EXPLORING SHIFTS IN PARENTAL SUPPORT BEHAVIORS FOR TRANS AND NON-BINARY ADOLESCENTS

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Purpose: Trans and non-binary adolescents consistently report higher rates of adverse mental health outcomes compared to their cisgender peers. Parental support is a recognized adolescent protective factor; however, little is known about how or why parents may shift their behaviors from non-supportive to more supportive over time. We qualitatively explored trans and non-binary adolescents’ perceptions about the factors that they feel have motivated their parents’ behaviors towards them to shift from initially rejecting to more supportive.

Methods: Twenty ethnically diverse trans and non-binary adolescents (ages 16 to 20) from New York City and the San Francisco Bay Area participated in the study. Qualitative data were gathered using two methods: “Lifeline interviews,” in which participants created visual representations of life histories from birth to present and plotted major stressors and sources of support related to their gender identity (including parental attitudes and behaviors), and photo elicitation, where participants provided photographs representing parental support and/or rejection. All interviews were audio-recorded, transcribed verbatim, and analyzed using inductive thematic analysis.

Results: Participants described five themes related to shifts in their parents’ support behaviors: 1) Increased awareness of the adverse consequences of gender-related minority stressors on their child (e.g., “[My mom] realized that I kept trying to kill myself and was just like, ‘Well, I would rather have you alive as my son, than a dead daughter’”); 2) Realization that their child’s gender identity is real and not “just a phase” (e.g., “[My parents] became more accepting when I started presenting [as female] at work …they realized they weren’t gonna be able to stop me and I’ve already made up my mind”); 3) Becoming more informed about gender diverse identities through interactions with health care providers and other trans individuals and families (e.g., “[My mom] started meeting a lot of older trans people - I think that helped her. She was like, ‘Oh, you can grow up and be happy like this. It’s not like the end of the world’”); 4) Social pressure from others (e.g., “[My mom’s] friends talked to her about it and asked her what was her problem for not accepting me…Like, ‘What are you doing? He’s obviously unhappy, just accept your son’”); 5) Increased levels of parental trust in child as they age (e.g., “I’m a pretty responsible kid. I get A’s and I don’t smoke or drink or party…I think [over time] they were starting to be like, ‘Alright, well, our kid is not horrible, so I guess they can kind of have their own thought process’”).

Conclusions: This research is one of the first studies to explore shifts in parental support behaviors from the perspective of trans and non-binary adolescents. The processes underlying improved parental behaviors identified here may help mental health practitioners support parents in their path towards greater acceptance of their trans and non-binary children.

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