

Family support and discrimination and their relationship to psychological distress and resilience amongst transgender people

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Abstract

Background: Given the broader social contexts in which transgender people and their families live, the latter can be either an important source of support, or bring with them yet another source of discrimination. Whilst historically transgender people almost uniformly experienced discrimination from families of origin, recent research suggests that growing numbers of transgender people are supported by their families.

Aims: The study reported in this paper sought to examine the relationships between family support and discrimination, and psychological distress and resilience.

Methods: A convenience sample of 345 transgender people living in North America completed an online questionnaire constructed by the authors. The questionnaire included demographic questions and single items questions about emotional closeness to family, gender-related support from family, and discrimination from family. The questionnaire also included standardized measures of gender-related discrimination, resiliency, social support, and psychological distress.

Results: Participants reported moderate levels of gender-related family support, with non-binary participants reporting the lowest levels of gender-related family support. Participants whose families provided greater gender-related support reported greater resilience and lower levels of psychological distress, however participants who reported higher levels of gender-related discrimination from their families reported greater psychological distress. The

findings suggest that emotional closeness to family may help mitigate the effects of general discrimination on psychological distress.

Discussion: Drawing on the findings reported, the paper concludes by discussing the importance of focusing on family members in the context of affirming clinical approaches to working with transgender adults.

Keywords: transgender, family, discrimination, support, resilience, psychological distress

Introduction

For many transgender people, relationships with family members can be vexed. The contentious nature of such relationships can be broadly understood through the lens of cisgenderism: the ideology that delegitimizes peoples' understandings of their bodies and genders (Ansara, 2010; 2015; Ansara & Hegarty, 2014; Blumer, Ansara & Watson, 2013; Riggs, Ansara & Trehame, 2015). Cisgenderism shapes whether or not gender is seen as immutable, whether or not more than two binary genders are seen as legitimate, and whether or not being transgender is seen as constituting a pathology. For cisgender (i.e., non-transgender) people, a transgender family member may be received across a spectrum of acceptance and rejection, shaped by the degree to which cisgenderist ideology is legitimated or refuted.

In terms of family acceptance and rejection, the largest survey to date of transgender people undertaken in the United States, with a sample of 27, 715 participants, found that whilst for a majority (60%) of participants their families were accepting, 26% reported that an immediate family member ostracized them, and this was especially true for older participants (James et

al, 2016). Furthermore, 10% of the participants indicated that they had been subjected to violence by family members. Importantly, these data suggest that even acceptance is not a uniform experience, with many participants who classified their family as accepting overall nonetheless reporting experiences of marginalization within their family. Families, then, as noted above, are vexed for many transgender people, thus warranting ongoing attention to the specific forms that family acceptance and rejection take, and the relationship of both to other individual factors.

The study reported in the present paper, drawing on a convenience sample of transgender people living in the United States, sought to contribute to the relatively small body of empirical literature that has focused on transgender peoples' relationships with family members. In what follows we first summarise the existing literature, from which we derive our research questions, before then reporting on our method and results. We conclude by considering what the findings have to tell us with regard to the importance of family to the wellbeing of transgender people.

Literature Review

Early research on transgender people's relationships with both immediate and extended family members primarily focused on familial rejection, and its impact upon the wellbeing of transgender people. Lewins (1995), for example, in an early Australian study undertaken with 50 transgender women, found that potential rejection from families of origin could lead to poor mental health outcomes associated with delaying the commencement of transitioning in order to appease family members. Lewins suggests that this was especially so for younger women in the sample who were more reliant on the support of their families; however, in

general the participants indicated that the risk of losing family support weighed heavily on their decisions to commence transitioning. Similarly, early research conducted in the United States by Gagne and Tewksbury (1998) with 65 transgender women reported that rejection by family members was a common experience: far more common than acceptance.

A decade later and three further studies, all conducted in the United States, similarly echoed earlier findings with regard to high rates of familial rejection or lack of support. In their study of 166 transgender people and their cisgender siblings, Factor and Rothblum (2008) reported that both transgender men and women experienced statistically lower levels of support from family members than did their cisgender siblings. In their survey study of 91 transgender people, Erich and colleagues (2008) found that greater levels of support from family members was related to higher life satisfaction. From their interview study with 20 transgender women of color, Koken, Bimbi and Parsons (2009) reported that 40% experienced hostility and 40% experienced indifference from their families of origin (these categories were not mutually exclusive). Koken and colleagues suggested that rejection from families of origin can play a determining role in poor mental health outcomes for transgender women of colour.

A decade later again and studies from both Australia and the United States have added further depth to our understanding of specific variables that shape transgender people's experiences with families of origin. In terms of studies that have included samples from the United States, Klein and Colub (2016) report on findings from the *National Transgender Discrimination Survey*, focusing specifically on the 3458 participants who responded to survey questions about experiences with family of origin. For these participants, having experienced high levels of family rejection meant that participants were more than three times as likely to have

attempted suicide, and two and a half times more likely to have engaged in substance misuse. Focusing on young transgender people, Katz-Wise and colleagues (2018) report on a study involving 33 families comprised of a young transgender person (aged 13-17 years), with both parents and siblings of the young people also participating. Higher levels of family communication and satisfaction as reported by the young people were statistically associated with more positive mental health outcomes and self-esteem. Singh and McKleroy (2011) similarly found that in their interviews with 11 transgender people of colour living in the United States, supportive family relationships positively impacted resilience.

In terms of studies that included Australian samples, Riggs, von Doussa, and Power (2015) surveyed 160 transgender people, and found a negative relationship between discrimination from families of origin and both being emotionally close to families of origin and support from families of origin. Of the sample, only a quarter indicated that they had experienced no discrimination from families of origin. An interview study by von Doussa, Power, and Riggs (2017) with 13 transgender people echoed the early findings of Lewins (1995), in that many of the participants reported delaying their gender transition so as to minimise family conflict. Finally, research by Riggs and colleagues (2018) found that of a sample of 504 people of diverse genders and/or sexualities, transgender and non-binary participants were statistically more likely to have experienced family violence, and experiences of such violence were related to higher levels of depressive symptomology, and lower perceived levels of social support.

Research Questions

As a whole, the literature conducted over the past two decades indicates that transgender people continue to experience rejection from family members, and that this is associated with poor mental health. Conversely, the literature suggests that support from family members is related to higher life satisfaction and self-esteem. Missing from the existing literature, however, is a focus on the relationship between family support or rejection and broader gender-related discrimination, and consideration of demographic variables other than age that might be associated with family support or rejection. Also missing from previous research is any differentiation between support from families as a generalized phenomenon, and support that is specific to gender. Extending on the findings of previous research, then, the research reported in this paper sought to investigate the following questions:

- 1) To what degree are families of transgender people perceived as supportive, both generally and specifically with regard to gender, and what demographic variables are related to each form of support?
- 2) How are both gender-related family support and discrimination related to psychological distress and general social support?
- 3) Are both emotional closeness to families and support from families (both gender-specific and general) related to resilience?
- 4) Does emotional closeness to family of origin mitigate the effects of broader gender-related discrimination on psychological distress?

Methods

Participants

Ethics approval was granted by both authors' universities. Inclusion criteria were that participants were aged 18 years or older, and lived in the United States. Data were collected from April 2017 to January 2018. A total of 558 people commenced the questionnaire, however only 345 provided complete responses and hence only these are included in the final sample reported in this paper. There were no statistical differences between participants who completed the survey and those who did not. Participants were not compensated for their time. Table 1 provides a summary of participant demographic information.

Table 1 – Participants ($n = 345$)

Age, M (SD)	27 (9.37)
Gender, n (%)	
Male	109 (31.60)
Non-binary	87 (25.20)
Female	85 (24.60)
Another Gender (Non-Cis)	45 (13.00)
Agender	19 (5.50)
Sexuality, n (%)	
Pansexual	89 (25.80)
Bisexual	57 (16.50)
Lesbian	41 (11.90)
Another Sexuality	36 (10.40)
Gay	34 (9.90)
Queer	31 (9.00)
Heterosexual	25 (7.20)
Asexual	32 (9.30)
Race, n (%)	
White, not of Hispanic origin	261 (75.70)
Black, not of Hispanic origin	15 (4.30)
Hispanic	12 (3.50)
American Indian or Alaskan Native	11 (3.20)
Asian or Pacific Islander	19 (5.50)
Other	27 (7.80)
Political Beliefs, n (%)	
Liberal	295 (85.50)

Moderate	42 (12.20)
Conservative	5 (1.40)
Religiosity, <i>n</i> (%)	
Not at all religious	225 (65.20)
Somewhat religious	89 (25.80)
Quite religious	21 (6.10)
Very religious	10 (2.90)
Income, <i>n</i> (%)	
\$0 - \$25,000	110 (31.90)
\$25,001 - \$50,000	107 (31.00)
\$50,001 - \$75,000	60 (17.40)
\$75,000 - \$100,000	39 (11.30)
\$100,001 and over	27 (7.80)
Partner Status, <i>n</i> (%)	
One partner	171 (49.60)
Single	125 (36.20)
More than one partner	29 (8.40)
Another type of relationship	20 (5.80)
Live with animal companions, <i>n</i> (%)	
Yes	242 (70.14)
No	103 (29.86)

Procedure

Data were collected via Survey Monkey. Participants were recruited via community organisations that provide services to transgender people in the United States (e.g., National Center for Transgender Equality, Gender Proud, Gender Spectrum, San Francisco LGBT Center, and Portland Q Center), as well as via advertising on social media. Participants completed two screener questions regarding their gender and location in order to ensure that they met inclusion criteria. Having done so, participants indicated their consent to proceed with the questionnaire.

Measures

The questionnaire, designed by the authors, asked participants to first complete the demographic questions outlined in Table 1. Participants were then asked three questions about relationships with family. All three of these questions used a four-point Likert scale.

The first question asked participants to indicate perceived emotional closeness to family (How emotionally close are you to members of your family of origin?). The second asked participants to indicate perceived degree of gender-related family support (How supportive has your family of origin been of your trans and/or gender diverse identity?). The scale for these two questions was 1 = not at all to 4 = very. For the third question, participants were asked to rate their family's level of gender-related discrimination (To what degree do you feel you have experienced discrimination from your family of origin on the basis of your trans and/or gender diverse identity?) on a four-point scale, 1 = no discrimination at all to 4 = they are always discriminatory. Having completed both the demographic questions and the above three questions, participants then completed four scales.

Gender Minority Stress and Resiliency (GMSR) Scale.

Participants completed four subscales (gender-related discrimination, gender-related rejection, gender-related victimization, and non-affirmation of gender identity) of the Gender Minority Stress and Resiliency Scale (Testa, Habarth, Peta, Balsam, & Bockting, 2015). Scales assessing discrimination, rejection, and victimization asked participants to select all that apply—Never; Yes, before age 18; Yes, after age 18; and Yes, in the past year. Each scale is coded as 1 if answered yes at any point and 0 if answered as never. Participant scores are added for each subscale. Scores range from 0-5 for discrimination, and 0-6 for rejection and victimization. The non-affirmation subscale was presented as a five-point Likert Scale ranging from 0 = strongly disagree to 4 = strongly agree. Scores are then added to reach an overall score between 0 and 24. Cronbach's alphas indicate adequate internal consistency for each subscale when applied to the sample: discrimination ($\alpha = 0.65$), rejection ($\alpha = 0.69$), victimization ($\alpha = 0.82$), and non-affirmation ($\alpha = 0.91$).

Resiliency.

The brief resilience scale (BRS) is a six-item measure of an individual's ability to bounce back after stressful situations (Smith et al., 2008). Items are scored on a Likert-scale ranging from 1 = strongly disagree to 5 = strongly agree. Items 2, 4, and 6 are reversed scored. Cronbach's alpha ($\alpha = 0.91$) indicated significant internal consistency when applied to the sample. Scores range from 6 – 30, with higher scores indicating greater levels of resiliency.

Psychological Distress.

The Kessler 10 (K10) is a measure of non-specific psychological distress in which participants answer a series of questions about depressive and anxiety-related symptomatology over the past four weeks (Kessler et al., 1994). The K10 measures levels of symptoms from few to high using a Likert-scale from none of the time (1) to all of the time (5). The items are summed, with higher scores indicating higher levels of distress. Scores range from 10 to 50. Scores under 20 indicate participants are likely to be well, 20-24 likely to experience a mild level of psychological distress, 25-29 likely to experience a moderate level of psychological distress, and 30 and over likely to experience high levels of psychological distress and to meet diagnostic criteria for anxiety and/or depression. Cronbach's alpha ($\alpha = 0.93$) when applied to the sample indicated significant internal consistency.

Multi-Dimensional Scale of Perceived Social Support.

The Multi-Dimensional Scale of Perceived Social Support (MSPSS) measures perceptions of support across three levels: family, friends, and significant others (Dahlem, Zimet, & Walker,

1991). Items are measured on a Likert-scale from 1 = very strongly disagree to 7 = very strongly agree. Each subscale contains four items with a total overall score of 12. To calculate each subscale, items are added together, and divided by total items (4). To calculate the overall score, all items are summed and divided by total items (12). A mean score ranging from 1 to 2.9 indicates a low support, a score ranging 3 to 5 indicates moderate support, and a score ranging 5.1 to 7 indicates a high level of support. Cronbach's alpha was for both the combined scale and each of the levels. The reliability of the total scale was 0.89. Subscale scores for significant others, family, and friends were 0.97, 0.92, and 0.94, respectively.

Analytic Approach

After the questionnaire was closed all data were exported into SPSS 21.0, where they were prepared for statistical analysis in the following ways. First, negatively scored items on the BRS were reverse scored, and composite scores generated for the BRS, in addition to the GMSR, the K-10, and the MSPSS. Reliability testing was then performed on each of the scales (see above), and descriptive statistics for these generated (see results below).

Data were normally distributed, though given they were derived from a convenience sample, it is likely that there are greater similarities between the population than other, nonprobability samples. A $p < 0.05$ significance was selected due to the number of groups analyzed, and the number of participants completing the survey. This level of significance elicited an overall power of 0.98. To investigate the four research questions, the following tests were performed. One-way ANOVAs were conducted to determine significant differences between different demographic variables for family support and gender-related family support. For the analyses

of variance, chi-squares were conducted to determine equal variance. For each, results were non-significant, indicating that there were equal variances across groups examined. Bivariate correlations were conducted to determine predictor variables for overall perceived-family support, gender-related support, gender-related discrimination, and emotional closeness. A step-wise regression was performed to evaluate research question four. Only significant findings are reported below.

Results

Research Question 1: Level and Predictors of Support

Participants reported their families as providing a high level of support ($M = 3.81$, $SD = 1.69$) as measured by the MSPSS subscale, and a moderate level of gender-related support ($M = 2.26$, $SD = 0.91$). Family support as measured by the MSPSS subscale was not statistically significantly related to any of the demographic variables.

Gender-related family support was, however, related to two of the demographic variables. A one-way ANOVA yielded significant differences between genders for gender-related family support, $F(3,341) = 5.34$, $p < 0.001$. A post-hoc Tukey test showed significantly lower levels of support for non-binary participants in comparison to agender ($p < .01$), female, and male participants ($p < .001$). Significant differences in relation to sexuality were also found for gender-related family support, $F(6, 338) = 2.29$, $p < 0.04$. Tukey post-hoc analyses determined that gender-related support for gay participants was greater than the gender-related support perceived by pansexual participants ($p < 0.01$).

Research Question 2: Relationships Between Gender-Related Family Support and Discrimination, Psychological Distress, and Social Support

On average, participants reported experiencing moderate to high levels of psychological distress as defined by the K-10 ($M = 28.70$, $SD = 8.97$). On average, participants reported experiencing moderate levels of overall perceived social support as measured by the MSPSS ($M = 4.89$, $SD = 1.18$). Participants reported experiencing at least some gender-related discrimination from their family ($M = 2.19$, $SD = 0.89$).

Psychological distress as measured by the K10 was negatively correlated with feeling supported by one's family in regards to gender ($r = -0.22$, $p < .01$), and overall social support as measured by the MSPSS was positively correlated with gender-related support ($r = 0.33$, $p < .01$). Psychological distress as measured by the K10 was positively correlated with gender-related discrimination from family ($r = 0.23$, $p < .01$), and negatively correlated with overall social support ($r = -0.24$, $p < .01$).

Research Question 3: Relationship Between Closeness, Support, and Resilience

On average, participants reported that they were somewhat emotionally close to family members ($M = 2.32$, $SD = 0.91$). Participants reported a moderate level of resiliency ($M = 17.13$, $SD = 5.37$). Perceived emotional closeness to family members was positively correlated with both perceived family-specific support as measured by the MSPSS subscale ($r = 0.58$, $p < .01$), and feeling supported by family members about one's gender ($r = 0.58$, $p < .01$). There was no significant relationship between perceived emotional closeness to family members and resiliency as measured by the BRS. Resiliency was positively correlated

with perceived family-specific support as measured by the MSPSS subscale ($r = 0.18, p < .01$), but there was no statistical relationship between feeling supported by family members about one's gender and resiliency.

Research Question 4: Role of Emotional Closeness in Mitigating Impact of Discrimination on Psychological Distress

On average, participants reported moderate to higher levels of gender-related discrimination ($M = 2.81, SD = 1.48$), rejection ($M = 3.59, SD = 1.76$), victimization ($M = 2.42, SD = 1.99$), and non-affirmation ($M = 21.46, SD = 6.68$) as measured by the GMSR subscales. To test the hypothesis that emotional closeness to family plays a mitigating role in terms of the impact of broad gender-related discrimination (as measured by the GMSR) on psychological distress, a step-wise multiple regression was performed. Table 2 depicts the results.

Table 2.
Stepwise Regression Predicting Gender-Related Discrimination (N = 345)

Variable	<i>B</i>	<i>SE B</i>	β
Emotional Closeness	-0.39	0.09	-0.24
Psychological Distress	0.03	0.01	0.18
R^2	0.09		
F	16.49*		

* $p < .001$

Levels of F to enter and F to remove were set to correspond to p levels of .001 and .01, respectively, to adjust for family-wise alpha error rates associated with multiple significance tests. Tests for multicollinearity indicated that a low level of multicollinearity was present (tolerance = 0.96) for both emotional closeness and psychological distress. Results of the stepwise regression analysis provided confirmation for the hypothesis: increased levels of

emotional closeness to family helped to mitigate the impact of broad gender-related discrimination on psychological distress ($R = 0.30$, $R^2 = 0.09$). The overall F for the = model was 21.08, $df = 1, 342$, $p < .001$. Standardized beta weights were -0.24 for emotional closeness and 0.18 for psychological distress, indicating with that with every increase of one standard deviation of gender-based discrimination, emotional closeness was lowered by -0.24, and psychological distress was raised 0.18.

Discussion

In terms of research question one, it is of note that gender-related support from family was reported by participants to be lower than general family support. To a degree, the finding of moderate levels of gender-related support echoes the findings of James and colleagues (2016), suggesting that compared to previous decades, on average transgender people in the United States at present experience somewhat higher levels of support, however there is certainly room for improvement. With regard to predictors of support there were no significant predictors of perceived family-specific support as measured by the MSPSS, however two predictors were associated with gender-related family support. The findings that both gender and sexuality are related to gender-related family support adds to previous literature which has not explored differences in regards to gender and sexuality.

Turning to research question two, the reasonably high levels of psychological distress (i.e., on average close to the K-10 score cut off between moderate and high), and the moderate levels of overall social support, echo previous research with transgender people in terms of both variables (e.g., Riggs et al., 2018). Unfortunately, it is unsurprising, given the ongoing effects of cisgenderism, that many transgender people experience high levels of psychological

distress and perceived low levels of social support. Contrary to this study, a prior clinical study on individuals with gender dysphoria found no significance between social support and psychological distress (Davey, Bouman, Arcelus, & Meyer, 2014). However, the present study echoed previous research (e.g., Riggs, von Doussa & Power, 2015) that perceived gender-related discrimination from families was related to higher rates of psychological distress, and conversely, that the more participants perceived that families were supportive of their gender, the less psychological distress they experienced. The present sample was a national survey, which was more consistent with the diversity of the sample (i.e. non-clinical sample) in Riggs, von Doussa, and Power (2015).

With regard to research question three, the finding that perceiving family to be supportive overall was related to resilience echoes the findings of Singh and McKleroy (2011), however it is notable that emotional closeness to family was not related to resilience, nor was gender-related family support, as was predicted by the work of Katz-Wise (2018) and colleagues. This may be a product, however, of the single item measures used to assess closeness and support, as compared to the more comprehensive measures of family functioning and satisfaction used by Katz-Wise and colleagues.

Finally, in terms of research question four, the findings indicate that emotional closeness to family does indeed mitigate the effects of general discrimination on psychological distress. These findings echo recent research with transgender young people, which has indicated that supportive families can be an important protective factor for reducing the impact of discrimination on the overall health and wellbeing of transgender people (Olson et al, 2016).

Overall, the findings reported in this paper suggest that there may be a key difference between overall support provided by families to transgender people, and gender-related support. Families may, for example, show love towards a transgender family member, but may, due to the effects of cisgenderism, be limited in the degree to which they are truly affirming and supportive of a transgender family member. As Lev (2004) has suggested, transgender people's families go through a transition just as do transgender people themselves, and for family members such a transition may be either aided or prohibited by the effects of cisgenderism. This would suggest the importance of ongoing research that examines which factors specifically predict family support specific to gender, how this can be facilitated, and which aspects of gender-related support transgender people most value.

In terms of resilience, it is well established that resilience only develops in the face of hardship (Rutter, 2007). For transgender people, hardship is primarily shaped through the effects of cisgenderism, along with other forms of marginalisation (such as racism, poverty, and ableism). That such hardship can be the product of families as much (if not more) than a product of broader society suggests, as was indicated in the introduction to this paper, that for many transgender people families are vexed. Families may be supportive and help foster resilience in the face of hardship (and as the findings of this study suggest, emotional closeness to family can help to mitigate the effects of discrimination), but family may also be a source of hardship. As such, whilst research suggests that families can be a source of resilience (e.g., Singh & McKleroy, 2011), this should not be accepted without caution.

The findings with regard to differences in support and the role of families in resilience have clear implications for clinical practice. Specifically, affirming approaches to working with transgender people have an important role to play in unpacking what precisely family support

looks like in practice, and how greater levels of family support may be facilitated. Affirming clinical approaches that focus primarily on children have consistently emphasised the central role of parents, and pointed towards the importance of psychoeducation of parents, and peer-led support groups (e.g., Hill & Menvielle, 2009; Hill, Menvielle, Sica & Johnson, 2010; Menvielle; 2012). Some who adopt an affirming approach in working with children also include a focus on working with parents to unpack how they understand gender as a concept, and how certain understandings may impact upon acceptance (e.g., Malpas, 2011). To a certain degree, however, affirming approaches to working with transgender adults have less often focused on the role of families (Lev, 2004, being a notable exception). As such, it is important that affirming approaches to working with transgender adults include a focus on addressing cisgenderism in collaboration with families so that barriers to support and inclusion may be addressed.

In terms of limitations, the research reported in this paper relied upon a convenience sample of transgender people. Whilst there was a reasonable degree of gender diversity amongst the sample, further research is needed that specifically focuses on the experiences of non-binary and agender people. Given the differential effects of cisgenderism, it is likely that familial acceptance as opposed to discrimination will take differing forms for non-binary or agender people. Also in terms of limitations, the research reported in this paper, whilst including three well-established measures, also used single-item measures with regard to gender-related support and discrimination from families, and perceived emotional closeness. Given the non-significant findings with regard to some of these measures, future research would likely benefit from including measures of family functioning and family-specific discrimination, in addition to assessing the validity of the single-item measures. It should also be noted that whilst all of the findings reported were statistically significant, some of the correlations were

weak, and the alpha levels were relatively low on two of the GMRS subscales, so caution should be taken when interpreting these particular findings. Finally, the sample was relatively racially homogenous, suggesting the need for future research to explore the specific family-related experiences of racially marginalized populations of transgender people, so as to build on previous research on this topic (e.g., Koken, Bimbi & Parsons, 2009; Singh & McKleroy, 2011).

In conclusion, the findings presented in this study suggest that both family support and discrimination play a central role in the wellbeing of many transgender people. Some transgender people, it would appear, experience uniformly positive experiences with families of origin. Other transgender people, however, experience considerable discrimination from their families, and may develop families of choice so as to mitigate the effects of cisgenderism in their lives. Yet for some transgender people, and perhaps especially those who are young and/or living in regional areas and/or for whom families of origin are a key source of connection to communities of faith, separating oneself from families may not be a viable option. And it is perhaps to these groups that our attention should be next directed in order to ascertain the supports already available to them, and the additional supports required in order to flourish in both their families and the broader community.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all participants included in the study.

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