Outline

1. Family systems and minority stress
2. Findings from the Trans Youth Family Study
3. Findings from the Trans Teen and Family Narratives Project
Family Systems Theory

- Family members are interdependent
- Individual experiences must be considered within functioning of family system
- Transition for one family member challenges entire family system

Bronfenbrenner, 1979; Cox & Paley, 1997; Minuchin, 1985
Minority Stress Theory

Distal Stressors
Experiences of prejudice & discrimination

Proximal Stressors
Internalized stigma

Psychological stress response

Adverse physical and mental health outcomes

Minority Stress Theory Applied to Trans Individuals

Distal Stressors
Experiences of anti-transgender prejudice & discrimination

Proximal Stressors
Internalized transphobia

Psychological stress response

Adverse physical and mental health outcomes

Hendricks & Testa, 2012
Trans Discrimination

- Verbal Harass (K-12): 54%
- Physical Assault (K-12): 24%
- Sexual Assault (K-12): 15%
- Family Violence: 10%
- Kicked out of Home: 8%

N = 27,715 Trans Adults

2015 U.S. Trans Survey
Trans Youths’ Mental Health

- Compared to cisgender youth, trans youth have:
  - Higher rates of depression, anxiety, suicidality, self-harm, use of inpatient and outpatient mental health services
  - Less family connectedness
- Adverse mental health among trans youth attributed to:
  - Gender minority stress
  - Lack of family support

Eisenberg et al., 2017; Reisner et al., 2015; Wilson et al., 2016
Protective Role of Family

- Socially transitioned trans children who are supported in their gender identities have normative levels of depression
- Parental support associated with higher life satisfaction, lower perceived burden of being trans, fewer depressive symptoms among trans adolescents
- Trans youth with higher levels of family support and connectedness report better health

Olson et al., 2016; Simons et al., 2013; Veale et al., 2015
Trans Youth Family Study (TYFS)

- 16 families
  - 16 trans and gender nonconforming (TGN) youth, ages 7-18 years
  - 29 cisgender caregivers
- Recruited from support networks in Northeast, Midwest, and South U.S.
- Longitudinal (baseline, 6-mo follow-up)
- Mixed methods (qualitative interviews, brief survey)
TYFS: Identity Processes

- How do TGN youth and caregivers describe the youth’s transgender identity development?

- Salient qualitative themes included:
  - Pronoun use
  - Parental reactions
  - Social support

Katz-Wise et al., 2017
Pronoun Use

“If there were five genders, I wouldn’t be female—I’d be somewhere in the middle. But I’m definitely more on the side of, in terms of if there’s a line down the middle of the spectrum, I’m definitely more on the female side, and so I choose female pronouns.”

Trans girl, age 14 years
Parental Reactions

“\text{I mean it was hard, it wasn’t automatic but I always hoped that it would go away, I really did, I just hope he’s gay and he’ll grow out of this part of it.}”

Father of a trans girl, age 15 years
“We went to [support group], you know, we dropped him off and picked him off like two hours later and the kid said, ‘This is the first time I have ever walked into a room full of kids and felt like I belong.’”

Mother of a trans boy, age 14 years
TYFS: Future Orientation

- How do TGN youth and caregivers perceive the youth’s future considering their gender identity?

- Salient qualitative themes included:
  - Is my child really trans?
  - Uncertainty about the future
  - Worries about physical and emotional safety

Katz-Wise et al., 2017
"...he will say technically ‘I’m a boy,’ but...one day there was just me, my younger sister, and him and he put his arms around us and was like ‘I guess it’s just us girls now.’ So I think he really identifies and whether that’s just a super sensitive new age guy or maybe he’s just really meant to be a girl. I don’t know."

Mother of a girlish boy, age 8 years
Uncertainty about the Future

“...when I start thinking about the future I get very scared, and I don’t know what it holds but I’m sure we’ll meet it head on and that’s all I can say. Yeah, I really don’t know, it gets me nervous.”

Father of a trans boy, age 15 years
Worries About Physical & Emotional Safety

“[I worry that child] will go to a playdate at someone's house and they'll be like a psycho-conservative person who goes and kills children like that 'cause they're doing a favor to the world”

Mother of a trans girl, age 7 years
TYFS Summary of Findings

- Identity development is transactional between TGN youth and caregivers
- Trans identity development differs across age groups
- TGN youth and caregiver perceptions of the youth’s future influenced by social contextual factors
- Themes highlight importance of caregiver and community support for TGN youth’s well-being
Trans Teen and Family Narratives Project (TTFN)

- Community Based Participatory Research (CBPR) approach
- Mixed methods (surveys and interviews)
- Longitudinal (5 waves across 2 years)

SHARE YOUR STORY
in the Trans Teen and Family Narratives Project

ADVANCING EXCELLENCE IN TRANSGENDER HEALTH
Study Aims

1. To describe mental health of trans youth in a community-based sample of families
2. To examine associations of family functioning from multiple family members’ perspectives and trans youths’ mental health
Sample

- 33 families (96 family members)
  - 33 TGN adolescents, ages 13-17 years
  - 48 cisgender caregivers, 37-69 years
  - 15 cisgender siblings, ages 14-24 years

- Recruited from multiple sources across New England to obtain diverse range of experiences and family functioning

- Completed in-person qualitative interviews and surveys at Wave 1
## Sample Gender Identity

<table>
<thead>
<tr>
<th></th>
<th>Trans Youth n (%)</th>
<th>Caregivers n (%)</th>
<th>Siblings n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trans feminine</strong></td>
<td>12 (36.4)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Trans masculine</strong></td>
<td>17 (51.5)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Non-binary</strong></td>
<td>4 (12.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Cisgender girl/woman</strong></td>
<td>0 (0)</td>
<td>32 (66.7)</td>
<td>7 (46.7)</td>
</tr>
<tr>
<td><strong>Cisgender boy/man</strong></td>
<td>0 (0)</td>
<td>16 (33.3)</td>
<td>8 (53.3)</td>
</tr>
</tbody>
</table>
Sample Characteristics

- **Race/ethnicity**
  - Trans youth: 73% White, 15% mixed race/ethnicity
  - Caregivers: 92% White
  - Siblings: 73% White, 13% Asian

- **Caregiver education level**
  - 40% Master’s degree or higher

- **Urbanicity**
  - 85% Metropolitan
Measures

- **Family functioning**: Completed by trans youth, caregivers, siblings
  - Family communication
  - Family satisfaction

- **Mental health**: Completed by trans youth and caregivers
  - **Negative outcomes**: Suicidality, self-harm, depression, anxiety
  - **Positive outcomes**: Self-esteem, resiliency
Analysis

- Descriptive statistics to describe trans youths’ mental health in this sample
- Linear regression models to test associations of different family members’ perspectives of family functioning and trans youths’ mental health
  - Models adjusted for trans youths’ age and gender identity
## Results: Trans Youths’ Mental Health

<table>
<thead>
<tr>
<th>Suicidality (youth report)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal thoughts</td>
<td>10 (30)</td>
</tr>
<tr>
<td>Suicide plan</td>
<td>8 (24)</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>5 (15)</td>
</tr>
<tr>
<td>Hospitalization for suicide</td>
<td>5 (15)</td>
</tr>
</tbody>
</table>
## Results: Trans Youths' Mental Health

<table>
<thead>
<tr>
<th>Self-harm</th>
<th>( n ) (%)</th>
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</thead>
<tbody>
<tr>
<td>Lifetime (youth report)</td>
<td>16 (49)</td>
</tr>
<tr>
<td>Self-injury disorder diagnosis (caregiver report)</td>
<td>8 (17)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depression</th>
<th>( n ) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive symptom score ( \geq 10 ) (youth report)</td>
<td>20 (61)</td>
</tr>
<tr>
<td>Depression diagnosis (caregiver report)</td>
<td>19 (40)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>( n ) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious symptoms (range: 6-24), M (SD) (youth report)</td>
<td>14.55 (4.64)</td>
</tr>
<tr>
<td>Anxiety disorder diagnosis, ( n ) (%) (caregiver report)</td>
<td>23 (48)</td>
</tr>
</tbody>
</table>
## Results: Quality of Family Communication Predicting Mental Health of Trans Youth

<table>
<thead>
<tr>
<th></th>
<th>Self-Harm $\beta$ (SE)</th>
<th>Depressive Symptoms $\beta$ (SE)</th>
<th>Anxious Symptoms $\beta$ (SE)</th>
<th>Self-Esteem $\beta$ (SE)</th>
<th>Resiliency $\beta$ (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trans Youth Report</strong></td>
<td>-.29 (.01)</td>
<td>-.65 (.16)**</td>
<td>-.52 (.12)**</td>
<td>.70 (.15)**</td>
<td>.58 (.01)**</td>
</tr>
<tr>
<td><strong>Caregiver Report</strong></td>
<td>.12 (.02)</td>
<td>.11 (.31)</td>
<td>.22 (.20)</td>
<td>-.05 (.31)</td>
<td>-.06 (.02)</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.001
Results: Family Satisfaction Predicting Mental Health of Trans Youth

<table>
<thead>
<tr>
<th></th>
<th>Self-Harm $\beta$ (SE)</th>
<th>Depressive Symptoms $\beta$ (SE)</th>
<th>Anxious Symptoms $\beta$ (SE)</th>
<th>Self-Esteem $\beta$ (SE)</th>
<th>Resiliency $\beta$ (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans Youth Report</td>
<td>-0.30 (.01)*</td>
<td>-0.47 (.13)**</td>
<td>-0.40 (.09)*</td>
<td>0.65 (.11)**</td>
<td>0.31 (.01)</td>
</tr>
<tr>
<td>Caregiver Report</td>
<td>0.26 (.01)</td>
<td>-0.01 (.22)</td>
<td>0.17 (.14)</td>
<td>-0.08 (.22)</td>
<td>0.13 (.02)</td>
</tr>
<tr>
<td>Sibling Report</td>
<td>0.14 (.01)</td>
<td>0.12 (.19)</td>
<td>0.20 (.15)</td>
<td>0.08 (.17)</td>
<td>0.02 (.01)</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.001
Summary of Findings

- Trans youth in this sample have alarming rates of mental health concerns, considering that their families are supportive enough to participate in research together.
- Better family functioning was associated with better mental health outcomes among trans youth.
- Significant associations were found for trans youths’ report of family functioning, but not caregivers’ or siblings’ reports.
TYFS and TTFN Limitations

- TYFS did not include siblings
- Families were largely supportive (though not always initially), limiting generalizability to non-supportive families
- Families were primarily White and higher SES
- In TTFN, no sibling data was collected for quality of family communication
Conclusions

- Family systems approach is necessary for caring for trans youth.
- Trans youths’ own perception of family functioning may be most relevant for mental health and should be prioritized in research and clinical work.
- Findings inform interventions to improve family functioning in families with trans youth, which will in turn provide protective factors for youth.
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- Research staff
- Study participants
Thank you!
sabra.katz-wise@childrens.harvard.edu