

Supporting Caregivers and Families of Transgender and Nonbinary Youth

Richard A. Brandon-Friedman, PhD, LCSW, LCAC¹

Rand Warden, MSW, LSW¹

Rebecca Waletich, MSW, LCSW³

Kelly L. Donahue, PhD, HSPP²

¹Indiana University School of Social Work

²Indiana University School of Medicine

³Private Practice

This is the author's manuscript of the book chapter published in final edited form as:

Brandon-Friedman, R. A., Warden, R., Waletich, R., & Donahue, K. L. (2020). Supporting caregivers and family members of transgender and nonbinary youth. In S. K. Kattari, N. E. Walls, L. Kattari, & M. K. Kinney (Eds.) *Social work and health care with transgender and nonbinary individuals and communities* (pp. 194-207). Routledge.

Supporting Caregivers and Families of Transgender and Nonbinary Youth

A young person coming out as transgender or nonbinary (TNB) can affect their entire family system. Feelings of loss, confusion, self-doubt, fear, and anger are common during this time of transition as family members process the young person's gender identity and the effects of the disclosure. With support, family members can successfully explore these thoughts and emotions and grow to not only accept but actively affirm and advocate for their loved ones. This chapter discusses the developmental processes that family members of TNB youth may experience after the young person comes out, reviews common concerns raised by family members, and provides strategies for supporting family members as they process a TNB young person's coming out and what it means for the youth, the family, and their broader community. Three case scenarios provide further insight into how familial concerns may present in practice. Altogether, the chapter allows for an appreciation of the complexity and immense value of supporting caregivers and families as a means to enhance TNB youths' lives.

Introduction

Support from the family and social environment are strong protective factors for transgender and nonbinary (TNB) youth, mitigating the impact of other negative experiences and reducing mental health and substance use concerns (Gower et al., 2018). However, achieving an affirmative family environment is not always easy; family members often experience a complex range of emotions, thoughts, and concerns when a TNB youth first comes out, and these may require social support or professional assistance to process. This chapter reviews the literature on the importance of affirmative family environments for TNB young people, common concerns raised by family members, and how providers can help families to create positive, affirmative, and safer spaces for TNB youth.

Family Support During the Coming Out Process

TNB youth are more likely to experience parental and familial rejection than their cisgender or lesbian, gay, bisexual, or queer peers (Gower et al., 2018). Family support is crucial for the wellbeing of TNB youth in almost every aspect of their lives, including their transition into adulthood. TNB youth who lack parental or family support experience increased psychological distress, including depression, anxiety, and suicidal ideation and attempts; lower self-esteem; higher rates of substance use; and higher likelihood of experiencing homelessness (Gower et al., 2018; James et al., 2016). In contrast, TNB youth supported in their social transition by family members show no difference in depressive symptomology and only slightly elevated levels of anxiety relative to cisgender youth (Olson, Durwood, DeMeules, & McLaughlin, 2016).

Supportive families have a greater capacity for impacting social environments, as they can advocate on behalf of TNB youth to resolve issues of feeling unsafe and other types of harm

(Chan, 2018). TNB youth in affirmative environments can flourish and express themselves openly (Aramburu Alegría, 2018; Bull & D'Arrigo-Patrick, 2018). Supportive families can also serve as catalysts for change by challenging non-affirmative public dialogue and inequity and advocating for legislation that protects TNB individuals (Chan, 2018). In helping TNB youth navigate the web of discrimination and oppression they are likely to encounter, supportive families serve as sources of resilience, equipping the youth with the skills to not only survive but truly thrive in their environment (Ehrensaft, 2016; Gower et al., 2018).

Putting Knowledge into Practice

Family Reactions to Disclosure

Family members may react in different ways when TNB youth come out. Responses depend upon the unique constellation of family members' experiences, beliefs, understandings of gender and gender identities, exposures to TNB individuals, and their relationships with the youth (Hill & Menvielle, 2009). Lev (2004) described four stages family members often experience following the disclosure of an individual's TNB identity. The first stage, *discovery and disclosure*, encompasses the initial revelation to family members and their reactions. Family members may express shock and/or feel betrayed as they seek to understand the disclosure and its impact on their own lives. They may question how long this information has been concealed and why, or, alternatively, why it needs to be discussed now. This stage can be traumatic for the entire family, and it often consists of non-affirming statements and reactions from family members that may be painful for the TNB youth and others.

During the second stage, *turmoil*, families often seek support. They are processing the disclosure in a more nuanced manner and seeking information on how to best engage with the TNB youth. A completely unsupportive family may desire services to "change" the youth's

gender identity. Such forms of treatment, often referred to as “reparative” or “conversion” therapies, are ineffective, unethical, harmful, and should not be offered or considered (National Association of Social Workers, 2015). Instead, services should focus on educating family members about gender identity and helping them process their reactions, fears, and emotions regarding the youth’s disclosure. For professionals working with families in the stage of turmoil, the best practices outlined later in this chapter will be highly pertinent.

Families within the third stage, *negotiation*, are working to establish boundaries both within and outside of the family. This stage involves discussions about the youth’s desired goals for social, medical, and/or legal affirmation, and how the family will discuss the youth’s gender identity with others. Service goals during this stage should focus on resolving conflicts between the youth and family members and seeking agreements and shared goals. If some family members or associates are unsupportive and/or rejecting of the youth, more supportive family members may need assistance with renegotiating how, when, and whether to interact with these less affirming individuals.

Families in the final stage, *finding balance*, have reached a new equilibrium in which the youth’s gender identity is well understood and incorporated into the family’s life. Family members’ views and roles have adjusted, as discussed below, and the family can discuss the youth’s gender identity without significant strain. During this time, many family members become advocates, actively seeking to counteract discrimination the youth may face.

The timeline for progressing through these stages varies considerably, with some people moving quickly and others spending years in each stage. While not reflective of all youths’ experiences, this framework is a useful guide for understanding shifting considerations. Still, services must be tailored to unique familial needs. The next section reviews questions and

concerns commonly encountered by providers working with caregivers and family members of TNB youth and provides recommendations for addressing and resolving them.

Gender Identity Influences

Caregivers' first reactions to disclosure may be to seek 'causes' for the youth's TNB identity. Gender is an extremely complex aspect of a youth's development that consists of several dimensions. Gender identity, expression, and perception exist as parts of a broader *gender web* in which each person inhabits a unique space or position (Ehrensaft, 2016). For everyone, whether cisgender or TNB, this space has many influences, including, but not limited to, culture, social learning, familial norms, genetics, prenatal hormonal exposure, and early parental attachment patterns (Shumer, Nokoff, & Spack, 2016). The interactions between social factors, nature, and nurture in youths' lives lead to their understandings of their own and others' genders.

When inquiring about 'causes' of the youth's gender identity, family members are generally seeking to understand its development. They may experience guilt, believing they did something they perceive as wrong, as societal messaging pathologizing gender diversity often seeks to blame caregivers despite no scientific evidence that child-rearing practices, trauma, or other stressors 'cause' TNB identities (Brill & Kenney, 2016; Shumer et al., 2016). Parental openness to diversity in gendered play and expression and providing exposure to others whose gender may not fit societal norms may allow children to explore their gender identity safely and may create a nurturing environment in which TNB youth may come out earlier, but there is no evidence that such practices contribute to a youth "becoming" TNB who otherwise would not have identified as such. Bringing family members' attention to the fact that there have always been a vast array of genders and gender expressions, but systems of power have erased these

from history through attempts to impose a strict gender binary can also be affirming and assist in building solidarity with those TNB youth who are resistant to others' insistence on defining their genders (Lugones, 2007). Ultimately, family members should be educated about gender diversity and helped to move beyond asking why and toward processing the impact of the youth's gender identity on the youth and themselves.

Gender Identity and Mental Illness

Research on the intersection between gender identity and mental health is often misunderstood. The presence of gender dysphoria as a diagnosis in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2013) complicates many people's understanding of the mental health of TNB individuals. The 4th edition of the DSM included a diagnosis of gender identity disorder, suggesting that individuals receiving the diagnosis were 'disordered;' this was updated in the 5th edition to emphasize that individuals receiving a gender dysphoria diagnosis are not themselves disordered, but rather, are experiencing a dysphoric reaction to aspects of their body or gendered social expectations that do not align with their experiences of their own genders.

While this change was intended to reduce the stigmatization of individuals so diagnosed, the continuing presence of a gender-related diagnosis in the DSM is a source of controversy. The diagnosis is generally required to access gender-affirming care, but in the process assigns a diagnosis to a person whose distress is largely due to the perceptions and expectations of others rather than intrapersonal dysfunction. Providers must help family members and TNB youth understand the place of gender dysphoria within the DSM while processing the implications of the diagnosis.

At the same time, professionals and family members must be attuned to the increased risk for mental health concerns experienced by TNB youth. TNB individuals experience disproportionately high levels of depression, anxiety, self-harming behaviors, suicidality, and substance use (Shumer et al., 2016). Being TNB does not inherently lead to problems in psychosocial functioning; in contrast, research suggests struggles are more often a consequence of the individuals' dysphoria and the continuous negative societal responses to their gender identities (Hendricks & Testa, 2012; Shumer et al., 2016). Family members and professionals should monitor TNB youth for psychosocial distress and address it using culturally-responsive interventions such as those outlined in the corresponding chapter in this volume.

Addressing Family Reactions and Supporting Adjustment

When youth come out as TNB, family members go through a period of adjustment. Caregivers often experience a multifaceted sense of loss, as many children are gendered from birth (or prior to birth via ultrasound), suggesting a life narrative to which many family members attach (Aramburu Alegría, 2018; Norwood, 2013). Even those who are supportive of their youth's TNB gender identity must reimagine aspects of future social interactions (e.g., events such as prom, dating and marriage, future child-rearing, etc.). Family members often describe this experience as grieving the loss of the previously-known youth while simultaneously grappling with the idea of having a "new" family member and the formation of a new projective narrative (Bull & D'Arrigo-Patrick, 2018). When addressing these concerns, many family members and providers find benefit from exploring Kübler-Ross' five stages of grieving and/or attention to models of ambiguous loss (Wahlig, 2014).

Family members of TNB youth must also develop a new sense of their own identity (Wahlig, 2014). When confronted with their own limited knowledge about gender or lack of

reflection on the role gender plays in society, many family members engage in an intense process of introspection and social re-evaluation of their own gender expression. This often includes the gendered ways in which they were raised and the manners in which gender norms are enforced on partners, family members, and youth (Bull & D'Arrigo-Patrick, 2018; Hill & Menvielle, 2009). Furthermore, familial roles are often gendered, with parents viewing themselves as the parent of a daughter or son. For example, a mother of a transmasculine youth may struggle to now see herself as a mother to a son, questioning how to act in this new role. Gendered social activities such as Scouts or sports also may be affected, requiring family members to alter their social circles. Attention to gender's place in familial interactions may be especially important for TNB youth of color, as some cultures may emphasize gender roles in different manners (Bull & D'Arrigo-Patrick, 2018).

As familial roles shift, it is not uncommon for family members to feel their life is centered on the youth's gender identity. The continuous attention to gender in social interactions, serving as an educator and advocate, worrying about the youth's mental health, and intervening in social situations can leave families feeling as if they are enveloped by an exhausting, all-encompassing "trans filter" (Aramburu Alegría, 2018). Furthermore, reoccurring discussions with others regarding gender transitions and addressing social needs can lead to familial conflicts and require modifications in relationship structures and interaction patterns. These readjustments can be stressful and foster resentment toward the youth, which also can contribute to intense feelings of guilt among family members.

Guilt is often experienced by family members in other forms as well. Family members of TNB youth who transition later in adolescence may question how they could have 'missed' earlier signs of the youth's gender identity. This is especially the case when they learn about the

intense dysphoria the youth has been experiencing or come to understand that post-pubertal transitions can be less cosmetically impactful. They may also recall previously made disparaging comments about gender diversity or attempts they had made to force the youth to conform to socially-designated gender roles and feel remorse that is hard to process and express.

Providers must be attuned to family members' complex experiences of emotions and introspection and their effects on familial relationships. Family members often need to process their feelings of confusion, loss, and guilt experiences without the youth present. These services should be framed as an opportunity to explore feelings and experiences in a safe place so that they can give voice to concerns or fears without risk of offending or negatively impacting their TNB youth.

TNB youth need to understand these sessions are not intended to be secretive or exclusive, but rather to help their family members proceed through their own identity development stages and become more affirming. Youth often need to be reminded that while they have had time to process their own TNB identity, family members' developmental clocks have just begun. Other more in-depth therapeutic interventions to address TNB youth's mental health and/or family interactions may also be needed; please see the chapter on culturally-responsive mental health care with TNB youth for best-practice suggestions.

Supporting Youth Through the Process of Social and/or Medical Affirmation

Family members often report that some of their most difficult decisions involve how to best support the youth's desire to present and live as their asserted gender (Aramburu Alegría, 2018; Gray, Sweeney, Randazzo, & Levitt, 2016). Family members often question the likely longevity of such desires and whether allowing the youth to live in their asserted gender may be developmentally or socially harmful (Sharek, Huntley-Moore, & McCann, 2018). As such, many

acknowledge their first reactions to the youth's gender-expansive behaviors and desires were to attempt to suppress or counteract them. Often, these concerns stem from fears for the youth's social, physical, and emotional safety, whereas others develop based on questionable research that has suggested that most youth 'desist' or return to identifying with their birth-assigned sex.

Such research has been criticized due to methodological concerns and for promoting harmful interactions with service providers who encourage attempts to force youth to comply with gendered social standards (Temple-Newhook et al., 2018). While some youth who initially identify as TNB do later find this identity no longer fits their experience, there is no research evidence to suggest their first gender-affirming social transition caused them harm (Ehrensaft, 2016). Instead, existing research consistently documents families' attempts to counteract youths' asserted gender identities are associated with poorer psychosocial outcomes (Travers, Bauer, Pyne, Gale, & Papadimitriou, 2012). When family members are supported in shifting their focus from fears of social judgment and uncertainty toward the youth's well-being, progress is more likely. In fact, some family members report that recognizing the toll their own actions were having on the TNB youth was an important catalyst for them starting to support the youth (Hill & Menvielle, 2009; Ryan, 2016).

It is impossible to project youths' future gender journeys, but research provides some guidance. Concerns that youth are too young to know their gender is often alleviated when family members learn that individuals' senses of their gender develop early in life, often by age 3; among older youth, those who identify as TNB during puberty and after are more likely to maintain their gender identity (Shumer et al., 2016). Youth who experience very intense signs of gender dysphoria and/or who express their gender identity in concrete, explicit ways such as "I am a girl" are also more likely to identify as TNB later in life (Temple-Newhook et al., 2018).

When youth are persistent in their gender identity, resistant to being referred to as a different gender, and insistent that they be referred to as their self-identified gender, the youth's gender identities are more likely to remain consistent as they age.

Decisions regarding gender-affirming medical treatment are also of significant concern to family members (Sharek et al., 2018). When accessing gender-related care, youth are often anxious to start gender-affirming hormone treatment, and many have researched gender-affirming surgical interventions. Family members' concerns regarding these treatments are not necessarily solely rooted in resistance to the youth's identity but also in fear of making semi-permanent or permanent changes to the youth's body. Discussions regarding gender-affirming medical care must be tailored to the youth's specific desires and should involve only pertinent family members. A separate chapter in this volume provides further discussion of medical care for TNB youth.

Services for family members should provide space to examine these fears and explore concerns. Expressions of confusion, resistance to disclosing to others for fear of 'making it real,' and concerns regarding making wrong choices should be normalized. Family members may be unaware of the roots of their fears and concerns. Receiving accurate information from a trusted source and having space to verbalize and analyze thoughts and emotions are important steps to becoming affirmative (Sharek et al., 2018). Once the youth and family members are comfortable with their identities and those of the others in the family, they can more easily move toward determining the level of disclosure to others that they desire.

Considerations for Disclosure and Safety

Coming out as a TNB individual is not a singular event but rather an ongoing lifelong process. In many ways, family members of TNB youth undergo a similar continuous coming out

process. Once family members learn about the youth's identity, they must also begin a dialogue about how and when to discuss this information with others (Ehrensaft, 2016). Unfortunately, extended family members' and friends' reactions are not always positive, and many schools, community organizations, and healthcare providers are not trained to work with TNB youth. As a result, family members are likely to find themselves thrown into the role of educator and advocate for TNB youth, which they may experience as daunting and exhausting. This may be particularly true for families of TNB youth of color as they negotiate multiple stigmatized identities across environments, so connecting them to resources targeted to TNB youth of color and their families is beneficial.

The family environment. The broader familial environment can pose a particular difficulty, as extended family members are typically aware of a youth's birth-assigned sex. These family members often require education about gender identity and how to interact appropriately with the TNB youth. While many extended family members are supportive of TNB youth, negative responses from other family members may include rejection of the TNB youth and their immediate family unit, criticism of the youth's primary caregivers for their parenting practices, blaming family members for the youth's gender diversity, and attempts to push the youth's primary caregivers to pursue conversion therapies (Brill & Kenney, 2016; Ehrensaft, 2016).

TNB youth and their immediate family must choose how to respond to such negative reactions. When disclosing the youth's gender identity to extended family members, many caregivers report expressing clear support for the youth and a refusal to tolerate harassment (Birnkrant & Przeworski, 2017). When this is not successful, primary caregivers often report feeling forced to cut ties with extended family members and/or not attempt to re-engage family members who choose to avoid them. In this way, the TNB youth's immediate families serve as

buffers against extended family rejection and harassment. Both the youth and their immediate family may need assistance in processing this rejection; support from others who have faced similar circumstances through support groups and community organizations can be quite helpful.

The school environment. TNB youth often report that the school environment is one of the most difficult settings to navigate. Schools have a legal requirement to provide all youth, regardless of gender identity, with a safe environment free from harassment and discrimination, but many school policies lack specific protections from bullying by peers, teachers, and school staff for TNB youth (Kosciw, Greytak, Zongrone, Clark, & Truong, 2018). When school policies include specific protections for TNB youth, the youth feel safer, have improved attendance, have greater intention to complete school, and experience lower levels of victimization (Kosciw et al., 2018). Family members of TNB youth report often having to serve as educators, advocates, and intermediaries between the youth and school personnel when trying to develop affirmative school environments and should be supported when doing so.

Specific school personnel should be made aware of the youth's sex assigned at birth, as the legal documents required for school registration may not match the youth's gender presentation and school personnel may have to treat medical conditions. As this information is considered part of the youth's medical and educational records, school personnel cannot ethically or legally reveal it to others, providing privacy protection for the youth and family (Orr et al., n.d.). A full discussion of school advocacy is beyond the scope of this chapter, but additional guidance for families can be found in the resource list at the end of this chapter.

The social environment. Community-based activities or organizations can create challenges for privacy, as their leaders are not similarly bound by confidentiality or nondiscrimination laws and may uphold policies that negatively impact TNB youth. When a

youth comes out as TNB at a very young age, they often begin school and first enter into social groups as their asserted gender. In these cases, many individuals in the social environment may remain unaware of the youth's sex assigned at birth unless disclosure of such information is needed. For example, a caregiver may feel it is appropriate for transfeminine youth to join a gender-segregated organization such as a girl's club, but depending on the information requested by the organization, the youth's sex assigned at birth cannot be withheld. For example, if documentation such as a birth certificate is required, this may involuntarily 'out' the youth and/or prevent them from joining the group.

Gender-segregated activities pose unique difficulties for TNB youth. Sports participation can be contentious due to concerns about sex-based physiological differences and navigating locker room environments. Currently, legal guidance and protections regarding participation in gender-segregated activities are inconsistent; policies vary by state, and courts are divided on this issue. If organizations are unwilling to work with the family or insist on adhering to the youth's sex assigned at birth, family members should work with their TNB youth to understand this at an age-appropriate level while also recognizing that if an environment is not supportive it may also be unsafe.

Informal gender-segregated social interactions, such as sleepovers, also pose challenges for TNB youth and their families. Peers and their parents may be uncomfortable, for example, about a transmasculine youth attending a boys' sleepover party. TNB youth may struggle to understand these situations and feel rejected. In these situations, family members of TNB youth are often forced to take on the role of educator/advocate in addition to consoling the youth. Support groups for family members and TNB youth can be helpful for processing these experiences and learning to cope with them.

Youth who come out as TNB at a later age often experience additional social difficulties related to transitioning. While strangers or new acquaintances may not know a youth's sex assigned at birth, those in the family's existing social environment will notice changes in gender presentation, names, and/or pronouns. Some families choose to move to a new location or have the youth change schools so that they may start anew in their asserted gender. When this is not possible, families must choose how to address questions about the youth's gender transition with others. Families are generally advised to address any questions openly when it is safe to do so (Brill & Kenney, 2016; Ehrensaft, 2016).

When faced with unsupportive individuals, families can either disengage or act as advocates for the youth. Such experiences may lead family members to question their own decisions or activate a sense of protectionism and spur social action. These choices are often guided by the context of the social interaction and their level of comfort with the youth's gender identity, perception of the youth's needs and level of resilience, and degree of comfort with being an advocate (Gray et al., 2016). Providers can help family members improve their sense of efficacy in these roles.

Addressing Mistakes

Because gender roles and gendered language are highly engrained into contemporary society, family members are bound to make mistakes regarding a youth's chosen name and pronouns. These mistakes can be painful for both the youth and family members, who may feel guilty after making an error, but they can be readily addressed. TNB youth can be astutely aware of a mistake versus an individual's conscious choice, and they tend to be forgiving when mistakes are made and addressed sincerely. When a mistake is made, family members should briefly apologize and then move forward in their dialogue.

Individuals making such an error may be prone to overcompensate by ‘over-apologizing,’ turning a small, honest mistake into a prolonged and negative social interaction. While an extended apology may be well-intended, it places the onus to respond on the misgendered or misnamed youth, who then often feels pressure to minimize the felt impact or to reassure or comfort the individual who made the error. Depending on the family, conjoint youth/family sessions may be needed to process hurt feelings or anger over such mistakes.

Conclusion

A youth coming out as TNB affects their entire family system. Within many families, roles, interaction patterns, and projections about the future must shift. Feelings of loss, guilt, and anger may need to be processed, often leading to intra- and interpersonal strain and conflict. Both the youth and their family members may need support in becoming attuned to each other’s needs and recognizing each other’s struggles. Providers must be prepared to assist them in the complex process of creating affirmative environments in which TNB youth can thrive.

Case Studies

General Reflection Questions for Case Studies #1–3

1. What emotions, thoughts, biases, or curiosities of your own did you notice arise as you read the case study? Why are these important to note?
2. What are the largest challenges currently facing the youth?
3. What are the youth’s strengths? The family’s?
4. What do you think the youth would identify as their greatest need at this time?
5. How is the youth’s gender identity impacting the current situation?
6. As the youth’s social worker, what would be your treatment focus?
7. As the youth’s social worker, how might you best advocate for your client?

#1: Parent of Jayce, age 14

“I have a daughter—well ... son, I guess. I don’t know ... That’s why I’m here. Jayce wants to be called Jayce. She was Jessica, so I’ll probably say Jessica, too. I’m sorry. This is all so new. Jess—Jayce—came out to us as a lesbian about a year ago. My husband and I were a little bit surprised because she—he—just had a boyfriend, but I talked to my older daughter about it and she wasn’t surprised in the least! I have several gay friends and my brother-in-law is gay also, so it’s fine with us. I took her to the LGBTQ youth center, and he really loved it there. He went to groups and met friends and seemed to be really happy.

“Then, one night after I picked her, um, him, up from the center, he tells me in the car that he is not Jessica and does not want us to refer to him with feminine pronouns. He wants to be called Jayce and for everyone to refer to him with masculine pronouns. Well, if I thought I was surprised by the lesbian thing, this just *absolutely floored me!* I mean, is this some kind of fad or something? Should I not let my child go to that youth center anymore? Is this what happens? Do they start out as gay and then decide they’re transgender or whatever? I just don’t understand it. I mean, Jess even loves wearing make-up sometimes! And my husband is just dead set on the fact that he has two daughters and that is that. There’s no talking to him about it at all. He won’t even engage in a conversation if he thinks it’s going to go there.

“Also, one night after Wednesday night bible study, I get a call from my pastor. He’s been my pastor for more than 10 years. He says he wants me to come in and meet about something that Jess—sorry, Jayce—said at youth group. Well, I knew it was about this. My husband ... again ... wouldn’t even go with me because he knew it was about ‘the transgender thing.’ I go in, and sure enough, Jayce had asked his friends in youth group to call him Jayce and use he/him and the youth pastor and our senior pastor have ‘serious concerns’ about it all. They

don't want Jayce to come back as long as he's 'going to do this transgender thing.' I just don't know what to do. I don't want to lose my kid, but I don't know."

Specific Reflection Questions:

1. What support or information do you think might be important for you to provide to this mother at this point in her journey?
2. At what point would you try to engage with Jayce's father, if at all?

#2: Parent of Lisa, age 6

"When my child started 'playing' as a boy, at first it was cute. She was 4, and who does not make-believe to be all sorts of things when you are little? Then when this 'game' lasted 2 years, 24 hours a day, 7 days a week, I could not help but take notice, though it was mostly subconsciously. Denial is strong. Then one day, when she was out with the neighborhood kids playing superheroes, I overheard one of the boys say, 'You have to be Wonder Woman! You are a girl.' My child burst out in tears. She came over to me sobbing, guttural sobs of deep pain, and said to me between sobs, 'Mommy, I am not a girl! I am not a girl!' I held my baby as tightly as I could as he screamed. Then I knew... my denial was shattered. My beautiful daughter... child... son... needed help. I researched, then took *him* to see a specialist, who told me the work was more with me than with him. He knew who he was and what he needed. I needed to learn to support and advocate for him in a world that will not always understand him as well as he understands himself."

Specific Reflection Questions:

1. Denial is often an early stage in a parent's journey towards acceptance. What other experiences might you need to prepare this mother for in her personal journey towards acceptance?

2. Caregivers must often engage with various systems in order to find support and advocate for their child. With what systems might this mother need to be prepared to engage?

Jaymi, age 12, and father Larry

Jaymi: "I have known who I am for as long as I can remember. This should be no surprise to anyone. I was always 'mom' when I played house with my friends. I have a pink bedspread. All my friends are girls. Dad, even my teachers know I am a girl."

Larry: "That's just not true. Science says you have a penis, so you are a boy. Period. I won't put up with this liberal bull you get from your friends at school. Look, I did not bring him here for you to teach him how to be a girl, I brought him here for you to figure out what is wrong with him that he cannot accept who he is."

Specific Reflection Questions:

1. As a professional, how can you balance the need to help Jaymi feel supported while also meeting the father where he is?
2. How might you respond to the father's assertion that science "says" his child is a boy?

Resources

- Brill, S., & Kenney, L. (2016). *The transgender teen: A handbook for parents and professionals supporting transgender and non-binary teens*. Jersey City, NJ: Cleis Press.
- Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleis Press.
- Ehrensaft, D. (2016). *The gender creative child: Pathways for nurturing and supporting children who live outside gender boxes*. New York, NY: The Experiment.
- Nealy, E. C. (2017). *Transgender children and youth: Cultivating pride and joy with families in transition*. New York, NY: W. W. Norton & Company.
- Orr, A., Baum, J., Brown, J., Gill, E., Kahn, E., & Salem, A. (n.d.). *Schools in transition: A guide for supporting transgender students in K-12 schools*. Available at <https://www.hrc.org/resources/schools-in-transition-a-guide-for-supporting-transgender-students-in-k-12-s>

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Aramburu Alegría, C. (2018). Supporting families of transgender children/youth: Parents speak on their experiences, identity, and views. *International Journal of Transgenderism*, *19*(2), 132-143. doi:10.1080/15532739.2018.1450798
- Birnkrant, J. M., & Przeworski, A. (2017). Communication, advocacy, and acceptance among support-seeking parents of transgender youth. *Journal of Gay & Lesbian Mental Health*, *21*(2), 132-153. doi:10.1080/19359705.2016.1277173
- Brill, S., & Kenney, L. (2016). *The transgender teen: A handbook for parents and professionals supporting transgender and non-binary teens*. Jersey City, NJ: Cleis Press.
- Bull, B., & D'Arrigo-Patrick, J. (2018). Parent experiences of a child's social transition: Moving beyond the loss narrative. *Journal of Feminist Family Therapy*, *30*(3), 170-190. doi:10.1080/08952833.2018.1448965
- Chan, C. D. (2018). Families as transformative allies to trans youth of color: Positioning intersectionality as analysis to demarginalize political systems of oppression. *Journal of GLBT Family Studies*, *14*(1-2), 43-60. doi:10.1080/1550428x.2017.1421336
- Ehrensaft, D. (2016). *The gender creative child: Pathways for nurturing and supporting children who live outside gender boxes*. New York, NY: The Experiment.
- Gower, A. L., Rider, G. N., Brown, C., McMorris, B. J., Coleman, E., Taliaferro, L. A., & Eisenberg, M. E. (2018). Supporting transgender and gender diverse youth: Protection against emotional distress and substance use. *American journal of preventive medicine*, *55*(6), 787-794. doi:10.1016/j.amepre.2018.06.030

- Gray, S. A., Sweeney, K. K., Randazzo, R., & Levitt, H. M. (2016). "Am I doing the right thing?": Pathways to parenting a gender variant child. *Family Process, 55*(1), 123-138.
doi:10.1111/famp.12128
- Hendricks, M. L., & Testa, R. J. (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*(5), 460-467.
doi:10.1037/a0029597
- Hill, D. B., & Menvielle, E. (2009). "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth, 6*(2-3), 243-271.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. Washington, DC: National Center for Transgender Equality.
- Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York, NY: GLSEN.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: Haworth Clinical Practice Press.
- Lugones, M. (2007). Heterosexuality and the colonial / modern gender system. *Hypatia, 22*(1), 186-209.
- National Association of Social Workers. (2015). *Sexual orientation change efforts (SOCE) and conversion therapy with lesbians, gay men, bisexuals, and transgender persons*. Washington, DC: NASW Press.

- Norwood, K. (2013). Grieving gender: Trans-identities, transition, and ambiguous loss. *Communication Monographs*, 80(1), 24-45. doi:10.1080/03637751.2012.739705
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3), e20153223. doi:10.1542/peds.2015-3223
- Orr, A., Baum, J., Brown, J., Gill, E., Kahn, E., & Salem, A. (n.d.). Schools in transition: A guide for supporting transgender students in K-12 schools. Retrieved from Retrieved from <https://www.hrc.org/resources/schools-in-transition-a-guide-for-supporting-transgender-students-in-k-12-s>
- Ryan, K. (2016). *Examining the family transition: How parents of gender-diverse youth develop trans-affirming attitudes*. Unpublished manuscript.
- Sharek, D., Huntley-Moore, S., & McCann, E. (2018). Education needs of families of transgender young people: A narrative review of international literature. *Issues in Mental Health Nursing*, 39(1), 59-72. doi:10.1080/01612840.2017.1395500
- Shumer, D. E., Nokoff, N. J., & Spack, N. P. (2016). Advances in the care of transgender children and adolescents. *Advances in Pediatrics*, 63(1), 79-102. doi:10.1016/j.yapd.2016.04.018
- Temple-Newhook, J., Pyne, J., Winters, K., Feder, S., Holmes, C., Tosh, J., . . . Pickett, S. (2018). A critical commentary on follow-up studies and “desistance” theories about transgender and gender-nonconforming children. *International Journal of Transgenderism*, 19(2), 212-224. doi:10.1080/15532739.2018.1456390

Travers, R., Bauer, G., Pyne, J., Gale, L., & Papadimitriou, M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*. Toronto, Canada: Trans Pulse.

Wahlig, J. L. (2014). Losing the child they thought they had: Therapeutic suggestions for an ambiguous loss perspective with parents of a transgender child. *Journal of GLBT Family Studies*, 11(4), 305-326. doi:10.1080/1550428x.2014.945676