

## Webinar 12

# Supporting trans and gender diverse children and their families

7:15 pm to 8:30 pm AEST  
Thursday 23<sup>rd</sup> April 2020

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**Emerging  
Minds.**

**National Workforce  
Centre for Child  
Mental Health**



Emerging Minds and MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.

# Welcome to series two

This is the fourth webinar in the second series on child and infant mental health, presented by Emerging Minds and the Mental Health Professionals' Network.

Upcoming webinars in this series are:






- **Aboriginal children and the effects of intergenerational trauma**
- **Engaging children and parents affected by child and sexual abuse**

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# How to use the platform

To access the interactive features and resources, hover over the colourful icons to the top right of your screen:

-  open the chat box
-  ask the panel a question
-  access resources including the case study, panel biographies and supporting resources
-  open the survey
-  reload the page/webinar room

# Learning outcomes

At the webinar's completion, participants will be able to:

- Choose practice that acknowledges what the child is experiencing is real and support parents in accepting and affirming their child's choices and experiences.
- Select language which is not binary and doesn't reinforce dominant stereotypes about gender.
- Discuss how to use a support plan with trans and gender diverse children and their families.
- Identify referral pathways and how to make an appropriately supportive referral when working with trans and gender diverse children and their families.

# Tonight's panel



**Assoc. Prof. Michelle Telfer**  
Paediatrician, Vic



**Ms Janet Brown**  
Child and Family  
Partner, Vic



**Dr Nicholas Brayshaw**  
General Practitioner, Vic



**Ms Susanne Prosser**  
Youth worker, Vic



**Facilitator: Dan Moss**  
Workforce Development Manager,  
Emerging Minds, SA



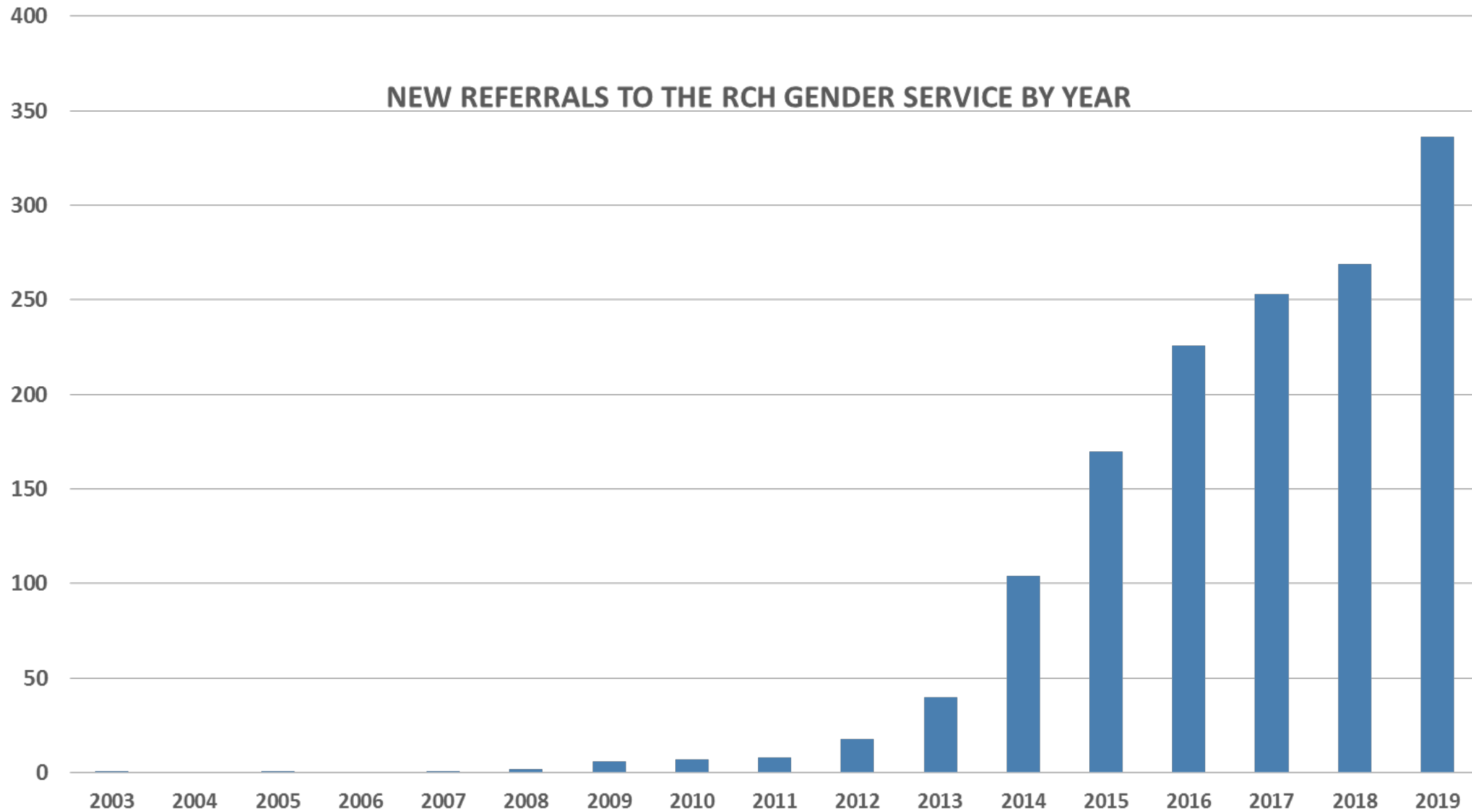
# Increasing numbers of TGDNB young people presenting for care



Assoc. Prof. Michelle Telfer

- National Survey of Australian Secondary Students and Sexual Health (June 2019)
- A national, cross sectional survey of 6,327 secondary school students in Years 10-12
- 2.3% reported being trans or gender diverse
- New Zealand Adolescent Health Survey (Youth 2012)
  - A national, cross sectional, population based survey 8,166 secondary school students
  - 1.2% reported being transgender
  - 2.5% reported not being sure about their gender

NEW REFERRALS TO THE RCH GENDER SERVICE BY YEAR





# Transgender adolescents suffer high rates of exclusion, abuse and mental health problems

**Social exclusion**

**43%**

**Verbal abuse**

**66%**

**Physical abuse**

**31%**

**Self harm**

**80%**

**Attempt suicide**

**48%**

Hillier L, Jones T et. al. "Writing Themselves in 3" (2010)

Strauss, P et al. Trans Pathways (2017)



# Australian Standards of Care and treatment guidelines

For trans and gender diverse  
children and adolescents

**First published online in September 2017**

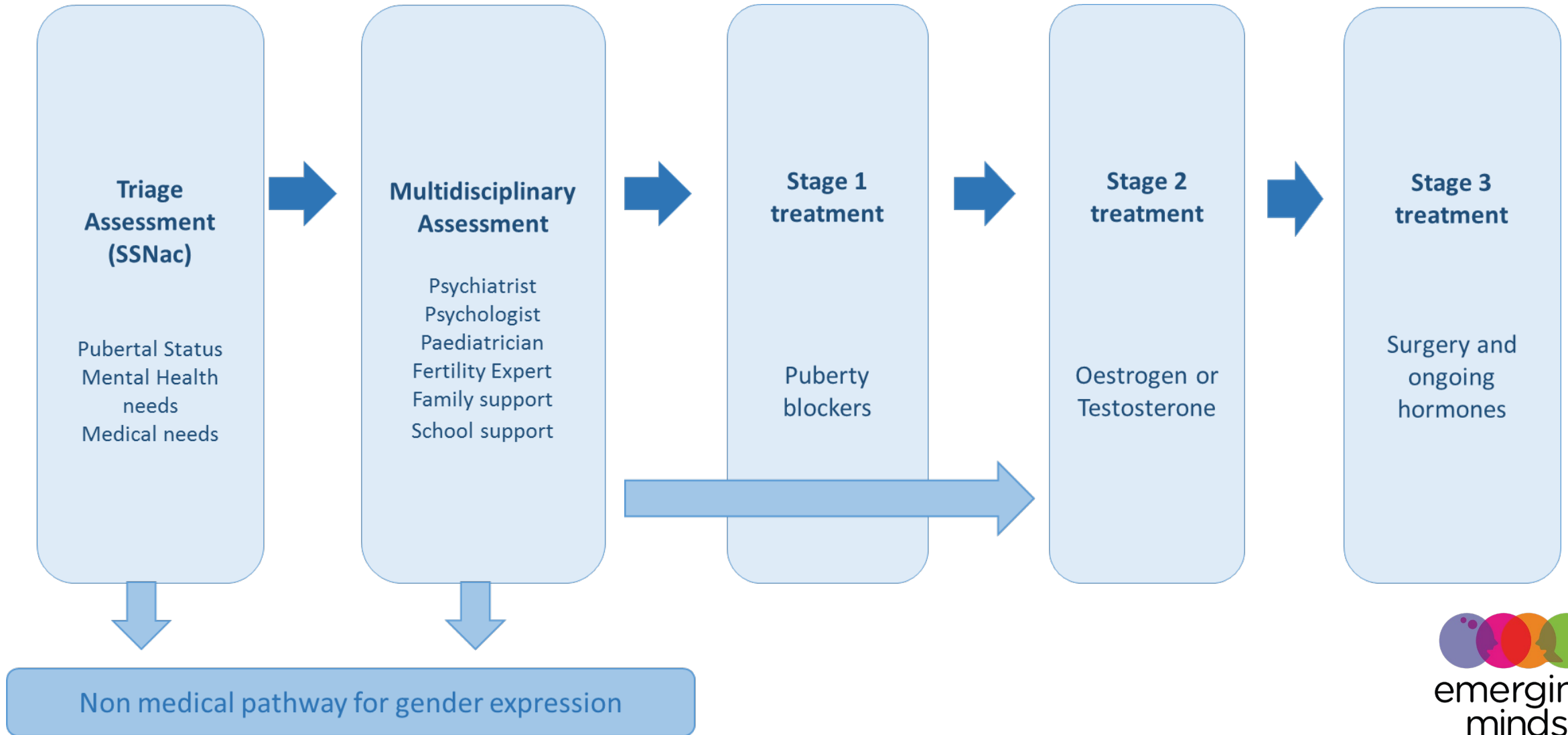
Assoc. Prof. Michelle Telfer, Dr Michelle Tollit

Dr Carmen Pace, Dr Ken Pang.

- **Endorsed by the Australian Professional Association for Trans Health**
- **Published in MJA on 18 June 2018**
- **Subject of an editorial in The Lancet on 30 June 2018**



# Stages of Clinical Intervention



# Rates of regret following medical and surgical intervention



## The Amsterdam Cohort of Gender Dysphoria Survey (1972-2015)

- Medical files of all people who attended from 1972 to 2015 reviewed
- 6,793 people in total
- 0.6% of transwomen and 0.3% transmen experienced regret
- Nearly half of those with regret reported this being due to “social regret” including rejection by family, loss of employment etc.



Janet Brown

- As a parent, the importance of an accepting, caring and warm response from the GP is crucial.
- Having a GP who is willing to learn, work from where the parent is at, and can share key resources is really helpful for families.



- Connection is everything. Particularly early on in a child's journey around gender, parents can feel isolated, out of their depth and scared.
- When a child is struggling emotionally, being bullied at school and talking of self harm, it is important to most parents that the key health professional, most often the GP, can take the lead.



- Family dynamics can be under immense pressure when a child begins to question, express or affirm their gender.
- Key supports from a personal and family perspective.



# General Practice Approach

- Engagement
- Safety
- Provide information
- Provide/ arrange supports for Nicole, Jeremy and Michael
- Build team/ who else to involve/ referrals  
[including early referral to Royal Children's Hospital waitlist]
- Provide ongoing support and review



Dr Nicholas Brayshaw

# Engagement - with Nicole & Jeremy



- Listen
- Validate
- Normalise
  - *“There’s lots of options which might help”*
  - *“What do you already know about Affirmative measures”*
- Clarify goals
- Invite Michael to next appointment?

# With Jeremy alone

- Explain confidentiality
- Acknowledge
  - *“you are finding some aspects of your life are difficult at the moment”*
- Explore Jeremy’s concerns
- **HEADSS** framework
- Engage around “Positives in Jeremy’s life”
- Assess ideation of deliberate self-harm (DSH)
- Safety Plan/ strategies
- Instil optimism
- Ask about preferred name?
- Pronouns?



Home  
Education and employment  
Activities  
Drugs and alcohol  
Sexuality  
Suicide Risk/depression

# Provide Information



- About gender “spectrum”
- Prevalence of diversity
- Fluidity
- Importance of parental support
- Importance of providing a home environment safe for exploration and expression of gender variance
- Including using preferred name/pronouns
- Availability of Puberty Blockers [& timelines]
- Emerging Minds
- Royal Children’s Hospital gender service website

# Engaging Other Services/ Referral



- Specialist paediatric Gender Service
- Community psychologist
- Safe Schools
- Peer group
- Parental support
- Others

- Keep the child at the centre of all conversations and decision making
- Helps with their sense of agency and control



Susanne Prosser

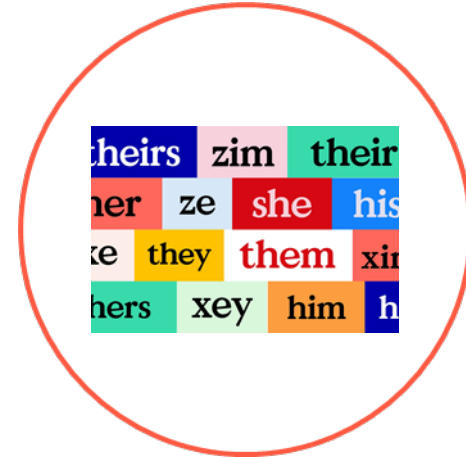
# Social Affirmation

The medical approach is just one part of the journey, and there are lots of other things you can do to support the child.



## Social affirmation/transition can include things like:

- Changing pronouns
- Choosing a new name
- Changing how they look including hair, clothes, uniform
- Amending documents to match their gender identity e.g. school records, medical documents
- Participating in activities in alignment with their gender identity e.g. sport
- Telling friends and family (coming out or inviting in)





# Social Affirmation continued...

- There is no one right way to be trans, gender diverse or non binary
- Explore gender and identity, talk about stereotypes and other aspects that make up their identity.
- Use books and videos to help have the conversation
- Don't try and give answers, but engage in an exploration
- Normalise what is happening for them



Image credit:  
*Trans Pathways* report (2017)

# Suggestions for parents/carers



- Encourage parents to keep improving their knowledge; google it, read books, find videos and documentaries



- Encourage connection
  - Social and peer support groups
  - Connecting to online peer support – eg Transcend Australia
  - Connecting locally if possible- PFLAG

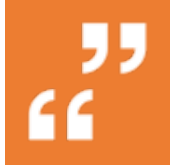


- Seek other mental health support- for parent and child if needed



- Encourage the parent to meet with the school to deal with bullying

# Support for dad:



- Set some ground rules including that the parents don't argue about their child's identity in front of the child.



- Provide dad with as much information as you can e.g. books, videos



- Suggest some counselling options



- Child could try writing a letter to dad explaining how they are feeling



- Finally: Acknowledge that grief for parents is real (even for those who are 100% supportive)

# Q&A session



**Assoc. Prof. Michelle Telfer**  
Paediatrician, Vic



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**Facilitator: Dan Moss**  
Workforce Development Manager,  
Emerging Minds, SA

# Resources and further reading

Other supporting resources associated with this webinar can be found by clicking on the light blue supporting resources icon. 

**For more information about Emerging Minds, visit [www.emergingminds.com.au](http://www.emergingminds.com.au)**

## **Upcoming webinars:**

Aboriginal children and the effects of intergenerational trauma

Engaging children and parents affected by child and sexual abuse

# Thank you for participating



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click the yellow speech bubble icon in the top right hand corner of your screen to open the survey.

- Statements of Attendance for this webinar will be issued within four - six weeks.
- Each participant will be sent a link to the recording of this webinar and associated online resources within four – six weeks.

This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project. The NWCCMH is led by Emerging Minds and delivered in partnership with the Australian Institute of Family Studies (AIFS), the Australian National University (ANU), the Parenting Research Centre (PRC) and the Royal Australian College of General Practitioners (RACGP).

The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.



# Thank You

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## Emerging Minds.

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