

DISCLAIMER

- This module focuses primarily on the experience of transitional age youth (TAY) between the ages of 12-24 due to the significantly higher levels of self-harming behavior and greatest potential for intervention to lead towards positive mental health outcomes than older transgender patients.

THE FAMILY: CAUTION AHEAD

- Family, and the related cultural traditions, are commonly reported as sources of significant distress for transgender youth.
- 40% of homeless youth identify as LGBTQ+. 46% percent of homeless LGBTQ+ youths ran away because of family rejection of their sexual orientation or gender identity; 43% were forced out by parents, and 32% faced physical, emotional or sexual abuse at home
- 8% were forced out of their home upon disclosing their gender status.
- 10% faced physical violence by an immediate family member due to gender status.

THE FAMILY: CAUTION AHEAD

The gendered experience of a child often begins before they are even born. From the rise in normalization of gender-reveal celebrations, to gendered clothing purchased before birth, rooms decorated in gender stereotyped way, to gender stereotyped toys thrust upon youth in their early years... Society has normalized the conformity to gendered stereotypes regardless of the child's actual gender and gender identity.

THE FAMILY: CRITICAL

YOUTH WITH UNSUPPORTIVE FAMILIES

- Nearly 6 times as likely to report high levels of depression
- More than 8 times as likely to have attempted suicide
- More than 3 times as likely to use illegal drugs, and
- More than 3 times as likely to be at high risk for STD's

Youth with affirming families experience none of those risk increases.
Research has shown transgender youth with affirming family are less likely to attempt suicide than cis/het youth.

THE FAMILY | PARADOXICAL CONCERN

- Parents often search for interventions to change their child's gender identity upon learning of gender status.
- Understanding that these parents are coming from a place of wanting to help their children can help reduce negative therapist responses when asked for such a service.
- Even when it's coming from a place of wanting to help their children and genuine love and concern, such actions are received as harmful by their children.

THE BIO-FAMILY | DEVELOPMENT CONCERNS

- Research on the negative effects of being raised in non-affirming families is voluminous and shows significantly greater instances of substance abuse, risk-sex behaviors, suicidal ideation and attempts.
- For many transgender youth, implicit or explicit gender norms in the home serve as daily reminders of difference, resulting in feelings of loneliness, and exclusion. The effect is a type of complex trauma, typically manifesting in severe anxieties and depressive symptoms.
- The majority of transgender respondents (USTS) indicated they were fearful to share their gender identity and the related concerns to their family for fear of rejection.

THE BIO-FAMILY | DEVELOPMENT OPPORTUNITY

- Limited research is available on the supports, strength and resilience factors for transgender youth in either affirming or non-affirming environments.
- The family is the typical primary support system in mental and emotional development. The reactions of family to a child coming out can range from completely supportive and affirming, dismissing the child from the home.

THE BIO-FAMILY | DEVELOPMENT OPPORTUNITY

- There are several documented instances of families killing their LGBTQ+ children upon learning about their status. This is more common in certain cultures where laws support such acts of violence against the LGBTQ+ population.
- In our work with transgender youth, we've heard countless claims of youth having heard their parents explicitly state a desire the child was dead.

THE CHOSEN FAMILY

- Amongst the majority of respondents in the transgender community, the concept of family has shifted to recognizing that a biological connection does not constitute a family system.
- The bonds in family units which have been shown to be protective factors can be achieved through a chosen family.
- The composition of chosen families can vary significantly. For many, these families will consist of peers of similar age, affirming parents in the area, online relationships, pets, support groups, and members of the LGBTQ+ community who recall the feelings of being alone.

CLINICAL CONSIDERATIONS | FAMILY STRUCTURE

- Recognize that exploration of the Family of Origin with the patient will often reignite past feelings of pain, isolation and potentially expose past trauma.
- For many in the LGBTQ+ community, the level of relationship commitment to friends is often greater than those in families.
- Rather than taking a traditional family systems approach, consider exploring who the supportive people are to the patient, recognizing that words like “friend,” or “friend’s mom,” are often a way of communicating brother, sister, or mother.

CLINICAL CONSIDERATIONS | FAMILY IN TREATMENT

- A supportive and affirming family can be the greatest protective factor for transgender youth.
- Often, when a parent brings in a transgender child, they are hoping to convince the child to accept their birth-sex as their gender. Attempt to collect as much information from the parent on their expectations of treatment.
- The importance for delicacy cannot be overstated. You may be the first person a transgender youth sees who is affirming. If a parent feels your “agenda” does not align with theirs, they will find another therapist who more closely matches their will resulting in the patient losing the hope of affirming care and support.

THE FAMILY ACCEPTANCE PROJECT

SAN FRANCISCO STATE UNIVERSITY

FAMILY ACCEPTANCE PROJECT

The Family Acceptance Project® (FAP) is a research, intervention, education and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual and transgender (LGBTQ+) children and youth, including suicide, homelessness and HIV – in the context of their families, cultures and faith communities. We use a research-based, culturally grounded approach to help ethnically, socially and religiously diverse families to support their LGBTQ+ children.

FAMILY ACCEPTANCE PROJECT

- Founded in 2002 by Dr. Caitlyn Ryan. Dr. Ryan pioneered community-based AIDS services at the beginning of the epidemic; initiated the first major study to identify lesbian health needs in the early 1980s; and has worked to reduce risk and promote well-being for LGBTQ+ youth since the early 1990s.
- The Family Acceptance Project is currently housed at San Francisco State University.
- The following information on the role of families in mental health outcome of transgender youth is based on research conducted by Dr. Ryan, her program, and research staff.

FAP | BEHAVIORS TO AVOID

Behaviors commonly reported by LGBTQ+ youth as harmful to their mental, physical and emotional health:

- Hitting, slapping or physically hurting your child because of their LGBTQ+ identity
- Verbal harassment or name-calling because of your child's LGBTQ+ identity
- Excluding LGBTQ+ youth from family and family activities
- Blocking access to LGBTQ+ friends, events & resources

FAP | BEHAVIORS TO AVOID

- Blaming your child when they are discriminated against because of their LGBTQ+ identity
- Pressuring your child to be more (or less) masculine or feminine
- Telling your child that God will punish them because they are gay
- Telling your child that you are ashamed of them or that how they look, or act will shame the family
- Making your child keep their LGBTQ+ identity a secret in the family and not letting them talk about it

FAP | BEHAVIORS THAT HELP

The following family behaviors have been shown to reduce the experience of and intensity of negative mental, physical and emotional symptoms

- Talk with your child or foster child about their LGBTQ+ identity
- Express affection when your child tells you or when you learn that your child is gay or transgender
- Support your child's LGBTQ+ identity even though you may feel uncomfortable
- Advocate for your child when he or she is mistreated because of their LGBTQ+ identity

FAP | BEHAVIORS THAT HELP

- Require that other family members respect your LGBTQ+ child
- Bring your child to LGBTQ+ organizations or events
- Talk with clergy and help your faith community to support LGBTQ+ people
- Connect your child with an LGBTQ+ adult role model to show them options for the future
- Welcome your child's LGBTQ+ friends & partners to your home
- Support your child's gender expression
- Believe your child can have a happy future as an LGBTQ+ adult

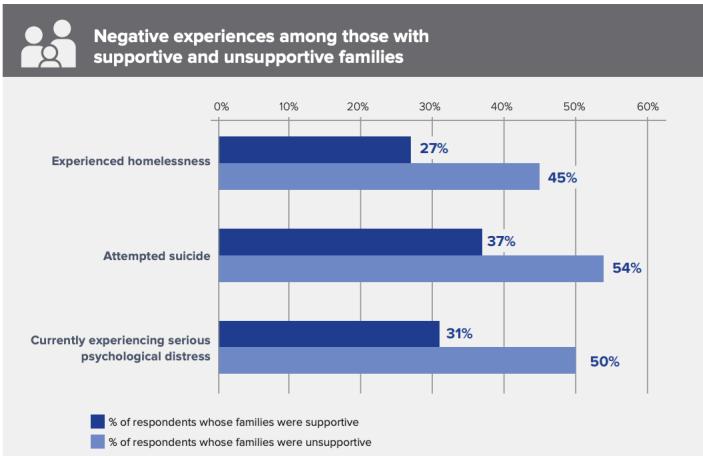
FAP | ENCOURAGE HONESTY

"Our research has identified many ways to express support that can help your gay or transgender child and show them that you love them, even if you disagree with their being gay or transgender. We tell parents and caregivers to be honest about their feelings, because children know how their parents really feel. If you are conflicted about having a gay or transgender child, be honest with your child about your feelings and concerns. And be sure to tell your child that you love them."

FAP | ENCOURAGE HONESTY

"Knowing that you love your child will reassure them that you won't reject them, and though you may feel disappointed or upset, you will not throw them out of the home or abandon them. This will also help you create the space to communicate and to talk with your child about things that are difficult or shameful. Talking with your child and sharing your feelings and experiences will help you and your child – and your family – stay connected with each other and grow together as a family."

FAP | EXAMPLE OUTCOMES



PARENT/GUARDIANS

CONSIDERATIONS IN CARE

PARENT AND GUARDIAN CONSIDERATIONS

- Balancing the line between helping the patient, and ensuring parent remains committed to bringing child in when goals of parent and child do not align.
- A child will face difficulty and stress if education on trans-affirming information and behaviors is dependent on their educating parents.
- The parent has the responsibility of learning the intricacies of their transgender child, as taught by the child... only the child understands their gender experience.
- As providers, and due to the wealth of inaccurate information available online, it is our responsibility to provide or direct parents to affirming, evidence-based treatment, information, and behavioral resources.

NONSUPPORTIVE HOMES | CLINICAL CONSIDERATIONS

- Help the youth develop skills of resilience as a way of handling the trauma they will continue to face.
- Explore barriers towards independence. What will prevent the youth from meeting with people who can surround themselves with affirming and supportive people?
- Are there LGBTQ+ members of the family (aunts, uncles, cousins) who can aide in the support of the transgender youth?

ADDITIONAL CONSIDERATIONS

REVIEW

KEY CONCEPTS | FAMILY

- The experience of your transgender patient and their family can range from incredibly supportive to catastrophically harmful.
- Education of parents on some of the realities of their transgender youth can help to reduce fears, and perhaps allow the child to have greater flexibility in exploration within the home. However, this education is also commonly used as justification for preventing the child from continuing treatment.
- Become well versed on the age-of-consent laws for your state. More and more states are lowering the age of consent to mental health treatment to 12 as a means of ensuring that youth who are facing daily trauma at home can still access treatment.

KEY CONCEPTS | FAMILY

- Consider coordinating with their child's school. The more places that can be safe and affirming to the child, the greater the likelihood of survival.
- Often the treatment of transgender youth is provider tools to help them survive in a toxic setting until a time they can become independent.
- Find support groups for families. In nearly all major cities support groups for parents of LGBTQ+ exists and can help to normalize the experience and reduce family resistance.
- Consider training on instruments such as, "FAP Risk Screener for Assessing Family Rejection & Related Health Risks in Lesbian, Gay, Bisexual, and Transgender (LGBTQ+) Youth."

THANK YOU

THIS MODULE IS COMPLETE