social sciences

MDPI

Article

Social Media Creations of Community and Gender Minority Stress in Transgender and Gender-Diverse Adults

Zoë Aldridge [1], Hilary McDermott [1], Nat Thorne [2], Jon Arcelus [2,3] and Gemma L. Witcomb [1,*]

[1] School of Sport, Exercise and Health Sciences, Loughborough University, Loughborough LE11 3TU, UK
[2] Nottingham Centre for Transgender Health, Nottingham NG1 3AL, UK
[3] Bellvitge Biomedical Research Institute (IDIBELL), Hospitalet del Llobregat, 08908 Barcelona, Spain
* Correspondence: g.l.witcomb@lboro.ac.uk; Tel.: +44-1509223084

Abstract: Social media is used by many Transgender and Gender-Diverse (TGD) people to access queer communities and social support. However, TGD users are also at a higher risk of online harassment than their cisgender peers. There are few studies which explore the role that social media plays in TGD people's lives. In this study, a qualitative online survey examining online experiences was completed by 52 TGD participants, and the data were analysed using deductive template analysis. The results identified that online communities provided spaces within which participants could experience community-specific support, the validation of their identities, and find much-needed healthcare information. However, the use of social media also exposed participants to transphobia, and the participants described both proactive protective and reactive mitigation behaviours used to deal with these. Key findings highlight the pivotal role that online communities can have for improving wellbeing but also the potential for unintended exposure to transphobia through these communities. The importance of improving online moderation/reporting tools to combat harassment is discussed, as is the need to develop accessible information resources for healthcare professionals so that they may better provide support for TGD patients.

Keywords: transgender; nonbinary; social media; wellbeing; healthcare; gender minority stress

Citation: Aldridge, Zoë, Hilary McDermott, Nat Thorne, Jon Arcelus, and Gemma L. Witcomb. 2024. Social Media Creations of Community and Gender Minority Stress in Transgender and Gender-Diverse Adults. *Social Sciences* 13: 483. https://doi.org/10.3390/socsci13090483

Academic Editor: Barbara Fawcett

Received: 9 April 2024
Revised: 8 August 2024
Accepted: 4 September 2024
Published: 12 September 2024

1. Introduction

It is apparent that social media is an inherent aspect of everyday life; for example, in January 2023 the UK was estimated to have 57.1 million active social media users (84.4% of the population) (Dixon 2023). Given this prevalence, it is vital to examine the role(s) that social media plays in the lives of different groups. In the general population, social media has repeatedly been reported as having a mixed impact on wellbeing (Kross et al. 2020; Sadagheyani and Tatari 2020): reducing and managing depression (Fujiwara and Kawachi 2008; Park et al. 2013), improving self-esteem and life satisfaction (Ellison et al. 2007), and reducing stress (Nabi et al. 2013). However, research has also shown associations between social media usage and lower self-esteem (Kelly et al. 2019), depressive symptoms (Kelly et al. 2019; Lin et al. 2016; Park et al. 2013), and higher levels of anxiety in adolescents (Woods and Scott 2016). The literature suggests that the reason for social media's mixed impact lies in how and why individuals utilise it (Bessière et al. 2010; Kross et al. 2020). For example, Naslund et al. (2020) described how social media can be used to improve wellbeing through gathering mental health advice and social support, while on the other hand compulsive social media use was associated with anxiety and depression (Dhir et al. 2018).

For those who are marginalised, such as those who belong to certain racial and ethnic groups (Miller et al. 2020), sexualities (Berger et al. 2022; Craig et al. 2021; McConnell et al. 2017), or gender identities (Berger et al. 2022; Chadha et al. 2020; Jhaver et al. 2018; McConnell et al. 2017), social media may play different or more emphasised roles. These

can include providing additional social support (Craig et al. 2021; Haimson et al. 2021; Jhaver et al. 2018) or being a source of harassment (Miller et al. 2020; Winkelman et al. 2015), and through these roles social media's impact on wellbeing may differ for marginalised populations (Miller et al. 2020; Selkie et al. 2019; Winkelman et al. 2015).

Transgender and gender-diverse (TGD) people—those whose gender identity is different from the sex they were assigned at birth—are one such group whose social media usage may both protect and risk their wellbeing (Jhaver et al. 2018; Selkie et al. 2019). While there is some research that examines LGBTQ+ individuals' use of social media (Berger et al. 2022; Craig et al. 2021; McConnell et al. 2017), research that specifically examines the experiences of TGD individuals in this context is less prevalent (Herrmann et al. 2023). Furthermore, this research tends to focus on TGD youth (Berger et al. 2022; Craig et al. 2021; Herrmann et al. 2023) and/or on specific social media platforms (Haimson et al. 2021; Krueger and Young 2015). This leaves a gap in the literature as research in the general population indicates that both age (Bonsaksen et al. 2024; Khalaf et al. 2023; Politte-Corn et al. 2023; Taylor et al. 2023) and the social media platforms used (DeVito et al. 2017; Saunders and Eaton 2018) may play roles in how social media can impact wellbeing/mental health (Bonsaksen et al. 2024; DeVito et al. 2017; Politte-Corn et al. 2023; Saunders and Eaton 2018; Taylor et al. 2023) and how an individual engages with social media (DeVito et al. 2017; Politte-Corn et al. 2023; Saunders and Eaton 2018; Taylor et al. 2023).

The Gender Minority Stress Model (GMSM: Hendricks and Testa 2012) describes how stressors such as harassment and victimisation can significantly impact TGD people's wellbeing (Pflum et al. 2015). Literature examining TGD people's experiences of harassment in online spaces often describes how TGD people are at a higher risk of harassment than their cisgender peers (Powell et al. 2018), with dedicated groups set up online to harass and shut down support networks and community spaces for TGD people (Scheuerman et al. 2018). In addition. Haimson et al. (2021) described how TGD social media users are more likely than their cisgender peers to have their posts/content removed by moderation, despite adhering to community or platform guidelines. Not only does this represent a form of discrimination but may also mean that TGD users are less likely to be willing to rely on official resources for complaint or appeal when online harassment occurs. However, there is limited research examining how social media may negatively impact the wellbeing of TGD individuals outside of instances of harassment (Jhaver et al. 2018; Scheuerman et al. 2018). For example, social media makes news about social and political events much more readily available (Song et al. 2016; Tian 2022). For TGD individuals this may include potentially distressing news, such as news which paints TGD individuals in a negative light or focuses on issues which may negatively impact them. Additionally, there is also a limited amount of research examining how TGD individuals attempt to address and manage negative experiences on social media. This is a particularly vital area as it would aid in identifying positive practical approaches that could be implemented for those struggling with the impact of social media.

The Gender Minority Stress Model (Hendricks and Testa 2012) discusses how social support from the TGD community can be a protective factor in reducing the impact of stressors such as harassment, victimisation, and internalised transphobia. This is often referred to as Trans Community Connectedness (TCC) (Pflum et al. 2015). Examples of how the TGD community may reduce the impacts of internalised transphobia is apparent in Jenzen (2017). In their interview study with five TGD youth (aged 16–26), Jenzen's participants described using online peer communities to explore gender outside of cisnormative expectations. This finding is similar to the use of alternative community norms as evaluation points, discussed by the GMSM (Hendricks and Testa 2012). TGD people were also found to use online networks to share strategies for finding content and information that are focused on trans experiences and trans voices in an online environment that is predominantly cis-centric (Jenzen 2017). These trans-specific online networks are often used to access information about medical transition (Augustaitis et al. 2021; Cannon et al. 2017; Dwyer and Buckle 2009) and content focused on TGD experiences from TGD peers

(Haimson et al. 2021; Jenzen 2017). However, why they use these online spaces for this information is often not explored. Importantly, such peer support in online spaces has been shown to positively impact TGD people's general wellbeing and provide a community where they can experience acceptance, empowerment, and validation (Cannon et al. 2017; Dwyer and Buckle 2009). The potential anonymity of social media also provides TGD people who are not "out" offline a safe space to explore their identities and feel validated by private online communities (Cannon et al. 2017).

Therefore, this study aims to address the gap in the literature by using a qualitative methodology to ask a broad age range of TGD adults (aged 18+) about the role that social media plays in their lives. This includes exploring how TGD people seek and experience social support online, how they experience and deal with transphobia online, and how/why social media is used for healthcare information.

2. Materials and Methods

2.1. Participants

Participants over the age of 18 who identified as transgender or gender diverse were invited to take part in this study. Recruitment took part via advertising over social media, through LGBTQ+ community groups (with permission of community leaders), and via snowball sampling. This study utilised an anonymous bespoke online survey design to deliver open-ended questions requiring text responses and followed a qualitative analysis design.

Of the 54 responses to the survey that were collected, 52 were included in the analysis. The remaining two were not included as one did not fit the participation criteria for the study (not identifying as TGD) and the other did not engage with the study in good faith, predominantly responding with modified versions of anti-trans talking points.

The mean age of the participants included in the analysis was 35.29 years (SD = 15.03), ranging between 18 and 72 years. The majority (n = 44) of participants reported living as their affirmed gender all or almost all of the time. As the survey provided participants with the option to choose multiple responses for gender identity and sexuality, these responses were more nuanced and complex than one would normally see in demographic sections. In total, n = 40 participants selected one option for gender identity and n = 12 chose multiple options (Table 1). Most (n = 47) of the participants selected one sexuality, the majority being bisexual (n = 22), with n = 9 gay/lesbian, n = 8 asexual, n = 8 other, n = 3 straight, and n = 2 did not know. Within the bisexual group, n = 5 simultaneously identified as being asexual or other.

Table 1. Gender identities of participants.

	Nonbinary (*n*)	**Man (*n*)**	**Woman (*n*)**	**Other (*n*)**
Nonbinary (*n*)	20	2	5	2
Man (*n*)	-	5	1	1
Woman (*n*)	-	-	14	1
Other (*n*)	-	-	-	1

2.2. Procedure

Anonymous qualitative responses were collected via OnlineSurveys.ac.uk. Participants followed a link in the advertisement for the study which took them to the survey-hosting website. Here, an information sheet was shown, explaining the aims of the study, which participants were asked to confirm that they had read before continuing. Once a participant confirmed this, they were taken to a consent form which they were required to complete before continuing. The survey began with demographic questions, followed by a set of open questions which allowed participants to respond in their own words about their experiences with social media. Finally, participants were taken to a debriefing page which provided information about support networks and organisations, as well as ways of getting in contact with both the principal investigator (Z.A.) and the university

in the case of any complaints. At no point during the survey were participants asked for identifying information, and any identifying information in the quotes (e.g., place names) was removed.

2.3. Materials

2.3.1. Demographic Questionnaire

Participants were asked their age, sex assigned at birth (Female, Male, Intersex, Prefer not to say, Other), gender identity (Woman, Man, Non-Binary, Prefer not to say, Other), sexuality (Bisexual, Gay/Lesbian, Heterosexual/Straight, Asexual, Don't Know, Prefer not to say, Other), the average amount of time spent on social media on both weekdays and weekends (starting at none and increasing to 6+ h in 30 min increments), and what kinds of social media they used (such as messaging, dating, gaming, etc.).

2.3.2. Questions Examining Participant Experiences of Social Media

The survey was made up of bespoke questions which were developed by drawing on the current academic literature on the experiences of TGD people with social media, as well as the wider literature referencing social media. Once the initial survey had been developed, it was then discussed with two members of the TGD community who provided feedback on the questions in a group discussion. This feedback resulted in the addition of several questions (3.a, 3.b, 3.c, 5.a, and 5.b) and changing the phrasing of others. The final survey consisted of 10 questions, 6 of which included follow-up questions. The participants were free to choose whether to answer the questions or not and there was no limit on the length of responses.

2.3.3. Reflexive Statement

The lead researcher, Z.A., identifies as being part of the TGD community, specifically as a transfeminine nonbinary person, who uses social media both professionally and personally. As such, Z.A. can be considered an "insider researcher." In this context, an insider researcher refers to the researcher being a member of the population under study, meaning that they share an experiential understanding with the participants (Brooks et al. 2015). The presence of an insider researcher can be a benefit as they are more able to highlight nuances that may be less apparent to outsider researchers. It is, however, important for insider researchers to be reflexive in their research to consider if they are projecting their own experiences and biases into the interpretation of data. This was recognised and data triangulation was employed, an iterative templating process with other researchers, and through engaging in reflexive practises by examining and being aware of one's own biases throughout the research process. It is also important to note that Z.A.'s ethnicity is white and they are part of the wider LGBTQ+ community as they identify their sexuality as queer. These are relevant facts to mention, as some participants' responses touch on experiences related to being marginalised due to ethnicity, which Z.A. does not have an experiential understanding of, and sexuality, which Z.A. does.

2.3.4. Data Analysis

The data from this study was explored and analysed using a form of thematic analysis known as template analysis (Brooks et al. 2015; Brooks and King 2014). This method of analysing the data requires the researcher to first familiarise themselves with the responses from participants and carry out an initial coding of the data. However, within this initial coding process, it is acceptable to approach the data with a priori themes that can be modified or changed based on the data (Brooks et al. 2015; Brooks and King 2014). Once the initial deductive coding process has been carried out, these codes are developed into related themes and then the relationships and hierarchies between these themes are considered. This process creates an initial template. This template is then examined in an iterative process in a context with the data and the relations between them, making modifications to the template until a final template is arrived at (Brooks and King 2014). In this study,

the lead researcher (Z.A.) carried out the analysis and templating process, with G.W. and H.M.D. contributing to developing the initial template and an independent colleague (N.T.) also triangulating the data. All took part in the iterative process of modifying and developing the final template (Table 2).

Table 2. Summary of the final template.

Social Media as a Gateway	1. Access to community	1.1 Validation of identity 1.2 Community-specific support
	2. Exposure to transphobia	2.1 Proactive protective behaviours 2.2 Reactive mitigation behaviours

Template analysis was determined to be the most appropriate way of analysing this data as it is a method of qualitative analysis that can accommodate the larger sample size of this particular qualitative study. It was also advantageous to use template analysis as it leveraged the insider research status of the lead researcher both in the use of tentative a priori themes (from drawing on the literature) and their personal understanding of the topic, while allowing for the iterative process and team analysis aspects of template analysis to reduce personal bias.

3. Results

Using template analysis, the theme at the top of the hierarchy was "the role of social media acting as a gateway for TGD people". The second-order themes were as follows: (1) access to community and (2) exposure to transphobia. These then each separate into two additional themes that explore distinct nuances (Table 2).

3.1. Social Media as a Gateway

Participants described the duality of their experiences with social media and how this characterised its role in their lives. A nonbinary participant summarised their experience which was prevalent among many participants: that social media played both positive and negative roles in their life.

> *"Social media exposes me to a lot more transphobic hatred, which can be really scary. It can also be really informative and help me to connect with people like me, so I've found it to be a double-edged sword."* (Age: 22, gender: nonbinary, sexuality: asexual, and average social media usage (ASMU) per weekday: 1–1.5 h.)

With this, it can be seen how social media acts as a gateway, providing TGD people with a method of accessing positive community spaces and informational resources, both of which can act as protective factors against minority stress. However, the use of social media also left them open to being exposed to Gender Minority Stressors in online spaces, such as gender-related discrimination and victimisation.

3.1.1. Access to Community Spaces

The community spaces accessed via social media manifested in a variety of ways, including closed groups or servers, semi-closed forums or servers, and specific networks of people over wider open social media. While the focus of these spaces was not always inherently queer, they had a high density of queer/TGD members. For some, access to similar spaces offline was limited and therefore social media provided an avenue through which they could engage with TGD communities and interact with other TGD individuals. For others, it supplemented and grew their offline community; being able to connect with these communities online first allowed them to become aware of or take part in these communities offline as well.

> *"I like to see LGBT+ people helping each other out, sharing tips, ideas, building friendships. I have made friends online who I now know in person, just because we supported each*

other online and became good friends." (Age: 22, gender: man, sexuality: don't know, and ASMU per weekday: 1–1.5 h.)

These community spaces were not limited to TGD identity. Indeed, two participants described how valuable the intersectional nature of the communities accessed through social media is. They highlighted how social media provides them with access to communities in which they could share intersectional identity experiences, such as the cross-over between ethnicity or religion and gender identity.

"I've met so many lovely queer and trans people from all over the world! I've connected with other queer/trans Jewish people as well, which is super lovely as my community at home is very cis-het." (Age: 21, gender: nonbinary, sexuality: bisexual, and ASMU per weekday: 6+ h.)

Many participants talked about access to community spaces in terms of being able to have a place online where they could be themselves without fear of retribution or harassment. One participant described their online space in the following way:

"I've found so much community, support and love online and have carved out my own little corner of the internet for my friends and I to exist freely." (Age: 23, gender: man and nonbinary, sexuality: bisexual and asexual, and ASMU per weekday: 2–2.5 h.)

Almost all participants described how being a part of these spaces could play a role in improving wellbeing. For some, this gateway to community spaces was especially pivotal to feeling able to come out as TGD, as the following participant discussed:

"It was particularly key to me feeling like I could survive when I came out as trans without having to move to [Major UK city] or [Queer friendly UK city] or similar. It allowed me to find queer community while still living where I lived." (Age: 40, gender: nonbinary and genderqueer, sexuality: bisexual, and ASMU per weekday: 30 min–1 h.)

This emphasises that these online community spaces provide much-needed support for those who otherwise would feel unsafe or unable to come out where they are currently living. With social media providing access to these spaces, TGD people may be less likely to stay in the closet or delay coming out.

- Validation of Identity

The communities that participants accessed via social media often aided in validating their own identity. One of the most prominent ways that this was discussed was in providing a way for TGD people to explore and better understand their gender identity. A common thread was that engaging with the queer community online—and thereby seeing others exploring and expressing their gender identity in new ways—provided validation and encouraged participants to feel more confident doing the same:

"I think engaging with people with a diverse identities online was an important factor in my own gender journey. You have to see something before you can believe it's possible, and seeing people using she/they pronouns or identifying with gender in ways I didn't think were possible or allowed has helped me accept and express myself more authentically both on and offline." (Age: 27, gender: woman and nonbinary, sexuality: bisexual, and ASMU per weekday: 1.5–2 h.)

This could be both in terms of being able to try an expression of gender which was not necessarily expected to be permanent, or where there was a lack of validation outside of these spaces. The following participant described how these communities could make these changes feel like a validating positive change:

"making changes in pronouns or representation can be quite a lonely thing when lots of the people you interact with are straight. Finding community makes it feel much more celebratory." (Age: 27, gender: woman and nonbinary, sexuality: bisexual, and ASMU per weekday: 1.5–2 h.)

Another significant part of participants' discussions around validation and social media came from how these communities provided information about, and access to, content that represented them. While representation is slowly improving, content for TGD people is limited, particularly within mainstream media. Participants often found themselves using queer communities to find validating representational content. The following participant described how word of mouth within these spaces was used in this way:

> *"Between recommendations and memes, content with good LGBTQ+ representation spreads through online communities very quickly."* (Age: 30, gender: woman, sexuality: gay/lesbian, and ASMU per weekday: 1.5–2 h.)

Often, smaller independent creators filled the gap left by mainstream content, providing media that had positive representations of TGD people. As these creators often shared their work and were connected to other similar creators via social media, once participants had found validating content that resonated with them it became progressively easier to find similar content. With this content also came communities of people for whom the same content is validating, which then is likely to provide spaces where validation of this kind is easy to access.

> *"being able to follow or be in contact with trans creators and creators of trans content means I get some delivered right to me and gives me the tools to find more."* (Age: 31, gender: woman, sexuality: bisexual, and ASMU per weekday: 3–3.5 h.)

The validation provided by both the community support and the representational content was often discussed as an important factor in participants feeling able to define their identities themselves both online and offline, rather than accepting assumed identities placed on them by others, as this participant articulates:

> *"It has made me more comfortable and confident in accepting my gender identity at least within myself. In a world with limited black and brown, bisexual and non-binary representation, where marginalised people are often told what their identity is, it has taken a long time to understand myself."* (Age: 40, gender: woman and nonbinary, sexuality: bisexual, and ASMU per weekday: 0–30 min.)

- Community-Specific Support

One of the key discussion points around the communities that participants experienced online was how they provide specific support. Participants highlighted how the shared experiences they had aided in their ability and willingness to reach out for, receive, and provide support. As this participant stated, it was useful not to have to teach others before seeking support:

> *"it's easier to be around people who already understand trans/queer experiences rather than always trying to be the educator."* (Age: 22, gender: nonbinary, sexuality: asexual, and ASMU per weekday: 1.5–2 h.)

The shared knowledge of the community of TGD health was discussed as a vital part of the community-specific support that participants sought. This specific kind of informational support could manifest in several ways, ranging from being able to ask about healthcare in gender-affirming ways to developing a better understanding of healthcare practises and needs. The provision of this support cumulated in participants feeling more able to engage with healthcare and healthcare professionals from a position of knowledge, which in turn enabled self-advocacy in healthcare settings, as the following person stated:

> *"I find myself a lot more capable of advocating for myself in a health setting now."* (Age: 26, gender: nonbinary, sexuality: bisexual, and ASMU per weekday: 1.5–2 h.)

When participants discussed health advice and information, they often highlighted that they felt that interacting with other TGD people through social media was the only way that this information was available to them. Some participants stated that trans-specific healthcare information was simply unavailable through traditional avenues such

as GPs or trans health services (THS). This was attributed to a lack of communication from services, knowledge held by health professionals, waiting times at clinics, or GPs' willingness to engage with trans health. One participant summed up their frustrations with the experiences in the following quote:

> *"I don't know where else I could [find health information]. Doctors often have no idea, getting into contact with docs at a gender clinic is nigh impossible, social media gives us a place to network and learn what works for us."* (Age: 31, gender: woman, sexuality: bisexual, and ASMU per weekday: 3–3.5 h.)

With this being the case, it is understandable that many TGD people may turn to community-based information and support, as described above. One specific example of this is shown below, where a 19-year-old woman described how she used community health advice and information via social media to guide her through the process of starting DIY (do-it-yourself) GAHT (Gender Affirming Hormone Treatment).

> *"I was able to get hrt [Hormone Replacement Therapy] because my Internet friends helped guide me through the DIY HRT process. I probably would have killed myself if I didn't start DIY and now I'm happier and healthier than ever."* (Age: 19, gender: woman, sexuality: gay/lesbian, and ASMU per weekday: 6+ h.)

3.1.2. Exposure to Transphobia

While social media provided access to communities where participants could seek support and validation, it was also described how, when using social media, exposure to transphobia was almost unavoidable. Many participants described experiencing direct transphobic harassment over social media, both via direct messages as well as public posts. This harassment was not limited to messages and posts from individuals; as the following participant described, larger-scale, more-organised campaigns of harassment by hate groups were also an issue on social media:

> *"my facebook profile was once raided [raided: a colloquialism, in this context describing large groups of people posting offensive comments] by literal self-proclaimed nazis because my profile photo (me holding a trans flag) was shared around in their groups."* (Age: 23, gender: man and nonbinary, sexuality: bisexual and asexual, and ASMU per weekday: 2–2.5 h.)

The harassment experienced by participants often referenced abuse or suicide. One participant discussed how harassers would sometimes obfuscate the harassment by using innuendo to circumnavigate being banned or successfully reported:

> *"Every single report comes back with the same response where Facebook claims their so-called community standards have not been breached. The comments I report usually involve accusations of grooming, paedophilia and child abuse. There is also an increasing number of comments challenging LGBTQIA people to complete suicide but done with subtle changes in language so Facebook doesn't see an issue with it, for example" "Why don't you become one of the 41%" "in a reference to suicide rates amongst trans people."* (Age: 43, gender: man and trans man, sexuality: queer, and ASMU per weekday: 1–1.5 h.)

In addition to the direct transphobic harassment participants experienced, responses also highlighted the prevalence of trans-negative media and discussions of anti-trans legislation. The prevalence of news stories and opinion pieces that made transphobic claims about TGD people were discussed as a regular occurrence on participants' social media. In addition to this, reporting on transphobia or anti-trans legislation by media outlets—even when well reported—were noted as having negative impacts on many participants' wellbeing. This reporting was prominent in the social media experiences of some participants, as this information is often relevant to TGD people and therefore shared by TGD communities online:

> *"I do see more content from people like me, but also more content about anti-trans news by newspaper articles being shared. The algorithms also like to give me anti-trans stuff which is so frustrating."* (Age: 38, gender: man, sexuality: bisexual, and ASMU per weekday: 1–1.5 h.)

- Proactive Protective Behaviours

Many of the participants described how they would take action to keep themselves safe on social media. Responses often explained how they would take proactive measures to avoid harassment. One of the most regular proactive measures that the participants took was simply staying within the TGD/queer community spaces that they had accessed through social media:

> *"Largely, by staying in queer spaces, it has been fun and supportive."* (Age: 25, gender: nonbinary, sexuality: queer, and ASMU per weekday: 2–2.5 h.)

When outside of these spaces it was described how they were often less likely to engage meaningfully with others on social media. This allowed participants to have some control over whom they were engaging with and again aided in protecting them from exposure to harassment:

> *"I don't engage in such meaningful debates as I do in closed spaces. I would say my engagement is shallower and the things I share less personal."* (Age: 27, gender: woman and nonbinary, sexuality: bisexual, and ASMU per weekday: 1.5–2 h.)

One participant described that while they wanted to actively engage with the TGD community on social media and felt that, in general, active engagement had a positive impact on their wellbeing, the harassment and general atmosphere of negativity directed towards TGD people on social media resulted in them feeling drained and so often opted not to engage:

> *"When engaging more with the trans community it can be incredible to see us doing amazing things and living our lives, but it also means closer contact to those who are actively detrimental to the community. I try to watch, learn and listen, and speak up when I can but it is draining to keep up for long. Its impossible to be online and *not* see the hate we get, but I've found I can at least maintain a balance where I don't actively have it aimed at me unless I engage."* (Age: 31, gender: woman, sexuality: asexual, and ASMU per weekday: 3–3.5 h.)

Several participants also highlighted that how they represented themselves over social media was an aspect of protecting themselves. Some participants discussed how they were not comfortable being out as TGD across all of their social media accounts. Control in the disclosure over their TGD identity means that they can minimise the risk of experiencing harassment by not disclosing in settings where responses would be uncertain or negative:

> *"I am only out as trans in some spaces, I am stealth in others. Where I am out as trans is very separate to those where I am stealth."* (Age: 28, gender: man, sexuality: bisexual, and ASMU per weekday: 1.5–2 h.)

- Reactive Mitigation Behaviours

While proactive measures aimed to limit exposure to transphobia, participants also discussed how they could/did react to the sources of it to mitigate the exposure. In the case of direct harassment, where individuals or groups of individuals could be identified, many participants responded by blocking the offenders. One participant described it as:

> *"It requires extremely strict use of blocking and muting tools, [. . .] block early, block often and don't draw attention to yourself."* (Age: 36, gender: woman, sexuality: asexual, and ASMU per weekday: 2–2.5 h.)

Often, participants discussed reporting accounts that were directly harassing them, either to the platform itself or to a community moderator. However, the following participant

described how, generally, platforms themselves are seen to be ineffective at moderation, while community moderators are sometimes effective:

> *"community moderators usually handle things well, websites frequently say harassment isn't breaking the rules."* (Age: 38, gender: nonbinary, sexuality: bisexual and pansexual, and ASMU per weekday: 2.5–3 h.)

While blocking and reporting accounts that were engaging in harassment were prevalent in the responses, some participants also described how they felt it necessary to unfollow certain TGD community members or trans-positive accounts to protect their mental health. As mentioned previously, exposure to transphobia could occur via members of the community sharing information on trans-negative media or events to inform others of these issues. The following participant's response described how they cultivated their social media by unfollowing activist or political accounts to avoid this exposure to transphobia from within their own community:

> *"Yes, I recently stopped following any activist or political accounts on Twitter because the amount of transphobic hate crime that got RT'd into my timeline was causing me serious issues with depression."* (Age: 34, gender: nonbinary, sexuality: bisexual, and ASMU per weekday: 2–2.5 h.)

4. Discussion

This study aimed to gain a better understanding of the role that social media plays in the lives of TGD people in the UK. This issue is particularly salient in an age of prolific social media, with research suggesting that it can play a role in mental health and wellbeing both in the general population (Ellison et al. 2007; Fujiwara and Kawachi 2008; Kelly et al. 2019; Lin et al. 2016; Nabi et al. 2013; Park et al. 2013) and other marginalised populations (Escobar-Viera et al. 2018; Miller et al. 2020; Salerno-Ferraro et al. 2021; Tao and Fisher 2021; Winkelman et al. 2015). This study finds that social media provides access to queer/TGD communities and that these communities provide support and validation, as well as healthcare advice, but can also expose TGD individuals to transphobia. One key addition to the literature by this study is in describing how TGD individuals react and manage exposure to transphobia on social media through both proactive protective and reactive mitigation behaviours.

Participants described the ability to access queer/TGD communities through social media as an important aspect of their social media use. These community spaces provided the opportunity to connect with others who had shared experiences within a safe environment, including with those who had multiple marginalised identities (e.g., ethnicity, religion, and sexuality), a finding which is echoed in research on the benefits of TGD community offline (Aldridge et al. 2022; Hendricks and Testa 2012; Pflum et al. 2015) and TGD youth online (Berger et al. 2022; Gordon et al. 2023). Additionally, research with TGD youth has suggested that social media is used to explore gender identities (Berger et al. 2022; Jenzen 2017). The results from this study, however, expand on this, showing that the value of validating online spaces where identity can be explored is consistent over various age groups. Parallels can certainly be drawn between participants' discussions of how engaging with TGD communities via social media provided validation and some protective aspects of the Gender Minority Stress Model (GMSM) (Coyne et al. 2020; Hendricks and Testa 2012; Pflum et al. 2015). The GMSM describes how forming communities around minority identity can improve mental health and facilitate pride in said identity (Coyne et al. 2020; Hendricks and Testa 2012; Pflum et al. 2015; Tan et al. 2019). This is suggested to be in part because these communities provide individuals with comparison and evaluation points which are less likely to adhere to cisnormative/heteronormative values (Coyne et al. 2020; Hendricks and Testa 2012; Pflum et al. 2015; Tan et al. 2019). In this study, participants describe how social media allowed them to observe others exploring and expressing their gender identity. This not only validated them but also allowed them to feel able to explore

their own identity and celebrate any changes they made with members of the community, an example of protective pride in identity outlined by the GMSM.

Prior literature has described how access to support networks of people with shared experiences can play an invaluable role in the wellbeing of marginalised groups (Miller et al. 2020; Meyer 2003), and specifically for TGD people (Aldridge et al. 2022; Hendricks and Testa 2012; Nobili et al. 2018; Pflum et al. 2015). The results of this study also confirm the benefits of access to community support for TGD people, while emphasising the role that social media can play in providing an avenue to these. In particular, the results demonstrate that, regardless of whether this community support was available or not in the offline lives of participants, social media was a valuable tool for connecting TGD people with community-specific support.

For many TGD people, at least a portion of this support is centred around healthcare, in part due to many TGD people seeking gender-affirming medical treatment. While prior research has identified that TGD people do use social media to seek out health information (Cannon et al. 2017; Jenzen 2017; Haimson et al. 2021; Krueger and Young 2015), the results from this study go towards addressing a significant gap in the literature, explaining *why* social media plays this role. This study describes how the community can provide safe spaces in which to ask health-related questions in a gender-affirming way and acquire information about transition resources from those who have lived experience of it. Additionally, social media played a role in providing support around finding health information due to issues experienced with the healthcare system. Participants described how non-specialist medical professionals often lacked the knowledge and resources to adequately provide support, while Transgender Health Services were considered extremely difficult to get in contact with. The findings focusing on social media-based healthcare information gathering and support address some of the gaps present in the current literature. This is achieved by providing a deeper understanding of why TGD individuals utilise social media to seek healthcare information and support.

These findings highlight the need for the UK's health services to continue to work towards improving patient–service communication for Transgender Health Services. Additionally, developing inclusive and accessible resources with input from Transgender Health Services and TGD people for non-specialist healthcare professionals may also go some way to relieving the burden on Transgender Health Services' patient communications. These should be developed not to replace community-provided health support, which itself plays a distinct role for TGD people, but to aid in supplementing and adding to the availability of resources for TGD people and the healthcare professionals who work with them. It is also important to consider that seeking healthcare information online is not something specific to the TGD population (Zhao and Zhang 2017), nor are long waiting times, the inability to get in contact with specialists, a lack of accessible resources, or GPs not having knowledge of specific health issues. Therefore, the results of this study may also highlight wider issues and more general implications for NHS healthcare.

While it is important to bear in mind that not every TGD person will seek gender-affirming medical treatment, it is also apparent that TGD people can face challenges in healthcare environments and use social media to address some of these challenges. Therefore, in addition to examining the specific ways that TGD people access healthcare information via social media and the barriers that they face in obtaining this information from healthcare services, further research could well include examining this from more intersectional approaches, as while some aspects of TGD peoples' experiences with this are unique, others have parallels with those of other healthcare users (Zhao and Zhang 2017). For example, those experiencing menopause (Munn et al. 2022; Weiss 2023) or suffering from fibromyalgia (Berard and Smith 2018; Chen 2012) use communities built over social media to acquire and discuss healthcare information.

Importantly, while this study highlights the positive aspects of social media, it also describes how social media can expose TGD people to transphobia, both directly via experiences such as personal experiences of harassment online and indirectly via exposure

to online trans-negative media. These exposures to transphobia can easily be seen as forms of Gender Minority Stressors and can, unsurprisingly, have detrimental effects on TGD peoples' wellbeing, which they seek to lessen. Responses from participants describe how TGD people act both proactively to protect themselves and reactively to mitigate the impact of these stressors. A particularly interesting finding from this study is how this exposure can occur even *within* TGD community spaces through the well-intentioned spreading of information. While much of the prior research in this area focuses on direct transphobic harassment, little is known about how TGD people experience indirect exposure to Gender Minority Stressors via social media. The results from this study on indirect exposure can be easily linked to the Gender Minority Stress Model as a stressor (Jhaver et al. 2018; Scheuerman et al. 2018; Tebbe et al. 2021). Furthermore, the results described in subsequent subthemes describe how TGD people attempt to address and react to exposure to transphobia over social media. These reactions can include taking steps to proactively protect themselves from harm occurring and reactively mitigating harm when it occurs. Of particular interest are the experiences of TGD people who find that they must set boundaries within their own communities due to indirect exposure to transphobia. In these cases, some social media accounts were sharing trans-negative news in good faith to inform others in the capacity of activists, but this was still exposure to Gender Minority Stressors. Thus, to protect their mental health, some needed to unfollow or reduce their interaction with these accounts. It is a particularly difficult issue to set boundaries and limits within a community that is otherwise supportive and beneficial for mental health and wellbeing.

This study provides a valuable insight into how TGD people experience, pre-empt, and deal with Gender Minority Stress online. This insight can be used in the implementation of support systems and particularly in community spaces, where boundaries between spaces that are used for activism and mental health support are not always clearly defined. Similarly to TGD people's experiences with healthcare information via social media, while there are elements of these experiences which are unique to TGD populations, such as transmedicalism (the belief that one must experience gender dysphoria to be considered transgender rather than simply having a gender identity that differs from their sex assigned at birth (Hendrie 2022)), transphobia, and transmisogyny, there are significant parallels both in regard to exposure and in the ways that people from marginalised groups deal with this exposure (Chadha et al. 2020; Miller et al. 2020). Future work is recommended to examine the impact of indirect exposure to transphobia via social media on TGD people both in general and specifically via the TGD community.

The use of a bespoke online survey with open questions enabled the data to comprise participants expressing themselves in their own words while achieving a larger and more diverse sample than would have been practical with alternative qualitative methodologies with the resources available. Additionally, the use of an insider researcher allowed for the analysis to use the experiential understanding held by the insider researcher to highlight nuances in the responses that may not have been identified by someone not part of the community. This was also used during the templating process where the a priori themes could draw not only from the literature but from the experiential understanding of the researcher.

An important consideration when examining these data is that this study focuses exclusively on TGD people in the UK. While social media is not exclusively limited to one country, the experiences of TGD people living in the UK may differ from those elsewhere in the world. TGD people in the UK, for example, have certain legal protections that they are not afforded in other parts of the world. This may mean that UK TGD people may have less of a need to rely exclusively on social media for support, as being TGD is not criminalised in the UK as it is in some countries. However, the UK has continued to experience social and political changes that are negatively impacting TGD people, with examples including a government ban on puberty blockers for young TGD people and increases in anti-trans sentiment (Bachmann and Gooch 2018; Smith 2022). Therefore, TGD people from the UK may also be experiencing a greater amount of harassment and exposure

to transphobia than previously in the UK. Therefore, future research with a broader scope would be recommended, widening participation criteria to include those outside of the UK, to examine if these findings are consistent across other TGD populations. Furthermore, it may benefit research to consider employment status in the future as those who are not currently employed may have more time available to use social media.

To conclude, this study provides useful insight into the value that social media can have for TGD people, specifically in how it provides access to protective factors such as community spaces that can facilitate support and validation. Importantly, the findings also provide further insights into the more difficult aspects of social media, such as how it can expose TGD people to Gender Minority Stressors from a variety of sources, including their own community. These findings must be taken into account when considering how engaging with social support and community over social media can impact wellbeing, both in the TGD population and more generally. This study also describes the measures that TGD people find they must put in place to protect themselves and mitigate the harm that comes from this exposure.

Author Contributions: Conceptualization, Z.A., G.L.W. and J.A.; methodology, Z.A. and H.M.; visualization Z.A.; validation, Z.A. and G.L.W.; formal analysis, Z.A., H.M. and N.T.; investigation, Z.A.; resources Z.A., H.M., N.T., G.L.W. and J.A.; data curation, ZA; writing—original draft preparation, Z.A.; writing—review and editing, Z.A., G.L.W., H.M., N.T. and J.A.; supervision, G.L.W., H.M. and J.A.; Project Administration, G.L.W. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics Committee of Loughborough University (Ethics Reference—10599, date of approval 8 September 2022).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data are not publicly available due to the minority status of participants and sensitive nature of the data.

Conflicts of Interest: The authors declare no conflict of interest.

References

Aldridge, Zoë, Nat Thorne, Ellen Marshall, Cara English, Andrew Kam-Tuck Yip, Elena Nixon, Gemma L. Witcomb, Walter P. Bouman, and Jon Arcelus. 2022. Understanding factors that affect wellbeing in trans people "later" in transition: A qualitative study. *Quality of Life Research* 31: 2695–703. [CrossRef] [PubMed]

Augustaitis, Laima, Leland A. Merrill, Kristi E. Gamarel, and Oliver L. Haimson. 2021. Online Transgender Health Information Seeking: Facilitators, Barriers, and Future Directions. Paper presented at the 2021 CHI Conference on Human Factors in Computing Systems, Virtual, May 8–13.

Bachmann, Chaka L., and Becca Gooch. 2018. *LGBT in Britain—Trans Report*. London: Stonewall. Available online: https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf (accessed on 25 January 2023).

Berard, Ashley A., and Andre S. Smith. 2018. Post Your Journey: Instagram as a Support Community for People with Fibromyalgia. *Qualitative Health Research* 29: 237–47. [CrossRef] [PubMed]

Berger, Matthew N., Melody Taba, Jennifer L. Marino, Megan S. C. Lim, and Rachel S. Skinner. 2022. Social Media Use and Health and Well-being of Lesbian, Gay, Bisexual, Transgender, and Queer Youth: Systematic Review. *Journal of Medical Internet Research* 24: e38449. [CrossRef] [PubMed]

Bessière, Katie, Sarah Pressman, Sara Kiesler, and Robert Kraut. 2010. Effects of Internet Use on Health and Depression: A Longitudinal Study. *Journal of Medical Internet Research* 12: e6. [CrossRef]

Bonsaksen, Tore, Hilde Thygesen, Janni Leung, Gary Lamph, Issac Kabelenga, and Amy Østertun Geirdal. 2024. Patterns of Social Media Use across Age Groups during the COVID-19 Pandemic: A Study across Four Countries. *Social Sciences* 13: 194. [CrossRef]

Brooks, Joanna, and Nigel King. 2014. Doing Template Analysis: Evaluating an End-of-Life Care Service. In *Sage Research Methods Cases*. London: SAGE Publications Ltd. Huddersfield: The University of Huddersfield. [CrossRef]

Brooks, Joanna, Serena McCluskey, Emma Turley, and Nigel King. 2015. The Utility of Template Analysis in Qualitative Psychology Research. *Qualitative Research in Psychology* 12: 202–22. [CrossRef]
Cannon, Yuliya, Stacy Speedlin, Joe Avera, Derek Robertson, Mercedes Ingram, and Ashely Prado. 2017. Transition, Connection, Disconnection, and Social Media: Examining the Digital Lived Experiences of Transgender Individuals. *Journal of LGBT Issues in Counseling* 11: 68–87. [CrossRef]
Chadha, Kalyani, Linda Steiner, Jessica Vitak, and Zahra Ashktorab. 2020. Women's Responses to Online Harassment. *International Journal of Communication* 14: 19.
Chen, Amy T. 2012. Information Seeking over the Course of Illness: The Experience of People with Fibromyalgia. *Musculoskeletal Care* 10: 212–20. [CrossRef]
Coyne, Claire A., Jonathan L. Poquiz, Aron Janssen, and Diane Chen. 2020. Evidence-Based Psychological Practice for Transgender and Non-Binary Youth: Defining the Need, Framework for Treatment Adaptation, and Future Directions. *Evidence-Based Practice in Child and Adolescent Mental Health* 5: 340–53. [CrossRef]
Craig, Shelley L., Anderew D. Eaton, Lauren B. McInroy, Vivian W. Y. Leung, and Sreedevi Krishnan. 2021. Can Social Media Participation Enhance LGBTQ+ Youth Well-Being? Development of the Social Media Benefits Scale. *Social Media + Society* 7: 205630512198893. [CrossRef]
DeVito, Michael A., Jeremy Birnholtz, and Jeffery T. Hancock. 2017. Platforms, People, and Perception. Paper presented at the 2017 ACM Conference on Computer Supported Cooperative Work and Social Computing, Portland, OR, USA, February 25–March 1.
Dhir, Amandeep, Yossiri Yossatorn, Puneet Kaur, and Sufen Chen. 2018. Online social media fatigue and psychological wellbeing—A study of compulsive use, fear of missing out, fatigue, anxiety and depression. *International Journal of Information Management* 40: 141–52. [CrossRef]
Dixon, Stacy Jo. 2023. *Active Social Media Audience in the United Kingdom (UK) in January 2023*. New York: Statista. Available online: https://www.statista.com/statistics/507405/uk-active-social-media-and-mobile-social-media-users/ (accessed on 23 May 2023).
Dwyer, Sonya Corbin, and Jennifer L. Buckle. 2009. The Space Between: On Being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods* 8: 54–63. [CrossRef]
Ellison, Nicole B., Charles Steinfield, and Cliff Lampe. 2007. The Benefits of Facebook "Friends:" Social Capital and College Students' Use of Online Social Network Sites. *Journal of Computer-Mediated Communication* 12: 1143–68. [CrossRef]
Escobar-Viera, Cesar G., Darren L. Whitfield, Charles B. Wessel, Ariel Shensa, Jamie E. Sidani, Andre L. Brown, Cristian J. Chandler, Beth L. Hoffman, Michael M. Marshal, and Brian A. Primack. 2018. For Better or for Worse? a Systematic Review of the Evidence on Social Media Use and Depression among Lesbian, Gay, and Bisexual Minorities. *JMIR Mental Health* 5: e10496. [CrossRef]
Fujiwara, Takeo, and Ichiro Kawachi. 2008. A prospective study of individual-level social capital and major depression in the United States. *Journal of Epidemiology & Community Health* 62: 627–33. [CrossRef]
Gordon, Jacob D., Darren L. Whitfield, Tural Mammadli, and César G. Escobar-Viera. 2023. Social Support–Seeking Strategies on Social Media at the Intersection of Lesbian, Gay, Bisexual, Transgender, and Queer Identity, Race, and Ethnicity: Insights for Intervention From a Qualitative Study. *JMIR Formative Research* 7: e51702. [CrossRef]
Haimson, Oliver L., Daniel Delmonaco, Peipei Nie, and Andrea Wegner. 2021. Disproportionate Removals and Differing Content Moderation Experiences for Conservative, Transgender, and Black Social Media Users: Marginalization and Moderation Gray Areas. *Proceedings of the ACM on Human-Computer Interaction* 5: 1–35. [CrossRef]
Hendricks, Michael L., and Rylan J. Testa. 2012. A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice* 43: 460–67. [CrossRef]
Hendrie, Chris. 2022. The Trap of Transmedicalization: Holding Communities and Identities Hostage. *The University of Colorado Honors Journal* 27: 54–56.
Herrmann, Lena, Carola Bindt, Sarah Hohmann, and Inga Becker-Hebly. 2023. Social media use and experiences among transgender and gender diverse adolescents. *International Journal of Transgender Health* 25: 36–49. [CrossRef]
Jenzen, Olu. 2017. Trans youth and social media: Moving between counterpublics and the wider web. *Gender, Place & Culture* 24: 1626–41. [CrossRef]
Jhaver, Shagun, Sucheta Ghoshal, Amy Bruckman, and Eric Gilbert. 2018. Online Harassment and Content Moderation. *ACM Transactions on Computer-Human Interaction* 25: 1–33. [CrossRef]
Kelly, Yvonne, Afshin Zilanawala, Cara Booker, and Amanda Sacker. 2019. Social Media Use and Adolescent Mental Health: Findings from the UK Millennium Cohort Study. *EClinicalMedicine* 6: 59–68. [CrossRef]
Khalaf, Abderrahman M., Abdullah A. Alubied, Ahmed M. Khalaf, and Abdallah A. Rifaey. 2023. The Impact of Social Media on the Mental Health of Adolescents and Young Adults: A Systematic Review. *Cureus* 15: e42990. [CrossRef] [PubMed]
Kross, Ethan, Philippe Verduyn, Gal Sheppes, Cory K. Costello, John Jonides, and Oscar Ybarra. 2020. Social Media and Well-Being: Pitfalls, Progress, and Next Steps. *Trends in Cognitive Sciences* 25: 55–66. [CrossRef]
Krueger, Evan A., and Sean D. Young. 2015. Twitter: A Novel Tool for Studying the Health and Social Needs of Transgender Communities. *JMIR Mental Health* 2: e4113. [CrossRef] [PubMed]

Lin, Liu Yi, Jaime E. Sidani, Ariel Shensa, Ana Radovic, Elizabeth Miller, Jason B. Colditz, Beth L. Hoffman, Leila M. Giles, and Brian A. Primack. 2016. Association between Social Media Use and Depression among US Young Adults. *Depression and Anxiety* 33: 323–31. [CrossRef]

McConnell, Elizabeth A., Antonia Clifford, Aaron K. Korpak, Gregory Phillips, and Michelle Birkett. 2017. Identity, victimization, and support: Facebook experiences and mental health among LGBTQ youth. *Computers in Human Behavior* 76: 237–44. [CrossRef] [PubMed]

Meyer, Ilan H. 2003. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin* 129: 674–97. [CrossRef]

Miller, Gabe H., Guadalupe Marquez-Velarde, Apryl A. Williams, and Verna M. Keith. 2020. Discrimination and Black Social Media Use: Sites of Oppression and Expression. *Sociology of Race and Ethnicity* 7: 233264922094817. [CrossRef]

Munn, Carly, Leigh Vaughan, Vikram Talaulikar, Melanie C. Davies, and Joyce C. Harper. 2022. Menopause knowledge and education in women under 40: Results from an online survey. *Women's Health* 18: 17455057221139660. [CrossRef] [PubMed]

Nabi, Robin L., Abby Prestin, and Jiyeon So. 2013. Facebook Friends with (Health) Benefits? Exploring Social Network Site Use and Perceptions of Social Support, Stress, and Well-Being. *Cyberpsychology, Behavior, and Social Networking* 16: 721–27. [CrossRef] [PubMed]

Naslund, John A., Ameya Bondre, John Torous, and Kelly A. Aschbrenner. 2020. Social Media and Mental Health: Benefits, Risks, and Opportunities for Research and Practice. *Journal of Technology in Behavioral Science* 5: 245–57. [CrossRef] [PubMed]

Nobili, Anna, Cris Glazebrook, and Jon Arcelus. 2018. Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in Endocrine & Metabolic Disorders* 19: 199–220. [CrossRef]

Park, Sungkyu, Sang Won Lee, Jinah Kwak, Meeyoung Cha, and Bumseok Jeong. 2013. Activities on Facebook Reveal the Depressive State of Users. *Journal of Medical Internet Research* 15: e217. [CrossRef]

Pflum, Samantha R., Rylan J. Testa, Kimberly F. Balsam, Peter B. Goldblum, and Bruce Bongar. 2015. Social support, trans community connectedness, and mental health symptoms among transgender and gender nonconforming adults. *Psychology of Sexual Orientation and Gender Diversity* 2: 281–86. [CrossRef]

Politte-Corn, Madison, Elizabeth A. Nick, and Autumn Kujawa. 2023. Age-related differences in social media use, online social support, and depressive symptoms in adolescents and emerging adults. *Child and Adolescent Mental Health* 28: 497–503. [CrossRef]

Powell, Anastasia, Adrian J. Scott, and Nicola Henry. 2018. Digital harassment and abuse: Experiences of sexuality and gender minority adults. *European Journal of Criminology* 17: 199–223. [CrossRef]

Sadagheyani, Hassan Ebrahimpour, and Farin Tatari. 2020. Investigating the role of social media on mental health. *Mental Health and Social Inclusion* 25: 41–51. [CrossRef]

Salerno-Ferraro, Alisha C., Caroline Erentzen, and Regina A. Schuller. 2021. Young Women's Experiences With Technology-Facilitated Sexual Violence From Male Strangers. *Journal of Interpersonal Violence* 37: 19–20. [CrossRef]

Saunders, Jessica F., and Asia A. Eaton. 2018. Snaps, Selfies, and Shares: How Three Popular Social Media Platforms Contribute to the Sociocultural Model of Disordered Eating among Young Women. *Cyberpsychology, Behavior, and Social Networking* 21: 343–54. [CrossRef]

Scheuerman, Morgan Klaus, Stacy M. Branham, and Foad Hamidi. 2018. Safe Spaces and Safe Places. *Proceedings of the ACM on Human-Computer Interaction* 2: 1–27. [CrossRef]

Selkie, Ellen, Victoria Adkins, Ellie Masters, Anita Bajpai, and Daniel Shumer. 2019. Transgender adolescents' uses of social media for social support. *Journal of Adolescent Health* 66: 275–80. [CrossRef]

Smith, Matthew. 2022. *Where Does the British Public Stand on Transgender Rights in 2022? | YouGov*. London: YouGov. Available online: https://yougov.co.uk/topics/society/articles-reports/2022/07/20/where-does-british-public-stand-transgender-rights (accessed on 15 August 2023).

Song, Haeyeop, Jaemin Jung, and Youngju Kim. 2016. Perceived News Overload and Its Cognitive and Attitudinal Consequences for News Usage in South Korea. *Journalism & Mass Communication Quarterly* 94: 1172–90. [CrossRef]

Tan, Kyle KH, Gareth J. Treharne, Sonja J. Ellis, Johanna M. Schmidt, and Jaimie F. Veale. 2019. Gender Minority Stress: A Critical Review. *Journal of Homosexuality* 67: 1471–89. [CrossRef]

Tao, Xiangyu, and Celia B. Fisher. 2021. Exposure to Social Media Racial Discrimination and Mental Health among Adolescents of Color. *Journal of Youth and Adolescence* 51: 30–44. [CrossRef]

Taylor, Zoe, Ala Yankouskaya, and Constantina Panourgia. 2023. Social media use, loneliness and psychological distress in emerging adults. *Social Media Use, Loneliness and Psychological Distress in Emerging Adults* 43: 1312–25. [CrossRef]

Tebbe, Elliot A., Melissa Simone, Emily Wilson, and Madeline Hunsicker. 2021. A dangerous visibility: Moderating effects of antitrans legislative efforts on trans and gender-diverse mental health. *Psychology of Sexual Orientation and Gender Diversity* 9: 259. [CrossRef]

Tian, Qiuxia. 2022. Impact of Social Media News Overload on Social Media News Avoidance and Filtering: Moderating Effect of Media Literacy. *Frontiers in Psychology* 13: 862626. [CrossRef]

Weiss, Rachel. 2023. Menopause and social media: Pros and cons for the general public. *Maturitas* 174: 67–68. [CrossRef] [PubMed]

Winkelman, Sloane Burke, Jody Oomen Early, Ashley D. Walker, Lawrence Chu, and Alice Yick-Flanagan. 2015. Exploring Cyberharrassment among Women Who Use Social Media. *Universal Journal of Public Health* 3: 194–201. [CrossRef]

Woods, Heather Cleland, and Holly Scott. 2016. Sleepyteens: Social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem. *Journal of Adolescence* 51: 41–49. [CrossRef] [PubMed]
Zhao, Yuehua, and Jin Zhang. 2017. Consumer health information seeking in social media: A literature review. *Health Information & Libraries Journal* 34: 268–83. [CrossRef]