category	χ^2
Religion	Religious	Women	648	62.9%	185.95**
		Men	571	55.4%	
		Transgender	110	31.5%	
		Self-identify	241	35.4%	
	Unaffiliated	Women	382	37.1%	
		Men	459	44.6%	
		Transgender	239	68.5%	
		Self-identify	440	64.6%	
Housing	On-campus Residence	Women	557	54.1%	17.99**
		Men	470	45.6%	
		Transgender	190	54.4%	
		Self-identify	357	52.4%	
	Other	Women	473	45.9%	
		Men	560	54.4%	
		Transgender	159	45.6%	
		Self-identify	324	47.6%	
Ethnicity	White	Women	697	67.7%	4.70
		Men	723	70.2%	
		Transgender	254	72.8%	
		Self-identify	487	71.5%	
	People of Color	Women	333	32.3%	
		Men	307	29.8%	
		Transgender	95	27.2%	
		Self-identify	194	28.5%	

*$p < .05$ **$p < .01$

Table 2. Analyses of Variance of Age, Support, and Distress by Participant Groups.

		M	*SD*	*F*	η^2
Age	Women	20.79	3.76	6.25**	.006
	Men	21.51	4.59		
	Transgender	21.34	4.15		
	Self-identify	20.97	3.13		
Family Support	Women	3.49	1.35	75.13**	.068
	Men	3.59	1.30		
	Transgender	2.74	1.33		
	Self-identify	2.82	1.32		
Social Support	Women	3.49	1.18	9.74**	.009
	Men	3.43	1.23		
	Transgender	3.75	1.14		
	Self-identify	3.66	1.18		
Psychological Distress	Women	1.84	.83	58.32**	.054
	Men	1.71	.86		
	Transgender	2.01	.84		
	Self-identify	2.23	.78		

*$p < .05$ **$p < .01$

Table 3. Regression of support, gender, and their interaction on psychological distress

	Semi-partial	*ß*	*t*
Family Support	-.23	-.25	-11.17**
Social Support	-.22	-.18	-8.61**
Religion	-.14	-.10	-4.61**
Housing	.04	.05	2.51*
Gender	.21	.15	0.58
Gender x Family Support	.03	.06	1.45
Gender x Social Support	.02	.05	0.85
Gender x Religion	.04	.11	2.20*
Gender x Housing	-.04	-.12	-2.13*

*$p < .05$ **$p < .01$