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The Impact Of Psychological Abuse On Transgender Leading To Social Isolation

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Abstract

This study explores the impact of persistent psychological abuse on the social isolation of transgender individuals, focusing on its effects on their ability to build and sustain supportive relationships. Using a cross-sectional qualitative design, semi-structured interviews were conducted with 50 transgender individuals aged 21–35 years in New Delhi, India, selected through purposive sampling. Thematic analysis revealed four key themes: the enduring effects of psychological and physical abuse, social exclusion and disconnection as a byproduct of abuse, barriers to accessing mental health services due to stigma and fear of judgment, and the resilience found through chosen families and peer networks. The findings highlight that psychological abuse significantly contributes to social isolation, negatively impacting mental health and social connections, while chosen families serve as vital sources of support. Addressing systemic barriers to mental health care and fostering inclusive communities is essential to reducing isolation and improving the well-being of transgender individuals.

Keywords:

Transgender, Psychological Abuse, Social Isolation, Resilience, Mental Health

INTRODUCTION

Transgender individuals face unique and profound challenges worldwide, including discrimination, abuse, and social exclusion. This group has long been marginalized, with their experiences of abuse, particularly psychological abuse, often leading to long-term negative consequences on their mental health and social connections. Psychological abuse is an insidious form of harm involving behaviors such as emotional manipulation, belittlement, isolation, and rejection that can severely impair an individual's sense of self-worth and social functioning. In many cultures, transgender people face both overt violence and more subtle forms of psychological abuse, which may result in social disconnection and isolation (Kaplan & Anne, 1996; Dutton, Goodman, & Bennett, 2000).

Historically, transgender individuals have been subjected to various forms of violence and abuse. This has persisted despite progress in human rights globally, particularly in regions like Asia, where societal acceptance remains limited compared to Western contexts (Currah, Juang, & Minter, 2006). In India, transgender people were legally recognized as a third gender in 2014. However, this legal recognition has not fully translated into social acceptance, with many transgender individuals continuing to face discrimination and abuse in everyday life, particularly in rural areas (Majumder et al., 2020). Psychological abuse, which often takes the form of verbal harassment, exclusion, and stigmatization, remains a pervasive issue. The resulting trauma from this abuse can exacerbate pre-existing vulnerabilities, leading to significant social isolation (Lombardi et al., 2001). Research into the impact of psychological abuse on transgender individuals remains limited, particularly in the Indian context, where societal attitudes towards gender non-conformity are still evolving. Studies conducted in the West have highlighted the strong correlation between psychological abuse and poor mental health outcomes, such as depression and anxiety, in transgender populations. For instance, Nuttbrock et al. (2014) found that transgender women in New York who had experienced psychological abuse were significantly more likely to suffer from major depression. The study, which spanned three years and included a cohort of 230 transgender women, revealed that psychological abuse had a lasting impact on mental health, particularly among younger participants. The

authors suggested that older transgender individuals might develop greater resilience to psychological abuse, although the reasons for this remain unclear. Another critical aspect of psychological abuse is its impact on social relationships. Psychological abuse often results in damaged social bonds, as victims may withdraw from relationships to protect themselves from further harm (Wilson et al., 2016). For transgender individuals, this isolation can be even more profound, as they may already face significant barriers in forming and maintaining social connections due to societal stigma and discrimination. Giovanardi et al. (2018) examined the role of parental support in the well-being of transgender individuals and found that rejection by family members, particularly parents, often led to significant psychological distress and difficulties in maintaining social relationships. The study highlighted the importance of early parental acceptance in mitigating the negative effects of psychological abuse and fostering healthy social development.

The intersectionality of gender identity and abuse is complex, with many transgender individuals facing abuse not only for their gender identity but also for their perceived deviation from societal norms (Kussin-Shoptaw, Fletcher, & Reback, 2017). This abuse can manifest in various forms, including physical, sexual, and psychological harm, each contributing to the overall sense of isolation experienced by transgender individuals. Testa et al. (2012) explored the connection between violence and social disconnection in transgender populations, finding that transgender individuals who experienced violence were more likely to report feelings of isolation and disconnection from their communities. This study highlighted the urgent need for interventions that address the psychological and social dimensions of abuse, as well as the importance of community support in reducing isolation among transgender individuals. The concept of social isolation among transgender individuals is complicated by the cultural and societal context in which they live. In many Asian countries, including India, there are significant cultural barriers to the full acceptance of transgender individuals. This lack of acceptance often manifests in the form of both overt discrimination and more subtle forms of psychological abuse, such as exclusion from family and community events, verbal harassment, and the denial of basic rights and opportunities (Clements-Nolle et al., 2001). In these contexts, psychological abuse can significantly impair transgender individuals' ability to form and maintain meaningful social connections, leading to a cycle of isolation and marginalization. In addition to the direct effects of psychological abuse, transgender individuals often face structural barriers to social inclusion. These barriers include limited access to education, employment, and healthcare, all of which can exacerbate feelings of isolation and disconnection. Studies by Majumder et al. (2020) and Herbst et al. (2008) have shown that transgender individuals frequently encounter discrimination in these areas, which not only affects their economic and physical well-being but also contributes to their social marginalization. Without access to supportive social networks, many transgender individuals turn to coping mechanisms such as substance abuse, further deepening their isolation (Testa et al., 2012).

The impact of psychological abuse on social isolation among transgender individuals is further exacerbated by a lack of legal protections and social support systems. In many parts of the world, transgender individuals are not fully protected under anti-discrimination laws, and even where such protections exist, they are often poorly enforced (Currah et al., 2006). In India, while the recognition of transgender individuals as a third gender was a significant legal victory, the enforcement of rights and protections remains inconsistent, particularly in rural areas. This lack of legal recourse leaves many transgender individuals vulnerable to continued abuse and isolation, with little opportunity for redress or support. Several studies have emphasized the importance of community and familial support in mitigating the effects of psychological abuse and social isolation. For example, Smith et al. (2018) found that transgender individuals who reported strong family support were less likely to experience feelings of isolation, even in the face of societal discrimination. Similarly, Wilson et al. (2016) noted that interventions aimed at strengthening family relationships and fostering community support networks were effective in reducing isolation and improving mental health outcomes for transgender youth. Despite these findings, there remains a significant gap in the research regarding the specific ways in which psychological abuse contributes to social isolation among transgender individuals, particularly in non-Western contexts. While studies have explored the mental health impacts of abuse, there is less understanding of how this abuse affects social connections and the ability to form supportive relationships. This is a critical area of inquiry, as social connections are essential for mental well-being and can provide a buffer against the negative effects of abuse and discrimination (Forsyth & Copes, 2014). The current study aims to address this gap by exploring the impact of psychological abuse on the social connections of transgender individuals in New Delhi, India. By focusing on the experiences of transgender individuals in this specific cultural and social context, the study seeks to provide a

deeper understanding of how psychological abuse contributes to social isolation and to identify potential strategies for fostering social inclusion and support. This research is particularly timely given the ongoing efforts to improve legal protections and social acceptance for transgender individuals in India, and it has the potential to inform both policy and practice in this area (Nuttbrock et al., 2014).

In conclusion, the background of this study highlights the significant challenges transgender individuals face due to psychological abuse and its subsequent impact on their social connections. While there has been considerable research on the mental health effects of abuse, less attention has been paid to how this abuse affects social relationships and contributes to isolation. By addressing this gap, the current study aims to provide new insights into the experiences of transgender individuals and to inform the development of interventions that can help reduce social isolation and improve the overall well-being of this marginalized population.

METHODOLOGY

The research was conducted using a qualitative approach to explore the impact of psychological abuse on the social connections of transgender individuals and to understand the challenges they faced in forming and maintaining social relationships. The qualitative approach was deemed appropriate because it allowed for an in-depth understanding of participants' personal experiences, feelings, and social contexts, which was essential to address the study's research questions.

Research Design

A cross-sectional research design was employed to collect data at one point in time from a sample of transgender individuals. This design was chosen as it enabled the collection of rich qualitative data to explore the relationships between psychological abuse and social isolation in the lives of transgender individuals. The cross-sectional approach also allowed for the capture of experiences from participants in different social environments and at various stages of life, offering a more comprehensive view of the phenomenon being studied.

Sampling Method and Sample

The research used purposive sampling to select participants. Purposive sampling was chosen to ensure that the sample was representative of the specific population of interest—transgender individuals aged between 21 and 35 years. This age group was targeted because it encompasses individuals who have likely encountered both early life challenges and adult experiences in social relationships, which may be affected by psychological abuse.

A total of 50 transgender individuals were recruited for the study. Participants were selected from New Delhi, India, as this location offers a diverse urban population and access to various support groups and non-governmental organizations (NGOs) working with transgender communities. This allowed for the inclusion of participants from different socioeconomic statuses, education levels, and employment situations.

The inclusion criteria for the study were as follows:

1. Transgender individuals between the ages of 21 and 35.
2. Participants who had not undergone gender reassignment surgery or any form of sex-change surgery.
3. Willingness to share personal experiences related to psychological abuse and social connections through interviews.

Transgender individuals identifying as gay, lesbian, or bisexual were excluded from the study to focus specifically on those identifying strictly as transgender. Adolescents and individuals under the age of 21 were also excluded from focusing on adult experiences, as these were more likely to reflect the impact of psychological abuse on social isolation in later life.

Data Collection

Data was collected using semi-structured, in-depth interviews, which provided flexibility in exploring participants' experiences while ensuring that key themes related to psychological abuse and social isolation were covered. The interviews were conducted in person, and in cases where face-to-face meetings were not possible, they were conducted via phone or video calls.

Open-ended questions were designed to encourage participants to share their personal stories and insights. The interview guide included topics such as:

1. Personal experiences with psychological abuse.
2. Impact of psychological abuse on their social relationships.
3. Challenges faced in maintaining social connections.
4. Coping mechanisms for dealing with social isolation.
5. Participants' thoughts on support systems and interventions that could help reduce isolation.

The interviews lasted 45 minutes to an hour, depending on the participant's comfort level and the depth of their responses. All interviews were audio-recorded with the participant's consent, and detailed notes were taken to capture non-verbal cues and context that could provide additional insight.

Data Analysis

The collected data was transcribed verbatim from the interview recordings. The transcriptions were carefully reviewed and verified against the audio recordings for accuracy. The data was then analyzed using thematic analysis, which was chosen because it is well-suited for examining participants' personal experiences and social realities.

The process of thematic analysis involved several steps:

1. **Familiarization with the Data**: The researcher read through all the transcripts multiple times to become deeply familiar with the content.
2. **Coding**: The data was coded using both inductive and deductive coding methods. The inductive coding allowed themes to emerge from the data itself, while deductive coding focused on pre-defined themes related to psychological abuse, social isolation, and support systems.
3. **Theme Development**: Codes were organized into broader themes that captured the essence of the data. Some of the key themes identified included "emotional manipulation leading to isolation," "fear of social rejection," "challenges in maintaining family and peer relationships," and "resilience and coping mechanisms."
4. **Review and Refinement**: The themes were reviewed to ensure they accurately represented the data. Themes were refined by combining similar codes and discarding irrelevant ones to focus on the most significant aspects of the participants' experiences.
5. **Defining and Naming Themes**: Once finalized, the themes were named and defined to represent the core ideas they encapsulated. Each theme was supported with direct quotes from participants to ensure their voices were accurately represented in the research findings.

Ethical Considerations

The study involved sensitive topics such as psychological abuse and social isolation, and it was crucial to prioritize the ethical considerations surrounding participant well-being.

Informed consent was obtained from all participants before the interviews. Participants were informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw from the study at any point without any consequences. Participants were assured that their identities would remain confidential and that pseudonyms would be used in the final research report to protect their privacy.

To further ensure confidentiality, all data (including audio recordings and transcripts) was securely stored in encrypted files. Only the primary researcher had access to these files. Participants were also provided with contact information for mental health support services in case they experienced any distress during or after the interview.

Reliability and Validity

To ensure the reliability and validity of the research findings, several strategies were implemented:

1. **Triangulation**: Data was collected from multiple sources, including interviews and observational notes, to provide a more comprehensive understanding of the issue.
2. **Member Checking**: Participants were allowed to review the interview transcripts and clarify or elaborate on their responses if necessary. This helped ensure that their experiences were accurately represented.
3. **Reflexivity**: The researcher maintained a reflective journal throughout the research process to acknowledge and manage personal biases that could potentially influence the interpretation of the data.

Limitations of the Study

The study had several limitations. First, the sample size of 50 participants may not have captured the full diversity of experiences within the transgender community, particularly those in rural or less accessible areas. Additionally, the study relied on self-reported data, which may have been influenced by participants' willingness to share deeply personal and potentially painful experiences. Despite these limitations, the study provided valuable insights into the impact of psychological abuse on the social connections of transgender individuals, particularly in an urban Indian context.

RESULT AND ANALYSIS

The thematic analysis of the data revealed several key themes regarding the impact of psychological abuse on social isolation among transgender individuals.

Theme 1: Persistent Psychological and Physical Abuse

Sub-theme 1.1: Frequency and Recurrence of Abuse

- **Description**: This sub-theme explores how participants repeatedly mention the ongoing nature of psychological and emotional abuse. Many of the narratives reflect a cycle where the abuse is not a singular event but a continuous part of life, often occurring over long periods.
- **Data Example**: Participants describe how emotional abuse is often subtle but relentless, wearing down their psychological resilience. Phrases like "it never stops" or "it's just part of my everyday life" emerge frequently, indicating a constant state of being on edge or afraid.

Sub-theme 1.2: Emotional Scarring and Long-term Psychological Effects

- **Description**: The psychological consequences of enduring abuse are long-lasting. This sub-theme highlights the emotional scars participants carry, manifesting as anxiety, depression, and, in some cases, PTSD-like symptoms.
- **Data Example**: Many participants refer to feelings of worthlessness and self-doubt that stem from the abuse. The data suggests that the constant belittling or manipulation has led to internalized negative self-beliefs.

Sub-theme 1.3: Physical Manifestations of Psychological Distress

- **Description**: In addition to psychological symptoms, the abuse has physical ramifications, such as chronic headaches, fatigue, or even more severe health issues like gastrointestinal problems.
- **Data Example**: Some participants recount how stress from abuse has directly impacted their physical health, with terms like "I always feel sick" or "my body just shuts down when I'm anxious."

Theme 2: Isolation as a Byproduct of Abuse

Sub-theme 2.1: Social Exclusion and Loss of Friendships

- **Description**: This sub-theme covers the impact of abuse on participants' social lives, particularly how they feel excluded or cut off from friends and social activities. Whether due to the abuser's controlling behavior or the victim's withdrawal, participants often find themselves increasingly isolated.
- **Data Example**: Narratives mention how participants stopped attending social gatherings or events because they felt "too ashamed" or because the abuser controlled their social interactions, leaving them with fewer and fewer connections.

Sub-theme 2.2: Disconnection from Community

- **Description**: Beyond personal friendships, many participants feel disconnected from their broader communities. This can be due to societal stigma, discrimination, or lack of understanding from people outside their immediate circle.
- **Data Example**: Phrases like "I don't feel like I belong anymore" and "no one understands what I'm going through" were common. Participants expressed a deep sense of alienation from the community at large, including institutions like workplaces or social services.

Sub-theme 2.3: Internalized Loneliness

- **Description**: Some participants have internalized their isolation, feeling that their circumstances are unique or that no one else can relate to their experiences. This sub-theme delves into the emotional loneliness that persists even when surrounded by others.
- **Data Example**: Several participants discuss feeling like "an outsider in my own life" or having "no one to talk to about it." This internalized loneliness contributes to feelings of hopelessness and despair.

Theme 3: Barriers to Professional Support

Sub-theme 3.1: Inaccessibility of Mental Health Resources

- **Description**: This sub-theme highlights the difficulties participants face in accessing mental health services. Whether due to financial constraints, lack of availability, or long waiting lists, many participants felt that help was out of reach.

- **Data Example**: Common phrases include "I couldn't afford therapy" and "There's no one to talk to where I live." Many participants describe making attempts to seek help but being turned away or placed on extensive waiting lists, which discouraged them from seeking help again.

Sub-theme 3.2: Fear of Judgment and Societal Biases

- **Description**: Even when services are available, participants often avoid them due to fear of judgment or biases within the healthcare system. Concerns about being misunderstood or discriminated against because of their gender identity or personal situation were prevalent.
- **Data Example**: "They wouldn't get it" and "I'm afraid they'll blame me" were phrases that echoed throughout the data. Participants spoke about how fear of judgment kept them from reaching out for help, even when they knew they needed it.

Sub-theme 3.3: Lack of Awareness About Available Services

- **Description**: Another major barrier was the lack of knowledge about existing services. Many participants were unaware of what kinds of support were available to them or how to access it.
- **Data Example**: "I didn't know there were support groups" or "No one told me where I could go for help" reflect this sub-theme. Participants often felt they were left to navigate their situation without guidance, exacerbating feelings of isolation.

Theme 4: Chosen Family as a Source of Strength

Sub-theme 4.1: Support from Non-Biological Family

- **Description**: In contrast to the themes of isolation, this sub-theme explores how participants have found resilience and support through their chosen family—those people they have formed close bonds with outside of their biological family.
- **Data Example**: Participants frequently mentioned that friends, partners, and even online communities provided them with the emotional support they could not get elsewhere. Phrases like "I don't know what I'd do without them" and "they're my real family" were common.

Sub-theme 4.2: Resilience and Empowerment through Relationships

- **Description**: The strength participants gain from these relationships often leads to a sense of empowerment, allowing them to cope with the ongoing abuse or even take steps toward leaving harmful situations.
- **Data Example**: Participants spoke about how their chosen family helped them "find strength I didn't know I had" and how those relationships were a "lifeline" in moments of crisis.

Sub-theme 4.3: The Role of Peer Support Networks

- **Description**: Many participants also found support in formal or informal peer networks, such as support groups or advocacy organizations. These groups offered not only emotional support but practical advice on how to navigate their situations.
- **Data Example**: "Being part of the group saved me" or "they showed me I wasn't alone" captures the importance of peer networks. Participants described these spaces as crucial for both emotional and practical support.

Theme	Sub-Theme	Description
Persistent Psychological and Physical Abuse	Frequency and Recurrence of Abuse	Ongoing emotional abuse that becomes a continuous part of life.
Persistent Psychological and Physical Abuse	Emotional Scarring and Long-term Psychological Effects	Participants carry lasting emotional scars such as anxiety and depression.
Persistent Psychological and Physical Abuse	Physical Manifestations of Psychological Distress	Physical symptoms like headaches and fatigue due to psychological distress.
Isolation as a Byproduct of Abuse	Social Exclusion and Loss of Friendships	Abuse leads to exclusion from social circles and loss of friendships.
Isolation as a Byproduct of Abuse	Disconnection from Community	Participants feel disconnected from broader communities and institutions.
Isolation as a Byproduct of Abuse	Internalized Loneliness	Feelings of isolation are internalized, contributing to loneliness.

Barriers to Professional Support	Inaccessibility of Mental Health Resources	Financial, geographic, and systemic barriers make help inaccessible.
Barriers to Professional Support	Fear of Judgment and Societal Biases	Fear of judgment or biases keeps participants from seeking help.
Barriers to Professional Support	Lack of Awareness About Available Services	Participants lack knowledge of available support services.
Chosen Family as a Source of Strength	Support from Non-Biological Family	Support from non-biological family members provides emotional strength.
Chosen Family as a Source of Strength	Resilience and Empowerment through Relationships	Participants feel empowered through strong personal relationships.
Chosen Family as a Source of Strength	The Role of Peer Support Networks	Peer networks offer emotional support and practical advice.

DISCUSSION

The findings of this study revealed profound insights into the experiences of transgender individuals who have endured persistent psychological abuse, leading to social isolation. Through thematic analysis, key themes emerged, such as **Persistent Psychological and Physical Abuse**, **Isolation as a Byproduct of Abuse**, **Barriers to Professional Support**, and **Chosen Family as a Source of Strength**. These themes not only highlight the direct impact of abuse but also reflect the broader societal and systemic challenges faced by transgender individuals. When compared to previous research, it becomes evident that the findings of this study align with, yet also extend our understanding of the intersection between abuse, mental health, and social disconnection in transgender communities.

The first theme of **Persistent Psychological and Physical Abuse** underscored how abuse, both psychological and physical, becomes a pervasive part of the lives of transgender individuals. The sub-theme of **Frequency and Recurrence of Abuse** revealed that abuse is not typically a one-time event but rather an ongoing process. This finding aligns with the work of Nuttbrock et al. (2014), who highlighted how transgender individuals, particularly transgender women, frequently face repeated abuse throughout their lives. Nuttbrock's study showed that transgender women who experience psychological and physical abuse have a heightened risk of developing severe mental health issues, such as major depression, a point echoed in the current study. Participants in the present study described feeling as though abuse was an inescapable part of their daily reality, often leading to **Emotional Scarring and Long-term Psychological Effects**. These effects, including feelings of worthlessness, anxiety, and self-doubt, have been similarly documented in earlier research (Giovanardi et al., 2018). Giovanardi et al. found that individuals diagnosed with gender dysphoria (GD) often reported traumatic pasts, particularly emotional neglect and psychological abuse, which contributed to complex trauma and attachment insecurities. This study builds on that by adding that the emotional damage from psychological abuse often leads to physical manifestations of distress, such as chronic fatigue and gastrointestinal issues, expanding the understanding of how psychological trauma can manifest in transgender individuals. The **Physical Manifestations of Psychological Distress** described in the current study have also been observed by Kussin-Shoptaw et al. (2017), who found that transgender individuals experiencing long-term abuse often reported psychosomatic symptoms, such as headaches and stomach problems. The present study, however, goes further in detailing how participants often felt that their bodies were reacting to their psychological environment, with phrases like "my body just shuts down when I'm anxious" frequently emerging from the data. This finding adds a layer to the existing literature by emphasizing the physical toll of psychological abuse, something that has been less explored in transgender-specific research.

The second major theme, **Isolation as a Byproduct of Abuse**, delved into how psychological abuse leads to social disconnection. The sub-theme of **Social Exclusion and Loss of Friendships** revealed that many participants experienced significant social withdrawal, often due to feelings of shame or direct control from their abusers. This finding resonates with the work of Wilson et al. (2016), who explored how transgender individuals, particularly transgender youth, face increased risks of social exclusion due to abuse and discrimination. Wilson's research found that both psychological and physical abuse led to deteriorating mental health and social isolation, similar to the findings of the present study. The sub-theme of **Disconnection from Community** expands on past studies by highlighting how societal stigma, discrimination, and a lack of understanding from the broader community exacerbate feelings of isolation. Participants described a deep sense of alienation, a sentiment also echoed in the

work of Testa et al. (2012), who found that transgender individuals often feel marginalized not only within personal relationships but also within their communities. However, the current study contributes a nuanced perspective by illustrating that isolation is not merely a result of external factors but is also an internalized experience for many transgender individuals, as captured in the sub-theme of **Internalized Loneliness**. This idea of "feeling like an outsider in my own life" suggests that social isolation may be as much about perceived isolation as it is about actual exclusion. **Barriers to Professional Support** emerged as a critical theme in understanding why many transgender individuals do not seek help for the psychological and social effects of abuse. The sub-theme of **Inaccessibility of Mental Health Resources** was prevalent, with participants expressing frustration over the lack of affordable, available, and culturally competent mental health services. This is consistent with the findings of Smith et al. (2018), who reported that transgender individuals, particularly those in rural or under-resourced areas, face significant challenges in accessing appropriate mental health care. Financial barriers, as described by the participants in the current study, were also noted by Majumder et al. (2020), who pointed out that economic insecurity often prevents transgender individuals from seeking needed medical and psychological help. In addition to financial barriers, the sub-theme of **Fear of Judgment and Societal Biases** highlights the pervasive fear of discrimination within the healthcare system. Participants often expressed concerns that mental health professionals would not understand their experiences or might even blame them for the abuse they endured, a finding that aligns with the research of Wang et al. (2021). Wang et al. found that transgender individuals frequently avoided seeking help due to fear of being judged or misunderstood by service providers, particularly in regions where gender diversity is less accepted.

Finally, the sub-theme of **Lack of Awareness About Available Services** speaks to the systemic failure of providing transgender individuals with the information and resources they need to access support. This issue has been less explored in previous research, but the present study suggests that transgender individuals are often left to navigate their abuse and isolation alone, without knowledge of the services available to them. This is an important area for future research and intervention, as increasing awareness about mental health and support services could help reduce isolation and improve outcomes for transgender individuals. In contrast to the themes of abuse and isolation, the theme of **Chosen Family as a Source of Strength** highlighted the resilience of transgender individuals in the face of adversity. The sub-theme of **Support from Non-Biological Families** revealed that many participants found emotional support through their chosen family—friends, partners, and LGBTQ+ communities—rather than their biological families. This finding is consistent with the work of Clements-Nolle et al. (2001), who found that transgender individuals often rely on non-biological networks for support due to rejection from their families of origin. The concept of "chosen family" as a protective factor against isolation is also supported by Currah, Juang, and Minter (2006), who argued that LGBTQ+ communities play a crucial role in providing emotional and social support to individuals who face discrimination and abuse. The sub-theme of **Resilience and Empowerment through Relationships** adds to this by illustrating how chosen families not only offer support but also empower transgender individuals to resist and overcome the effects of abuse. Participants frequently described these relationships as lifelines, helping them cope with the ongoing psychological and social challenges they faced. This echoes the findings of Wilson et al. (2016), who noted that strong personal relationships can buffer the negative effects of abuse and discrimination on mental health. Finally, the sub-theme of **The Role of Peer Support Networks** emphasized the importance of formal and informal support groups in providing both emotional support and practical advice. Many participants described peer networks as critical to their survival, a finding that aligns with the research of Nemoto et al. (2005), who highlighted the role of community-based organizations in supporting transgender individuals. The present study expands on this by detailing how these networks not only provide emotional support but also offer practical guidance on navigating abusive situations and reducing social isolation.

The findings of this study both confirm and extend previous research on the impact of abuse and social isolation on transgender individuals. Similar to the findings of Nuttbrock et al. (2014) and Giovanardi et al. (2018), this study highlights the significant psychological toll of persistent abuse on transgender individuals. However, it also expands the scope of understanding by focusing on how this abuse leads to social isolation, an area less frequently explored in previous studies. The current study's exploration of **Internalized Loneliness** as a sub-theme provides a unique contribution to the literature, as it emphasizes that isolation is not just an external phenomenon but also an internal experience. This finding suggests that interventions aimed at reducing isolation need to address not only social and community support but also the internalized feelings of worthlessness and disconnection that many

transgender individuals face. Additionally, the identification of **Barriers to Professional Support** builds on existing research by emphasizing the systemic failures in providing accessible and appropriate mental health services to transgender individuals. This theme highlights the need for policy changes and increased funding to ensure that transgender individuals can access the help they need without fear of discrimination or judgment. Finally, the theme of **Chosen Family as a Source of Strength** reaffirms the importance of community and peer support networks in mitigating the effects of abuse and isolation, a finding that has been consistently supported by previous research (Clements-Nolle et al., 2001; Smith et al., 2018). However, the present study goes further by illustrating how these relationships not only provide emotional support but also empower transgender individuals to take control of their lives and resist the effects of abuse.

CONCLUSION

This study demonstrates the remarkable effect of severe and long-standing psychological abuse on the social exclusion of transgenders, entailing a chain of forgery, ordeal, and seclusion in interpersonal and communal areas. The results also show that despite abuse causing a large number of psychological and social consequences, such as perceiving themselves as worthless and socially rejected, many transgender people can mobilize a positive social support system based on chosen families and peer networks. These findings highlight the need to prioritize mentally health-related practices, promoting the ways by which abuse and the lack of support might be prevented, as well as ensuring that the transgender sector has the relevant help and representation that is needed to help alleviate exploitation.

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