



Building a New Home in Our Minds

Embracing the Entire Family Through Gender Transition

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Learning Objectives

- Explore the lived experiences of gender diverse youth and parents of gender diverse kids.
- Clarify ways that families can garner support in order to support their transgender kids.
- Review which parental behaviors may be received as rejecting, accepting, and embracing.



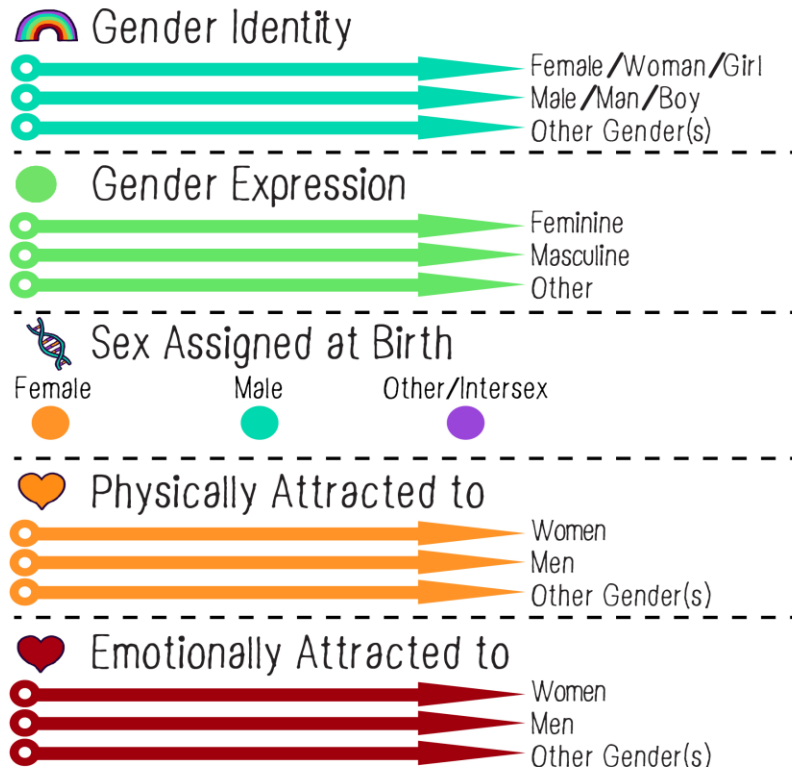
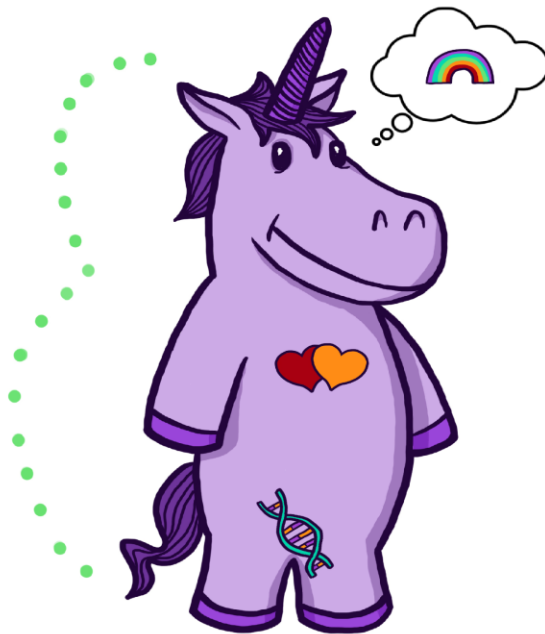
What Are You Hoping For/Needing From This Conversation

- Introduce Yourself
- Hopes/Why you are here

The Gender/Orientation Unicorn

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

A Word **about Words!**

- The terms they keep a-changing
 - LGBTQIAA*
 - Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual/Aromantic, Ally
 - Connection explored in terms of sexual, romantic, physical, and/or spiritual attraction
- Agender
 - Asexual
 - Aromantic
 - Bigender
 - Demiromantic/Demisexual
 - Gender Fluid/Non-binary
 - Panromantic/Pansexual
 - Polyamory
 - Skoliosexual



“So why do they have to label themselves??”

- **Adolescence is (and has been!) a time of Identity Development**

- Ethnic/Racial
- Cultural
- Social-Communal
- Economically
- Vocational
- Spiritual
- Political
- Academic
- Recreationally
- Environmentally
- Ability/Disability
- Others?



“So why do they have to label themselves??”

- **New Norms** (*Within Diverse Identity Contexts*)
 - Sexual Orientation
 - Gender
 - Roles
 - Expression
 - Experience
 - Connection and Romanticism
 - The Role of the Pioneer . . .



Trans Youth and Identity . . .

- Identity development may take a different course
- Gender expression may not match natal sex
- Medical providers may not be affirming
- Teachers and other adults may not be understanding or supportive and some may be outright hostile and discriminatory
- Parents and caregivers may struggle with understanding and supporting and helping youth gain access to medical, psychological, emotional, and spiritual guidance
- **Communities/Schools/Families/Peers/ Social Media may rejecting**

Adversity for LGBTQ* Youth

- Most significant factor: **Family Rejection**
- Unsafe and toxic social situations
- Victimization
- “Closeted” Living
- Social Isolation
- Fear and self-loathing

Risk Factors for LGBTQIA* Youth (The Role of Rejection)

- LGBTQ youths are significantly more likely to report:
 - Depression and Anxiety
 - Self Harm
 - Health Risks (weight, Substance abuse
 - Risky sexual behaviors
 - Suicide
 - Homelessness
 - Homophobic verbal and physical abuse

(D'Augelli, Pilkington, & Hershberger, 2002; Mustanski, B., & Liu, R. T. (2013); O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004; Russell & Joyner, 2001; Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C., 2015).

Risk Factors for LGBTQIA* Youth (The Role of Rejection)

Family Acceptance Project

MULTI-OUTCOME INTERVENTION MODEL

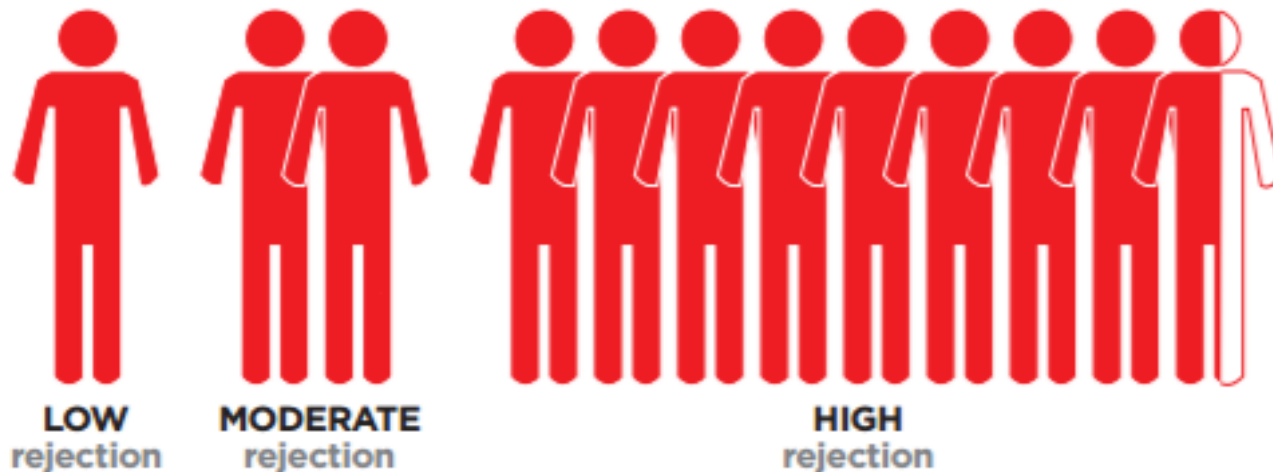
Family Intervention Approach Can Prevent & Address Multiple Adverse Health & Social Outcomes for LGBT Children & Youth Across Systems



Family Rejection & Risk for Suicide

LIFETIME SUICIDE ATTEMPTS BY LGBT YOUNG ADULTS
REJECTED BY FAMILIES IN ADOLESCENCE

Ages 21-25



Level of Family Rejection

Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

Family Rejection & Risk for HIV

RISK FOR HIV INFECTION AMONG LGBT YOUNG ADULTS
REJECTED BY FAMILIES IN ADOLESCENCE

Ages 21-25



LOW
rejection



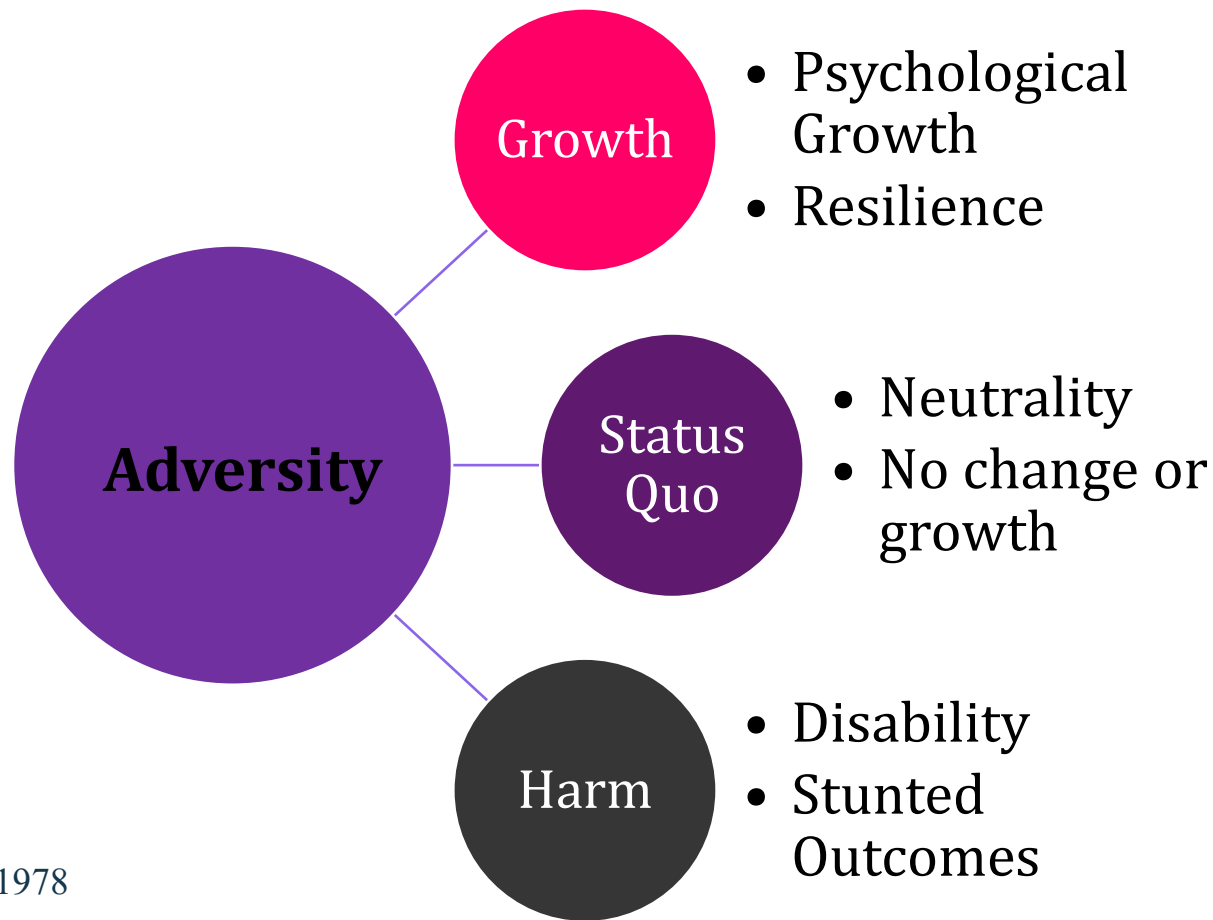
MODERATE
rejection



HIGH
rejection

————— *Level of Family Rejection* —————

Adversity and Resilience

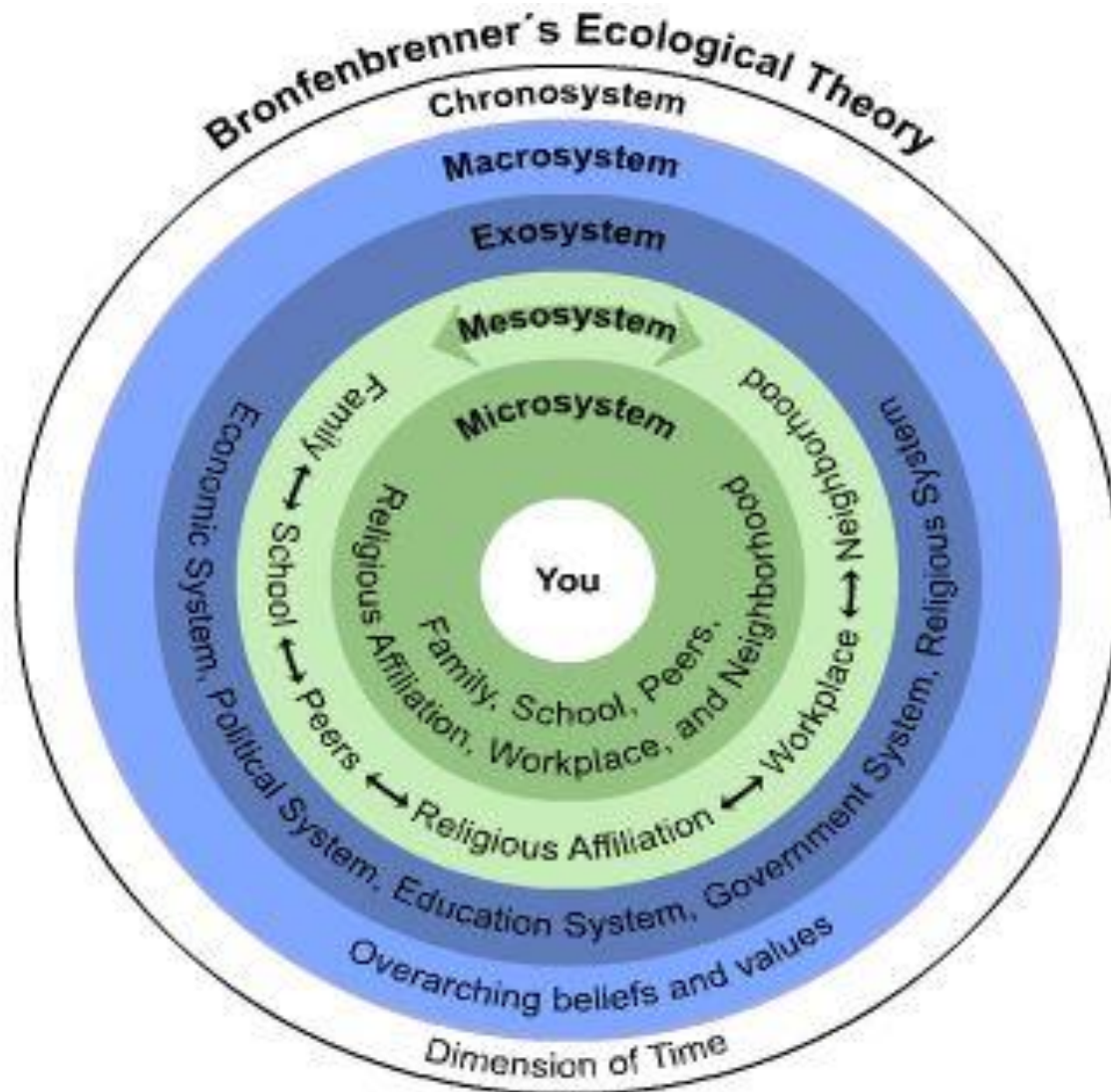


Dohrenwend, 1978



Masten, 1994

Promoting Resilience In Context



Ecological Model of LBGTQ* Youth Resilience

- Resilience is related to an **individuals' capacity to move toward positive outcomes** PLUS the capacity of their “**social ecologies to provide them with resilience promoting resources**”
- “Resilience-promoting resources are often **population-specific and context-dependent** (read—pediatrician's office) and there might be resilience mechanisms specific to each sociocultural community”
- “Where there is potential for exposure to significant adversity, resilience is both the **capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that build and sustain their well-being**, and their **individual and collective capacity to negotiate for these resources to be provided and experienced in culturally meaningful ways.** “

(Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C., 2015; Ungar, 2011)

TABLE 1. *Social Ecological Framework of Resilience in Working With LGBTQ Youth*

Scope of practice	Purpose of social workers	Tasks of social workers
<i>Micro Practice:</i> Working with individuals	To promote the capacity of LGBTQ youth to navigate their ways to well-being in the face of adversity	<ul style="list-style-type: none">• Assist youth in cultivating skills to assess and navigate safety across contexts.• Empower youth to make use of their personal agency in identifying needs and goals and making life decisions.• Support youth in navigating oppression related to their LGBTQ and other marginal social identities.
<i>Mezzo Practice:</i> Working with families, schools, and other relevant systems	To build or restore capacity among families, schools, and other relevant resources to better support LGBTQ youth	<ul style="list-style-type: none">• Engage the families of LGBTQ youth, and their teachers, peers, and community groups in building or restoring their capacity to support youth.• Engage social service agencies to build greater capacity to offer affirming services to LGBTQ youth.
<i>Macro Practice:</i> Working with social institutions and systems	To advocate for relevant social and policy-level changes to prevent system-level oppression that poses risks to LGBTQ youth	<ul style="list-style-type: none">• Advocate for funding for relevant resources for LGBTQ youth.• Advocate for legal rights and protection for LGBTQ people.• Engage in social action to eradicate oppression against LGBTQ people.

When Adolescence Goes Well . . . For All Youth and Gender- Expansive Youth

- Reduced Family Discord
- Improved Academic Functioning
- Strong Peer Networks
- Positive Identity Development
- Resilience
- Happiness and Hope



Gender-Expansive Youth . . . It's Not All Gloom and Doom

- **Family Support**
- Sense of Personal Mastery
- Positive Self Esteem
- Perceived Social Support
- Emotion-Oriented Coping



- <https://familyproject.sfsu.edu/>
- <https://lgbtqfamilyacceptance.org/>
- <https://familyproject.sfsu.edu/family-videos>
- McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter: social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health, 59*(6), 674-680.

Gender-Expansive Youth . . . It's Not All Gloom and Doom

- It Does Get Better . . . Here's How:
 - Escaping Hostile Environments
 - Coming Out in ways that have meaning and purpose
 - Re-connecting with or Re-creating Community
 - Turning challenges into opportunities for growth, compassion, and empathy
- Asakura, K., & Craig, S. L. (2014). "It gets better"... but how? Exploring resilience development in the accounts of LGBTQ adults. *Journal of Human Behavior in the Social Environment*, 24(3), 253-266.

What We Can Learn from Gender Diverse Youth . . .



“Get the Facts: The Truth About Transition-Related Care for Transgender Youth”

“Being trans is beautiful.

Trans kids know who they are.

Studies which solely examine patients experiencing gender dysphoria show extremely low rates of desistance.

Transition-related care is safe.

Expert health care providers have been studying and providing transition-related health care for more than four decades. Decades of clinical research and experience show that transgender people who have access to the care they need see a [positive impact](#) on their mental and physical health.

Very young children do not receive surgeries or medications. young people deserve privacy.

Transition-related care is lifesaving care.

“Regret” about transition is extremely rare.

Gender identity is personal.”

How To Support Transgender Youth in Your Life

- **Listen and Follow Their Lead**
- **Check In**
- **Get Support** from Other Parents of Transgender Youth
- **Educate Yourself**
- **Practice**
- **Be Their Ally** and Advocate for Transgender Youth

Family Equality Council

Challenges, Pride, and Connection:

A qualitative exploration of advice transgender youth have for other transgender youth

- Persevere
- Find positives
- Look to the future
- Have pride
- Your identity is valid
- Be authentic
- Goffnett, Jacob & Pacey, Megan S. (2020)

FAMILY ACCEPTANCE DURING ADOLESCENCE & PERCEPTIONS OF BEING A HAPPY LGBT ADULT

Level of Family Acceptance

EXTREMELY accepting



92%

VERY accepting



77%

A LITTLE accepting



59%

NOT AT ALL accepting



35%

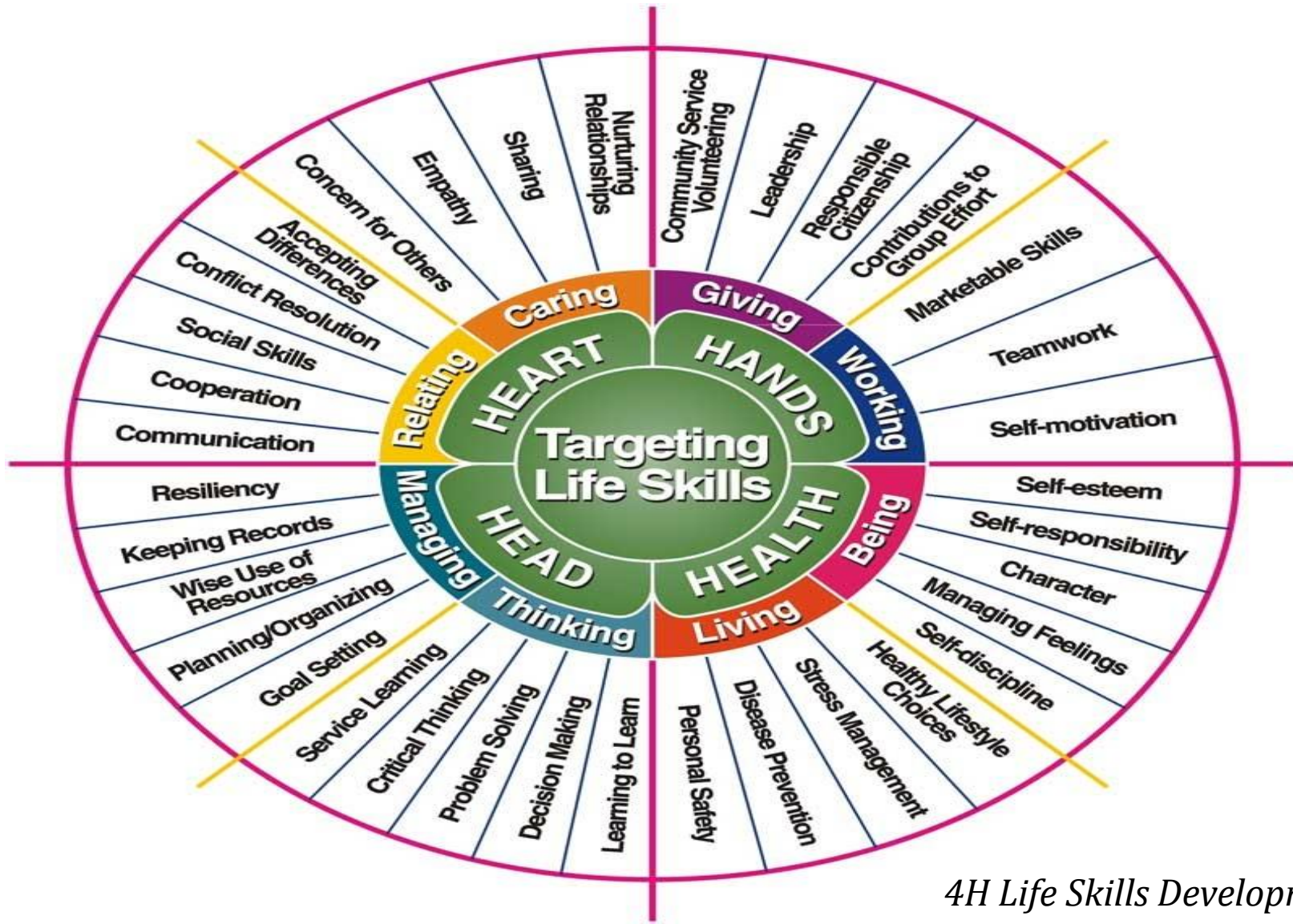
Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

So Now What . . .

SAFE
ZONE



Steps to Resilience through Life-skills Development



Nonviolent Communication

Steps for Nonviolent Communication

- **1) Observations**
- **2) Feelings**
- **3) Needs**
- **4) Requests**

1) Observations

- What happened? What did someone specifically do or say?
- **Examples:**
 - **Interpretation/judgment:** „Every time I have an idea, you criticize it and don't want to agree to it.”
 - **Observation:** „I suggested we spend this weekend having a discussion and you said you'd rather stay in your room.”

2) Feelings

- What do you feel? What is the other person feeling?
- **Examples:**
 - **Interpretation/thoughts and so called “false feelings”:** “I feel that you don't care about me at all”, “I feel humiliated”, “I feel as if you think I am stupid”, “I feel that I am worthless”.
 - **Feelings:** “I feel frustrated and lonely”, “I feel excited”, “I am irritated”.

Nonviolent Communication

Steps for Nonviolent Communication

- **1) Observations**
- **2) Feelings**
- **3) Needs**
- **4) Requests**

3) Needs

- Which needs (yours or someone else's) are met or not met? What is important? What do I value?
- **Examples:**
 - **Need:** creativity
 - **Strategies for meeting the need of creativity:** painting a picture, spending the weekend trying on different names and pronouns,
 - **Need:** authenticity
 - **Strategies for meeting the need of authenticity:** unrestrained dialog, telling the each other fears and hopes.

4) Requests

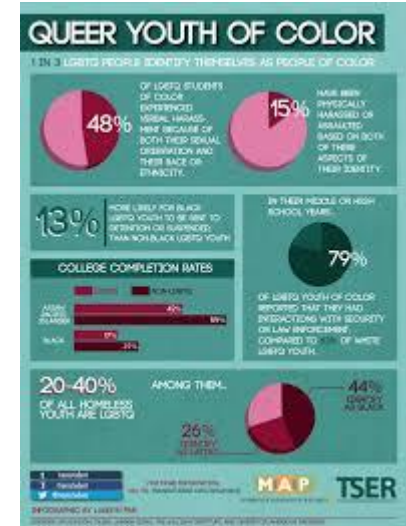
- Is there anything you would like to ask someone now? Maybe you want to ask yourself?
- The purpose of the fourth step is to make it clear in which way you would like your needs to be met. You ask others to do something, instead of hoping that they will find it out on their own, and this way you increase the chance that your needs will be fulfilled. You can ask others but you can also ask yourself.



Elements of Nonviolent Communication

- The Power of Empathy.
- Strong belief in the power of compassion.
- Connecting with needs of others.
- Practicing active and deep listening skills.
- Expressing gratitude.

Social Support



- Help your patients and families:
 - Build healthy supportive and reciprocal friendships
 - Find people to spend time with who help you feel good about yourself—**fictive kin and chosen family**
 - Use In real time (IRL) and online supports to build supportive community
 - Reach out to caring and affirming adults



Healthy Mindset

- Teach your Youth by Doing:
 - Thoughts, Feelings and Beliefs about self can be chosen
 - Be aware of and overcome negativity
 - Think of challenges as opportunities
 - Think about what you do well
 - Celebrate effort not perfection
 - Manage stress
 - Accept help and compliments



Steps you can take right now

- Listen and ask questions
- “Micro-affirmations”
- Promote openness and provide safe spaces for youth and families
- Use a strengths-based approach
- Teach self-advocacy (especially at school and in community)
- Create an affirming environment within your agency
- Support youth in finding their “niche”
- Promote college attendance
- Consider context
- “Roots and Wings”





What Might You Say . . .

Jewish Organizations Supporting LGBTQ* Youth and Families

Eshel

An organization that works with individuals, families, and the Orthodox Jewish community to support LGBTQ members. Eshel has chapters in cities in the U.S. and Canada that provide activities, parent retreats, a speakers' bureau and access to LGBTQ resources in the U.S. and Israel.

Keshet

An organization that works for the full equality of LGBTQ Jews and families. Helps Jewish organizations with the skills to build LGBTQ-affirming communities, spaces for queer Jewish youth, and advances for LGBTQ rights. Offers professional development, training and consultation, youth initiatives, programs for LGBTQ Jews of Color, leadership projects and community learning.

Jewish Queer Youth (JQY)

Jewish Queer Youth (JQY) is a nonprofit organization supporting and empowering LGBTQ youth in the Jewish community. JQY fights to ensure the emotional and physical health and safety of these individuals, with a special focus on teens and young adults from Orthodox, Chasidic, and Sephardic communities.

Jewish Organizations Supporting LGBTQ* Youth and Families

TransTorah

An online resource created to collect trans and genderqueer Jewish texts, sermons and other literature and make them accessible to anyone who wants them.

JQ International

“JQ International is a LGBTQ Jewish & Ally community. We create programs and services that foster a healthy fusion of LGBTQ and Jewish Identity, which offer LGBTQ Jews, their friends, families, and loved ones the opportunity to connect with each other while fostering a strong sense of self. JQ International also encourages and strengthens leadership, activism, and social action amongst its members in order to continue creating not only a vibrant and inclusive LGBTQ Jewish community, but also the best possible community at large.”

Congregation Beit Simchat Torah | New York, NY <https://cbst.org/content/about>

An LGBTQI synagogue located near Midtown in Manhattan.

World Congress of GLBT Jews: Keshet Ga'avah

Bet Mishpachah – DC's LGBTQ+ Synagogue | Washington, D.C.

Through outreach to local communities, Bet Mishpachah, DC's LGBTQ+ Synagogue will begin an LGBTQ+ outreach program for Jewish youth and their families. B'nai Ahava aims to bring together LGBTQ+ Jewish youth quarterly for an hour of fellowship and friendship. Following the fellowship hour, attendees are able to stay for Bet Mishpachah's Friday Night Services. Those who are interested can e-mail the executive director at executivedirector@betmish.org

Words of Wisdom from the Family Acceptance Project

- Steps to Ecological Youth Resilience
 - Promoting family acceptance
 - Promote development of friend and community supports
 - Promote development of positive self esteem
 - Support mental health initiatives
 - Find and create safe spaces across contexts
 - Teach youth to develop personal agency (creating ownership of the future)
 - Creating meaningful relationships and social support networks
 - Explore intersectionalities of identity and give voice to diversity
 - Promote social justice and change within your agencies and institutions (from volunteerism to activism)

(Ryan, 2009)



What Our Patients/Clients Have Taught Us

- Remember the whole family
- Family Support
- Communicate with School and Other Orgs

Conclusion

- Can it get better? Yes
- Does it always get better? No
- Is there anything we can do? Yes
- What's the most important thing? Support Youth and Families
- What's next? Educate about acceptance, rejection, risk and resilience
- Most Importantly: Believe you can make a difference and it will get better!
- **<https://familyproject.sfsu.edu/publications>**
- <http://www.itgetsbetter.org/video/entry/10847/>

Resources

- <http://www.cdc.gov/lgbthealth/youth-resources.htm>
- <http://www.ackerman.org/gfp/>
- <https://familyproject.sfsu.edu/>
- <http://www.genderconferenceeast.org/>
- <https://www.genderspectrum.org/>
- <https://www.glaad.org/youth>
- <http://www.glsen.org/>
- <https://www.lgbthealtheducation.org/lgbt-education/lgbt-health-resources/>
- <https://www.pflag.org/chapter/pflag-baltimore-county>
- <http://www.pflaghoco.org/>
- <http://www.transstudent.org/>
- http://www.wpath.org/site_home.cfm

References

- Asakura, K. (2016). It takes a village: Applying a social ecological framework of resilience in working with LGBTQ youth. *Families in Society: The Journal of Contemporary Social Services*, 97(1), 15-22.
- Asakura, K., & Craig, S. L. (2014). "It gets better"... but how? Exploring resilience development in the accounts of LGBTQ adults. *Journal of Human Behavior in the Social Environment*, 24(3), 253-266.
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes.
- Bronfenbrenner, U. (1994). Ecological models of human development. *Readings on the development of children*, 2(1), 37-43.
- D Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17(2), 148-167.
- Dohrenwend, B. S., & Dohrenwend, B. P. (1974). *Stressful life events: Their nature and effects*. John Wiley & Sons.
- Graham, R., Berkowitz, B., Blum, R., Bockting, W., Bradford, J., de Vries, B., ... & Makadon, H. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. *Washington, DC: Institute of Medicine*.
- McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter: social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, 59(6), 674-680.
- Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of sexual behavior*, 42(3), 437-448.
- O'Shaughnessy, M., Russell, S., Heck, K., Calhoun, C., & Laub, C. (2004). Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer.
- Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. O'Shaughnessy, M., Russell, S., Heck, K., Calhoun, C., & Laub, C. (2004). Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer. study. *American Journal of public health*, 91(8), 1276-1281.
- Ryan, C. (2010). Engaging Families to Support Lesbian, Gay, Bisexual, and Transgender Youth: The Family Acceptance Project. *Prevention Researcher*, 17(4), 11-13.
- Ryan, C. (2009). Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children. *Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development*.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, 64(3), 420-430.
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1-17.
- Ungar, M. (2011). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Children and Youth Services Review*, 33(9), 1742-1748.



Questions