



## Family matters: transgender and gender diverse peoples' experience with family when they transition

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### ABSTRACT

This paper reports the findings of a qualitative Australian study where 13 transgender or gender diverse adults were interviewed about family relationships. The findings indicate the degree to which participants were concerned with protecting family members from the perceived disruption to family life that transitioning can bring about. Protecting family relationships, however, often occurred at the expense of the transgender or gender diverse person as they slowed or halted their transition out of concern for family members' well-being or the need to preserve relationships. Participants reported low levels of support from health services for family members at the time of transitioning, particularly around supporting families to have conversations about the impact of transitioning on the family unit. We argue that the health and well-being of transgender and gender diverse people rely on positive relational support from, and for, families experiencing the gender transition of a family member.

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## Introduction

Popular notions of the traditional family have been significantly transformed in recent decades, with alternative family forms gaining prominence and increased legitimacy (Goldscheider & Waite, 1991). De facto families, single parent families, lesbian or gay families, either with or without children, and heterosexual families without children have shifted the terrain of how families are conceptualised and recognised (Giddens, 2013). Within this shifting space, however, transgender people still struggle to gain acceptance, particularly when it comes to parenthood and relationships with family members (Dempsey, 2013). In this paper, we use the terms 'transgender' and 'gender diverse' as umbrella terms to describe people whose lived experience of their gender differs from that normatively expected of their assigned sex. Importantly, however, we acknowledge that the use of umbrella terms may mask differences between transgender and gender diverse people's experiences (Hines, 2006b; Kuper, Nussbaum, & Mustanski, 2012).

While strong and inclusive family relationships have been identified as key protective factors in the health and well-being of transgender and gender diverse people (Erich,

Tittsworth, Dykes, & Cabuses, 2008; Malpas, 2011; Morrow, 2004; Riggs, von Doussa, & Power, 2015; Singh & McKleroy, 2011), such relationships may be vexed at formative moments, such as in disclosing that one is transgender or gender diverse to family and loved ones. Many transgender and gender diverse people experience rejection or alienation from their family, and often discrimination within communities, during and beyond their transition (McQueen, 2015; Riggs, Coleman, & Due, 2014). As Israel (2005, p. 54) has succinctly stated,

After twenty years of being disowned by my biological family because I am transgender, I find myself keenly aware of just how hard transgender men and women, like others in the GLBT community, must struggle to take their place at the family table and drink from the community well.

A recent Australian study exploring the experiences of transgender and gender diverse young people highlights just how significant family relationships are in shaping health outcomes. Study participants whose parents or caregivers were supportive of their gender expression fared better on a number of health indicators than participants whose parents were unsupportive or had negative reactions (Smith et al., 2014). For example, young people with supportive parents were significantly less likely to report having suicidal thoughts (30% compared to 58%), and were twice as likely to seek help from a professional if they did have suicidal thoughts (32% compared to 16%). Conversely, young people who are unsupported or experience disengagement or rejection from parents and family members are at risk of a number of detrimental health outcomes (Ryan, 2009), including increased risk of drug and alcohol use, increased risk of homelessness and diminished educational outcomes (Grossman & D'Augelli, 2007; Grossman, D'Augelli, & Salter, 2006; Kelleher, 2009; Levitt & Ippolito, 2014; Ryan, Huebner, Diaz, & Sanchez, 2009).

Despite recognition of the importance of familial support for the health and well-being of transgender and gender diverse people, little research has examined the impact of gender transition on the whole family. To date, there is a small but growing body of literature that explores family relationships (family of origin relationships and future family relationships) from a 'systemic family perspective' in the context of transgender experiences (Long, Bonomo, Andrews, & Brown, 2006; Malpas, 2011; Moon, 2014). A systemic perspective is one way to understand the complex shifts in relationships that occur within a family at the time of transitioning and beyond. The family is considered to be a system of interrelated parts, where a change in any one part has an impact on all other parts (Broderick, 1993). A broader systemic perspective is also cognisant that identity always exists in relation to family, community and broader social structures.

McQueen (2015, p. 125) articulates the struggles that transgender and gender diverse people may experience when they are 'outside the realm of possible and acceptable identities prescribed by society's dominant norms, institutions and discourses'. Such realms of possibility are often keenly felt in the context of families and family relationships; yet, there isn't necessarily an available social script for how families adapt to a family member transitioning gender. Importantly, it is not just the transgender or gender diverse persons themselves are affected by discrimination towards people who don't conform to gender norms, people close to them – including their families – may also be targeted with discrimination. This fear of discrimination may play out as anger or rejection of the

transgender person and as a significant disruption to family life (Pfeffer, 2012). It is further complicated because most families of a transitioning person are unlikely at first to have a supportive community to align with, which is known to be a buffer against the negative effects of discrimination (Smith et al., 2014; Walsh, 2015). So how do families adjust and build resilience?

In this paper, we are interested in the relational impacts of adults transitioning in terms of negotiating relationships with other adult relatives such as parents, siblings, a spouse or partner, or with their children. This paper explores the way change to a family network or system – the collection of relationships and everyday practices that make up a family – from a transitioning family member impacts and changes the way the family functions as a whole, and in turn, how the ramifications of change to the family networks (positive or negative) impact the health and well-being of the transitioning family member. The problematisation of dominant, and often dominating, discursively produced notions of gender and family are part of the conceptual framework for this paper. A phenomenological approach is the primary methodological framework, recording and analysing personal stories of the participants' lived experience (Patton, 2005). The framework is further informed by a queer post-structuralist approach, which seeks to deconstruct and denaturalise normative notions of gender and family (Hall & Jagose, 2012).

Previous research has primarily focused on the experiences of sexual and romantic partners of a transitioning adult (Erhardt, 2014; Joslin-Roher & Wheeler, 2009; Malpas, 2006; Pfeffer, 2010, 2012). Pfeffer (2010), for example, reports on changing divisions of household and emotional labour for cisgender (i.e. not transgender) women in relationships with transgender men, citing a less egalitarian approach to the division of labour than reported in lesbian relationships (Pfeffer, 2010). The exploration of sexual identity for the cisgender partners of transitioning people has been reported by Joslin-Roher and Wheeler (2009), who describe the frustration and confusion around sexual identity for cisgender partners in their sample, particularly at the early stages of their partner's transition. Other research has looked at the way transitioning is experienced as a family stressor (Hines, 2006a; Norwood, 2013; Veldorale-Griffin, 2014). Veldorale-Griffin, for example, uses a research design based on Family Stress Theory to measure the experiences of adult children of transitioning parents, showing that the experiences of discrimination and stigma that are salient for transgender parents' impact on family functioning as a whole, and may include expectations of rejection from adult children.

Despite these areas of investigation, a lack of academic or clinical engagement about transgender people and their families persists. This lack stems from the considerable social stigmatisation and a shortage of support for transgender and gender diverse people generally, but particularly as a valued part of the family structure. As Lev (2004, p. 271) states, 'transgendered people have too often been viewed as people without families, or, sadly, as though their families are disposable'. This 'disposability' will sometimes mean that a transgender person is not seen as making a valuable contribution (and therefore disposable) to their family, and sometimes it may mean that a transgender person internalises the message that family/children are better off without them in their life.

Literature in marriage/couple and family therapy journals is particularly quiet on the topic of transgender issues and serves as a case in point. A recent review of articles published in marriage/couple and family therapy journals over a 13-year period till 2009

found that of the 10,739 articles that fit the research parameters, only 9 pertained to transgender issues (Blumer, Green, Knowles, & Williams, 2012). Twenty-one other articles were found to use the term LGBT (lesbian, gay, bisexual, transgender), but none of these articles actually addressed transgender issues. The authors note that academic scholarship on transgender issues has grown increasingly since 2009, but cite the above review to demonstrate the historical erasure of transgender people and family issues in the literature, and beyond. Compounding this scarcity, when gender issues are addressed in published literature, there is very little that offers advice for healthcare professionals, often the very people turned to for support when a family member or loved one questions their gender identity or transitions (Bauer et al., 2009; Lev, 2004).

Addressing the relative dearth of literature on the topic, this paper reports on a qualitative study that explored family relationships of transgender and gender diverse adults in Australia. This includes relationships with the family of origin, partners and children. The study was undertaken at The Bouverie Centre, a specialist family mental health and research institute in Australia. The study was part of a larger project investigating health service responses to families in LGBT communities. The aim of the study was firstly to understand and record transgender and gender diverse peoples' experiences of 'family', and secondly to understand how health services might respond effectively to support family relationships when a person transitions.

More specifically, in this paper, we are interested in the relational impacts of adults transitioning in terms of negotiating relationships with other adult relatives such as parents, siblings, a spouse or partner, or with their children. As such, our analysis explores the ways in which change to a family network or system – the collection of relationships and everyday practices that make up a family – arising from a transitioning family member impacts and changes the way the family functions as a whole and, in turn, how the ramifications of change to the family networks (positive or negative) impact the health and well-being of the transitioning family member. The problematisation of dominant, and often dominating, discursively produced notions of gender and family are part of the conceptual framework for our analysis. A phenomenological approach is the primary methodological framework, recording and analysing personal stories of the participants' lived experience (Patton, 2005). The framework is further informed by a queer post-structuralist approach, which seeks to deconstruct and denaturalise normative notions of gender and family (Hall & Jagose, 2012)

## Methods

### *Data collection*

Ethics approval for the project was granted by the Faculty of Health Sciences, Human Research Ethics Committee, La Trobe University. Adults (aged over 18 years) who identified as transgender or gender diverse were invited to participate in an in-depth semi-structured interview, either face-to-face or by phone (if they were in the Melbourne metropolitan area) or over the phone when living in other parts of Australia. Participants were recruited in a number of ways: (1) via targeted advertising through transgender and gender diverse networks, (2) via targeted advertising through Rainbow families networks and (3) through snowballing methods from interviewees.

The interview questions focused on participants' experiences with the family of origin, intimate relationships and, where appropriate, parenting. To begin with, participants were asked to give a brief history of their gender journey. They were then asked to respond to a more focused set of questions: (1) Can you tell us a bit about your relationship history? How has it been for you meeting partners and having relationships (assuming this has been part of your life); (2) Tell me about your family of origin. Who do you consider your family of origin? What is your relationship with them like? (3) How supportive has your family of origin been of your transgender and/or gender diverse identity? (4) If you have experienced any discrimination or negativity from your family of origin in relation to your gender or sexuality, can you tell us about this? Participants who were parents were then asked a series of questions about their parenting journey. Lastly, participants were also asked to comment on their experiences with health services provided and what they thought good support, both from within the family and from health service providers, would look like.

### **Data analysis**

An interpretive phenomenological approach was employed. Phenomenology is an approach that explores participants' lived experience through their personal stories and perspectives (Patton, 2005). We approach a phenomenological method as an interpretive inquiry, where the meaning of participants' lived experiences are analysed and interpreted in relation to current social and political context, and to extant literature.

All interviews were transcribed verbatim. The transcripts were de-identified by participants' name, the location in which they lived or worked, any professional affiliations and any other potentially identifying details. Pseudonyms were assigned by the authors at this point.

NVivo software was used to organise data and manage codes. Before assigning codes to the data, transcripts were read once through to get an overall 'feel' for the interview. At the second read, codes were assigned using an inductive, thematic analysis approach. In addition to thematic analysis, aspects of grounded theory were also employed. Grounded theory places emphasis not only on themes in data but also on the action of each person in the data (Bryant & Charmaz, 2007). Rather than looking for descriptive themes only, data were coded in relation to the 'actions' taking place in it and the differing perspective of each actor in the interview. For example, when one interviewee spoke about rejection from their family, codes were developed reflecting the perspective of each person discussed in the story, parent's perspective (feeling confused and avoiding hard discussions), siblings' perspective (managing family emotions and supporting trans person) and extended families' perspective (showing interest and making friends). Line by line coding was done to extract as much detail from the data as possible. Following the first round of coding, interviews were reread (by the second author) and codes were further refined. All initial coding was conducted by the first author of this paper.

### **Participants**

Thirteen people were interviewed for this project. Of the 13 respondents, 6 were parents. One of the parents was a transgender man, being the foster parent of a young transgender

female. Another of the transgender men was looking forward to becoming a father for the first time, the birth parent being his long-term cisgender female partner who had used a known sperm donor with whom the couple intended to co-parent along with the donor's male partner. All except one of the transgender female parents became a parent in the context of heterosexual relationships. One transgender female parent became a mother post-transition as a non-biological parent in a lesbian relationship.

The average age of participants was 47 years, with the age range being between 23 and 62 years. On average, the transgender female participants were older than the transgender men (50 years and 31 years, respectively). Where direct participant quotes are used in the findings presented below, the age of participants is noted, as we feel this provides context to the social conditions in which the quoted circumstances occurred. Interview participants resided in a number of locations across Australia: Western Australia, South Australia, Victoria, Tasmania, Australian Capital Territory, New South Wales and Queensland. The relatively small sample size of this project is a limitation. Care should be taken not to generalise these results.

## Findings

### *Impact of existing relationships on transitioning*

For all participants in the study, it was clear that they had put their gender transition on hold for a period of time to protect their family or to minimise family conflict. Some participants reported slowing their transition because of concerns about the negative effects it may have for family members, or because family members had explicitly said they did not want to see their family member's affirmed gender being expressed. For instance, Frances (a gender diverse person) spoke about the difficult times in her relationship with her former partner and the minimal opportunities she had to express her desired gender. The difficulties Frances experienced as a gender diverse parent of three young children, living in a heterosexual relationship as the gender she was assigned at birth, were considerable. At that time, Frances was deeply concerned about the impact her ongoing unhappiness would have on family life. She felt responsible for the contaminating influence of her unhappiness and, as a result, looked back at that time as one of great sadness:

Yeah. Well the toughest thing about being a [closeted] trans parent is that you're bringing quite a lot of sort of unhappiness into their lives in a way, because you're unhappy it's going to rub off on everybody in your family including you know, your children and your relationship with their mother. You know, so, I really – I don't have a lot of good memories really. (Frances, 62)

Frances delayed transitioning as long as she could before leaving her relationship and, over time, beginning to live as a gender diverse person.<sup>1</sup> Interestingly, Frances both deferred her transition to lessen the impact on her family, but, in the end, left her cisgender partner to allow that partner to be 'free' to take up a new life. Frances articulated the timing of her leaving this way:

But if I had have left it until I was – if I had have stayed with their mother for more years until I transitioned – well then she might not have even you know, have much of a life after I left because she would have been middle aged. She was – this is how I look at it, she found a nice guy. She's in a marriage, she had another baby, you know, at least she wasn't left with no life you know. (Frances, 62)



So while Frances' leaving occurred in the context of her need to build a life that affirmed her gender, the drive to leave was articulated in a way that demonstrated her concern for her partner's needs.

Similarly, others in the study were keenly aware of the impact that transitioning could have on family members, delaying or modifying their gender expression as a result. Stacey, a gender diverse woman in her late fifties, spoke about 'not frocking up' around her aged mother in an attempt to reduce what she feared might be traumatic for her mother. She said,

I can weave a path very easily that is kind to her and at the worst inconveniences me ... and that's only for her sake. Under other circumstances it would be different and will be in the future but for her mental health and well-being and reduced trauma because she's expressed not wanting to see this then I'll honour that ... To me it's a minor inconvenience. So I can very comfortably live with that and it's a tiny kindness that I'm embarking on towards her and the same would apply to my daughter and my wife. (Stacey, 61)

Similarly, Janet, who was transitioning at the same time both her parents were sick with cancer, spoke about having to 'strap down' [her developing breasts] because she did not want to come out while her parents were living with terminal cancer and add to the stress her parents and the family were experiencing:

I was sort of transitioning in the old school sense of probably living on the weekend as a woman but through the week as the boy sort of thing, so I hadn't fully transitioned so it was sort of feet in every camp at that point. I still had boobs, I mean for some reason I used to get boobs really easy, so I still had something to hide so I'd have to strap down if I wanted to be a boy. Sort of looked after them [her parents], did all that until they died basically. (Janet, 47)

Janet then spoke about the 'freeing up' the death of her parents gave her to transition fully and live openly as a woman.

The amended pace of transitioning for some participants was articulated by Deb (67 years) when she said she did not think she could transition at the speed she needed to because she was concerned with the effects it would have on family life. Talking about a very unhappy time in her life, Deb said she thought about suicide as a solution to her growing need to transition. She said, 'I felt that I was becoming at risk of suicide at that point. I thought about it a lot but I don't think I really seriously got close to attempting anything but it horrified me.' Nevertheless, over time Deb began to affirm her gender. She succinctly stated the worry she experienced about her partner's stress as she [Deb] gained confidence and began to embrace her female identity. She said, 'It seemed like I had got rid of my stress and effectively passed it to Liz'. For many years, Deb had slowed her transition to avoid 'passing on the stress' but as she said, it came to a grave and not uncommon choice: affirm her gender or end her life. At this point, she began to live as a woman.

### *Having a conversation as a family*

Gender transitioning is a sensitive topic for many families (Blumer et al., 2012). Conversations in families about transgender or gender diverse experiences were usually restricted to the highly stressful 'coming out' conversation, but often did not go on from there. A number of participants spoke about parents being supportive but not wanting to

acknowledge or talk about transitioning processes or their feelings attached to them. As Tom stated,

I suppose over time she's [my mother] sort of become more accepting but it's more that it's just we don't really talk about it at all. I mean she accepts me as male and as Tom but I think she'd sort of rather just not think about how I got there or talk about it. (Tom, 36)

This type of tacit 'acceptance' and the accompanying silencing of any dialogue were both frustrating and painful for participants. One family member described it as 'living with the elephant in the room'.

Many participants in our study wanted, but did not know how or were not given the opportunity, to have conversations with family members about their experiences of transitioning. The need for honest conversations was often about trying to correct inaccurate assumptions and help families understand the lived experiences and motivations of the transitioning family member. The lack of opportunity and reluctance from a family member to encourage dialogue is a persistent legacy that for some transgender people has continued across decades. As Stacey said,

There are silences. Even at today's seminar the trans lady who was there said that she's been out and about in the world for 20 years. It's only last year that she was able to go to her parents and have an open and honest discussion. So for most of her life there's been a silence about the entire issue. Even though they know who she is, they see her, they speak to her, it's only one year ago that they were actually able to have that degree of honest conversation and I think that would be common in the vast majority of situations because each of those families are trying to do it on their own in their own way with practically zero background on how to go about this. (Stacey, 61)

What can and cannot be spoken about in families is usually reflective of a broader social discomfort dictating the discursively sanctioned parameters of acceptable speech. Deb described the reaction from her rural community when she came out, 'I mean, no one invited Deb out for a cup of coffee to learn more. Typically, what happened is people would accept, but they wouldn't ask me questions about it'.

### **Support for families**

A lack of support for families to understand a family member's transition was a key theme of the interviews. Stacey spoke passionately about the way her wife and two children came to accept, in different degrees, her gender diversity. She also spoke about the lack of support they had from health and support organisations and the gains they had made on their own. Stacey lamented the fact that 'good family counselling' was not something they knew how to access, even if it was available for a family with a transitioning parent. Stacey wondered what difference it may have made to have an experienced family counsellor facilitate family discussions about the impacts of gender diversity. She said,

Okay. Look, the most important thing to my mind is that everyone in that conversation be honest with each other. I certainly wasn't because I was still hiding a lot. Even though my wife knew about me I wouldn't disclose everything I did ... I have to say the right sort of counselling, certainly the right honesty within the parties having their discussion but I am now a great believer in the right counselling for that family group being available to explore aspects of the situation that as a family unit may not even occur to us and that's the role that I think a good counsellor could play. (Stacey, 61)



Only one participant in our sample reported having a parent who actively sought support from a health professional when they learned their child was transitioning. Others in the sample, particularly the participants under 40 years of age who had more access to support groups or printed material than older participants had at the time of transitioning, reported offering support to their parents, but it was not being taken up.

There's probably less [family peer support groups] for those around trans people, and my parents are not the sort to go to say, even if they knew about trans, they weren't the sort of people to go to something like that either. It's just not their sort of thing. So I totally get that it was a struggle for them. (Joanna, 40s)

I think my family is never going to be a family that would seek support, because they're too middle-class for that and they would say that they were too well educated for that. So, the stuff that I think has helped them has been the media stuff, like stuff like Cate, the military officer. (Hamish, 38)<sup>2</sup>

But because they're so insular in their religion, they tend not to engage with those things and it's the additional barrier that obviously a lot of those resources and a lot of those conversations are around helping parents deal with their child coming out and then moving to a place of accepting it. Whereas for my parents, there's this absolute that they cannot accept it. So I occasionally would give them the odd resource, this was after I'd come out to them, but it was never very successful or effective or particularly well received. (Finn, 31)

While it was clear that there was considerable anxiety about how transitioning might negatively impact relationships within a family, for some participants, there was also hopefulness that with the right support, families and relationships could find healing and flourish.

If support had been available to my wife and I and the family in terms of a family counselling situation I think that would have been a godsend no matter which way it eventually went. It would have been a healing process for each and every one of us I'm sure. (Stacey, 61)

### ***The role of an 'outsider'***

The role of an ally outside of the family emerged as important for some transgender and gender diverse people whose family members were deeply affected by isolation, stigma and shame, and as a result were unsure how to support their transitioning family member. Jean finished her interview by recalling the story of a young transgender woman she met while travelling in the UK. Jean spoke of a unique shift that had occurred in the young woman's life after her mother had become much more supportive following a conversation with an acquaintance in which she was challenged on what she was doing to support her 'son'. Jean retold the story as follows:

Anyway a couple of months later something happened, there was an incident at work where one of the customers noticed that she [the transitioning young adult] had boobs, and went and spoke to the young adult's mother [who the customer knew] and said, 'What's up with Craig, he's got boobs?' And so the work customer told the mother, and my reading between the lines is that, 'Well, what are you doing to help her [the transitioning young adult]? What's happening here?' And it turned the mother around. Since then the mother has been taking the girl shopping, the girl's out at home, she's now out full time, she's out at work, she transitioned in her job, not very comfortably, and she's engaged. She's stopped drinking – well she's cut back her drinking, she's virtually stopped her smoking, she certainly hasn't cut [herself]. (Jean, 67)

While we do not know the individual psychosocial processes or the family context that allowed this shift to occur, Jean felt adamant that the rupture of secrecy and isolation in the family was significantly helped by one person having the confidence to publically acknowledge the changes in identity that were occurring for the transitioning person. Having an outside ally suggests that 'help' is the required response to the gender transition occurring in the family helped shift what appeared to be the mother's layers of (internalised) stigma, denial, privacy, shame or embarrassment. Having one person unashamedly ask how 'Craig' was appears to have assisted her mother's move to a more supportive place.

After a long 20-year struggle and minimal family contact, a similar incident happened that brought Joanna closer to her parents. Joanna's mother was given some 'tough talk' by a trusted friend about what she needed to do to build the relationship with her child.

I reconnected at that time with a family friend who was the same age as my sister, so three years older, but she, the friend and I, who I'll just call B to keep it simple, B and I had a lot in common in terms of values and sort of progressive ideas and that sort of thing, and we reconnected and did lots of stuff, and so the two families had originally connected because my Mum and B's Mum went to school together. So B would talk to her Mum [about me], who would talk to my Mum and say, 'Hey Joanna's doing okay. You really should connect with her a bit more or whatever' and eventually I think there was some tough talk from B's parents saying, 'Look, this is your child', sort of get over it a bit. (Joanna, 40s)

Having an outside, trusted figure straightforwardly affirm Joanna's gender helped Joanna's mother move to a more accepting place.

## Discussion

Findings from this study suggest that transgender and gender diverse people highly value and are protective of relationships with the family of origin and/or the families they have created while living in their assigned gender (as partners, parents, siblings), often to the detriment of their gender expression. Participants in our study worried so much about their family members that it affected the pace at which they began their transition, in some cases to the point where ending their life was considered above coming out to family and friends. It is thus perhaps understandable that participants struggled with open and honest conversations with their family, but that when these did occur, participants were happy and it helped to foster stronger, more authentic relationships.

The findings of this study – namely that delaying of transition or modifying of gender expression to protect family relationships – are consistent with other Australian and international research. As a participant from the Australian *TranzNation* study said,

at times [I] go for a week or so on one hour sleep per night. This is the times that I become most depressed. Wondering how can I ever live as a female without hurting my family and being ridiculed by those around me. (Couch et al., 2007, p. 71)

Although we did not speak directly to family members, participants in this study reported that their families were not well supported at the time of the participant's transition, or beyond. The lack of support for family members has been cited in other research. As Lev (2004, p. 271) confirms, 'searching through the literature will yield a paucity of clinical advice to assist couples and families to survive the impact of gender dysphoria or gender

reassignment'. Some notable exceptions to this scarcity are Giammattei (2015), Lev (2004), Malpas (2006), Malpas (2011) and Zamboni (2006).

Respondents also reported a situation of isolation for family members, reporting that most were uncomfortable to turn to extended family or friendship networks for support and did not use more formal supports from health or welfare networks. This was either because there were no formal supports around the family or because, where supports were available, family members were not comfortable to use them. Participants reported that families kept their transition a secret from extended family members or the family's social networks further isolating families from potential support. Feelings of parental and family shame were not spoken about widely by participants in this study. Other literature, however, reports that shame is commonly a powerful emotion experienced by families of a transitioning person and one that is particularly difficult to talk about (Averett, 2016; Norwood, 2012). As our findings would suggest, the breakdown of shame for some families occurred when an 'outsider' made a supportive or affirming comment. Family counsellors, who as well as being people who can facilitate conversations, are also 'outsiders', and thus might be crucial for family members who haven't told anyone about the transitioning of the loved one. The very existence of counsellors who provide services for families of transgender people is affirming in itself and has the potential to break down isolation.

Family counsellors trained in the needs of individuals and families experiencing gender transition were lacking for the participants in this study. Research in this field also highlights the potential limitations of solely focusing on the individual transitioning in order to access their readiness to transition. Veldorale-Griffin (2014) focuses on the relational aspects of transitioning as a 'family process'.

Rather than focusing solely on the experiences of the transgender individual and their 'readiness' for transition, as has often been the focus on the medical model of required therapy, it may be more beneficial for therapists to assist transgender parents and their families jointly through the transition process and to begin to view transition as a family process. (Veldorale-Griffin, 2014)

The Bouverie Centre, where this research was conducted, has recently begun to more actively support transgender and gender diverse people and their families. A systemic family approach that values and explores the experience of all family members who participate in the counselling sessions is proving to have positive results for both the transitioning person and surrounding family members. Although evaluation data are not ready for publication, early results suggest that families referred to the Centre, or who have sought out the Centre after unsatisfactory results from other services, highly value the opportunity to talk as a family in an environment that is cognisant to the relevant issues and understanding of the multifaceted systemic impacts of gender transition.

Some potential limitations of this study should be noted. Firstly, the age of participants in this study covers a wide range with the youngest participant being 23 years and oldest 67 years. The authors of the study understand that this may limit the comparability of life stories or family representations because they occurred at different historical times. Nevertheless, the aim of this study was to document and understand the diversity of family and parenting experiences within the transgender communities. As such, while this vast age range may cause limitations in directly comparing experiences, the success with recruiting

a diverse sample is also a strength of this study. The lack of participants living with non-binary identities in this sample is also a limitation. Living with a non-binary identity may increase the challenges of coming out due to a likely lack of information families have about identities outside the two-sexed system.

In conclusion, changes to the family system occur when a family member transitions gender. Transitioning can be perceived as a disruption to the family life that has been built around assumptions about the transitioning person's assigned gender. Families can struggle due to fear of stigmatisation, shame, the grief, anger and/or confusion at 'losing' a son or daughter, or unanticipated relational changes in the family system. This does not mean that families cannot rebuild and move forward. Participants in this research reported a lack of opportunities for family members to be supported by health service providers to move ahead together as their family member transitions. Providing opportunities for families to come together to talk, explore, share and understand the lived experiences of a gender transitioning family member, and its impact on other family members, has the potential to greatly protect the mental health of all family members.

## Notes

1. Frances regarded her gender as fluid, and moved in the world sometimes as a man, sometimes as a woman. For Frances, transitioning was about exploring and embracing a fuller spectrum of gender possibilities.
2. Group Captain Katherine 'Cate' McGregor is the world's highest ranking transgender military officer. Her story was featured in an Australian television programme called Australian Story in 2014 and she was nominated for Australian of the Year in 2016.

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No potential conflict of interest was reported by the authors.

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