



Queer/Trans Collective for  
Research on Equity & Wellness



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## RESEARCH AND POLICY BRIEF

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# Social Support and Trans Communities in Maryland: Implications for Social Support and Bereavement Resources, Policies, and Practices

## Findings from the 2023 Maryland Trans Survey

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The **Maryland Trans Survey** is a community-based research project conducted by **Trans Maryland** and the **Queer/Trans Collective for Research on Equity and Wellness** examining experiences of trans<sup>1</sup> people in the State of Maryland in areas such as health and healthcare, employment and economic wellbeing, and legal and policy experiences. To date, **it is the largest survey of trans people in the State**, with 750 trans people representing all 23 counties in Maryland and Baltimore City. Data were collected from June to December 2023 through in-person and online community outreach.<sup>2</sup> The project was approved by Towson University's Institutional Review Board (Protocol #1897) and used Transgender Research Informed Consent (TRICON) Disclosures<sup>3</sup> to provide trans community members with additional transparency on the project, recognizing long histories of harmful practices in trans research from scientific institutions.

Social support networks in trans communities often look different from the social supports used and/or available to cisgender people. Anti-trans bias can contribute to experiencing rejection and negative reactions from family, peers, school administrators, and healthcare providers (Gamio Cuervo et al., 2022; Koken et al., 2009; Johnson et al., 2020; Schimmel-Bristow, 2018), leading to more reliance on friend and community support (Puckett et al., 2019). Trans people often must engage in additional effort to find and establish connections with people who will support them and view their identities and experiences authentically (Kichler, 2022). These unique support systems that can fulfil the role of one's family-of-origin, often referred to as "chosen" or "found" family, are built on deep, non-biological bonds (Weston, 1991).

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<sup>1</sup> "Trans" is used in this report as an umbrella term for people with gender diverse experiences or gender identities different from their sex assigned at birth, including but not limited to binary identities (e.g., women, men), nonbinary identities (e.g., nonbinary, genderqueer), and people without gender (e.g., agender).

<sup>2</sup> It is important to acknowledge that this survey method generally limited participation to people who had access to the internet, could respond to an English survey, and were in some ways connected to people, groups, or organizations who were aware of the survey; as such, trans people who are not represented in our sample may be expected to have worse outcomes than those described in this report due to experiences of further marginalization.

<sup>3</sup> Winters, K., D'orsay, A. E., Sirenu, V., & Con, AR (2022). *Transgender Research Informed Consent (TRICON) disclosure policy: 2022 update*. International Transgender Health Forum.  
<https://transpolicyreform.wordpress.com/2022/10/08/transgender-research-informed-consent-tricon-disclosure-policy-2022-update/>

It is important to note that non-traditional family structures are a growing concern for everyone; the share of “traditional” family models dropped from 67% in 1970 to 37% in 2021 (Aragão et al., 2023). At the same time, research indicates that LGBTQ+ adults, particularly trans individuals given common experiences of rejection from family-of-origin, often rely on chosen family for vital caregiving, love, and affirmation instead of biological relatives (Croghan et al., 2014; Knauer, 2016).

Trans communities’ experience of grief and loss is also often disenfranchised due to bereavement policies and cultural norms in the U.S. that define “valid” bereavement experiences solely in terms of “immediate” family—such as spouse, parent, child, grandparent, grandchild, sibling, in-law, or step-relative. Defining bereavement solely around biological or legal kin unjustly restricts who individuals are “allowed” to grieve, marginalizing those whose loss falls outside the conventional definition of family, particularly trans and gender non-conforming communities. This failure to recognize the significance of chosen family deprives many trans people of the opportunity to publicly mourn and access support, ultimately disenfranchising their grief experience. Disenfranchised grief is linked to negative health outcomes, including heightened stress, depression, and prolonged grief (Piazza-Bonin et al., 2015; St. Clair, 2013).

It is essential that communities work to enhance different forms of social support for trans communities. This includes ensuring that grief and bereavement for trans individuals is appropriately recognized and protected through inclusive policies and community practices that reflect empathy, respect, and an understanding of family beyond biological ties. Such efforts are crucial for fostering a more compassionate and equitable society that honors the full spectrum of loss experienced by trans people and promotes health, equity, and community resilience.

This brief contains data on **experiences of social support** among trans communities<sup>4</sup> from the Maryland Trans Survey. This brief also discusses research implications for social support and bereavement resources, policies, and practices so that advocates, policymakers, and community organizations can better understand and address the current needs of trans people in Maryland.

## SOCIAL SUPPORT NETWORKS FOR TRANS PEOPLE IN MARYLAND

Trans people in Maryland reported having diverse networks of support. They sought support from these networks often, were generally satisfied with them, and found that their networks were important for their mental health.

Table 1 showcases trans people’s support networks and provides a summary of the frequency of different forms of social support within the full sample that responded to

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<sup>4</sup> Note that statistics may not appear to add to 100% due to small percentages of respondents declining to answer. Others may appear to add above 100% in cases where participants were permitted to select more than one.

the item ( $N = 746$ ), as well as results for the subsample of trans people of color (POC;  $n = 134$ ) and trans people with disabilities ( $n = 373$ ).

- The **most common sources of support were friends** (87.0%) and **chosen family**<sup>5</sup> (70.1%)
- Nearly half of the sample reported family of origin (47.4%) as a source of support, but, for people of color, this number was closer to one-third (36.6%)
- Approximately half of respondents reported online communities (44.1%), partner(s) (53.6%), pet(s) (52.7%), and therapists (53.4%) were members of their support networks
- Religious and spiritual groups and communities were uncommon sources of support (< 10.0% across all groups)

Regarding how often participants sought support, the majority reported seeking support from their network at least monthly (83.9%). Over two-thirds reported seeking support at least weekly (68.0%), and over one-third of participants reported seeking support from their network daily (34.2%).

In terms of satisfaction with support networks, a majority reported being very satisfied (40.5%) or somewhat satisfied (40.5%) with their networks of support. Importantly, support network satisfaction was significantly correlated with lower levels of psychological distress (i.e., symptoms of anxiety and depression;  $r = -.29, p < .001$ ).

<b>TABLE 1: SUPPORT NETWORKS</b>			
<b>Support Source</b>	<b>Total (<math>N = 746</math>)</b>	<b>POC (<math>n = 134</math>)</b>	<b>Disability (<math>n = 373</math>)</b>
Friends	87.0% (649)	87.3% (117)	88.5% (330)
Chosen Family	70.1% (523)	76.9% (103)	76.1% (284)
Partner(s)	53.6% (400)	51.5% (69)	55.5% (207)
Therapists	53.4% (398)	53.0% (71)	58.2% (217)
Pet(s)	52.7% (393)	47.0% (63)	58.2% (217)
Family of Origin	47.5% (354)	36.6% (49)	48.5% (181)
Online Communities	44.1% (329)	46.3% (62)	47.7% (178)
Nature	33.4% (249)	34.3% (46)	37.3% (139)
Doctors	32.4% (242)	24.6% (33)	34.3% (128)
Co-Workers	31.0% (231)	35.1% (47)	29.8% (111)
LGBTQ+ Elders	19.3% (144)	22.4% (30)	21.2% (79)
Roommates	18.6% (139)	17.9% (24)	20.6% (77)

<sup>5</sup> While definitions were not provided to participants and different people in the LGBTQ+ community may experience connection and terminology in different and expansive ways, the distinction between friends and chosen family might be interpreted as chosen family being a deeper bond that plays a role akin to that of traditional families.

Mentors	18.1% (135)	23.9% (32)	20.6% (77)
Body Workers <sup>6</sup>	11.3% (84)	11.9% (16)	14.2% (53)
Social Workers	8.8% (66)	9.0% (12)	12.1% (45)
Sex Workers	5.5% (41)	11.9% (16)	7.5% (28)
Religious Groups	5.0% (37)	6.0% (8)	5.6% (21)
Spiritual Groups	4.8% (36)	7.5% (10)	4.3% (16)
Spiritual Healers	4.0% (30)	9.0% (12)	4.6% (17)
Doulas	1.1% (8)	3.0% (4)	1.3% (5)

## WHAT DOES SUPPORT CURRENTLY LOOK LIKE?

Participants also were given the opportunity to share open-ended responses about their social support networks. A total of n = 466 opted to respond to the question “**how do your networks support you best?**” Quotes are lightly edited for length, anonymity, and clarity. Demographics (approximate age; county; race; gender) are provided in the participant’s own words from a free response item, when available.

A preliminary review of the open-ended responses revealed a wide array in which trans Marylanders received support from their networks. Many pointed out the value of **authentic interpersonal connections and emotional support**. They highlighted both the need for gender-specific interpersonal support (e.g., support with identity exploration, identity affirmation) as well as general, non-judgmental love and acceptance. Many shared the ways that these connections brought them **joy and helped them to grow and develop**.

*“Accept me for me and allow me the space to be myself and explore my gender without judgment” (30s; Anne Arundel County; White; Nonbinary Transmasculine)*

Several explicitly highlighted the importance of this support from **friends and chosen family** in the absence of support from one’s family-of-origin.

*“Empathy and warmth, filling the gaps where my birth family left. I don’t have any trans/queer elders in my life and that’s the missing piece for me” (20s; Montgomery County; White; Transmasculine Nonbinary)*

Where in-person communities were not available, some noted **online communities** could provide important connections.

*“In online communities, hearing about other trans masc people’s experiences, just chatting as friends and feeling like part of a close-knit group” (20s; Baltimore City; Black and White; Transfag Genderqueer Guy)*

<sup>6</sup> Including professionals like masseuses, acupuncturists, etc.

And one participant shared how trans people, given their position within oppressive social systems, have **unique strengths in providing social support** and often are placed in situations where they are the only people who can provide that affirmation and understanding to others.

*“They uplift me, cherish me, and remind me I’m needed. Sometimes I find myself being that support for most of the time. I think most trans people have to be that because of our unique perspective in the world.”* (20s; Washington County; White; Woman)

*“Trying to get more engaged with the trans community though, so I’m around people who understand my issues. Cisgender people can be incredibly nice, but also performative allies and they never quite understand how to humanize my transness.”* (20s; Anne Arundel County; White; Woman)

Participants shared how people in their networks, including providers themselves, provided critical support through both **general and gender-affirming physical and mental health care**.

*“Helping me recover from top surgery. Encouragement. Motivation. Love.”* (30s; Caroline County; Black and White; Agender)

*“By making phone calls concerning availability and particulars of health services, including seeking gender affirming surgeries.”* (60s; Cecil County; American Indian and White; Trans Lesbian)

Participants also named **financial and material support and basic needs fulfillment** (e.g., food, housing) as important ways they received support, which is especially notable considering that less than half of the sample reported support coming from their family-of-origin. Instead, this support often came from friends or chosen family.

*“My married lesbian friends let me stay with them when I got kicked out by my maternal relatives. It’s the only reason I wasn’t homeless.”* (20s; Baltimore City; White; Queer)

## WHAT WOULD MAKE SUPPORT BETTER?

A total of 447 participants opted to respond to the question **“what would your ideal support system look like?”** A preliminary review of these responses revealed extensive ways that trans Marylanders could be better supported.

Many provided descriptions of the ways they would be more **closely and authentically connected** with others, including desired factors like increased geographic proximity, frequency of contact and support, and general intimacy.

*“A big group of chosen family and friends all of whom live close enough to visit easily. Dinner parties, picnics, board game nights. Maybe chosen family and friends will live in the same building. Sometimes we cook for each other. We see each other frequently and do fun things together and talk about what’s going on in our lives and never miss out on big events in each other’s lives. Lots of hugs and cuddling.”* (30s; Baltimore City; White; Agender)

*“A large community of friends and partners in a LGBTQ+ friendly, walkable area, own the house we live in, have stable jobs that we enjoy”* (20s; Prince George’s County; Asian; Nonbinary)

Additionally, several trans people explicitly named the need for **intersectional affirming communities**, or communities that recognize the full complexity of their experiences at the intersection of different systems of oppression (e.g., anti-trans bias, racism, ableism). Opportunities to create these communities are especially important considering the widely diverse sources of social support reported in the sample.

*“Queer/trans friends of color who are working through any trauma and provide affirmation through my love languages and invite me to learn how to take care of them as well”* (20s; Howard County; Black; Genderqueer Woman)

*“I would really like to have a network that includes more Disabled and Neurodivergent queer and trans people. I’d like to be able to trade support for each other and be able to create a system of mutual trust and accountability.”* (20s; Montgomery County; White; Agender)

Others noted the importance of **changes to healthcare systems**, including factors like financial support and insurance coverage as well as provider cultural competence and humility, to improve their access to support and care. Given over half the sample reported therapists as sources of social support, access to skilled providers is crucial.

*“Having access to my community ... and a Black queer and trans therapist would be dope.”* (20s; Prince George’s County; Black; Nonbinary Trans Dyke)

*“A medical and mental health support system that talks to each other and takes the burden of life experience reporting away from the individual”* (30s; Montgomery County; White; Man)

In a similar way, participants also discussed **broader basic needs security**, including access to housing, food, and water. Recognizing how governmental organizations often fail to provide marginalized communities with these supports, some noted the importance of mutual aid networks and community-based forms of care in meeting these needs.

*“HEALTHCARE, HOUSING, FOOD, WATER! EVERYTHING WE NEED! Helping each other. Mutual aid, group self-sufficiency, community living.”* (30s; Baltimore City; White; Nonbinary Transmasculine)

*“I want everyone's food and shelter needs to be provided for; I want people to be mindful of their own emotional needs so they can communicate them to their support system. I love it when my friends are able to connect and take care of one another, I love facilitating those connections.”* (30s; Baltimore City; White; Nonbinary Transmasculine)

Indeed, several participants commented broadly on how **structural factors**, such as government actions and inactions, shape their lived environments and, in turn, their ability to experience connection and support.

*“If the government and the people around us would actually spend any effort helping each other and not killing each other and competing to see who can hoard the most resources, that would be nice. If I had access to healthy food and medical assistance and physical therapy. Those things sound nice. If I didn't have cops in the hundreds keeping us all under armed threat, that would help.”* (20s; St. Mary's County; Agender)

*“A functional governing system that is invested in seeing trans folks of all races and abilities not just live but thrive.”* (30s; Baltimore City; White; Faggot)

Spanning across these domains, one participant summarized **the beauty of connection and mutuality**, drawing from indigenous perspectives and expanding outside cisnormative and heteronormative ideas of social support.

*“I love to feel entangled in a network of beings supporting each other, becoming with each other, making each other and enabling each other to be our best, fullest, most whole expressions of ourselves. My ideal support system includes healthy relationships with, as many Indigenous people say, all our relations (plants, soil, mycelial network, microbial organisms, animals, insects, and all other creatures), my queer family (i.e., chosen family), friends, larger queer and trans community, artists, organizers, creators, makers, healers including a trans-identified therapist.”* (30s; Baltimore City; White; Genderqueer)

## RECOMMENDATIONS FOR SOCIAL SUPPORT

Data highlights the importance of social support for trans people in Maryland beyond family-of-origin. Structural changes and investment in resources that better allow trans people in Maryland to find authentic connection and support is crucial to uplifting the community and supporting their well-being.

## **Financial Investment in Community Resources**

- Governmental organizations should financially invest in the establishment and ongoing operations of organizations that provide sources of support and connection to their local trans communities
- Given data emphasizing the importance of community support from other trans people, these investments should prioritize services that are led by trans people given they may be better positioned to understand the needs of the community and its members
- Investments in community resources should support the development of capital (e.g., in-person physical spaces) as well as ongoing operations costs

## **Physical and Mental Healthcare**

- Reduce financial and administrative barriers to accessing professionals who can provide support and affirmation through healthcare and wellness services
- Emphasize cultural humility and knowledge on gender diversity, racial and ethnic identity, and other intersecting experiences of oppression and privilege as a core competency in health professions, providing enforceable standards through licensure, continuing education, and degree program accreditation requirements, etc.
- Increase funding for programs that increase representation of trans people in health professions

## **Housing, Infrastructure, and Basic Needs Security**

- Increase governmental investment in basic needs (e.g., affordable housing, food access) and provide trans-led training for social service on the unique experiences and needs of trans people to improve resource accessibility
- Develop intentional trans community outreach plans within both governmental and non-governmental organizations providing community services to ensure that resources support trans people experiencing poverty and intersecting forms of marginalization
- Invest in public transportation and approaches to city planning that prioritize walkability and make in-person community spaces more accessible to trans communities

## **Community Criminalization**

- Take steps to reduce discriminatory policing and targeting of trans community from the criminal legal system, investing in community-based emergency response models that are culturally informed
- Change and repeal laws that disproportionately harm trans communities (e.g., decriminalize sex work, HIV transmission)

## Intersectional Considerations in Social Support

- Recognize the inherent diversity of the trans community and differences in social support experiences across race, disability, and other intersecting systems and structures of marginalization
- Ensure resources are accessible across the community, both in terms of physical accessibility and emotional safety, providing an affirming and inclusive environment that recognizes the diverse experiences of marginalization faced by the community

## FURTHER CONSIDERATIONS FOR GRIEF AND BEREAVEMENT

*“My only support passed away, so I’m on my own now”* (20s; Montgomery County; White; Trans Woman)

Data highlighted how networks of support for trans people in Maryland often expand beyond family-of-origin. With dominant narratives on grief and bereavement generally centering “traditional” family models, the need to reshape bereavement institutional policies and practices as well as cultural norms is vital.

### Inclusive Bereavement Policies

- Define family in broader, more inclusive terms within laws and policies covering end-of-life and bereavement to accommodate the diverse relationships that characterize trans social support networks
- Amend existing bereavement policies across institutions and settings (e.g., education, employers, government agencies) to explicitly recognize chosen family, ensuring that trans individuals can take formal time off to grieve the loss of loved ones, regardless of biological or legal ties
- Avoid requiring proof of death, such as obituaries or death certificates, which can be financially burdensome and invasive, reveal private medical information, and potentially retraumatize the grieving individual, especially if the cause of death is distressing or sensitive; such policies may also force a disclosure of the nature of a relationship that may subject the bereaved to stigma or retraumatization, such as being omitted from obituaries or named incorrectly due to strained family dynamics

### Financial Assistance for Bereavement

- Create public and private funding programs to assist trans individuals with funeral expenses, memorial services, and other costs associated with bereavement
- Provide direct financial support to trans people who may experience economic hardship following the loss of a chosen family member
- Expand the eligibility criteria for Social Security Administration (SSA) survivor benefits to inclusively reflect the lived experiences of trans and non-binary

individuals, recognizing chosen family and other forms of kinship as valid and meaningful relationships

### **Expand End-of-Life Decision-Making Rights for Chosen Family**

- Explore establishing a legal pathway for chosen family members to intervene in emergency end-of-life decisions, without the need for prior legal arrangements, provided there is clear evidence of their significant role in the individual's life
- Ensure, through government and nonprofit programming and outreach, that free legal resources are available to trans community members across Maryland to complete critical life planning documents (e.g., power of attorney, advance care directives)
- Create conflict resolution frameworks that prioritize the wishes of the individual and ensure that biological or legal family are prevented from overriding the preferences of the deceased regarding care and posthumous decisions (e.g., using a deceased individual's true name and pronouns in memorials)

### **Community-Centered Bereavement Practices**

- Develop bereavement practices that center the needs of non-biological family members, offering formal recognition of their role in the lives of trans individuals
- Provide culturally competent grief counseling and support services specifically designed for trans communities and fund programs that provide training for healthcare professionals, employers, and social workers on inclusive bereavement practices and the importance of chosen family in trans communities

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## **ABOUT THE TEAM**

**The Queer/Trans Collective for Research on Equity & Wellness (QT-CREW)** conducts community-based research to ensure that the lived experiences of queer, trans, and QT-BIPOC (Black, Indigenous, People of Color) are reflected in the scientific literature and to create knowledge designed to improve their lives and well-being. [qt-crew.org](http://qt-crew.org)

**Trans Maryland** is a multi-racial, multi-gender, trans-led community power building organization dedicated to Maryland's trans community. By trans folks, for trans folks. [transmaryland.org](http://transmaryland.org)

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