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TRANSforming Families:
The Effects of Familial Social Support and Belongingness on the Healthy Identity Development
of Trans Youth
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TRANSforming FAMILIES

2

TRANSforming Families: The Effects of Familial Social Support and Belongingness on the Healthy Identity Development of Trans Youth

Trans people are individuals whose performance of gender differs from the one assigned to them at birth (Tebbe & Moradi, 2016; Grossman & D'Augelli, 2006; Testa, et al., 2012). Trans people also experience significant discrimination, victimization, and harassment on the basis of their gender expression, as they transgress normative gender expectations as perpetuated by the gender binary; or, the rigid system that makes the assertion that there are only two genders: the man and the woman (Grossman & D'Augelli, 2006; Norwood, 2012; Norwood, 2013a; Norwood, 2013b; Testa, et al., 2012; Barr, Budge, & Adelson, 2016; Moody, Fuks, Peláez, & Smith, 2015). Due to the influence of this restrictive gender binary, trans individuals, and specifically trans children, are not regarded as valid entities in society and are, subsequently, erased (Ehrensaft, 2011; Norwood, 2012; Norwood, 2013a; Norwood 2013b; Barr et al., 2016).

This erasure is evidenced by the lack of a current statistic concerning the prevalence of trans identities in the United States. Gates (2013) found that in the United States, roughly nine million people, or 3.5% of adults (roughly, the size of New Jersey), identify as lesbian, gay and bisexual. However, it is suspected that a varied 3-10% of the United States population identifies as trans (Grossman & D'Augelli, 2006). This lack of confidence in assessing the population of trans identities can be primarily drawn to the danger in coming out as trans due to transphobic and heterosexist ideals (Mitchell, 2010; Tompkins, Schields, Hillman, & White, 2015; Giammattei, 2015; Pollock & Eyre, 2012; Biblarz & Savci, 2010).

Though trans people have been around since the beginning of time, they are still not receiving proper support from larger society, and more specifically the psychological community (Reis, 2004; Simons, Schragar, Clark, Belzer, & Olson, 2013). This lack of support from the

TRANSforming FAMILIES

3

psychological community is exhibited by a dearth of research surrounding trans identities, and an extreme lack of qualified practitioners who may treat trans people (Simons et al., 2013; Davey, Bouman, Arcelus, & Meyer, 2014). Consequently, this lack of support from the psychological community does not equip families to be the best allies and systems of support to their trans children, which is a contributing factor to the 57% of trans people who are rejected by their families, and the 26% to 45% of trans individuals who attempt suicide in their lifetime (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; Tebbe & Moradi, 2016).

It is especially important to look at the lives of trans children, as they are discriminated at higher rates than their lesbian and gay peers (Grossman & D'Augelli, 2006). They are targets of transphobia, or the general dislike of or prejudice against trans people, which is often propagated by the larger cisgender population, or people who agree with their assigned gender (Wade & Marx Ferree, 2015; Giammattei, 2015; Mitchell, 2009; Tompkins et al., 2015). Trans children also experience a significant amount of heterosexism, or the normative idea and perpetuation that individuals are inherently attracted to a different gender from their own; however, trans children exhibit a natural spectrum of sexuality and may identify as heterosexual, gay, lesbian, bisexual, or any other sexuality (Herek, 1990; Grossman & D'Augelli, 2006; Tsoi, 1990; Wade & Marx Ferree, 2015). These prejudices stem from an oversimplification of trans identities, and a general lack of understanding regarding their fluidity in gender expression, performance, and sexuality.

The regular systematic and blatant discrimination that trans children experience on a daily basis contributes to higher rates of victimization in school and in the larger social world, which is positively correlated with a higher likelihood and prevalence of depression, anxiety, and low self esteem (Goldblum, Testa, Pflum, Bradford, Hendricks & Bongar, 2012). Additionally,

TRANSforming FAMILIES

4

in a sample of 290 trans people in Virginia, it was noted that 44.8% of the sample experienced bullying and hostility during their years in school; and, of that sample, 14.8% of those students were not able to finish their education (Goldblum et al., 2012). Ultimately, due to this bullying, hostility, and in turn, high dropout rates, it was reported in that sample that 45.6% and 40.8% of trans women and men, respectively, attempted suicide twice in their lifetime (Goldblum et al., 2012). Additionally, trans children are not receiving the support they need from the psychological community, their schools, or families, which has been linked to decreased use of contraceptives, and an earlier onset age of substance abuse (Simons et al., 2013). Finally, with the current lack of support experienced by trans people, the psychological community will only continue to see poor mental and physical health outcomes (Simons et al., 2013). There are many ways to remedy these perceptions and the associated negative physical and mental health outcomes; however, steps to create social and political change are not done easily, and must occur at both the individual and institutional levels.

One of the many factors that will play into the healthy identity development of trans youth is positive familial involvement; and, the degree in success to which families supply social support, are allies to their child's transition, and create a family space where the child feels they belong, will influence whether or not the child forms a health identity; and consequently, may affect the child's physical and mental health outcomes. However, a significant amount of education must play into this positive family performance, as families must recognize first the intimate relationship that a child's transition has with a family's transition, as they are a dual process. Second, families must learn to navigate the reactions they may have to their child's transition; and finally, must seek ways to create larger social and political change by working on

their skills as allies, providing social support, and making their child feel welcome in their own home and community.

Body of Review

Intersections between Child and Family

It must be recognized that a child's and a family's transition occur side by side, and the level of success a family has in working through these steps together may directly affect the healthy identity development of their trans child. However, this will be best completed when the family recognizes the complexity of a child's transition, and how their associated reactions may influence their child's physical and mental health.

A Child's Transition

Trans children are marginalized by both the cisgender population and sometimes ostracized by the lesbian, gay, and bisexual community; they are not receiving proper support, and because of this are underserved, invisible, and eventually erased (Pollock & Eyre, 2012). Coming out as trans and initiating a transition is very difficult due to the transphobic and heterosexist society currently present in the United States; however, it is arguable that this disclosure and transition process is even more difficult for trans children who are not allowed the authority or agency to make decisions for themselves regarding what they want and need their transition to look like (Blumer, Green, Knowles, & Williams, 2012). In the course of their transition, children will have to negotiate with many different aspects of their identity to find their true selves. Transitions will be culturally specific, and may be more positively or negatively regarded across time and space (Grossman & D'Augelli, 2006). Children will also have to consider their family's circumstances, and whether or not they will have the privilege of transition (Grossman & D'Augelli, 2006). These factors may include the family's

TRANSforming FAMILIES

6

socioeconomic status and whether or not they will have the ability to access certain resources throughout the transition to facilitate a successful and healthy transition in both body and mind (Grossman & D'Augelli, 2006). By considering the relevant factors and stakeholders within a child's transition, society may begin to see the complexity in forming a trans identity.

To normalize and promote education surrounding the transition of a child, society must understand that each child's transition is unique and highly subjective, and may take many routes that could potentially involve a social or biological transition, or a combination of the two. A social transition could involve many different changes in a way a child interacts with the ones around them and initiates intimacy (Norwood, 2012). Changes in interaction could coincide with a child's use of pronouns for themselves, as they may have been traditionally referred to as he/him/his, and may now wish to be referred to as she/her/hers. Changes in intimacy may be related to a change in gender role expectations. For example, some transmen (girl to boy trans person) may not seek intimacy from their mothers as often as they did when they were daughters, as it is a gendered expectations for young boys to be masculine, and therefore, strong, silent, and embarrassed of their mothers (Koken, Bimbi, & Parsons, 2009; Ehrensaft, 2011). Other aspects of a social transition may include a change of outside dress, as a transman may wish to dress in a more masculine fashion, as opposed to feminine clothing like dresses and skirts. Some transmen may also choose to bind their breasts by either wearing a constricting sports bra, or using a wrap to appear more flat chested. It is also an option for trans people to go through voice therapy to either raise or lower their voice by a few octaves to more readily pass as their gender. Some trans people may also prefer to remove body hair by either shaving it, or by getting it removed by a professional with a laser. It must be noted, however, that not all trans people participate in

TRANSforming FAMILIES

7

these aspects of transition; transition is highly individualized, and each individual will make the decision for themselves regarding where they wish to live on the gender spectrum.

Trans children may wish to only socially transition, but may also consider options in biological transition which will either change their chemical makeup, bodily appearance, or a combination of the two. Children may make the choice to participate in sex reassignment surgery, which would involve a surgical process of changing their genitalia. Some individuals may choose the route of hormone therapy, which would alter their chemical makeup and intake of estrogens, anti-androgens, and progestogens (Asscheman & Gooren, 1992). Children may also use pubertal blockers, which stall the effects and processes of puberty (Vrouenraets, Fredriks, Hannema, Cohen-Kettenis, & de Vries, 2015). Some individuals may also choose to receive a mastectomy, or the removal of breast tissue; or alternately, may seek breast implants, or the implantation of silicone pads. Likewise, participation in these biological processes will vary from individual to individual, and may revolve around their wants of congruity concerning primary and secondary sex characteristics, with their gender identity (Giammattei, 2015).

Pollock and Eyre (2012), have mapped out the theory, and process, in which trans youth develop and begin to theorize their own gender or gender expression, which is otherwise known as Grounded Theory. It is noted that a child's gender is influenced by critical periods revolving around a child's initiation with puberty, realization of sexual orientation, their environment at school, and their exposure to the trans community and its resources (Pollock & Eyre, 2012). Once children are more aware of the aspects of being trans, they begin to explore their gender options, and may partake in a social adjustment which may involve coming out and seeking a social transition, committing to a physical transition, and then finally integrating themselves into larger society so that they may live in their correct gender identity (Pollock & Eyre, 2012).

TRANSforming FAMILIES

8

However, a child's success in integrating themselves constructively into societal institutions will be highly reliant on their family's reaction, and subsequent acceptance or denial, of their trans identity.

A Family's Transition

Research suggests that familial social support of trans children is linked to positive mental and physical health outcomes, lower rates of homelessness and suicidal thoughts, attempts, and completions; and, ultimately, a child's healthy identity development (Davey et al., 2014; Norwood, 2012; Norwood 2013a; Norwood, 2013b; Giammattei, 2015; Harper & Singh, 2014). Additionally, in a study of 571 trans adults, when looking back on their lives, they noted that community and familial belongingness mediates trans identity and well-being positively (Barr et al., 2016). However, families must go through their own transition to solidify the existence of these positive outcomes.

To achieve these positive mental and physical health outcomes, parents must realize that from the conception of their child, they have held onto rigid gendered expectations that would eventually shape the way they interact with their child, and the course of their child's future. Norwood (2012) notes that these gendered expectations are often traditional in nature, and rely heavily on the gender binary, or the assertion that there are only two genders: the man and the woman. When children transgress these normative gender expectations, it can be traumatizing for parents. This is specifically evidenced by the common reaction of fathers, who in general, react negatively to the transition of their child (Norwood, 2012). Due to the influence of traditional masculinity scripts, fathers find they experience difficulty when their child transition from being a son to a daughter (Norwood, 2012). With the expected, and subsequent birth, of a son come a host of gendered expectations concerning a significant amount of athleticism, and a

TRANSforming FAMILIES

9

tough exterior and interior. When fathers go through their son's transition, they often experience a gender death, or extreme feelings of loss associated with the discontinuation of specific gendered expectations (Norwood, 2012). Reactions to these changes are rarely neutral; additionally, it has been found that a disclosure of a trans identity is significantly more stressful for families, than for loved ones of lesbian, gay, and bisexual children (Norwood, 2013a; Ehrensaft, 2011). This notion is evidenced by the many stages of grief that parents of trans children go through during their transition process.

Once these traditional gender norms are transgressed, families of trans youth may go through stages of grief. In Elisabeth Kübler Ross' stages of grief, it is noted that individuals go through five stages of grief (Emerson & Rosenfeld, 1996). These stages are not always experienced in a linear fashion, and can also be experienced cyclically. The first stage, as noted by Kübler Ross, is the stage of denial (Emerson & Rosenfeld, 1996). Parents may experience denial, as they are unable to recognize that their child's disclosed trans identity is real, or they may believe that the identity is just a phase. Next, parents may experience anger; and, this can be anger directed at their child, or at themselves as they may wonder "What have I done wrong to raise a child like this?" (Emerson & Rosenfeld, 1996). Parents may also bargain with their child, or withhold certain resources from their child if they choose to continue the transition (Emerson & Rosenfeld, 1996). This can be evidenced by parents withholding monetary funds, like a college fund, if their child chooses to transition (Emerson & Rosenfeld, 1996). Parents may also experience depression, which they should consider seeing a mental health practitioner for (Emerson & Rosenfeld, 1996). Finally, parents may also get to a stage of acceptance; however, this may take two different forms, as the parent may accept the child for who they are,

TRANSforming FAMILIES

10

or leave them behind forever (Emerson & Rosenfeld, 1996). It is important to note that not all parents may experience all of these stages; embodiment of grief will vary on a case by case basis.

Another form of grief involved with the transitioning of a child is ambiguous loss, or the notion that someone is gone but is not dead; and, is present but is not the same (Norwood, 2013a). Parents who experience this form of grief are often confused by the associated side effects, and find that interacting with their child is close to impossible (Norwood, 2013a). Additionally, Norwood (2013a) notes that this is an unhealthy form of grief, as it stalls the grieving process altogether and leaves an individual in a more vulnerable state, and unable to recover. As evidenced by these stages of grief, parents go through a very difficult time with the disclosure of a transition; however, these reactions can also have an effect on the child's healthy transition. It will be important for the parents to pay attention to these reactions, and to learn how to successfully navigate them in order to ensure the positive physical and mental health of their child.

Successful Navigations of Familial Reactions

Throughout the course of a child's transition, the family's opinion holds a lot of weight; and, because of this, children will look to their parents for support, guidance, and validation. No parent can predict how they will react to their child's transition; however, becoming educated on negative reactions and successful navigations could help to influence the healthy identity development of their child. Negative reactions analyze will include the act of gender policing, the assumption of sexuality, the pathologizing of trans identities, negative perceptions of biological treatment, the influence of religion, and gender death.

Gender Policing

TRANSforming FAMILIES

11

Some parents, upon the disclosure of their child's trans identity, may feel distress concerning their gendered expectations for their child being overturned, and through their child's challenge of the gender binary. As a result of this, parents may resort to gender policing, or the act of providing negative reinforcement to a child when they transgress their rigid gender roles (Ehrensaft, 2011). For example, gender policing may be performed as a result of a young girl playing with the boys and messing up her clothes. Negative reinforcement for this child could include embarrassing the child in front of their peers, and emotional or physical abuse. Parents may incorporate bargaining, as outlined by Kübler Ross' stages of grief, and may withhold certain funds or resources from their child if they do not correct their behavior (Emerson & Rosenfeld, 1996; Ehrensaft, 2011). Children are often confused by this act, as when they are younger they may not understand the impact of the gender binary. However, in order for parents to successfully navigate these reactions, they may have to consider some possible differences in parenting styles.

In order to combat the effects of gender policing, parents may need to reframe the way they interact with their child, and what they consider to be punishable behavior. Parents may wish to opt for a more gender neutral form of parenting, which may include gender inclusive pronouns, clothes, and activities. There is no right way to be a boy or a girl, and the impact of gender neutral parenting may help families to parent with a strength based approach, where they may support what their child loves to do and is good at.

Assuming Sexuality

Due to an oversimplification of trans identities, many parents may resolve themselves to assuming their child's sexuality whether than having an open and frank conversation. It must be noted that there is a natural diversity in sexuality in trans youth; and, these sexualities will vary

TRANSforming FAMILIES

12

on a case by case basis (Grossman & D'Augelli, 2006). Research done by Simons et al. (2013) finds that trans children who do not have a conversation about their sexuality with their parents, tend to experience little to no sex education. This low education can lead to higher rates of Sexually Transmitted Infections (STIs), and in turn, lower physical and mental health outcomes (Simons et al., 2013). Parents can use protective measures to ensure that their children experience a healthy sex life, however, when they devote time to having a discussion about the child's likes and dislikes.

Successfully navigating the disclosure of a child's sexual orientation can be difficult, however these conversations can be beneficial to the child's healthy identity development (Collazo et al., 2013). When parents make no assumptions concerning their child's sexuality, and allow for the child to discuss these interests with them, parents establish a significant degree of rapport with their child. Acceptance of sexuality can lead to the subsequent validation of their gender, as many trans children note that sexuality is an integral part of their gender development (Pollock & Eyre, 2012). Recognizing the fluidity of sexuality within trans identities, and validating a child's feelings may lead to the development of a healthy trans identity.

Pathology

Throughout the course of a child's transition, children may utilize the resources of a mental health practitioner to help them navigate through the many routes a transition may take. However, some trans youth are diagnosed with gender dysphoria, or the diagnosis of experiencing significant stress related to one's incongruent gender identity (American Psychological Association, 2013; Tebbe & Moradi, 2016). This diagnosis may be useful for receiving insurance benefits when a child is seeking biological treatment during their transition, though these benefits are not given easily. It has been recognized by the trans community,

however that the diagnosis of gender dysphoria has been used as a tool to discredit and marginalize trans people (Tebbe & Moradi, 2016; Pollock & Eyre, 2012; Vrouenraets et al., 2015; Davey et al., 2014). This marginalization stems from the stigma surrounding mental illness; though, the psychological community does not recognize being trans as a disorder (Ehrensaft, 2011; Koken et al., 2009; Biblarz & Savci, 2010). Parents reflect and rely on this diagnosis, and may perceive their child negatively due to societal stigma surrounding mental illness. Some parents, when attempting to explain their child's diagnosis to other people, may further pathologize their child and equate the diagnosis of gender dysphoria to that of living with autism, multiple sclerosis, and cerebral palsy; because, though living with these conditions make life difficult, they are less stigmatized by society because they are seen as mostly uncontrollable and unworthy of blame (Norwood, 2013b). Reliance on the diagnosis of gender dysphoria may be beneficial in looking at specific routes of treatment, however solely relying on the diagnosis to define a child will not be beneficial to the child's healthy identity development.

Families who form a strength-based mindset concerning their child's identity may be able to move past the assignation of certain diagnoses. Additionally, through validation and through seeking trans-friendly mental and physical health care, children will experience more positive health outcomes (Giammattei, 2015).

Biological Treatment

In developing their trans identity, a child may consider a biological change as being a facet to their transition. A biological transition can involve many different therapies, however among the most common are sex reassignment surgery and hormone therapy (Giammattei, 2015). These therapies hold a significant amount of stigma, and are often seen as a staple and universal aspect of transition; however, it is truer today that less trans individuals are receiving

TRANSforming FAMILIES

14

sex reassignment surgery due to a smaller emphasis on congruent gender identification and genitalia, and phallogentric or genitalia sex (Giammattei, 2015). To successfully navigate this aspect of some individual's transition, parents should consider maintaining an open conversation surrounding biological treatment. It may be beneficial for parents to also have this conversation with health care providers, who may be able to work with children by assessing their individualized case, and helping them to weigh the pros and cons.

Some of the positive outcomes that can be associated with biological treatment has been found the use of pubertal blockers, a therapy that stalls the beginning and progression of puberty altogether (Gridley et al., 2016). Research has found that through the use of pubertal blockers, which stops the development of secondary sex characteristics like breasts and body hair, trans youth have experienced higher rates of positive body image (Gridley et al., 2016; Tishelman et al., 2015). Research has also found that through use of this therapy, trans youth tend to exhibit fewer signs of suicidal ideation (Gridley et al., 2016). Ultimately, the use of pubertal blockers allows trans youth to have more time to theorize their gender in regards to who they want to be in both body and soul. Parents who allow this conversation to take place will create a space where children are allowed to ponder their transition, which may facilitate a stronger bond between parents and child.

Religion

In the navigation of a transition, some trans children may wish to turn to spirituality as it may help guide them both emotionally and physically through this often difficult time; however, though this fact is not germane to all religious institutions, research has found that religious institutions sometimes contribute to the erasure of trans members (Oswald, 2016). This is evidenced by religious institutions who publicize claims that there are no LGBT members in

TRANSforming FAMILIES

15

their institution (Oswald, 2016). Religion has a major influence on many lives, and because of this influence, families often follow the doctrine of the church and reject their child on the basis of their child's gender and sexual identity for fear of being ostracized or ridiculed by the religious community (Oswald, 2016). It must be noted that not all religious institutions propagate these transphobic and heterosexist notions; however, it has been seen in some locations. It will be important for parents to think critically about their religious institution and whether or not it will facilitate the healthy identity development of trans children.

To safely and positively navigate this rejection of trans identities, families can work to find religious institutions that are inclusive of LGBT identities. Society must realize that being LGBT and being religious are not mutually exclusive identities. Children are able to have strong gender and sexual identities, while also having strong faith. The intersection of these identities can be achieved through the critical evaluation of the location and beliefs of a family's religious institution.

Gender Death

Through the influence of religion comes biases as related to the performance and permanence concerning gender identity. This rigid relationship sometimes results in an extreme reaction from those who have a strong faith in which they have a funeral for their trans family member (Norwood, 2013a). This action is often motivated by the grieving process of ambiguous loss, or the fact that a child is gone even though they are present; or, dead but alive (Norwood, 2013a). Though these parents make the claim that these funerals are healing for them because it allows them to let go of their child who is "gone", this reaction often has a negative effect on the child as they are no longer sure if they can trust their parent, or go to them for guidance or validation concerning their identity (Norwood, 2013a). Upon evaluation of this action, parents

TRANSforming FAMILIES

16

may wish to take steps to assess the damage they have done, and reflect upon themselves as parents.

Through navigating this reaction, parents may wish to consider finding a religious institution that is inclusive of their trans child, and to seek help for themselves. Norwood (2013a) notes that ambiguous loss is an unhealthy form of grief, as it stalls the grieving process altogether; consequently, parents may wish to seek counseling for themselves. In these sessions, parents may begin to assess and reflect upon what it means to be a parent, and ultimately, reframe their perceptions of “family”, which may add to the inclusion of their child. If these steps are not taken, then the family may lose the trust of their trans child. Ultimately, families who participate in gender death may also contribute to the negative mental and physical health effects that many trans people experience in their lifetime.

Continued Growth

Through navigating these familial reactions, individuals may begin to notice the complexity in a transition, and how families may or may not contribute to the successful identity development of their child. It is important to note that transitioning is highly individualized, and results of transition are highly dependent on the child and family’s various intersecting identities. It is crucial to note the intersections between gender, sexuality, ethnic identity, race, socioeconomic status, and ability to assess an individual’s, and family’s, ability and privilege to successfully start and complete a transition healthily (Wade & Marx Ferree, 2015). The intersection of these identities may either contribute to the acceptance or marginalization of trans people and their families; and, additionally, may prohibit these individuals from allocating certain resources and goods. Once these facts are analyzed and the transition has begun, families may wish to look into areas where continued growth may be fostered. This growth may help to

TRANSforming FAMILIES

17

further develop a healthy identity for both the child and family. These areas of continued growth can be seen in developing belongingness, offering social support, and continuously developing strategies for allyship.

Belongingness, as an aspect of continued growth, has been seen to mediate the development of trans identity positively, which may lead to more positive physical and mental health outcomes such as higher self esteem, satisfaction with life, and psychological well-being (Barr et al., 2016). When families reframe their definitions of family, and assess the meaning of each role within a family, their actions will influence the trans child's feelings of belongingness both within the home, and outside in the larger community (Norwood, 2013b; Raj, 2008). In this pursuit of reframing family identity, families may wish to consult the Relational Dialectic Theory (RDT), which helps families to recognize communicative struggles, and how the meanings placed upon family members affect the interactions within the household and beyond (Norwood, 2012). Upon reframing the notion of family, and recognize the strengths of every family member, a more cohesive family unit may be formed.

Continued growth in providing social support will positively influence the healthy identity development of trans children. When families do not offer resources of support, research has found that trans children are more likely to experience physical and verbal abuse, may drop out of school, run away, or be homeless; however, by implementing strategies of social support, families may see improvement in their child's life (Grossman & D'Augelli, 2006). Parents may offer social support by truly listening to their children. This can be done by asking them what they specifically want and need from their transition, and providing them with resources to help them weigh the pros and cons of these choices. This will be most effectively done when parents actively seek out trans affirmative mental and physical health care providers,

TRANSforming FAMILIES

18

who are sensitive to trans identities and validate their identities (Giammattei, 2015). These providers will use language correctly, in regards to the child's use of pronouns and gendered language, and will focus on questioned based authorship, or allowing the child to speak on behalf of themselves and to voice their concerns (Giammattei, 2015). Parents may also offer this social support in schools by working with administrators and faculty members to create a trans affirmative space for their children (Harper & Singh, 2014). This action may influence the way that schools address bullying and education within the institution. Additionally, it is suggested that parents teach their children how to address bullies (Harper & Singh, 2014). In this education, children may be taught the importance of civil discourse and meeting other children where they at concerning their level of education on trans identities. Effective communication between students may foster continued education, and fewer negative interactions.

Finally, in the family's quest of continued growth, they should attempt to be always growing their strategies for allyship. Families may be allies within the home and outside of it, in order to ensure the healthy identity development of their child. Families may wish to continue their education concerning trans and LGBTQIA2S+ identities. Having a holistic education surrounding gender and sexual minorities may make a child feel more validated by their families; additionally, this well rounded education may create a space for the child's friends, who may be a part of these communities, to feel safer and happier within this family's home. Families should also work with the child in determining who to disclose their trans identity, as the child should have agency in making these decisions. Additionally, families may wish to reach out to other families going through similar situations, so that they may work together in helping each other to grow as allies and to promote larger social change. Finally, families should work on their own gender identity. The gender binary is a pervasive entity in society, and affects everyone

TRANSforming FAMILIES

19

regardless of race, ethnicity, gender, sexuality, ability, or socioeconomic status; consequently, it is pertinent for these families to assess how they may have been affected by this system, and to ask themselves what it truly means to be a man or woman (Wade & Marx Ferree, 2015). Through application of these areas of continued growth, families may begin to see positive changes in their child's life, which may lead to a healthier and happier future.

Conclusion

Through the influence of supportive and validating families, trans children will experience higher rates of positive transitions, and ultimately, the development of a healthier trans identity (Davey et al., 2014; Norwood, 2012; Norwood 2013a; Norwood, 2013b; Giammattei, 2015; Harper & Singh, 2014). However, before these goals are achieved, families must receive further support from the psychological community through greater advocacy, education, and research concerning trans identities; which, will in turn, support families throughout the journey of their child's transition (Simons et al., 2013; Norwood, 2012; Norwood, 2013b; Raj, 2008; Bernal & Coolhart, 2012). The implications of this advocacy and research are far reaching, however will only be achieved with continued research.

Implications of this continued research will strengthen the cohesion of families, and may be productive of some of the discrimination and harassment that trans people experience both blatantly and institutionally. The psychological community currently has not accurate measure on the prevalence of trans identities, which contributes to their erasure from society. Continued research and advocacy will lead to improved mental and physical health outcomes; and, may give trans people the courage to disclose their identities to the ones they love. Currently, it is very dangerous to come out as trans due to the transphobia and heterosexism present in society.

TRANSforming FAMILIES

20

With education, people may begin to see the complexity of trans identities and how they may have their place in society as viable and normal citizens.

Currently, there is a dearth of research concerning trans identities, which contributes to the prejudice and discrimination they experience. Areas of continued research may be in the areas of non-normative families, trans children of color, trans children in rural areas, a longitudinal study, and a more current prevalence and rate of discrimination survey. There should be continued research on non-normative families, as the breadth of this research was surrounding families headed by cisgender, heterosexual parents. It will be important to recognize the interaction between lesbian, gay, and trans couples and their trans children as their communicative struggles may differ from those of “normative” families. Much of the research also assumed that the trans children house white racial identities; however, as evidenced by the influence of intersecting identities, the experiences of trans children of color would differ substantially from that of white trans children and their ability to allocate certain resources and opportunities. It will be pertinent to recognize and research the lives of trans children in rural areas, as they may receive less social support from trans children in urban areas. It may also be interesting to conduct a longitudinal study of trans children’s lives to see what either positively or negatively affected the development of a healthy trans identity. Finally, an updated survey that would account for the prevalence of trans people in the United States, and abroad, would contribute to the normalization of these identities and may influence higher rates of education and advocacy. This research may also influence the growth of groups that offer social support to both trans people, children, and their families.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychological Association.
- Asscheman, H., & Gooren, L. J. (1992). Hormone treatment in transsexuals. *J. Psychol. Hum. Sex*, 5(4), 39-54.
- Barr, S.M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *J Consult Clin Psychol*, 63(1), 87-97. doi: 10.1037/cou0000127
- Bernal, A. T., & Coolhart, D. (2012). Treatment and Ethical Considerations with Transgender Children and Youth in Family Therapy. *Journal of Family Psychotherapy*, 23(4), 287-303. doi: 10.1080/08975353.2012.735594
- Biblarz, T., & Savci, E. (2010). Lesbian, gay, bisexual, and transgender families. *Journal of Marriage and Family*, 72, 480-497. doi: 10.1111/j.1741-3737.2010.00714.x
- Blumer, M. L., Green, M. S., Knowles, S. J., & Williams, A. (2012). Shedding light on thirteen years of darkness: content analysis of articles pertaining to transgender issues in marriage/couple and family therapy journals. *J Marital Fam Ther*, 38 Suppl 1, 244-256. doi: 10.1111/j.1752-0606.2012.00317.x
- Collazo, A., Austin, A., & Craig, S. L. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. *Clinical Social Work Journal*, 41(3), 228-237. doi: 10.1007/s10615-013-0436-3
- Davey, A., Bouman, W. P., Arcelus, J., & Meyer, C. (2014). Social support and psychological well-being in gender dysphoria: a comparison of patients with matched controls. *J Sex Med*, 11(12), 2976-2985. doi: 10.1111/jsm.12681

TRANSforming FAMILIES

22

Ehrensaft, D. (2011). Boys will be girls, girls will be boys: Children affect parents as parents affect children in gender nonconformity. *Psychoanalytic Psychology*, 28, 4, 528-548.

doi: 10.1037/a0023828

Emerson, S. & Rosenfeld, C. (1996). Stages of Adjustment in Family Members of Transgender Individuals. *Journal of Family Psychotherapy*, 7(3), 1-12. doi: 10.1300/j085v07n03_01

Gates, G. (2013). How Many People are Lesbian, Gay, Bisexual and Transgender? Retrieved December 01, 2016, from <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/how-many-people-are-lesbian-gay-bisexual-and-transgender/>

Giammattei, S. V. (2015). Beyond the Binary: Trans-Negotiations in Couple and Family Therapy. *Fam Process*, 54(3), 418-434. doi: 10.1111/famp.12167

Goldblum, P., Testa, R., Pflum, S., Hendricks, M., Bradford, J. & Bongar, J. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology: Research and Practice*, 43, 5, 468-475. doi:

10.1037/a0029605

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. *National Center for Transgender Equality and National Gay and Lesbian Task Force*.

Gridley, S. J., Crouch, J. M., Evans, Y., Eng, W., Antoon, E., Lyapustina, M., . . . Breland, D. J. (2016). Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. *J Adolesc Health*, 59(3), 254-261. doi:

10.1016/j.jadohealth.2016.03.017

Grossman, A., & D'Augelli, A. (2006). Transgender Youth: invisible and vulnerable. *Current Issues in Lesbian, Gay, Bisexual, and Transgender Health*, 111-126. doi:

- Harper, A., & Singh, A. (2014). Supporting Ally Development with Families of Trans and Gender Nonconforming (TGNC) Youth. *Journal of LGBT Issues in Counseling*, 8(4), 376-388. doi: 10.1080/15538605.2014.960127
- Herek, G. M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence*, 5, 316-333.
- Koken, J. A., Bimbi, D. S., & Parsons, J.T. (2009). Experiences of familial acceptance-rejection among transwomen of color. *Journal of Family Psychology*, 23(6), 853-860. doi: 10.1037/a0017198
- Mitchell, V. (2009). Developing the Therapeutic Self: Supervising Therapists With Lesbian, Gay, Bisexual, and Transgender Clients in the 21st Century. *Women & Therapy*, 33(1-2), 7-21. doi: 10.1080/02703140903404671
- Moody, C., Fuks, N., Peláez, S., & Smith, N. G. (2015). “Without this, I would for sure already be dead”: a qualitative inquiry regarding suicide protective factors among trans adults. *Psychology of Sexual Orientation and Gender Diversity*, 2 (3), 266-280. doi: 10.1037/sgd0000130
- Norwood, K. (2012). Transitioning Meanings? Family Members' Communicative Struggles Surrounding Transgender Identity. *Journal of Family Communication*, 12(1), 75-92. doi: 10.1080/15267431.2010.509283
- Norwood, K. (2013a). Grieving Gender: Trans-identities, Transition, and Ambiguous Loss. *Communication Monographs*, 80(1), 24-45. doi: 10.1080/03637751.2012.739705
- Norwood, K. (2013b). Meaning Matters: Framing Trans Identity in the Context of Family Relationships. *Journal of GLBT Family Studies*, 9(2), 152-178.

TRANSforming FAMILIES

24

doi:10.1080/1550428x.2013.765262

- Oswald, R. F. (2001). Religion, family, and ritual: the production of gay, lesbian, bisexual, and transgender outsiders-within. *Review of Religious Research*, 43(1), 39-50.
- Pollock, L., & Eyre, S. L. (2012). Growth into manhood: identity development among female-to-male transgender youth. *Cult Health Sex*, 14(2), 209-222. doi: 10.1080/13691058.2011.636072
- Raj, R. (2008). Transforming Couples and Families: A Trans-Formative Therapeutic Model for Working with the Loved-Ones of Gender-Divergent Youth and Trans-Identified Adults. *Journal of GLBT Family Studies*, 4(2), 133-163. doi: 10.1080/15504280802096765
- Reis, E. (2014). Teaching transgender history, identity, and politics. *Radical History Review*, 88, 166-177.
- Simons, L., Schrage, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *J Adolesc Health*, 53(6), 791-793. doi: 10.1016/j.jadohealth.2013.07.019
- Tebbe, E. A., & Moradi, B. (2016). Suicide risk in trans populations: an application of minority stress theory. *Journal of Counseling Psychology*. Advance online publication. <http://dx.doi.org/10.1037/cou0000152>
- Testa, R. J., Sciacca, L.M., Wang, F., Hendricks, M.L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice*, 43(5), 452-459. doi: 10.1037/a0029604
- Tishelman, A.C., Kaufman, R., Edwards-Leeper, L., Mandel, F.H., Shumer, D.E., & Spack, N.P. (2015). Serving transgender youth: Challenges, dilemmas, and clinical examples. *Professional Psychology: Research and Practice*, 46(1), 37-45. doi: 10.1037/a0037490

TRANSforming FAMILIES

25

- Tompkins, T.L., Shields, C. N., Hillman, K. M., & White, K. (2015). Reducing stigma toward the transgender community: an evaluation of a humanizing and perspective-taking intervention. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 34-42. doi: 10.1037/sgd0000088
- Tsoi, W. F. (1990). Developmental profile of 200 male and 100 female transsexuals in Singapore. *Archives of Sexual Behavior*, 19(6), 595-605.
- Vrouenraets, L.J.J.J., Fredriks, A.M., Hannema, S.E., Cohen-Kettenis, P.T., & de Vries, M.C. (2016). Perceptions of sex, gender, and puberty suppression: a qualitative analysis of trans youth. *Archive of Sexual Behavior*, 45, 1967-1703. doi: 10.1007/s10508016-0764-9
- Wade, L., & Marx Ferree, M. (2015). *Gender: ideas, interactions, institutions*. W.W. Norton & Company: New York City, first edition.