



City Research Online

City St George's, University of London

Citation: Sharek, D., Huntley-Moore, S. & McCann, E. (2018). Education Needs of Families of Transgender Young People: A Narrative Review of International Literature.. *Issues in Mental Health Nursing*, 39(1), pp. 59-72. doi: 10.1080/01612840.2017.1395500

This is the accepted version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/27882/>

Link to published version: <https://doi.org/10.1080/01612840.2017.1395500>

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to [City Research Online policy](#).

Education needs of families of transgender young people: A narrative review of international literature

Danika Sharek MSc, BA

PhD Researcher, School of Nursing and Midwifery, University of Dublin, Trinity College, Dublin, Ireland, sharekd@tcd.ie

Sylvia Huntley-Moore M Ed, GradDipEd, BA

Director of Staff Education & Development, School of Nursing and Midwifery, University of Dublin, Trinity College, Dublin, Ireland, shuntley@tcd.ie

Edward McCann PhD RN RNT

Assistant Professor, School of Nursing and Midwifery, University of Dublin, Trinity College, Dublin, Ireland, mccanned@tcd.ie

Correspondence:

Danika Sharek

Trinity College Dublin

School of Nursing & Midwifery

24 D'Olier Street

Dublin 2, Ireland

Phone: +353 87 218 7872

Email: sharekd@tcd.ie

Education needs of families of transgender young people: A narrative review of international literature

ABSTRACT

Education plays a crucial role in the lives of families of transgender young people and mental healthcare practitioners are well-placed to support families in this regard. This paper reports findings from a narrative review of 31 papers that explored the education needs of families of transgender young people. The emergent themes were synthesised to develop a five-stage model that depicts the role of education in the lives of these families. Key themes included: (i) learning that a family member is trans; (ii) family responses; (iii) accessing education and information; (iv) impact on the individual; and (iv) moving beyond the individual. The key implications for mental health practitioners are discussed.

Keywords: education, family, mental healthcare, literature review, transgender

INTRODUCTION

Internationally, transgender (trans) young people are at an increased risk of a number of challenges to their mental health and wellbeing, including self-harm and suicide attempts (Grossman and D'Augelli 2007, McNeil et al. 2012, Grant et al. 2011). This may be due to a complex combination of factors, such as difficulties with accessing appropriate supports, social exclusion, and fear of rejection from family and friends. Furthermore, trans people are at increased risk of experiencing discrimination, prejudice, transphobia, and violence (Haas et al. 2014). These experiences may result in the phenomenon known as *minority stress*, which encapsulates the psychosocial challenges people who identify as trans may face (Hendricks and Testa 2012). It is important to note, however, that not all trans youths will experience minority stress or have negative life experiences. Indeed, many trans people report positive aspects of being trans, including pride, resilience, self-esteem and self-worth, a greater understanding and acceptance of self, and a sense of community (Higgins et al. 2016, McNeil et al. 2013, Singh et al. 2011).

Social support, particularly familial relationships, has been identified as one of the dominant factors influencing trans young people's mental health and wellbeing on a variety of domains, including quality of life, general wellbeing, self-esteem, depression, anxiety, stress, and suicidal ideation and attempts (Mustanski and Liu 2013, Ryan et al. 2010, Simons et al. 2013, Travers et al. 2012). Despite this, little is known about the education needs of families of trans young people. Mental health practitioners should be particularly well-positioned to provide crucial education and support to families, however, existing studies have identified a lack of appropriate support by healthcare professionals for families of trans young people (Riley et al. 2013b, Johnson and Benson 2014, Pyne 2016).

While current global government directives highlight the need to involve families in a meaningful way as an intrinsic aspect of holistic care, the strategic implementation of such policies has proven problematic (Health Service Executive 2012, Australian Government 2010, Government of Scotland 2006, Institute of Medicine 2011). This is evidenced in current research studies, with McCann and Sharek (2014b) reporting that family and other carers' psychosocial needs were not being fully considered within mental healthcare, identifying "*a distinct lack of family and carer supports, particularly to transgender people*" (p.125). The current literature review aims to explore the role of education as a support to the families of trans young people and to provide recommendations in terms of mental health research, education and practice.

METHODS

Design

The current review used a narrative synthesis approach which enabled the effective synthesis of evidence drawn from a wide range of empirical research studies (Mays et al. 2005).

Aim and objectives

The aim of this review was to explore the educational needs of families of trans young people. The objectives were to:

- identify the education needs of families;
- examine the impact of education on families of trans young people; and
- explore families' experiences of education.

Literature search strategy

The databases used in the literature search included CINAHL, PsycInfo, PubMed, Science Direct, Scopus, and Web of Science. The search terms used were transgender, family/parents, and education. Boolean operators and all variants of these terms were used in the search. The databases were accessed in June 2017. Screening of records were performed by the consensus of two authors (EM and DS) using a *PEO Framework* (Bettany-Saltikov 2012). The Population, Exposure, and Outcomes were defined as follows: Population (families of trans young people), Exposure (trans family member), and Outcomes (education needs). Trans children and young people was defined as people aged up to 17 years. The definition of family included familial relations, such as mothers, fathers, guardians, siblings, aunts, uncles, grandparents, and other adult relatives. Any empirical, peer-reviewed study published between 2000 and 2017 in English that met the PEO inclusion criteria was considered. Studies included were required to explicitly address the aim and/or objectives of the review.

Search results

The initial search identified 4,359 records, and a further 12 records were identified through other means, including a hand search of the reference lists. After duplicates were removed, 1,866 records were screened. A total of 1,800 records were excluded based upon title and abstract review, leaving 66 full-text articles to be assessed. Of these, the full-text for four of the articles could not be accessed, thus 62 full-text articles were reviewed. Of these, 31 articles were excluded with reasons, leaving 31 articles included in the final review (Figure 1).

INSERT FIGURE 1 HERE

Data analysis

The process of data analysis and synthesis involved the extrapolation of themes that addressed the aim and objectives of the research (Coughlan et al. 2013, Mays et al. 2005). These were coded from the results of the included studies, organised according to concepts and verified and agreed by the research team. The analysis included constructing a table of the main characteristics of each of the studies included in the review (see Table 1).

INSERT TABLE 1 HERE

Quality assessment

The *Critical Appraisal Skills Programme (CASP)* criteria were adopted to assess the quality of the studies (Critical Appraisal Skills Programme 2017, Duggleby et al. 2010, McCann et al. 2016, Rushbrooke et al. 2014). CASP scores ranged from 10 to 20. Almost half (n=15) of the studies were assigned a score of 17 or more, indicating high quality research and reporting (McCann et al. 2016). A further seven studies scored between 15 and 16, indicating moderately high quality research and reporting. The remaining nine studies scored between 10 and 14, indicating a lack of rigour in one or more of the CASP areas.

Features of the included studies

The current review included 31 studies published between 2002 and 2017 in the USA (n=20), the UK (n=3), Canada (n=2), and other countries (n=6). The studies used various research designs, including qualitative, quantitative, and mixed methods. The majority of the studies used qualitative methods (n=22). Eight studies used survey methods and one study employed both qualitative interviews and surveys. Sample sizes ranged from 1 to 170. Nineteen of the samples were comprised entirely of parents, with mothers featuring

more prominently than fathers. Nine included other family members, such as siblings or grandparents. The trans people featured in the studies ranged in age from 4 to 64 years.

RESULTS

Following analysis, the five main themes identified were: (i) learning that a family member is trans; (ii) family responses; (iii) accessing education and information; (iv) impact on the individual family member; and (v) moving beyond the individual.

Theme 1: Learning that a family member is trans: “It’s so totally foreign to me”

A number of studies described how family members lacked an understanding of trans issues when they learned their family member was trans (Cantner 2012, Gregor 2013, Gregor et al. 2015, Hegedus 2009, Kuvalanka et al. 2014, Polat et al. 2005, Wren 2002, Riley et al. 2013b). For some, trans issues were entirely outside of their sphere of understanding: *“It’s something that was so totally foreign to me”* (Cantner 2012: p.34). For others, this lack of understanding was attributed to the fact that family members were not even aware that trans people existed (Field and Mattson 2016, Pearlman 2006). A family member’s ability to make sense of their own and their trans family member’s experience required them to be able to access appropriate, useful, and relevant information. However, within many of the studies, families generally felt there were not enough educational resources or information to support them in their familial role (Cantner 2012, Guditis 2009, Riley et al. 2011b, Riley et al. 2011a).

Theme 2: Family responses: “And their imaginations went wild”

This theme concerns the emotional impact felt by families which may be caused by a lack of information and knowledge. For instance, this deficit was reported to add to family

members' fears, shock, and grief (Field and Mattson 2016, Kuvalanka et al. 2014, Hegedus 2009, Riley et al. 2011a). In some cases, this lack of information and understanding led to parents envisioning worst-case scenarios. Not having an understanding of trans issues also added to participants' feelings of helplessness and confusion when learning their child was trans (Cantner 2012). In addition to fear, worry, shock and grief, this lack of understanding adds further complexity to parents' situation, with parents unable to understand and, therefore, identify what is happening with their child (Capous-Desyllas and Barron 2017, Gregor et al. 2015, Wren 2002). For some parents, the inability to understand their child's gender identity led them to feel "*angst*" (Capous-Desyllas and Barron 2017: p.5). In addition, the lack of education and information made it difficult for parents to access help and support as they could not identify and verbalise their child's situation in order to seek appropriate supports (Gregor 2013, Gregor et al. 2015). This lack of information made it difficult for parents to know what course of action to take. Some parents also expressed regret that they were not able to recognise and identify their child's gender identity sooner (Capous-Desyllas and Barron 2017, Field and Mattson 2016).

Theme 3. Accessing education and information: "Getting more information"

Authors have identified the seeking of education and information as an active and positive coping strategy, as family members seek additional information about how to support themselves and their family member more effectively (Capous-Desyllas and Barron 2017, Gold 2008, Hegedus 2009, Katz-Wise et al. 2017, Pearlman 2006, Wren 2002). According to the literature, some families accessed information through personal research strategies, with the internet cited most frequently as an important and valuable source of information (Cantner 2012, Guditis 2009, Ishii 2017, Johnson and Benson 2014, Katz-

Wise et al. 2017, Kuvalanka et al. 2014, Meadow 2011, Pearlman 2006, Pullen Sansfaçon et al. 2015, Capous-Desyllas and Barron 2017). Several studies reported that the families learned about gender identity directly from their trans family member (Barron and Capous-Desyllas 2017, Hill and Menvielle 2009, Ishii 2017, Pearlman 2006, Pyne 2016, Wren 2002).

A crucial source of support (and information) for families in many of the studies was through support groups with other families of trans children and young people (Cantner 2012, Gray et al. 2016, Guditis 2009, Ishii 2017, Katz-Wise et al. 2017, Kuvalanka et al. 2014, Meadow 2011, Menvielle and Hill 2010, Pearlman 2006, Riley et al. 2011b), interventions (di Ceglie and Thümmel 2006, Menvielle and Hill 2010), and the LGBT community or events (Gray et al. 2016, Ishii 2017, Pyne 2016). Accessing these types of supports were viewed as a useful source of education and information in that families received advice and information from others who had similar experiences. These avenues offered a place where family members could share practical strategies and information, as well as personal stories about their experiences, their worries, and their concerns. This connection impacted positively on families, reducing their sense of isolation and helping them feel less alone in their experiences (Gray et al. 2016, Hill and Menvielle 2009, Ishii 2017, Kuvalanka et al. 2014).

In addition to these groups, healthcare professionals were identified as an important source of information and support in several studies (Capous-Desyllas and Barron 2017, Katz-Wise et al. 2017, Meadow 2011). Parents characterised positive experiences with professionals as those in which professionals were knowledgeable and open to learning, and which helped develop parents' understanding of their child's gender identity and how they could help support their child (Gray et al. 2016, Kuvalanka et al. 2014, Menvielle

and Hill 2010). These professionals did not seek to ‘fix’ the child. Instead, they affirmed the child’s identity and suggested appropriate strategies to manage the situation for both the child and the family. Conversely, other authors identified a number of negative issues related to healthcare professionals. Simply identifying and accessing healthcare professionals can be a challenge for some families (Cantner 2012, Gray et al. 2016, Johnson and Benson 2014, Riley et al. 2011a). Once a family member engages with a healthcare professional, they may find the professional is misinformed or unknowledgeable about trans issues (Cantner 2012, Johnson and Benson 2014, Pullen Sansfaçon et al. 2015, Pyne 2016, Riley et al. 2013b), compelling the parent to have to educate the professional about trans issues (Gregor 2013, Gregor et al. 2015, Pullen Sansfaçon et al. 2015, Wren 2002). Parents in some of the studies reported that they were given poor advice based on misconceptions or incorrect information (Menvielle and Hill 2010, Pyne 2016). Poor treatment approaches were identified by parents within several studies where the professional viewed trans gender identity as disordered or attempted to ‘fix’ the child (Gray et al. 2016, Kuvalanka et al. 2014, Menvielle and Hill 2010, Pyne 2016). In these cases, parents rejected the ‘expert knowledge’ that suggested their child was disordered and sought assistance from other providers who could offer an alternative and affirming approach.

Theme 4. Impact on the individual family member: “The more I learned, the more it made sense”

A lack of information for families has been described as hindering a family’s ability to understand, and subsequently accept and support, a trans family member (Riley et al. 2013a). On the other hand, if a family member can access appropriate information, they can begin to build an understanding of their trans family member’s identity, setting a foundation for making sense of their own and their trans family member’s experience.

Information can help parents and families make sense of their new situation and is associated with facilitating families' processes of adjustment to their trans family member's identity (Cantner 2012, Capous-Desyllas and Barron 2017, Gold 2008, Hill and Menvielle 2009, Ishii 2017). Education has been described as crucial in helping family members accept their trans family member's transition, with one family member stating: "*Education was helpful. The more I learned, the more it made sense*" (Guditis 2009: p.72). This understanding can help facilitate families transition from being 'frozen' in shock, grief, and confusion and to move forward towards acceptance and providing adequate supports (Barron and Capous-Desyllas 2017, Capous-Desyllas and Barron 2017, Pearlman 2006, Johnson and Benson 2014). Indeed, information and education has been characterised as a necessary prerequisite for family acceptance and support (Barron and Capous-Desyllas 2017, Riley et al. 2011a).

Beyond impacting positively on the family member's ability to accept and support a trans family member, education and information has also been shown to have a positive impact on the individual family member who accesses it (Kualanka et al. 2014, Wren 2002). Education and information has been shown to help parents feel more secure in their parenting, less guilty or confused about their choices, and more confident in their ability to make the best decisions for their child (Menvielle and Hill 2010, Riley et al. 2011b). Importantly, gaining information and education was associated with helping parents feel less isolated and alone (Field and Mattson 2016, Hill and Menvielle 2009, Ishii 2017, Kualanka et al. 2014). In two studies, fathers were described as accessing less information and having a harder time understanding and accepting their trans child (Ishii 2017, Kualanka et al. 2014). Just one study explicitly discussed the role of education and information in the lives of siblings of trans young people, showing that information

helped siblings accept, understand, and advocate for their trans sibling (Kusalanka et al. 2014). While education and information was often highlighted as alleviating many family members' worry and fears, even with information, parents still held worry and doubt, *"feeling unsure about the best action to take"* (Capous-Desyllas and Barron 2017, Gregor 2013, Pullen Sansfaçon et al. 2015: p.52).

Theme 5. Moving beyond the individual: "I approached them armed with information"

Accessing information and education can impact positively a family member's confidence in their knowledge of trans issues, thus empowering and strengthening their position to act as an advocate (Gray et al. 2016, Menvielle and Hill 2010, Wren 2002). Within Kusalanka's (2014) study, the mothers' processes of self-education were described as transformative, enabling them to be stronger advocates for their children, with one mother expressing: *"I had done all of the research, and I felt...armed to take on the world and to explain her and defend her"* (p.367). Families used education and information as advocacy tools within the family unit and beyond into the extended family:

"I approached them [extended family] armed with information, printouts, and the sincere wish that the love they had for my son would transfer to my daughter..." (Birnkranz and Przeworski 2017: p.143, Rahilly 2015).

Beyond the family, family members may engage in advocacy with professionals, including health professionals (Gregor 2013, Gregor et al. 2015, Johnson and Benson 2014, Pullen Sansfaçon et al. 2015, Rahilly 2015, Wren 2002). In encounters with uninformed professionals, families may rely on their own information and knowledge to educate professionals. In health settings, families may attempt to correct professional's views of trans identity as something disordered.

Within the wider community and society, many studies identified participants' frustrations that trans people are generally misunderstood, which was attributed to a deficit of information and knowledge; this may contribute to negative attitudes towards trans people and further marginalisation (Cantner 2012, Capous-Desyllas and Barron 2017, Field and Mattson 2016, Hill and Menvielle 2009, Johnson and Benson 2014, Kuvalanka et al. 2014, Menvielle and Hill 2010, Rahilly 2015, Riley et al. 2013b). Within this context, many family members acted as educators and advocates for their family member within the community and wider society. Family members used the education and information they had learned to facilitate them to educate others and, in turn, advocate for their family member. Family members' own knowledge, gained through an active education and information-seeking process, enabled them to feel confident in being a proactive advocate for their family member: *"I feel strong. I feel educated. I feel that I can be an advocate and supporter of my child 100%"* (Johnson and Benson 2014: p.137).

Model of education in the lives of families of trans young people

As a result of these findings, a model has been constructed to further enhance our understanding of the role of education and information in the lives of families of trans young people (Figure 2).

INSERT FIGURE 2

The model illustrates five key stages in the lives of families of trans young people as relates to education and information. Stage one is characterised as the time when the family learns that they have a trans family member. Stage two encompasses possible family reactions to learning a family member is trans and includes a variety of reactions and emotional responses. No specific response is prescribed within this model, as family responses are so individual. Stage three describes the process of accessing education and

information which may include a variety of strategies. Stage four refers to the impact that accessing education and information has on the individual, which may be influenced by factors such as personal characteristics and the quality of the education and information they access. Stage five represents the actions families may engage in as a result of accessing education and information at three levels: wider family, professionals, and community and society.

DISCUSSION

The review has highlighted the importance of education and information in the lives of families of trans young people. The model (Figure 2) provides a conceptual framework to help foster a deeper understanding of the key issues that have emerged from the review and highlights areas in which mental health professionals can play a pivotal role. The different aspects of the model will now be discussed in turn.

Individual and wider family

Through this review, it has become apparent that families, particularly parents, sometimes felt uninformed and ill-equipped to manage their own and other family member's experiences. This lack of information impacted negatively on family members, contributing to emotional challenges. Mental health professionals need to be aware of the potential for difficulties to be encountered by each member of the family and should be able to respond more appropriately. Healthcare assessments for trans young people should be holistic including a review of the potential needs of the wider family (Institute of Medicine 2011). Care plans should accurately reflect the identified psychosocial needs of individuals and family members. The provision of education and information to family should be an intrinsic part of a trans young person's care plan. Particular consideration

should be given to the needs of fathers and siblings, which emerged as an overlooked area in this review (Ishii 2017, Kuvalanka et al. 2014). Healthcare practitioners need to embed the necessary interventions and supports required by families, which may include counselling and psychotherapy services, for example cognitive behavioural therapy (CBT) or family therapy, in their care approach. Rigorous and systematic evaluation of any therapeutic interventions should be conducted.

Professionals

Within the review, families faced difficulties in identifying trans-specific healthcare supports and services, suggesting there is a gap in service provision in this area. Some professionals were perceived as lacking knowledge and the relevant skills to respond appropriately to the needs of trans people and their families (Johnson and Benson 2014, Pyne 2016, Riley et al. 2013b). As a result, some families were documented as having to ‘teach’ healthcare providers about trans identities. This suggests that awareness and a lack of knowledge around trans issues in mental health services continues to be an issue (McCann and Sharek 2014a, Ellis et al. 2015). In this context, it is important for trans issues to be adequately addressed in the education and training of mental health practitioners at all levels, including undergraduate and postgraduate curricula and continuing professional development. Such education and training should be rigorously evaluated. All education and training needs to be inclusive of family issues, reflecting clinically and culturally competent care which responds to the holistic understanding of individual unique health needs (Daniel and Butkus 2015, McCann and Sharek 2014b). Embedding trans issues in healthcare professionals’ education and training can contribute to the cultivation of awareness, creating an open dialogue, and the development of key competencies related to trans-specific needs.

The review demonstrated that family members responded positively to healthcare professionals who were knowledgeable and responsive to their education needs, including how best to support their trans family member (Gray et al. 2016, Kuvalanka et al. 2014, Menvielle and Hill 2010). Further, families appreciated healthcare providers who adopted an affirming stance towards gender identity and suggested appropriate strategies to manage the situation for both the child and the family. The gender affirmative theory and model can provide a useful lens through which mental health practitioners may positively view gender identity (Hidalgo et al. 2013). This approach asserts that gender may be fluid and diverse, that its development is complex, and that this is a natural, not pathological, phenomenon. Within this approach, there is no need to attempt to convert or change a gender diverse child or young person, as there is nothing viewed as inherently ‘fixable’ as regards their gender identity. This model has been suggested as appropriate for mental healthcare practitioners in helping them to affirm the gender identities of young people in their care (Edwards-Leeper et al. 2016).

Wider community and society

To make services more responsive and accessible to families, care providers need to be aware of and find ways of effectively addressing social, cultural, and political determinants related to health inequalities (National LGBT Health Education Center 2016). Within the current review, families felt trans people faced misunderstanding within society due to a lack of knowledge and education. Non-statutory services provide a key role in tackling some of the macro-level issues identified in this review, including stereotyping and discrimination (Bronfenbrenner 1979). In the current review, these services were viewed as accessible, responsive, and appropriate for families, impacting

positively on their wellbeing (Gray et al. 2016, Hill and Menvielle 2009). Mental healthcare providers should be able to refer families to appropriate non-statutory supports.

Research

The review highlights the ongoing need for a specific research focus on families of trans young people to further develop our understanding of their support needs and experiences. While education was shown to have a positive impact on families, there was limited evidence of rigorous evaluations of educational initiatives, including longitudinal studies on the development of family acceptance and support. There is also an opportunity to further explore the availability and impact of education and training on trans issues for mental health practitioners.

Implications for practice

While there are a relatively high proportion of trans young people accessing mental health services, this review provides evidence that healthcare professionals are often not adequately meeting the education and support needs of families of trans young people. Based on these findings, it is recommended that mental health practitioners be aware of the crucial role of family support in the lives of trans young people and be able to respond appropriately to their identified needs. Beyond awareness, it is essential that mental health education and training be provided in order to equip practitioners with the knowledge and skills to provide appropriate care to families in their services. It should be a key goal of integrated treatment and care plans to provide necessary education and information to families. As families were more open to learning from healthcare professionals who did not pathologise trans identities, it may be important for mental healthcare providers to familiarise themselves with the key premises of the gender affirmative theory and model.

This may assist practitioners in developing their own understanding around gender identities, grounding that knowledge in a theoretically-appropriate framework.

CONCLUSION

As trans young people are at such a risk of challenges to their mental health and wellbeing, mental health practitioners are in an opportune position to provide educational support to their families. The evidence from this review has underscored the vital role education and information plays in a family's ability to understand, accept, and support a trans family member. However, it has also highlighted that families' education needs may not be sufficiently met by healthcare professionals. Mental health practitioners can meet these needs more effectively by providing evidence-based information to families in an integrated and holistic approach to care. The gender affirmative theory and model provides an appropriate theoretical stance to guide practitioners' in their approach. Finally, mental health service providers must ensure that the education needs of families and carers of trans young people are an intrinsic aspect of future service developments.

Declaration of interest: The authors report no conflicts of interest.

REFERENCES

- Australian Government (2010) National Standards for Mental Health Services: National Mental Health Strategy. Commonwealth of Australia, Canberra, Australia.
- Barron, C. & Capous-Desyllas, M. (2017) Transgressing the gendered norms in childhood: Understanding transgender children and their families. *Journal of GLBT Family Studies*, doi: **10.1080/1550428X.2016.1273155**, 1-32.
- Bettany-Saltikov, J. (2012) *How to do a Systematic Literature Review in Nursing: A Step-by-Step Guide*, Open University Press, Maidenhead, UK.
- Birnkrant, J.M. & Przeworski, A. (2017) Communication, advocacy, and acceptance among support-seeking parents of transgender youth. *Journal of Gay & Lesbian Mental Health*, **21**(2), 132-153.
- Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*, Harvard University Press, Cambridge, MA, USA.
- Cantner, C.E. (2012) *Loving Beyond Gender: Family experiences of transgender loved ones*. Vol. Doctor of Psychology Long Island University, Brookville, NY, USA.
- Capous-Desyllas, M. & Barron, C. (2017) Identifying and navigating social and institutional challenges of transgender children and families. *Child and Adolescent Social Work Journal*, doi: **10.1007/s10560-017-0491-7**, 1-16.
- Coughlan, M., Cronin, P. & Ryan, F. (2013) *Doing a Literature Review in Nursing, Health and Social Care*, SAGE Publications Ltd., London, UK.
- Critical Appraisal Skills Programme (2017) CASP Qualitative Research Checklist [online]. Critical Appraisal Skills Programme, http://docs.wixstatic.com/ugd/dded87_25658615020e427da194a325e7773d42.pdf.
- Daniel, H. & Butkus, R. (2015) Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. *Annals of Internal Medicine*, **163**(2), 135-137.
- di Ceglie, D. & Thümmel, E.C. (2006) An experience of group work with parents of children and adolescents with Gender Identity Disorder. *Clinical Child Psychology & Psychiatry*, **11**(3), 387-396.
- Duggleby, W., Holtslander, L., Kylma, J., Duncan, V., Hammond, C. & Williams, A. (2010) Metasynthesis of the hope experience of family caregivers of persons with chronic illness. *Qualitative Health Research*, **20**(2), 148-158.
- Edwards-Leeper, L., Leibowitz, S. & Sangganjanavanich, V.F. (2016) Affirmative practice with transgender and gender nonconforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity*, **3**(2), 165-175.
- Ellis, S.J., Bailey, L. & McNeil, J. (2015) Transgender people's experiences of mental health and gender identity services: A UK study. *Journal of Gay and Lesbian Mental Health*, **19**(1), 4-20.
- Field, T.L. & Mattson, G. (2016) Parenting transgender children in PFLAG. *Journal of GLBT Family Studies*, **12**(5), 413-429.
- Gold, M.L. (2008) *A Qualitative Investigation into the Process of Family Adjustment to Transgender Emergence*. Vol. Clinical Psychology Massachusetts School of Professional Psychology, Newton, MA, USA.
- Government of Scotland (2006) *Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland*. Scottish Executive, Edinburgh, Scotland.
- Grant, J.M., Mottet, L.A. & Tanis, J. (2011) *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. The National Center for Transgender Equality, Washington, D.C., USA.

- Gray, S.A.O., Sweeney, K.K., Randazzo, R. & Levitt, H.M. (2016) "Am I doing the right thing?": Pathways to parenting a gender variant child. *Family Process*, **55**(1), 123-138.
- Gregor, C. (2013) How Might Parents of Pre-Pubescent Children with Gender Identity Issues Understand Their Experience? , Vol. Professional Doctorate in Social Work University of East London.
- Gregor, C., Hingley-Jones, H. & Davidson, S. (2015) Understanding the experience of parents of pre-pubescent children with gender identity issues. *Child and Adolescent Social Work Journal*, **32**(3), 237-246.
- Grossman, A.H. & D'Augelli, A.R. (2007) Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior*, **37**(5), 527-37.
- Guditis, L.C. (2009) When a Transsexual Family Member Transitions: A qualitative exploration of the family's experience. In *Department of Family Sciences*, Vol. Doctor of Philosophy Texas Women's University, Denton, TX, USA.
- Haas, A.P., Rodgers, P.L. & Herman, J.L. (2014) Suicide Attempts Among Transgender and Gender Non-conforming Adults: Findings of the national Transgender Discrimination Survey American Foundation for Suicide Prevention, New York, NY, USA.
- Health Service Executive (2012) A Vision for Psychiatric/Mental Health Nursing: A Shared Journey for Mental Health Care in Ireland. Health Service Executive, Dublin, Ireland.
- Hegedus, J.K. (2009) When a Daughter Becomes a Son: Parents' acceptance of their transgender children. In *Faculty of the California School of Professional Psychology*, Vol. Doctor of Psychology Alliant International University, San Francisco, CA, USA.
- Hendricks, M.L. & Testa, R.J. (2012) A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, **43**(5), 460-467.
- Hidalgo, M.A., Ehrensaft, D., Tishelman, A.C., Clark, L.F., Garofalo, R., Rosenthal, S.M., Spack, N.P. & Olson, J. (2013) The Gender Affirmative Model: What we know and what we aim to learn. *Human Development*, **56**(5), 285-290.
- Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., deVries, J., Begley, T., McCann, E., Sheerin, F. & Smyth, S. (2016) The LGBTIreland Report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland. Gay and Lesbian Equality Network (GLEN) and BeLonG To, Dublin, Ireland.
- Hill, D.B. & Menvielle, E. (2009) "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, **6**(2-3), 243-271.
- Institute of Medicine (2011) The Health of Lesbian, Gay, Bisexual, and Transgender People. The National Academies Press, Washington, D.C., USA.
- Ishii, Y. (2017) Rebuilding relationships in a transgender family: The stories of parents of Japanese transgender children. *Journal of GLBT Family Studies*, doi: **10.1080/1550428X.2017.1326015**, 1-25.
- Johnson, S.L. & Benson, K.E. (2014) "It's always the mother's fault": Secondary stigma of mothering a transgender child. *Journal of GLBT Family Studies*, **10**(1-2), 124-144.
- Katz-Wise, S.L., Budge, S.L., Fugate, E., Flanagan, K., Touloumtzis, C., Rood, B., Perez-Brumer, A. & Leibowitz, S. (2017) Transactional pathways of transgender identity development in transgender and gender-nonconforming youth and caregiver perspectives from the Trans Youth Family Study. *International Journal of Transgenderism*, doi: **10.1080/15532739.2017.1304312**, 1-21.

- Kuvalanka, K.A., Weiner, J.L. & Mahan, D. (2014) Child, family, and community transformations: Findings from interviews with mothers of transgender girls. *Journal of GLBT Family Studies*, **10**(4), 354-379.
- Mays, N., Pope, C. & Popay, J. (2005) Systematically reviewing qualitative and quantitative evidence to inform management and policy-making in the health field. *Journal of Health Services Research & Policy*, **10**(1), 6-20.
- McCann, E., Lee, R. & Brown, M. (2016) The experiences and support needs of people with intellectual disabilities who identify as LGBT: A review of the literature. *Research in Developmental Disabilities*, **57**, 39-53.
- McCann, E. & Sharek, D. (2014a) Challenges to and opportunities for improving mental health services for lesbian, gay, bisexual, and transgender people in Ireland: A narrative account. *International Journal of Mental Health Nursing*, **23**(6), 525-533.
- McCann, E. & Sharek, D. (2014b) Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland. *International Journal of Mental Health Nursing*, **23**(2), 118-127.
- McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. (2012) Trans Mental Health Study 2012. Equality Network, Edinburgh, UK.
- McNeil, J., Bailey, L., Ellis, S., Regan, M. & Transgender Equality Network Ireland (TENI) (2013) Speaking from the Margins: Trans mental health and wellbeing in Ireland. Transgender Equality Network Ireland (TENI), Dublin, Ireland.
- Meadow, T. (2011) 'Deep down where the music plays': How parents account for childhood gender variance. *Sexualities*, **14**(6), 725-747.
- Menvielle, E. & Hill, D.B. (2010) An affirmative intervention for families with gender-variant children: A process evaluation. *Journal of Gay & Lesbian Mental Health*, **15**(1), 94-123.
- Mustanski, B. & Liu, R.T. (2013) A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of Sexual Behavior*, **42**(3), 437-448.
- National LGBT Health Education Center (2016) Affirmative Care for Transgender and Gender Non-Conforming People. The Fenway Institute, Boston, MA, USA.
- Pearlman, S.F. (2006) Terms of connection: Mother-talk about female-to-male transgender children. *Journal of GLBT Family Studies*, **2**(3-4), 93-122.
- Polat, A., Yuksel, S., Discigil, A.G. & Meteris, H. (2005) Family attitudes toward transgendered people in Turkey: Experience from a secular Islamic country. *International Journal of Psychiatry in Medicine*, **35**(4), 383-393.
- Pullen Sansfaçon, A., Robichaud, M.J. & Dumais-Michaud, A.A. (2015) The experience of parents who support their children's gender variance. *Journal of LGBT Youth*, **12**(1), 39-63.
- Pyne, J. (2016) "Parenting is not a job...it's a relationship": Recognition and relational knowledge among parents of gender non-conforming children. *Journal of Progressive Human Services*, **27**(1), 21-48.
- Rahilly, E.P. (2015) The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society*, **29**(3), 338-361.
- Riley, E.A., Clemson, L., Sitharthan, G. & Diamond, M. (2013a) Surviving a gender-variant childhood: The views of transgender adults on the needs of gender-variant children and their parents. *Journal of Sex and Marital Therapy*, **39**(3), 241-263.
- Riley, E.A., Sitharthan, G., Clemson, L. & Diamond, M. (2011a) The needs of gender-variant children and their parents according to health professionals. *International Journal of Transgenderism*, **13**(2), 54-63.

- Riley, E.A., Sitharthan, G., Clemson, L. & Diamond, M. (2011b) The needs of gender-variant children and their parents: A parent survey. *International Journal of Sexual Health*, **23**(3), 181-195.
- Riley, E.A., Sitharthan, G., Clemson, L. & Diamond, M. (2013b) Recognising the needs of gender-variant children and their parents. *Sex Education-Sexuality Society and Learning*, **13**(6), 644-659.
- Rushbrooke, E., Murray, C.D. & Townsend, S. (2014) What difficulties are experienced by caregivers in relation to the sexuality of people with intellectual disabilities? A qualitative meta-synthesis. *Research in Developmental Disabilities*, **35**(4), 871-886.
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R. & Sanchez, J. (2010) Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, **23**(4), 205-213.
- Simons, L., Schrager, S.M., Clark, L.F., Belzer, M. & Olson, J. (2013) Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, **53**(6), 791-793.
- Singh, A.A., Hays, D.G. & Watson, L.S. (2011) Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development*, **89**(1), 20-27.
- Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L. & Papadimitriou, M. (2012) Impact of Strong Parental Support for Trans Youth. TransPulse, Ontario, Canada.
- Wren, B. (2002) 'I can accept my child is transsexual but if I ever see him in a dress I'll hit him': Dilemmas in parenting a transgendered adolescent. *Clinical Child Psychology and Psychiatry*, **7**(3), 377-397.

Figure 1. Flow chart of literature review process

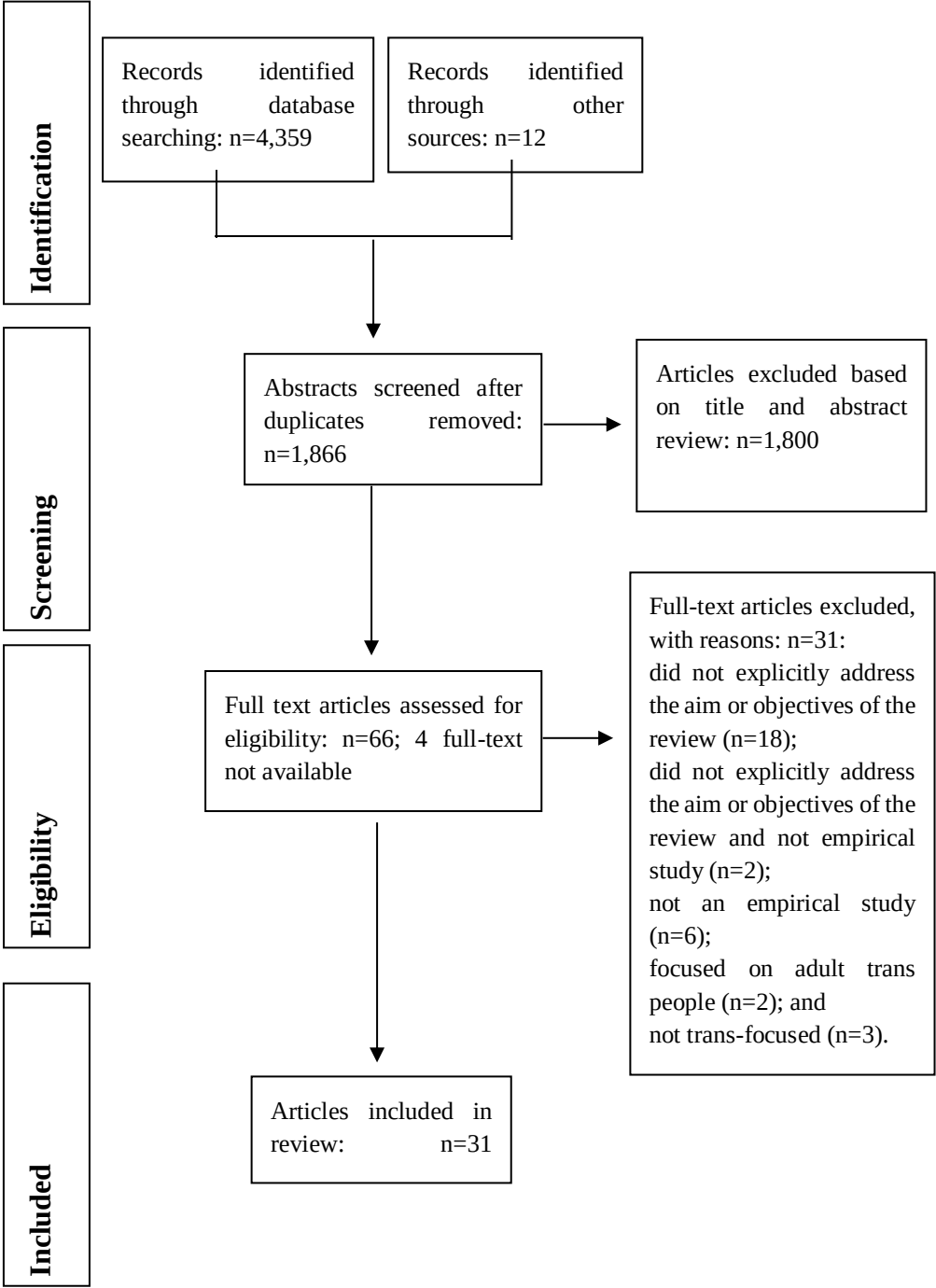


Figure 2. Model of the role of education and information in the lives of families of trans young people

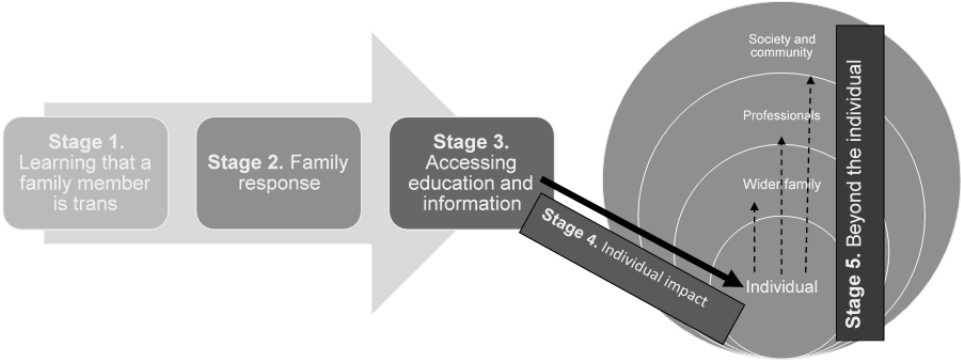


Table 1. Studies included in the review

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Alie (2012) USA	To explore what factors impact on parental acceptance of trans and gender nonconforming children	Quantitative online survey	99 parents (84% female 13% male, 3% other) of trans and gender non-conforming children aged 5-52 years	Higher levels of acceptance linked to a number of factors, including: liberal political orientation, attending a support group, higher levels of knowledge in relation to trans issues, and more contact with trans people. non-conforming) child.	Small, non-representative, self-selected sample, consisting mainly of white mothers. Participants were linked into support groups.	Parents with higher knowledge of trans issues scored higher in terms of parental warmth. Education for parents is recommended.	16
Barron and Capous-Desyllas (2017) USA	To explore and understand the experiences of trans children and their families at the micro level	Qualitative case studies	4 families with trans girls aged 5-8 years	Provides descriptive experiences of families at the micro level, including the progression of the child's gender expression and the family member's understanding of the child's gender expression and transition.	Small, non-representative, self-selected sample, which only includes families with trans girls.	The need for parents to gain understanding through education and accessing information was described as a prerequisite for acceptance and support of their child.	18
Birnkrant and Przeworski (2017) USA	To describe the disclosure and communication processes for families of trans young people	Online survey with closed and open-ended questions	56 parents (52 female, 3 male, 1 other) of trans children (41 bio female, 15 bio male), mean age 14.5 years	Good deal of communication between trans young people and their families. Parents acted as strong advocates for their children.	Small, non-representative, self-selected sample, majority white, heterosexual mothers. Participants were linked into support groups.	Parents used education and information as advocacy tools within the extended family.	18
Cantner (2012) USA	To explore the experiences of families of transgender people	Qualitative focus groups	15 participants (8 mothers, 2 fathers, 2 siblings, 2 aunts, 1 grandfather) of trans people (10 male-identified, 5 female-identified) aged 14-45 years	Findings were consistent with Kubler-Ross' (1969) stages of 'loss and grief'. Five themes: emotional distress following disclosure; family members' adaptations; negative impact; coping strategies; and moving towards acceptance and advocacy.	Small, non-representative, self-selected sample. Participants were linked into support groups.	Initially, many of the family members did not know about trans issues, causing feelings of confusion and helplessness. Gathering information and finding social support were associated with facilitating families' processes of adjustment to their trans family member's identity.	16
Capous-Desyllas and Barron (2017) USA	To explore and understand the experiences of trans children and their families at the mezzo and macro level	Qualitative case studies, including participant observations, journal	4 families with trans girls aged 5-8 years	Describes the families' experience of navigating their child's gender transition and the social challenges they may face in various realms, including the community, schools, religion, and healthcare.	Small, non-representative, self-selected sample, which only includes families with trans girls.	Half of parents were not familiar with the term 'transgender'. Parents' first action upon recognising their child's gender variance was to educate themselves. Education helped families	17

		writings, semi-structured interviews, and unstructured interviews				prepare for their child's gender transition.	
di Ceglie and Thümmel (2006) UK	To evaluate the experiences of parents with a group work intervention	Evaluation questionnaires (n=7) comprised of 9 questions (5 closed-ended and 4 open-ended)	10 participants (2 couples, 5 mothers, 1 aunt) with trans children (mix of bio male and bio female) aged 7-17 years	Concluded group's aims were achieved. Identified the positive factors of the group, including: cathartic, group cohesiveness, universality, instillation of hope, altruism, and guidance.	One-time point evaluation.	Parents reported that learning with the group from both parents and professionals helped them feel less isolated and better able to support their child.	10
Field and Mattson (2016) USA	To explore the experiences of parents of trans children, especially as compared and contrasted to parents of GLB children	Qualitative interviews (n=60)	14 parents (11 mothers, 2 fathers, 1 grandfather) of trans children and young people (9 FTM, 2 MTF, 3 other identities) aged 10-48 years	Parents felt they had more challenges than parents of GLB children.	Small, non-representative, self-selected sample. 11 out of 14 participants were mothers.	Parents reported not knowing anything about transgender or having heard about it before their child came out, adding to their shock and grief. Access to education and information, helped parents feel less isolated and alone.	15
Gold (2008) USA	To explore the adjustment of family members as they become aware of their child's trans identity	Online semi-structured interview questionnaires	12 parents (9 mothers, 3 fathers) of trans children (8 FTM, 2 MTF, 2 unidentified trans) aged 14-32 years	Parents faced difficulty in changing their cognitive understandings of their child, but through various strategies were able to come to accept their trans child.	Small, non-representative, self-selected sample	'Making sense' of their child and their experience was highlighted as impacting positively on parental adjustment. Seeking information and supports was identified as an active coping strategy and helped parents feel less isolated.	14
Gray et al. (2016) USA	To explore the experiences of parents of gender variant and trans children	Qualitative interviews	11 parents (8 mothers and 3 fathers) of gender variant children (5 bio female, 6 bio male) aged 5-12 years	Parents tried to help their children experience a non-stigmatised childhood through two strategies: "rescuing the child from fear of stigma and hurt or accepting GV and advocating for a more tolerant world" (p.1).	Small, non-representative, self-selected sample, comprised primarily of white, heterosexual, highly educated, and financially well-off participants.	Parents' understanding of their child's gender variance was informed by members of the LGBTQ community, health and education professionals. Education helped parents with acceptance and impacted on parenting decisions and improved parents' advocacy skills.	19
C. Gregor et al. (2015)	To explore the experiences of parents of pre-	Qualitative interviews	8 parents (3 heterosexual couples, 2 mothers)	Identified five themes related to the process of mourning for parents, including: loss, uncertainty,	Small, non-representative, self-selected sample.	The theme of 'uncertainty' related to parents not knowing what to do and not understanding what was going on with	19

UK	pubescent children with gender identity issues		of trans children (3 bio male, 2 bio female) ages 6-10 years	ambivalence, being unable to think, and acceptance)	Participants were linked into support groups.	their child, making it difficult for them to access supports for their child.	
Claire Gregor (2013) UK	To explore the experiences of parents of pre-pubescent children with gender identity issues	Qualitative interviews	8 parents (3 heterosexual couples, 2 mothers) of trans children (3 bio male, 2 bio female) ages 6-10 years	Identified five themes related to the process of mourning for parents, including: loss, uncertainty, ambivalence, being unable to think, and acceptance)	Small, non-representative, self-selected sample. Participants were linked into support groups.	The theme of ‘uncertainty’ related to parents not knowing what to do and not understanding what was going on with their child, making it difficult for them to access supports for their child.	20
Guditis (2009) USA	To explore the experiences of family members of trans people	Qualitative interviews	20 family members (9 partners, 3 daughters, 2 siblings, 4 mothers, 2 fathers) of trans people (14 FTM, 6 MTF) aged 21-64 years	Participants described how a family member’s gender transition affects the whole family and how family members coped and found peace within themselves and supports.	Small, non-representative, self-selected sample. Biased towards those with strong and accepting family relationships.	Education was described as critical in helping family members with acceptance. Participants generally felt there were scant sources of quality information for families of transgender people.	18
Hegedus (2009) USA	To investigate the experiences of parents of trans children	Qualitative, in-depth, semi-structured interviews and surveys	12 parents (11 mothers and 1 father) of FTM trans young people aged 15-26 years	All of the parents worried about rejection and experiencing negative outcomes as a result of their child’s gender identity. The majority, however, fully accepted their child’s gender identity transition.	Small, non-representative, self-selected sample, comprise primarily of mainly white, middle-upper class, highly educated participants.	Many of the parents had did not know about trans issues before their child came out. This ‘not knowing’ added to feelings of fear and confusion. An active coping strategy identified included accessing support groups from which to ask questions and get information.	14
Hill and Menvielle (2009) ‘ USA	To identify issues faced by parents of gender variant children and to summarise their advice	Qualitative telephone interviews – parents paid \$37.50 for participation	42 parents (26 mother-father or lesbian couples, 15 mothers, 1 father) of 31 gender variant children (23 bio male, 8 bio female) aged 4-18 years	Parents discussed their own beliefs about gender identity, the processes of their own acceptance of their child and the primary challenges they faced.	Small, non-representative, self-selected sample. Sample biased towards liberal, feminist parents versus traditional parents.	Some parents read or attended trans events in order to learn about their child’s experiences; this was linked to helping them accept their child. Education linked to helping parents feel not alone. Parents recommended that other parents educate themselves.	13
Ishii (2017) Japan	To explore the acceptance process for parents of trans children through their stories	Qualitative, semi-structured interviews	12 parents (9 mothers and 3 fathers) of trans young people (6 FTM, 1 MTF, 5 other	Mothers were highly motivated to understand their child and reconstruct their understanding of the child to foster acceptance. Fathers were described as	Small, non-representative, self-selected sample, comprised primarily of mothers.	Mother sought information, which helped the mothers feel less alone and less isolated, and helped them better understand their child’s gender identity, allowing them to accept and advocate	13

			or unknown identities) aged 18-33 years	less motivated to understand their transgender child.		for the child. Fathers were reported as having less quantity and quality of information.	
Johnson and Benson (2014) USA	To explore the process of transition and secondary stigma experienced by a mother of a trans daughter	Case study	Mother of a trans daughter aged 6 years	The participant described her experiences with her trans daughter, including her experiences accessing education and support and experiences with stigma.	Single case study.	Information helped the mother understand her daughter's gender identity and how to parent her and helped her become an advocate for her daughter. The mother was responsible for providing information to the father.	17
Katz-Wise et al. (2017) USA	To develop pathways of trans identity development	Qualitative, in-depth, semi-structured interviews	16 families, including: caregivers (17 mothers, 11 fathers, and 1 grandmother) of 16 trans and gender non-conforming youth (9 trans boys, 5 trans girls, 2 other identities) aged 7-18 years	Developed a conceptual model for trans identity development.	Small, non-representative, self-selected sample, comprised mostly of white, mid-high income families. Biased towards families who may be more supportive.	Access to information, support and other resources was identified as important by caregivers.	17
Kuvalanka et al. (2014) USA	To explore mother's experiences before, during, and after their child's social transition	Qualitative, in-depth, semi-structured interviews	5 mothers of trans children (bio males) aged 8-11 years who had socially transitioned to female	The overarching theme of 'transformation' was used to understand the findings in relation to the individual child, their family, and their wider community. The participants were initially uninformed about trans issues, but as they gained knowledge and information, moved towards understanding, acceptance, and advocacy for their child.	Small, non-representative, self-selected sample, comprised of mothers who were accepting of their child.	The mothers in the study were initially uninformed about trans issues and identity. Once they learned more about it, they quickly moved towards acceptance, and became advocates for their children. Information helped them feel less alone and isolated. Mothers reported that fathers had a harder time understanding and accepting their child.	16
Meadow (2011) USA	To examine parents' narratives about their gender variant child	Qualitative, in-depth, semi-structured interviews	3 families with trans children (gender variant, bio male, bio female)	Reported three types of narratives parents who chose to affirm their child's atypical gender identity used to explain their child's gender variance: biological, psychological, and spiritual.	Small, non-representative, self-selected sample, biased towards families who are more accepting.	Parents made sense of their child's gender variance through learning from the internet, professionals and other families of gender variant children, as well as their own sense of spirituality.	11
Menvielle and Hill (2010) ‘	To explore the experiences of parents with a gender	Qualitative, in-depth, semi-	42 parents (26 couples, 16 parents) of 31 gender variant	Accepting parents go through a process of adjustment on the way towards acceptance, and may or may not start	Small, non-representative, self-selected sample, biased	Parents wanted correct information for themselves and others. Information helped them feel more secure and	13

USA	affirmative intervention	structured telephone interviews and surveys	children (23 bio male, 8 bio female) aged 4-17.5 years	from a position of rejection. Parents discussed their child's distress, their child's positive qualities, and what sought them to seek support.	towards families who are more accepting.	validated in their parenting and to feel less guilt. Mothers often took the more active role in the programme, but acted as information conduits to the father.	
Norwood (2010) USA	To understand how family members make sense of their trans family member's transition	Qualitative, in-depth, semi-structured interviews	37 family members (19 mothers, 5 fathers, 4 siblings, 3 adult children, and 6 partners) of trans (20 FTM, 16 MTF, 1 other identity) people aged 6-60 years	Four concepts were identified: the self, sex-gender, trans identity, and family. Participants constructed various meanings around these concepts allowing them to understand their own and their family member's experiences.	Small, non-representative, self-selected sample, biased towards families who are more accepting.	Participants used education, information, and research to understand their family member's trans identity, helped them articulate and defend their position as regards their family member's trans identity.	16
Pearlman (2006) USA	To explore experiences of mother of FTM trans children	Qualitative, in-depth, semi-structured interviews	18 mothers of FTM transgender children	Mothers went through processes to accept their child. The feelings of grief and acceptance were not mutually exclusive or contradictory experiences.	Small, non-representative, self-selected sample, comprised of white, highly educated mothers.	Most mothers had never heard of male-to-female trans. They sought information in a variety of ways. The information allowed them to move past their initial shock and grief towards understanding and later acceptance.	11
Polat et al. (2005) Turkey	To examine the experiences of families with a trans relative	Questionnaire, with closed and open-ended questions	47 relatives (25 mothers, 6 fathers, and 16 siblings) of 39 trans people (25 bio female, 14 bio male) aged 17-31 years	Many participants had no understanding of gender identity issues when they learned their family member was trans. Forty percent of the sample fully accepted their trans family member.	Small, non-representative, self-selected sample, comprised primarily of mothers.	63.8% of the sample had no information about gender identity initially. Families had trouble accessing information due to shame and social pressure.	10
Pullen Sansfaçon et al. (2015) Canada	To explore the issues and challenges experienced by parents of gender-variant children	Participatory action research project, including 28 hours of group discussions	14 parents of gender-variant children aged 4-13 years	Parents described how they came to understand, label, and articulate their child's gender identity. Parents described challenges related to parenting a gender-variant child.	Small, non-representative, self-selected sample, including only parents who supported their child's gender identity.	Information impacted positively on parent's management of anxiety.	18
Pyne (2016) Canada	To explore parents' affirmative stance towards their gender non-conforming child	Qualitative, semi-structured interviews	15 parents (12 female, 3 male) of gender non-conforming children aged 5-14 years	Parents reported that child's gender experiences were 'unknowable', but that they responded to their unknowing with various strategies.	Small, non-representative, self-selected sample, comprised of primarily white, middle-upper class participants.	Parents sought information and education from their child, medical professionals, and other families. Parents accepted information that affirmed their child's identity, but rejected that which did not	20

Rahilly (2015) USA	To examine the strategies parents use to understand and accommodate their child's gender diversity	Qualitative, in-depth, semi-structured interviews	24 parents (10 heterosexual couples, 4 same-sex, 2 heterosexual single mothers) of 16 children with gender variance aged 5-19 years	Parents used the practises of 'gender hedging', 'gender literacy', and 'playing along' to understand and accommodate their gender-variant children.	Small, non-representative, self-selected sample, comprised of primarily white, middle-class, and well-educated participants. All parents were supportive of their child's gender identity.	Education and 'gender literacy' allowed parents to develop new strategies to manage and advocate for their child within the family and beyond	15
Riley et al. (2011a) Australia. Sample drawn from multiple countries.	To explore professionals' views of the needs of gender variant children and their parents	Online survey, with closed and open-ended questions	29 professionals (41% USA, 21% Australia, 14% UK, 7% Canada, 7% South Africa, 10% Other)	Children's needs included: to be accepted, respected, heard, loved and supported; to have support; to be enabled to express their gender; to feel safe; to be treated normally; and to have access to hormone therapy. Parents' needs included support, education, and correct information.	Small, non-representative, self-selected sample.	<i>Professionals identified the need for parents to have education and correct information, with a lack of information and knowledge described as contributing to parents' challenges in supporting their child.</i>	18
Riley et al. (2011b) Australia. Sample drawn from multiple countries.	To identify the needs of parents of gender variant children	Online survey, including closed and open-ended questions	31 parents (27 mothers, 3 fathers, 1 guardian) of gender variant children (18 bio male, 13 bio female) aged 0-6 to 25+ years (61% Australia, 10% Canada, 10% UK, 19% USA)	Parents' needs included: assistance in identifying their child's gender variance and how to respond to it; emotional supports; how to handle negative situations; how to access medical care; and the need for government-wide support.	Small, non-representative, self-selected sample, comprised primarily of mothers.	Parents identified their primary need as the need for information and support. The need for information was described as being a prerequisite for parents to support their child.	18
Riley, Clemson, et al. (2013) Australia. Sample drawn from multiple countries.	To explore the experiences and needs of gender variant children and their parents through a sample of adult trans participants	Semi-structured survey	110 trans adults (70 bio male, 35 bio female, 5 unidentified) aged 18-66+ years (45% USA, 27% Australia, 7% Canada, 6% UK, 14% Other)	Participants identified their needs as children for educated authority figures, acceptance and support, freedom to express their gender identity, and recognition and validation.	Small, non-representative, self-selected sample, comprised of well-educated, high income participants. Based on a retrospective study of participants' views on their childhood.	A lack of information and knowledge was described as hindering a family's ability to understand and accept a gender variant child. They identified the primary need of their parents as the need for access to information (35%; n=72).	18
Riley, Sitharthan, et al. (2013)	To identify the needs of gender-variant children and their	Three online surveys	Total (N=170): parents (n=31), transgender adults	Children's needs included: information, peer contact, personal gender expression, safety, and to be accepted	Small, non-representative, self-selected samples.	The need for information and education was identified as primary need for parents, including information for	18

Australia. Sample drawn from multiple countries.	parents according to parents, trans adults, and professionals		(n=110), professionals (n=29)	by their parents. Parent needs included: information and educational resources for themselves and others.		themselves, for professionals, and for wider society.	
Wren (2002) UK	To examine parents' narratives around their child's gender identity and how it impacts their coping strategies	Qualitative, in-depth, semi-structured interviews	11 families, including 7 parent-child units, with children (7 bio male, 4 bio female) aged 14 -19 years	Parents handled communication of their child's gender identity with care and engaged in an iterative process of meaning making, acceptance, and coping.	Small, non-representative, self-selected sample, comprised of all clients of one service.	Parents did not have an awareness of gender identities, thus making it difficult to understand their child. Getting information was important for helping parents cope.	15