

CLINICAL PRACTICE POINT

GENDER-AFFIRMING MENTAL HEALTH CARE: WORKING WITH FAMILIES

THIS RESOURCE WILL HELP YOU

- understand why a family focus is important for trans and gender diverse young people;
- gain insight into how best to engage young peoples' families of choice or support networks;
- consider how to involve family in a way that respects young peoples' choice and agency;
- offer therapeutic support to parents, caregivers and siblings which facilitates gender affirmation within the family; and
- and work through barriers to gender affirmation within the family

This resource is aimed at professionals who work therapeutically with young people and assumes prior clinical knowledge of youth mental health and working with families in youth mental health settings. It is intended for the generalist youth mental health workforce, for example, those working outside of specialist gender services. It is designed to be accessible to professionals with a basic level of knowledge about gender diversity.

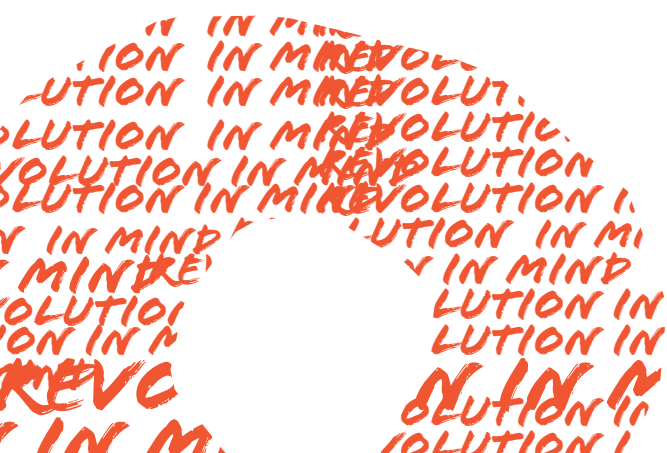
For an introduction to gender diversity and gender-affirming care, see Orygen's online learning module [Gender Diversity and youth mental health 101](#).

A NOTE ABOUT LANGUAGE

Language related to gender is continually evolving. Based on consultation with youth advisors with lived expertise of gender diversity, this resource uses the language of *trans* and *gender diverse* to describe the many ways that young people can experience gender in a way that differs from the gender presumed for them at birth.

For more information on how this resource was developed see [Collaborative development of gender diversity and youth mental health resources: an example of community-academic-health partnership.](#)

For an explanation of key terms related to gender diversity and youth mental health see fact sheet [Gender diversity and language](#)



INTRODUCTION

Working with family has been identified as a key area for helping to support the mental health and wellbeing of trans and gender diverse young people. Striving to optimise family support forms part of an overall gender-affirming approach to care, which empowers young people in their gender identity and expression.

This clinical practice point has been designed to help mental health professionals work more effectively with family of trans and gender diverse young people. It aims to build key knowledge, and provide information about further education and support.

Orygen acknowledges that trans and gender diverse mental health professionals often act as champions of gender-affirming care in their organisation. This resource aims to build the capacity of all mental health professionals to be advocates and allies to help create culturally safe and responsive environments for trans and gender diverse colleagues and clients.

While this resource has been written primarily with parents/carergivers in mind, the information may also be helpful for engaging other family (see section below 'What is family?'). This resource has been informed by both research evidence and lived experience consultation.

It is recommended that this resource is read alongside the clinical practice point:

Gender-affirming mental health care and fact sheet: **In this together: Families and carers can ask. Supporting trans and gender diverse young people in youth mental health.**

WHAT IS FAMILY?

Most of the research related to family and the mental health of trans and gender diverse young people has included parents and carers. Wherever possible and appropriate, assisting a young person's parents and carers to offer responsive and affirming care is an important way in which services can assist young people.

However, young people may define their family in different ways. Family can include parents or carers, siblings, family, friends, partners, or anyone a young person considers their closest supports, known as 'family of choice'. As a mental health practitioner, you should be led by young people regarding who they consider their family.

Unless otherwise specified, this resource uses the term 'family' to refer to any support network determined by the young person themselves.

WHY ENGAGE FAMILY?

Variations in gender identity are found in all cultures and continents across the world and are part of the diversity of humankind. Being trans or gender diverse is not a mental illness, and mental health support can be helpful for people of any gender. In comparison to cis-normative, trans and gender diverse young people experience higher rates of psychological distress, including anxiety, depression and suicidality.(1, 3) The TransPathways (2017) survey with Australian trans and gender diverse young people found that nearly half of the participants had made a previous suicide attempt.(4) This alarming rate was similarly reported in a recent study with trans adults.(5)

The increased burden of mental ill-health among trans and gender diverse young people is often associated with the impact of societal prejudice, discrimination, abuse, and from a lack of supports or adequate access to care.(6) It also corresponds with how much they feel supported by their family of choice. For example, when a young person's gender is not believed, accepted or celebrated within their family, this can significantly impact their mental health, leading to adverse life outcomes.(7) There is also evidence of a relationship between family-based emotional support and a lower likelihood of suicidality.(8) Positive relationships are a protective factor against risk in young people broadly.

IMPORTANCE OF FAMILY SUPPORT

When parents and caregivers are affirming of a trans or gender diverse young person, this appears to provide the strongest protection against later suicidality or self-harm.(9)

Some parents and carers may struggle to understand and affirm their child. Some parents perceive trans or gender diverse identities to be a phase, believe their child is too young to know or understand their gender identity, or may have their own difficulties reconciling who their child is with their own dreams or beliefs. They may experience real or perceived loss associated with celebrating their child's identity, such as rejection from communities of worship, or criticism from extended family.(7) Parents can also become overwhelmed with fears for their trans child's future. Working with parents to challenge cis-normative assumptions about gender identity and gender expression and dispel myths and misinformation about trans people, can support parents to better understand their young person.(10)

In addition to their role in supporting their young person's wellbeing, parents and carers often hold power in choosing whether to consent to their young person changing their name, beginning hormone treatment or undergoing medical procedures. Young people experiencing high levels of psychological distress may therefore see parents and carers as gatekeepers to gender-affirming interventions and parental refusal to support social or medical affirmation as rejecting and unsupportive. When parents and guardians



do not enable the young person to commence gender-affirming medical intervention, it can have serious consequences for the mental health of the young person.(11)

When family members provide support and affirmation of gender, this appears to have a significantly positive impact on the young person's self-esteem, sense of self, and mental health and wellbeing.(12,14) Positive impacts on young peoples' mental health has also been shown when young people perceive their family to be functioning well, including how well family members communicate with one another.(6)

Gender affirmation from families, schools, health services and community is found to significantly improve trans and gender diverse young peoples' mental health, wellbeing and educational outcomes, so that there is little difference with their cisgender peers.(6, 7, 15, 16) Working with family towards acceptance and celebration of their young person's identity is also a key area for supporting the family unit. Family-inclusive approaches to mental health care therefore form a key part of the systems that support young people's mental health.

HOW TO INVOLVE FAMILY IN THE MENTAL HEALTH CARE OF TRANS AND GENDER DIVERSE YOUNG PEOPLE

Every family is unique and there are a number of considerations that go into deciding the most appropriate way to involve family in the mental health care of a young person.

It may not always be appropriate to involve family of origin in care for a number of reasons. For trans and gender diverse young people, this may relate to their gender identity – for instance, in some cases when family are not affirming or accepting of gender identity, trying to engage them may be highly distressing for the young person and the family, or even unsafe. For further guidance on considering safety and risk, see clinical practice point: [Gender-affirming mental health care](#). If a young person declines family involvement in their mental health care, and there are no safety concerns, it may be helpful to explore ways to build different personal and professional support networks, including with their family of choice.

Families can be offered mental health support in appointments separate to the young person's medical or mental health treatment. Providing a safe, therapeutic space for family members alone to talk about their fears, beliefs and to be empowered in their protective role around their young person's wellbeing, is often welcomed. Family therapy is indicated where there is a mutual willingness to explore family roles, norms and different ways of responding to each other. Additionally, families often benefit from peer support, which can be provided through the mental health service or via trans and gender diverse family peer support networks.

SUPPORTING FAMILY TO BE AFFIRMING

Supporting family to be gender-affirming can involve different strategies and approaches. Professional support that educates family members about gender, provides guidance through possible clinical pathways and which provides a safe space to process family members' thoughts and feelings will help to facilitate families moving towards gender affirmation.⁽²¹⁾ A systemic approach will guide family members to see the perceived 'problem' as caused by the dominant cisgender culture within society, and not their child. Understanding this perspective is often a powerful turning point for families and it can also unite families more strongly together. For more information on cis-normativity, see the fact sheet [Gender diversity and language](#) and the Orygen's online learning module [Gender diversity and youth mental health 101](#).

SUPPORTING FAMILY MEMBERS TO PROCESS THEIR THOUGHTS AND FEELINGS

Family members who are new to learning about their young person's gender identity can experience a range of complex emotions.⁽²²⁾ They may be afraid about experiencing stigma from others, or about what the future will hold for their young person. They may experience grief and loss caused by a disruption to their own internal narratives about the young person.⁽²³⁾ This sense of loss can include loss of the future they envisioned for their young person, losing the name they chose for their child or having to put away pre-transition childhood photos. Therapeutic work can offer family members a space to unpack these narratives and look at the potential influence of cis-normative perspectives. Having sessions separately from co-parents or other family members, if needed, can also support better accessing, and challenging, of each person's belief systems.

*** Therapeutic work in which family members can freely share their hopes, fears and concerns should nearly always happen without the young person present, to protect them from potential emotional harm.**

HELPING FAMILY TO USE THE RIGHT LANGUAGE

Language holds significant power and needs to be considered carefully. For instance, not using a young person's pronoun or name can negatively impact how the young person views themselves and their identity, as well as negatively impacting relationships. Incorrect use of language may happen accidentally as families adapt and adjust; however, when this is done purposefully and repeatedly, this is a form of identity-related abuse known as gaslighting, which can impact the young person's mental health.⁽²⁴⁾ For more information about the impacts of family relationships, see section: [When family relationships place a young person at risk](#). Conversely, trans young people who experience correct language use within their family of choice indicate fewer depressive symptoms, as well as reduced suicidal ideation and suicidal behaviour.⁽²⁵⁾

Psychoeducation can support practical communication strategies and behaviour change within the family. Change is also likely to be better supported when the emotions of family members are also acknowledged and validated. The family or support network could develop an agreed strategy to ensure pronouns and names are used, whilst also determining together how to educate the young person's wider network, for example school, community and extended family.

IDENTIFYING OPPORTUNITIES FOR FAMILY TO BE ADVOCATES

Trans and gender diverse people experience higher rates of discrimination than their cisgender peers in schools, workplaces, and health settings.^(1, 26) It can be challenging for families to see their young person distressed, facing obstacles and having to enter into un-affirming environments outside of the home. Finding positive ways of managing these obstacles and advocating for inclusivity in other settings (for example medical centres, at school, within local sporting teams or community centres) can often be empowering for both the young person and family.

SUPPORTING SIBLINGS

Although research on the specific role of siblings in supporting the mental health and wellbeing of trans and gender diverse young people is relatively scarce, where possible siblings should be involved when working with family. In some cases, siblings are the first family members that the young person invites in (or to whom they disclose their gender identity) and they can be valuable allies and advocates within the family. Siblings may need support and/or information about gender diversity to help them understand the experience of their sibling.⁽²⁷⁾ Supporting parents and carers to make time for siblings when change is new can be helpful for everyone.

INVITING HELPFUL QUESTIONS

Do not assume that family members will be able to raise or revisit issues and concerns. When feeling distressed or anxious, young people and their families may not fully understand or retain the content of clinical discussions. Consider providing information in different ways. For example, family may like to use Orygen's fact sheet [In this together: Families and carers can ask. Supporting trans and gender diverse young people in youth mental health](#) to ask more questions about the young person's mental health care.

CONFIDENTIALITY

Confidentiality is a key consideration for health professionals and services when working with all young people. Information sharing with families who want to know more about their young person than the young person feels comfortable with requires careful thought and discussion, alongside an assessment of the young person's safety.

When mental health concerns are related to gender identity, it can add complexity in terms of what information is necessary to share. Always outline to the young person when information must be shared for the young person's safety and consider whether this might involve sharing information related to their gender identity. For example, sharing the young person's name if different to the name on their Medicare card, or information about their gender presumed at birth if needed for healthcare referrals.

The young person always holds the right to decide whether or not to share information about their gender with their family.

Work with the young person to consider what information they are willing to share, with who, and how. This will also need to be revisited regularly over the course of your work together, as situations and decisions can change.

Families often want to know about their young person's progress in therapeutic work and how best to support their ongoing mental health and wellbeing. A careful and collaborative approach, with the young person at the centre of care and decision-making, can be positive for everybody involved.

Some talking points for discussion with young people might include:

- Do you use a different name and pronouns in different situations, for example, with your parents? What name and pronoun do you want me to use if/when we talk with them together, or if I or another worker at the service is talking with them separately?
- Are you ok with our service contacting you? How would you like to be contacted and do we need to consider what name we use, for instance when we send mail or call your home?

HELPING FAMILY MOVE TOWARDS ACCEPTANCE

Mental health professionals need to support families to understand that gender diversity should never be trivialised or treated as a 'phase'. Families may have fears that the young person will change their mind about their gender identity later in life or worry that the young person is not able to make major decisions about their gender and bodies at a young age. Family can also encounter misinformation about gender diversity online. Therefore, it is important to compassionately challenge any assumptions and provide family with accurate information based on evidence. This includes statistics that the number of transgender people who regret gender-affirming medical intervention is less than one per cent.(28) Numbers of trans people who 'de-transition', a process through which a person discontinues some or all aspects of gender affirmation, were also recently found to be extremely low and influenced mostly by external pressure from others.(29) The journey towards acceptance looks different for everyone and is often a staged process; for an example of this process, please see the Family Emergence Model.(30) However, for some family members, fully accepting their young person's gender may never happen. Working with family is therefore about recognising where change is needed and possible, and what will be most helpful for the young person's mental health and wellbeing. This might include separate sessions for family members to work through their own concerns, questions, and assumptions.

ACKNOWLEDGE SMALL AND LARGE STEPS

Even small changes in the direction of affirmation and acceptance can be significant for a young person, so where possible, notice and acknowledge positive change. Young people and families can both lose hope if their efforts are not supported in this way.

SUPPORTING FAMILY WELLBEING

Family members can experience stress around having to be the educators, advocates and protectors for their young person as they support them through school, medical and legal processes on top of everyday responsibilities. It is important to acknowledge the emotional and physical energy which navigating legal, medical and mental health systems requires, and recognise any impact on wellbeing.(22) Mental health professionals can assist by helping families connect with other families at a different stage of the journey as well as offering practical resources such as information sheets and support plans. See the **Resources** section of this document.

“There’s a huge amount of support and opportunity to learn out there now ... I was blessed to find peer support groups as it helped to attend a meeting every month and see others living through the same experience. It totally normalised it.”

JANIE, MOTHER OF ELI

REVIEWING WORK WITH FAMILIES

Families and carers may find different phases of engagement with the mental health system and different developmental stages more or less challenging, depending on their resources, life experiences and supports. It is important to regularly check in to see how families are finding the work, and to avoid making assumptions about how they are coping at each time point.

ENCOURAGING FAMILY TO LEARN MORE ABOUT GENDER DIVERSITY

Families will need to understand gender diversity and the many different ways young people might choose to affirm their gender, through a range of social, medical or legal means. Learning about gender diversity will help families to understand their young person’s experience, communicate more effectively together and strengthen their relationship. Information should come from reliable sources, see **Additional Resources** for recommendations. Family can also complete the Orygen online learning module [Gender diversity and youth mental health 101](#) for an introduction to gender diversity, language, and gender-affirming care.



SUPPORTING FAMILIES TO UNDERSTAND THEIR YOUNG PERSON’S EXPERIENCE

It can often feel like a long time since family, particularly parents, were young people themselves. Families can struggle to understand or anticipate adolescent developmental changes for their young person, for example, identity formation and the drive for autonomy. Changes such as these, can be misinterpreted as being only related to their young person’s gender identity. Psychoeducation tailored to the specific needs of the young person and their family can promote knowledge, compassion and understanding about their young person’s world. This might include information about mental health, and developmental changes, alongside education around gender diversity. Understanding a young person’s experience may help family to consider events going on in their young person’s life that are part of growing up and not necessarily unique to being gender diverse.

“It’s a two-way street – the journey is not just about the transgender child but also for the family and extended family. Talking about it to my own family – just talking it through helped. In the end, acceptance takes time.”

JANIE, MOTHER OF ELI

KEY MESSAGES FOR FAMILY

- Your support is key to your young person’s mental health and wellbeing.
- Trans and gender diversity is not a disorder or mental health problem.
- Parents don’t make their child trans, nor do trans friends or schools.
- You haven’t failed as a parent if your young person is trans.
- This is not a phase.
- Change can be challenging and it’s ok to feel worried, sad, or confused. There are supports you can access to help.
- You are not alone.
- It is understandable that you want to protect your young person. One of the best ways you can do this is by working together to affirm their gender.
- You have needs too. Look after yourself.
- Acknowledge and affirm your efforts to support your young person and celebrate positive milestones wherever possible.

“If your young person comes out to you as trans, it’s probably because you’re making them feel comfortable enough to come to you and share their experience. You can see it as a good thing.”

MAC, YOUNG PERSON

WHAT IF FAMILY CONTINUE TO STRUGGLE TO BE AFFIRMING?

Sometimes family will continue to struggle to accept and affirm gender, or they continue to pathologise the young person in relation to gender. This can be challenging for the young person, their family and the professional. Some strategies to facilitate change include:

- sharing psychoeducation about the importance of family relationships in supporting young person’s mental health, and the significant impact non-affirming relationships will have on their wellbeing and future;
- exploring if the young person can expand their support network to include people who are affirming of their gender;
- scaffolding the young person with tailored psychoeducation and clinical work, for example, how to respond to trauma, distress tolerance skills, communication skills, grounding techniques and other skills as needed;
- accessing specific resources to support young people experiencing gender dysphoria;
- working more closely with engaged family members as a way to influence and guide others who are at different stages of the journey to accepting their young person’s gender or who are not affirming of their young person’s gender; and
- by considering if specialist family therapy is required to explore with parents/caregivers or the family as a whole the underlying barriers or complexities to attuning to their child. Families with acrimonious parental separations, parents with trauma backgrounds or who experience mental health difficulties and/or low levels of support may need referral for these issues.

*Facilitating access to peer support, whether through national groups, the service, online or within the local community is a key way to assist families. Support from other parents of trans and gender diverse young people can be significant and should be offered and encouraged wherever possible.

SEE RESOURCES SECTION BELOW FOR A LIST OF ORGANISATIONS THAT OFFER PEER SUPPORT.

WHEN FAMILY RELATIONSHIPS PLACE A YOUNG PERSON AT RISK

Mental health professionals need to be aware of the high prevalence of family violence experienced by trans and gender diverse young people. Family violence can be specifically related to the young person disclosing their gender, or when family members control, delay or deny gender affirmation pathways. Trans people can suffer verbal and/or physical abuse, displacement from the home, neglect and loss of relationships with family members as a result of disclosing their gender identity. Emotional abuse can include actual or threatened outing (disclosing a person’s gender identity, biological sex or sexuality), demeaning language, restricting access to support services or gender-affirming care or deliberate misgendering.⁽³¹⁾ When family members deliberately and continuously use the wrong pronoun or name for their young person, this is considered a violent act, as it denies their young person’s identity and sense of self. This can also be seen in the use of pathology or diagnosis around gender. Mental health professionals should therefore keep safety at the forefront of their clinical work with trans and gender diverse young people.



WHAT ELSE CAN I DO OUTSIDE OF MY DIRECT WORK WITH FAMILY?

Learn more about gender diversity, including the different ways that trans and gender diverse young people might want to affirm their gender, for example socially, legally and/or medically. It is not the responsibility of the young person or their family to provide education, and you can help by doing research. In addition to online resources, there are a range of different training options that you can utilise individually, or as a team or service. Increased access to professional training in working with trans and gender diverse young people and their family, will improve competence and confidence in doing so.(32)

Take care of yourself. Working with family can bring about challenges, particularly when fears are directed onto you as a mental health professional. It is vital that you take care of yourself and model self-care to others. This supports professionals to remain effective and avoid burnout. Make use of your organisation's support and supervision structures and see any professional requirements as important to ensure safety for your clients as well as a framework to maintain your own wellbeing.

TIPS TO HELP ENGAGE FAMILY OF TRANS AND GENDER DIVERSE YOUNG PEOPLE

For tips to help engage family of trans and gender diverse young people watch video four: [Working with families](#) from Orygen's video series 'Journeys: Affirming gender diversity in young people'.

You will find tips on:

- helping family feel understood and not judged;
- addressing each person's individual needs;
- showing awareness that expressing grief, distress, loneliness, uncertainty and other difficult emotions or experiences is not surprising or unusual – this approach may over time help family to move towards greater acceptance and capacity to play a more supportive role with a young person;
- actively and regularly checking in and responding to questions;
- arranging links to support from peers who have been on the journey; and
- offering information which normalises gender diversity and puts into context their young person's journey.

“So much of parental stresses are about ‘will they have a partner, kids, a job, etc.’ and they state that seeing that trans adults can live fulfilling lives is something they wish they had been exposed to much earlier in the journey”

ANONYMOUS



CONCLUSION

Working alongside family and family of choice is key to supporting the mental health and wellbeing of trans and gender diverse young people. Family-inclusive care can and should be practiced by all mental health professionals working with young people, not just those in specialist gender clinics and services. When family do not accept and affirm their young person's gender, it has detrimental consequences for young people's wellbeing and safety. Having access to loving, affirming and supportive relationships, will help all young people to flourish.

RESOURCES

- Orygen's suite of resources [Trans and diverse young people](#)
- For an introduction to gender diversity, you can complete Orygen's online learning module [Gender diversity and youth mental health 101](#)
- For more information on how to work in a gender-affirming way with young people, see clinical practice point [Gender-affirming mental health care](#).
- Monash public lecture '[Working with transgender young people: A critical developmental approach](#).' Lecture, Monash University

The following websites can link carers in Australia to online or local support groups:

- [Parents of gender diverse children](#)
- [Transcend support - Support for trans and gender diverse children](#)

FURTHER INFORMATION

- Emerging Minds (2020) [Supporting trans and gender diverse children and their families](#)
- A list of additional references can be found at the end of this document.(33-46)

REFERENCES

- Newcomb ME, Hill R, Buehler K, Ryan DT, Whitton SW, Mustanski B. High burden of mental health problems, substance use, violence, and related psychosocial factors in transgender, non-binary, and gender diverse youth and young adults. *Archives of Sexual Behavior*. 2020;49(2):645-59.
- Jones T, Hillier L. Comparing trans-spectrum and same-sex-attracted youth in Australia: Increased risks, increased activism. *Journal of LGBT Youth*. 2013;10(4):287-307.
- Reisner SL, Vettes R, Leclerc M, Zaslow S, Wolfrum S, Shumer D, et al. Mental health of transgender youth in care at an adolescent urban community health center: a matched retrospective cohort study. *Journal of Adolescent Health*. 2015;56(3):274-9.
- Strauss P, Lin A, Winter S, Cook A, Watson V, Toussaint DW. Trans Pathways: the mental health experiences and care pathways of trans young people: summary of results. Perth, Australia: Telethon Kids Institute; 2017.
- Zwickl S, Wong AFQ, Dowers E, Leemaqz SY-L, Bretherton I, Cook T, et al. Factors associated with suicide attempts among Australian transgender adults. *BMC Psychiatry*. 2021;21(1):1-9.
- Katz-Wise SL, Ehrensaft D, Vettes R, Forcier M, Austin SB. Family functioning and mental health of transgender and gender-nonconforming youth in the trans teen and family narratives project. *The Journal of Sex Research*. 2018;55(4-5):582-90.
- Westwater JJ, Riley EA, Peterson GM. What about the family in youth gender diversity? A literature review. *International Journal of Transgenderism*. 2019;20(4):351-70.
- Austin A, Craig SL, D'Souza S, McInroy LB. Suicidality among transgender youth: elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*. 2020;0886260520915554.
- Travers R, Bauer G, Pyne J, Bradley K, Gale L, Papadimitriou M. Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services. Canada: TransPulse; 2012.
- Johnson KC, LeBlanc AJ, Sterzing PR, Deardorff J, Antin T, Bockting WO. Trans adolescents' perceptions and experiences of their parents' supportive and rejecting behaviors. *Journal of Counseling Psychology*. 2020;67(2):156.
- Riggs DW. Working with transgender young people and their families: A critical developmental approach: Springer; 2019.
- Olsen-Kennedy J, Cohen-Kettenis PT, Kreukels BP, Meyer-Bahlburg HFL, Garafolo R, Meyer W, et al. Research priorities for gender nonconforming/transgender youth: Gender identity development and biopsychosocial outcomes. *Current Opinion in Endocrinology, Diabetes and Obesity*. 2016; 23(2):172-9.
- Durwood L, McLaughlin KA, Olson KR. Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2017;56(2):116-23. e2.
- Johns MM, Beltran O, Armstrong HL, Jayne PE, Barrios LC. Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *The Journal of Primary Prevention*. 2018;39(3):263-301.
- Ross-Reed DE, Reno J, Peñaloza L, Green D, FitzGerald C. Family, school, and peer support are associated with rates of violence victimization and self-harm among gender minority and cisgender youth. *Journal of Adolescent Health*. 2019;65(6):776-83.
- Fuller KA, Riggs DW. Family support and discrimination and their relationship to psychological distress and resilience amongst transgender people. *International Journal of Transgenderism*. 2018;19(4):379-88.
- DiStefano AS. Suicidality and self-harm among sexual minorities in Japan. *Qualitative Health Research*. 2008;18(10):1429-41.
- Charbonnier E, Dumas F, Chesterman A, Graziani P. Characteristics of stress and suicidal ideation in the disclosure of sexual orientation among young French LGB adults. *International Journal of Environmental Research and Public Health*. 2018;15(2):290.
- Gnan GH, Rahman Q, Ussher G, Baker D, West E, Rimes KA. General and LGBTQ-specific factors associated with mental health and suicide risk among LGBTQ students. *Journal of Youth Studies*. 2019;22(10):1393-408.
- Golden RL, Oransky M. An intersectional approach to therapy with transgender adolescents and their families. *Archives of Sexual Behavior*. 2019;48(7):2011-25.
- Pullen Sansfaçon A, Kirichenko V, Holmes C, Feder S, Lawson ML, Ghosh S, et al. Parents' journeys to acceptance and support of gender-diverse and trans children and youth. *Journal of Family Issues*. 2020;41(8):1214-36.
- Abreu RL, Rosenkrantz DE, Ryser-Oatman JT, Rostovsky SS, Riggall ED. Parental reactions to transgender and gender diverse children: A literature review. *Journal of GLBT Family Studies*. 2019;15(5):461-85.
- Ashley F. Puberty blockers are necessary, but they don't prevent homelessness: Caring for transgender youth by supporting unsupportive parents. *The American Journal of Bioethics*. 2019;19(2):87-9.
- Riggs DW, Bartholomaeus C. Gaslighting in the context of clinical interactions with parents of transgender children. *Sexual and Relationship Therapy*. 2018;33(4):382-94.
- Russell ST, Pollitt AM, Li G, Grossman AH. Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*. 2018;63(4):503-5.
- Grant J, Mottet L, Tanis J, Harrison J, Herman J, Keisling M. Injustice at every turn: A report of the National Gender Discrimination Survey. Retrieved from The National Gay and Lesbian Task Force: <https://www.thetaskforce.org/injustice-every-turn-report-national-transgender-discrimination-survey/>
- Wheeler NL, Langton T, Lidster E, Dallos R. Understanding more about how young people make sense of their siblings changing gender identity: How this might affect their relationships with their gender-diverse siblings and their experiences. *Clinical Child Psychology and Psychiatry*. 2019;24(2):258-76.
- Wiepjes CM, Nota NM, de Blok CJ, Klaver M, de Vries AL, Wensing-Kruger SA, et al. The Amsterdam cohort of gender dysphoria study (1972-2015): trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*. 2018;15(4):582-90.
- Turban JL, Loo SS, Almazan AN, Keuroghlian AS. Factors leading to "detransition" among transgender and gender diverse people in the United States: A mixed-methods analysis. *LGBT Health*. 2021.
- Lev AI. Transgender Emergence Within Families. *Sexual orientation & gender expression in social work practice: Working with gay, lesbian, bisexual, & transgender people*. New York, NY, US: Columbia University Press; 2006. p. 263-83.
- Victorian Government. Victorian Family Violence Data Collection Framework: A guideline for the collection of family violence related data by Victorian government departments, agencies and service providers. Victoria, Australia: Victoria State Government; 2021. p. 19-121.
- Riggs DW. Evaluating outcomes from an Australian webinar series on affirming approaches to working with trans and non-binary young people. *Australian Psychologist*. 2021:1-12.

ADDITIONAL REFERENCES

33. Ansara YG, Berger I. Cisgenderism. The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies. p. 1-3.
34. APAGS Committee on Sexual Orientation and Gender Diversity. Sexual orientation and gender identity microaggressions: recommendations for clinical work. American Psychological Association; 2014.
35. Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: A respondent driven sampling study in Ontario, Canada. BMC Public Health. 2015;15(1):1-15.
36. Blumer ML, Gavriel Ansara Y, Watson CM. Cisgenderism in family therapy: How everyday clinical practices can delegitimize people's gender self-designations. Journal of Family Psychotherapy. 2013;24(4):267-85.
37. Goffnett J, Pacey MS. Challenges, pride, and connection: A qualitative exploration of advice transgender youth have for other transgender youth. Journal of Gay & Lesbian Social Services. 2020;32(3):328-53.
38. Meyer IH. Resilience in the study of minority stress and health of sexual and gender minorities. Psychology of Sexual Orientation and Gender Diversity. 2015;2(3):209.
39. Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. Pediatrics. 2016;137(3).
40. Riggs DW, Pearce R, Pfeffer CA, Hines S, White F, Ruspi E. Transnormativity in the psy disciplines: Constructing pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care. American Psychologist. 2019;74(8):912.
41. Young J, O'Hanlon B, Weir S. From individuals to families: a client-centred framework for involving families. Brunswick, Victoria: The Bouverie Centre; 2016.
42. Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. Family acceptance in adolescence and the health of LGBT young adults. Journal of Child and Adolescent Psychiatric Nursing. 2010;23(4):205-13.
43. Travers R, Bauer G, Pyne J. Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services: Trans Pulse; 2012.
44. Zamboni BD. Therapeutic considerations in working with the family, friends, and partners of transgendered individuals. The Family Journal. 2006;14(2):174-9.
45. Clay RA. Did you really just say that? Here's advice on how to confront microaggressions, whether you're a target, bystander or perpetrator. Monitor on Psychology [Internet]. 2017; 48(1). Available from: <https://www.apa.org/monitor/2017/01/microaggressions>.
46. Brown N, Miller L, Elin L. Families in transition: A resource guide for families of transgender youth. Toronto, Canada: Central Toronto Youth Services; 2016.

AUTHORS

Sam Cooke, Orygen
 Micheline Gador-Whyte, Orygen
 Sophie Ratcliff, Orygen
 Isabel Zbukvic, Orygen

ACKNOWLEDGEMENTS

Orygen would like to acknowledge the following people and organisations for their significant contribution to developing and reviewing the content of this resource:

- Allie Bailey, Family and Friends Development manager, Orygen
- Ashleigh Lin, Telethon Kids Institute
- Damien Riggs, Flinders University
- Helen Morgan, Telethon Kids Institute
- Henry von Doussa, Researcher, The Bouverie Centre, La Trobe University
- Janie, TransFamily
- Kayden Crombie, young person
- Mac Zamani, young person
- Olivia Donaghy, Queensland Children's Gender Service.
- Penelope Strauss, Telethon Kids Institute
- Sally Goldner, AM. Founding member, TransFamily, Inc.

Orygen would like to acknowledge everyone who helped to develop the overall content area, approach, and processes to develop this resource: partners at Telethon Kids Institute, the combined lived and professional expertise of a dedicated expert working group, a brilliant group of youth advisors, and additional consultation with a range of experts in gender diversity and youth mental health. More information about the collaborative process of developing this resource can be found in our case study: [Collaborative development of gender diversity and youth mental health resources](#).

© 2021 Orygen

This publication is copyright. Apart from use permitted under the Copyright Act 1968 and subsequent amendments, no part may be reproduced, stored or transmitted by any means without prior written permission of Orygen.

Suggested citation Clinical practice point: Gender-affirming mental health care: working with families. Melbourne: Orygen; 2021

Disclaimer This information is provided for general educational and information purposes only. It is current as at the date of publication and is intended to be relevant for all Australian states and territories (unless stated otherwise) and may not be applicable in other jurisdictions. Any diagnosis and/or treatment decisions in respect of an individual patient should be made based on your professional investigations and opinions in the context of the clinical circumstances of the patient. To the extent permitted by law, Orygen will not be liable for any loss or damage arising from your use of or reliance on this information. You rely on your own professional skill and judgement in conducting your own health care practice. Orygen does not endorse or recommend any products, treatments or services referred to in this information.

Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to First Nations people living today.

Stock photography has been used in this publication, models are not Orygen clients.

Orygen is funded by the Australian Government Department of Health.

**REVOLUTION
IN MIND** *orygen*

GET IN TOUCH

IF YOU'D LIKE MORE
INFORMATION ABOUT
ORYGEN, PLEASE CALL
+61 3 9966 9100 OR
SEND AN EMAIL TO
INFO@ORYGEN.ORG.AU
ORYGEN.ORG.AU

35 POPLAR ROAD
PARKVILLE VIC 3052
AUSTRALIA

FOLLOW US ON

