Parental support and acceptance have repeatedly been found to be protective against negative health outcomes in transgender and gender-expansive (TGE) youths [1–4]. In this issue of JAH, Hale et al. [5] make an important contribution to the literature with their report on a mixed methods study of families of TGE youths receiving care in a pediatric gender clinic. This study provides a deeper understanding of parents’ and adolescents’ experiences in providing and receiving parental support. Results can help to inform clinicians, who are well-positioned to encourage and facilitate parents’ support and acceptance of their TGE children as one important strategy to improving adolescent and young adult health outcomes.

Parents and adolescents were independently asked to describe specific parental behaviors that they (or their parents) practiced to demonstrate support for the adolescent’s gender identity [5]. Both groups identified very similar sets of parental behaviors, although there was variation by group in the proportion of participants who named specific themes. Most frequently listed supportive behaviors reported by parents were connecting youths to services/resources, using the adolescents’ affirmed name and pronouns (i.e., the name and pronouns that an individual feels best represents themself), and supporting changes in gender expression. Parents also described supportive behaviors as expressions of affection and compassion, altering environments where their child spends significant time (e.g., schools), and educating themselves and other family members. When adolescents were asked to identify supportive parenting behaviors, 70% described parents’ use of their affirmed name and pronouns. Although adolescents listed the full range of supporting behaviors also listed by parents, the proportions of adolescents listing these behaviors were in the range of 35% or less. Taken together, it appears that at least among this sample of families, most parents describe engaging in a robust set of behaviors intended to support their child’s gender identity, while most adolescents identified one main parental supportive behavior—use of affirmed name and pronouns.

In the second part of the study, parents were asked to identify “pivotal moments,” described as “moments or milestones that prompted parents to adjust their existing parental attitudes, beliefs, or behaviors regarding their adolescent’s gender identity.” Parents described 293 pivotal moments, which were sorted into 10 categories. Parents were asked how opposed or supportive they were during each pivotal moment, and adolescents were asked their perceptions of their parents’ level of support at each pivotal moment. In general, parents reported high levels of support of their TGE adolescent during pivotal moments, which was positively correlated with adolescent perceptions of parental support. Interestingly, on average, adolescents rated the degree of perceived support by parents to be 3.7 points higher than the corresponding parental ratings; discordance was greatest when parents reported more opposition during pivotal moments. In addition, parents were asked if a period of adjustment was necessary for each pivotal moment. The majority reported pivotal moments required adjustment, with parents reporting most difficulty in adjusting to: first learning about their child’s TGE identity; witnessing changes in the child’s mental health (both positive and negative), descriptions of gender dysphoria, and the adolescent expressing a newfound interest in topics related to the LGBTQ + community; and their child using or wanting a new name or pronouns.

This study has multiple limitations that were noted by authors. The sample size is small. Recruitment occurred in a dedicated pediatric gender clinic—thereby automatically selecting for families supportive enough of their TGE children to have helped them access gender-affirming care. The families were predominantly white, high income, and highly educated. It is a descriptive study, conducted at one point in time, and causality cannot be assumed. It is intended to lay the groundwork for future research designed to address these limitations. Nonetheless, this study makes an important contribution to the literature by increasing our understanding of the relationship between parents and TGE youths, particularly within the domains of parental acceptance and support, which we know influence important health outcomes among this adolescent population.

Results can also inform a framework to help clinicians take opportunities to strengthen caregiver support and acceptance of TGE youths, as one strategy to improve mental health and general health outcomes among this population. Caregivers and
adolescents typically trust clinicians as credible health professionals, and there are often long-standing relationships within the context of primary care. Within the context of legal, ethical, and professional guidelines [6], it may be useful to consider whenever possible a general framework that considers the triadic relationship among a clinician, their adolescent patient, and the adolescent’s caregiver(s) [Figure 1][7].

The dyadic relationship between healthcare professionals and TGE adolescent patients—as with the care of youth of any identity—is most therapeutic when built on a foundation of respect, compassion, and trust. Many of the practices that benefit TGE youths can be beneficial when caring for any youth: routinely asking and using a youth’s affirmed name and pronouns; using inclusive language; and protecting the young person’s confidentiality within legal guidelines and professional standards of care [8]. Clinicians should allow youths to decide when, with whom, and how they wish to share their TGE identity. The primary care clinician need not be an expert in gender affirming care but should be familiar with basic concepts of gender diversity, the gender-affirming care model, and be ready to provide any indicated referrals for gender affirming care, support, and resources.

A triadic relationship framework explicitly takes into account the relationship among the healthcare professional, the adolescent patient, and their caregiver. Results of this study, taken with prior findings, suggest that it may be helpful for clinicians to directly communicate with caregivers of TGE youths about several important issues. Clinicians should convey the importance of caregiver acceptance and support for TGE youths.

Results highlight the importance of clinicians taking the opportunity to educate caregivers about the importance of using their child’s affirmed name and pronouns—which we see here is the behavior most widely recognized by youths as an indicator of support. This recommendation is strengthened by prior studies showing that affirmed name use is associated with reductions in depressive symptoms and suicidality [9]. Findings of Hale et al. are consistent with our clinical experiences during which it is common to hear a parent express that using their TGE youths’ affirmed name and pronouns is particularly challenging. Some parents express that while they love and support their child, they are not yet ready to make this behavior change. Parents’ reasons for hesitancy may include reluctance to accept their child’s TGE identity. Other reasons for hesitancy may include concerns about managing stigma and discrimination directed toward themselves, their family, or their child. Strategies for clinicians to convey the importance of parents using affirmed names and pronouns should be combined with strategies to identify and address barriers to what may be a complex and difficult change in life-long behavior and recognize that practice and repeated attempts are important in achieving goals of consistent behavior change.

It may also be useful for healthcare professionals to directly discuss with caregivers that showing acceptance and support for their TGE child can occur at the same time as they may be internally struggling to adjust. Providers should approach caregivers with empathy and can validate caregivers’ feelings and emotional responses, while still maintaining the imperative of supporting the youth in their identity. Just as it is important that
the provider help to connect TGE youths to supports and resources, assisting caregivers in obtaining any necessary supports and resources for themselves will likely lead to downstream benefits for the youth as well.

Less frequently articulated is the opportunity for healthcare professionals to indirectly influence caregiver-youth communication and relationships. Within the context of caring for TGE youths, this may include opportunities to facilitate caregiver-youth discussions about where and how the adolescent can access gender-affirming care, support, and resources. Of course, it is essential for the clinician to ask during a confidential discussion for a youth’s permission to discuss these topics with their caregiver, before broaching these topics with the caregiver, as not every youth may feel safe or ready. When a clinician models the use of affirmed names and pronouns in front of a caregiver (which should be carried out only with the youth’s permission), they are indirectly encouraging this behavior by caregivers. Steps taken by clinicians to help provide a safe and inclusive environment to youths of any identity—such as inclusive forms, wearing a pronoun pin, or including pronouns when introducing oneself to patients and families, displaying inclusive and welcoming signage—may model to caregivers the importance of adults creating safe spaces for youths.

Clinicians are in the position to encourage general caregiver-youth communication which enhances quality of relationships, as well as to encourage expressions of affection and compassion during what is typically a challenging time for both the adolescent and their caregiver. It may also be useful to encourage caregivers and adolescents to more fully acknowledge the wide range of behaviors and level of effort that parents may be engaging in to support their TGE youth (such as connecting youth to services, supporting gender expression, educating family members and friends, and so on). This can occur while also validating any gaps in caregiver support that youths may perceive and working to address these gaps.

Ongoing high-quality research is needed to better understand and inform interventions to increase parental acceptance and support of all TGE youths because of the powerful influence this has on the health and well-being of a vulnerable population. It is critically important that this research is replicated across a wide range of sociocultural contexts—exploring these dynamics in black, brown, and Indigenous families and in locations where TGE individuals face heightened systemic oppression (such as locations where anti-TGE legislation exists). The highest need for this research is likely among families and youths who are not already connected to clinical settings that specialize in gender-affirming care. The development of evidence-based strategies to help TGE youth thrive must include all youth-serving professionals.

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