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PERCEPTIONS AND COPING OF PARENTS ABOUT THE MENTAL HEALTH OF CHILDREN WITH GENDER INCONGRUENCE

PERCEPÇÕES E ENFRENTAMENTO DOS PAIS SOBRE A SAÚDE MENTAL DOS FILHOS COM INCONGRUÊNCIA DE GÊNERO

PERCEPCIONES Y ENFRENTAMIENTO DE LOS PADRES SOBRE LA SALUD MENTAL DE LOS HIJOS CON INCONGRUENCIA DE GÉNERO

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Objective: to understand the perceptions and coping strategies of parents regarding the mental health of children with gender incongruence. Methodology: a single and embedded qualitative case study conducted at the gender and sexuality outpatient clinic of a teaching hospital. Eight mothers and three fathers participated. Semi-structured interviews were performed, and the data were analyzed using content analysis. Results: they were described in a single category, where the parents' perceptions revolved around the follow-up their children receive in mental health services, as well as recognizing their own suffering in relation to gender incongruence. As coping strategies, they seek to support their children's decisions and choices, recognizing their gender identity. Final considerations: it should be highlighted that health professionals recognize the experiences of families by using tools like the genogram to formulate care, thus enabling the identification of the closest person to provide support.

Descriptors: Mental Health. Gender Identity. Parents. Child. Adolescent.

Objetivo: conhecer as percepções e estratégias de enfrentamento dos pais em relação à saúde mental dos filhos com incongruência de gênero. Método: estudo de caso qualitativo único e incorporado, realizado no ambulatório de gênero e sexualidades de um hospital de ensino. Participaram oito mães e três pais. Foram realizadas entrevistas com roteiro semiestruturado, e os dados foram analisados por análise de conteúdo. Resultados: descritos em uma categoria única, as percepções dos pais giraram em torno do acompanhamento que seus filhos fazem em serviços de saúde mental, além de identificarem o próprio sofrimento em relação à incongruência de gênero. Como estratégias de enfrentamento, buscam apoiar as decisões e escolhas de seus filhos, reconhecendo sua identidade de gênero.

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Considerações finais: destaca-se a importância de que os profissionais de saúde reconheçam as experiências das famílias, utilizando ferramentas como o genograma para elaborar o cuidado, possibilitando assim a identificação da pessoa mais próxima para fornecer apoio.

Descritores: Saúde Mental. Identidade de Gênero. Pais. Criança. Adolescente.

Objetivo: conocer las percepciones y estrategias de afrontamiento de los padres en relación con la salud mental de los hijos con incongruencia de género. Metodología: estudio de caso cualitativo único e incorporado, realizado en el dispensario de género y sexualidade de un hospital de enseñanza. Participaron ocho madres y tres padres. Se realizaron entrevistas con un guion semiestructurado, y los datos se analizaron mediante análisis de contenido. Resultados: descritos en una categoría única, donde las percepciones de los padres giraron en torno al seguimiento que sus hijos hacen en los servicios de salud mental, además de identificar su propio sufrimiento en relación a la incongruencia de género. Como estrategias de afrontamiento, buscan apoyar las decisiones y elecciones de sus hijos, reconociendo su identidad de género. Consideraciones finales: se subraya la importancia de que los profesionales de la salud reconozcan las experiencias de las familias, utilizando herramientas como el genograma para elaborar el cuidado, posibilitando así la identificación de la persona más cercana para brindar apoyo.

Descriptores: Salud Mental. Identidad de Género. Padres. Niño. Adolescente.

Introduction

Throughout time and across cultures, gender has been socially defined in different ways, and gender experiences and identity have become recognized for being varied and fluid, transcending the categories of socially constructed identification, being often discussed in today's modern society[1-2].

Gender identity is a person's identification as male, female, neither, or both[2]. In turn, gender incongruence (GI) refers to a range of gender identities that are sustained by a conflict between the sex assigned at birth and the gender identity, which may include binary (when a person identifies as a woman when assigned male at birth, or vice versa) and non-binary identities (agender, pangender and gender fluid) [2-3]. Studies conducted between 2009 and 2019 estimate that the prevalence of people with GI is between 0.5 to 4.5% in adults and 2.5 to 8.4% in children and adolescents[1].

Children (up to 12 years of age) and adolescents (between 12 and 18 years) already experience various hormonal changes, as well as being susceptible to stressful situations, such as changes in routine, peer pressure, school demands, difficulties in understanding and accepting their identity and sexuality, in addition to issues related to body image, success, and popularity[4-5]. Such reverberations contribute to the development of psychological distress in this age group, with one in five suffering from mental disorders worldwide[5].

In addition to the potentially causative factors of psychological distress inherent to this phase, young people with gender incongruence (GI) may still experience gender dysphoria, a phenomenon defined as the psychological distress resulting from GI and its effect on the young person and his/her family, being reported by 0.6 to 1.7% of this population[2,6]. It is worth noting that this distress is not caused by GI itself, but rather by the stigma, prejudice, and discrimination arising from a predominantly binary and heteronormative society[6-7].

Consequently, individuals with GI may face various mental health issues, primarily related to self-harm, suicidal thoughts and attempts, substance use, as well as diagnoses of depression and/or anxiety[6,8-9]. In this context, it is essential to consider the family dynamics in light of the various forms of gender identity and expression and their effects on the mental health of young people[10]. The support and acceptance of the family, along with the construction of coping strategies together with family members, are of extreme importance as they perform a protective

role in relation to psychological distress, since they are associated with a reduction in rates of depressive symptoms and post-traumatic stress, suicidal ideation, greater quality of life, higher levels of self-esteem, sexual self-efficacy, and safe sexual practices, in addition to providing an overall sense of well-being and life satisfaction[9-11].

However, it is important to consider that the gender transition is a family process that impacts its members in diverse ways and intensities, and the parents of young people with GI may experience feelings of grief and uncertainty[11]. This phenomenon mainly takes place associated with the suffering related to the loss of an image they have nurtured since the child's birth, when faced with a gender identity that differs from it[11].

This study is justified by the growing concern regarding gender issues in today's society, given the high prevalence of children and adolescents with gender incongruence, which can impact mental health, taking into account gender dysphoria[1-2,6,8-9]. Additionally, the importance of the family should be highlighted, especially the parents, who also experience the gender transition process, in supporting and accepting these young individuals, which can help to reduce rates of psychological distress in this population[9-11]. Accordingly, the objective is to understand the perceptions and coping strategies of parents regarding the mental health of their children with gender incongruence.

Methodology

This is a single and embedded qualitative case study, a methodology that aims to explore a phenomenon in its natural occurrence context through multiple analyses gathered into a single case[12]. For its development, the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed[13].

The gender and sexuality outpatient clinic of a teaching hospital in the countryside of the state of São Paulo was the chosen setting for the development of the research. This service offers multidisciplinary care to children and adolescents aged 4 to 20 years, an age range defined by the clinic, who experience incongruence with their gender assigned at birth. Its objective is to assess and promote mental health and quality of life for this population and their relatives, through outpatient follow-up by various health professionals, such as psychiatrists, gynecologists, endocrinologists, nurses, speech therapists, psychologists, among others. This unit was chosen because it serves as a field for research and practical activities for the researchers involved in the study.

Eight mothers and three fathers of eight children or adolescents with GI attended the gender and sexuality outpatient clinic, totaling 11 relatives. Participants were personally approached and selected through convenience sampling. There were no refusals to participate in the study.

In terms of accessing the participants, the following inclusion criteria were considered: being a family member closely related to the child or adolescent (identified by the construction of a genogram), being over 18 years old, and being available to attend nursing consultations. Parents who did not attend the scheduled consultations were excluded from the research.

For the purpose of conducting a case study, three data collection methods are considered: asking questions, observing events, and reading documents[12]. This article will present the results related to the interviews performed with the participants during nursing consultations in the outpatient clinic, between February 2019 and February 2020, which were recorded by an audio device, with an average duration of 30 minutes.

With a semi-structured script, the interviews were performed using a pre-elaborated instrument based on the Calgary Model of Family Assessment and Intervention (MCAIF), which proposes the possibility of presenting the family and its entire context, based on the concepts of systems, communication, and change, consisting of three main categories: structural, developmental and functional[14].

The developmental and functional categories, which relate to the progressive transformation of family history and the way family members

interact, respectively, were accessed through the triggering questions: *How do you perceive your child's mental health with GI?* and *How is the family coping at the moment?* [15]

The theoretical saturation of the data was reached when it was identified that the objective of this study was achieved, that is, when the data was sufficient to answer the research question and there were no new elements emerging to guide a deeper understanding of the studied topic[16]. This saturation method is safe to determine when to stop data collection, since it provides the necessary methodological rigor for scientific investigation[16].

The data were organized and analyzed according to the framework of content analysis, which encompasses three steps, with the purpose of making sense of the collected data: pre-analysis, exploration of the material, and processing of the results through inference and interpretation[17].

Accordingly, the analysis and treatment of the data occurred as follows: it began with a floating reading of the interviews, allowing impressions to invade, with the objective of identifying relevant aspects of the analyzed material; the data from the text were then coded and categorized into units of meaning that represented their content; finally, such units were grouped into the category that allowed for inferences and interpretations, which will be presented in the results[17].

The study was approved by the Research Ethics Committee of the State University of Campinas, under Opinion nº 3.049.342 and Certificate of Presentation for Ethical Appraisal (CAAE, as per its Portuguese acronym) nº 00923018.6.0000.5404, in the year 2018, and followed all the recommendations of Resolution nº 466/2012 of the Brazilian National Health Council.

Data collection only began after the participant's consent through the Free and Informed Consent Form (FICF) and the Agreement Form for voice recording. In order to preserve the participants' anonymity, the names of the children and adolescents were replaced with the colors Orange, Blue, Green, Yellow, Red, White, Pink and Violet, referring to the flag of lesbians, gay, bisexual, transgender, queer, intersex, asexual, and people with other sexual orientations and gender expressions (LGBTQIA+).

Results

The results reflect the perceptions and coping strategies of parents regarding their children's mental health and are described in the following category.

Perceptions and coping strategies of parents regarding the mental health of their children with gender incongruence

The parents pointed out that their children are receiving support from mental health services, consulting with psychologists and psychiatrists, and even requiring hospitalization in some cases. According to them, these professionals characterize the cases as difficult and the child or adolescent with GI as very sick, and they confirm or suspect psychiatric diagnoses. In the consultations, they address different issues, such as building trust, distraction, and stimuli to leave the house. Although the children sometimes do not say anything during the sessions, the parents emphasize that, at least, they are receiving this support.

> *Her psychologist says that her case is one of the most difficult that has ever come up. Sometimes she goes, stays quiet, doesn't say anything during the entire session. Sometimes she goes and cooperates. But she's doing well, right?* [...] *The psychologist is working on this with her to see if she can gain confidence* [...] *The doctor thinks she may have a behavior disorder.* (Blue's Father).

> *When I go to the psychiatrist, she changes his medication... she thinks he is very sick! When I go to the psychologist, she says he needs to go out, to distract himself.* (Red's Mother).

> *She is cared for by a psychiatrist and has been hospitalized three times for personality disorder, eating disorder...* (Orange's Mother).

They report their own suffering when identifying signs of psychological distress in their children, such as self-harm, low self-esteem, auditory hallucinations, sadness, as well as changes in mood, will and behavior.

> *The psychologist who is treating her here talked to me a lot; it was a relief for me, because, look! It's not easy, no... now, she's going to refer me to the clinic near my house.* (Violet's mother).

> *She's already scratched herself; she can't stand looking at her breasts in the mirror, it's horrible.* (Yellow's mother).

> *She says she hears voices sometimes.* (Blue's mother).

> *She started cutting herself about two years ago, she was very sad.* (White's father).

> *But all of this is due to her mood swings. We end up dividing this gender issue with other issues, such as behavior at school, or even at home.* (Blue's father).

> *He's not studying... He doesn't feel capable; he only takes art classes... I didn't think it would be like this.* (Red's father).

> *She finished school, right? But she doesn't want to go to college now... she said she wants to take a gap year, could you believe it?* (White's mother).

> *Besides, there's the lack of desire to leave home.* (Green's mother).

Parents pointed out that the children, despite being kind, remain distant, even within their own home, thus talking to them only when necessary, which they sometimes associate with conflicts that have strained relationships. They emphasize that the children leave the house only to go to school, cutting off other ties with the world, which makes social relationships difficult, and they struggle to build and maintain them, reinforcing the idea of social isolation.

> *We feel like two strangers at home, where she exchanges half a dozen words... I'm not saying she's rude, nothing like that; on the contrary, she's always kind: "Hi, Dad! Hi, Mom!", but she becomes more distant every day, because there's a new private world inside my own house every day. She doesn't leave the house for anything anymore, only for school... therefore, the relationships she has at school are mandatory... she's feeling this... the difficulty of making friends, she can't have or maintain any friendships... She stopped going to theater classes, which was the only connection she had with the world, besides school. Then they said: "But that's normal, you never stopped anything? Teenagers stop things, you know?" But, for me, I understood that it was all over; now, she doesn't go out for anything anymore.* (Green's mother).

> *There was so much conflict... that it ended up being very exhausting... he even talks to us when he needs to, but when he doesn't need anyone, he doesn't talk.* (Blue's father).

They demonstrated a great need for their children to recognize their gender, even claiming that they bring them to health services to achieve this answer. At times, they believe that the child or adolescent with GI associates psychiatric diagnoses with themselves precisely because they do not understand. Even when the children say they have discovered what they are, the parents still hold themselves responsible for their GI and wonder what it is, whether it could be a phase or an illness.

> *She needs to know what she is... what her needs are. If she really is a girl in a boy's shell. Or if I was the alpha... you know when you have that person as a reference? The mother who likes earrings, who likes to dress up... I think she has to know the difference... that's why I bring her here.* (Pink's mother).

> *Oh! She thinks she has dissociative disorder, multiple personality, because I think she doesn't understand either one thing or the other. She keeps putting foolishness in her head...* (Blue's mother).

> *Now, this year, she says she discovered what she is... she says she is a trans boy, a gay drag queen! Thus, I don't know to what extent this is a disease issue; if it is just another phase, or if that it is really a disease.* (Orange's mother).

In addition to supporting their children's psychological and psychiatric care, the parents sought other alternatives and opinions, which sometimes resulted in financial impacts, aiming to help them to feel better.

> *You need therapy and medication to stay well. But what else can we as parents do to help? That's why we seek other opinions.* (Green's mother).

> *It's a huge expense that we have... it's all private; only here we don't pay anything.* (Red's mother).

Although they demonstrate distress related to the knowledge process their children with intellectual disabilities have gone through, parents presented coping strategies in their speeches, acting in accordance with the pace and the desires and wants of children or adolescents, supporting their decisions and choices. They made a point of thinking about solutions and ways of facing adversities together, in order to support and, at the same time, hold accountable and stimulate their children's autonomy in the face of their desires.

> *I walk at her pace! Oh! Is that the problem? Then, let's go after it. She gives me options... then, we go after what she says. I take her shopping for clothes because she likes a certain style. But, it's her choice.* (Pink's mother).

> *I don't know if he's already made up his mind or not... I wanted him to be more decisive... but we're going to support whatever he decides. This month, he came with some requests for blood tests, which the endocrinologist*

> *who works here requested. I said it wouldn't be a problem and that he could go and do them, but that he would be responsible for waking up alone, taking a bus or an Uber, and coming here alone. Since he says he is responsible and that he really wants to do this* [hormone therapy], *which I still don't believe, I support him then, but he has to take action*. (White's father).

> *She doesn't want to go to college now... then, we talked to the psychologist about giving her a little trust... then, we supported him in terms of studying at home. This was to see if he can plan and study at home...* (White's mother).

They reported encouraging attitudes in daily practices when confronted with signs of psychological distress in children or adolescents, as well as seeking strategies, beyond the family and health context, for recognizing their children's gender identity, such as in the school environment.

> *He didn't want to go to art class anymore, because he said he was tired... but I said he'll manage, and I'll take him to the bus stop... then, he goes!* (Red's mother).

> *She asked to change her name at school; then, we went there, talked, filled out the application to change her name, and that was it. Everyone calls her the way she wants to be called at school, even the teachers* (Blue's father).

Finally, they adopted a companionship attitude with their children, accompanying them and participating in medical consultations, groups, and even leisure moments related to gender identity, aiming to support them and be together in the decisions.

> *She wants to go seek a surgeon... accordingly, I scheduled a consultation... even if that's not what she wants, it's good for us to go there, for her to see what can happen and really decide what she wants... but I said I would be with her*. (Orange's mother).

> *We attend some groups and even attend consultations, in order to really understand and be with her in decisions, because she still depends on us, since she is under 18. Therefore, we go together, we participate... we even went to the parade* [Gay Pride Parade] *with him this year!* (Yellow's mother).

Discussion

People with GI find themselves in a group vulnerable to mental health aspects, which may justify referrals to professionals in this field, since family support and psychotherapy may be necessary to address gender dysphoria[6,9,18].

The findings of this study allowed us to identify that the majority of children with GI are already receiving mental health support, through consultations with psychologists and psychiatrists. Previous studies indicate that 66% of young people with GI have consulted a mental health professional, such as a psychologist or therapist, mainly seeking help regarding symptoms of depression, anxiety, gender-related needs (adaptation and understanding of their own gender, dysphoria, and transition), non-specific mental health concerns (*in order to seek help*), and *to navigate the world* as their true self, either among relatives or friends[19].

For their part, psychiatric professionals were sought more frequently by young adults who required assistance regarding transition issues, such as access to hormone therapies and/or surgery, support for their gender identity and mental health, and referrals to other professionals, such as endocrinologists[19].

In this study, some participants even reported the need for hospitalization in mental health services, which supports previous findings that demonstrate that inpatient services were accessed mainly by young people with GI under the age of 18 (56.4%), due to episodes of self-harm, suicidal thoughts, or attempts, eating disorders, depression and anxiety[19].

In addition, the interviewees are able to identify various signs of psychological distress in their children, which reinforces existing literature showing that sexual minorities face various mental health issues, with a high prevalence of psychiatric disorders[6,8]. In this context, psychological distress is intrinsically associated with gender dysphoria and is primarily related to self-harm, suicidal thoughts, suicide attempts, substance use, in addition to diagnoses of depression and/or anxiety[6,8-9]. The present study also identified other signs of suffering, such as auditory hallucinations, low self-esteem, mood changes, volition and behavior.

The idea that psychiatric comorbidities arise associated only with GI is essentially unidimensional, since it ignores the latent complexity of the entire predominant binary and heteronormative social context[7]. Minority groups, such as people with GI, tend to experience mental suffering at disproportionately

high levels throughout their lives, primarily due to stigma, prejudice and discrimination, which create a hostile and stressful social environment[6]. Moreover, a society dominated by a hegemonic binary view, marked by sociocultural norms of heteronormativity, can lead to the pathologization of gender issues with consequent mental suffering and mental health disorders[7].

Thus, these young people face a constant struggle against a hetero- and cisnormative society, where internalized homonegativity is a phenomenon that describes how non-heterosexual individuals internalize pre-determined socioculturally negative attitudes and images[7]. The conflict with gender norms challenges the idea that normality is characterized by continuity between biological sex and gender. In light of this incompatibility, society creates forms of non-acceptance, attempting to normalize, attribute to external factors, and correct this body that differs from the perspective of heteronormativity[20]. In this context, pathologization has been a form of framing, either by science or by society, where incongruent gender expressions are associated with symptoms of a psychopathology[20].

It is important to note that the findings of this study have a psychiatric bias, since it was developed in a hospital. Despite this, it is necessary to rethink the pathologization of gender issues, which underlies the concern for depathologization in the most recent medical classifications[21]. Gender dysphoria became a psychiatric diagnosis in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, and GI appeared in the International Classification of Diseases (ICD-11), in the section on sexual health[21]. Despite the fact that the introduction of these terms into current medical nomenclature is considered progress, as it facilitates access to hormone therapy and surgical reassignment, some authors still argue that gender identity should not have to go through medical authorization[21]. In addition, a diagnostic category is a simplistic way of describing all the nuances of gender fluidity that have emerged in recent decades, as well as having an ambiguous function by providing assistance while simultaneously labeling it pathologically[21].

Young people with GI suffer from high levels of discrimination, violence and rejection related to their gender identity and/or expression[9]. The World Health Organization itself has recognized that the suffering experienced by people with GI is primarily associated with social stigma and prejudice, regardless of their gender identity[9]. It is worth underlining that suicide attempts in this population are linked not to an intrinsic attribute of GI, but to social and rights violations that promote physical and psychological violence[9].

Furthermore, the pertinent literature indicates that the parents of children with GI report facing some difficulties, such as, for example, finding information on how to support their children, obtaining support for themselves, stressors related to the transphobia their children may experience, and lack of information about the health of people with GI[8].

This study also allowed us to identify that parents express their own suffering when faced with the suffering of their children. The birth of a child entails the creation of various fantasies and expectations for the parents, which often need to be redefined when this child assumes a different gender identity that does not correspond to his/her biological sex[11]. Accordingly, GI affects not only the young person but also his/her relatives, who need to create new meanings and perceptions as they suffer from the loss of the image they nurtured at the child's birth[11].

Another significant finding regarding the signs of psychological distress in young people GI observed by their parents is social isolation, either within the family context itself or even in relation to external environments, such as school. This fact is also closely related to the discriminatory scenario experienced by the population with GI, which often exists in spaces that spread fear, with the right to occupy and move through public spaces safely being one of the demands of these people[22].

Young people with GI sometimes experience impairment in interpersonal relationships and

avoid participating in social activities because their sense of not belonging. Nonetheless, symptoms of anxiety and depression may decrease as social transition takes place; and, consequently, these young people may benefit from participating in different interactions and social activities, such as, for example, sports teams[23-24]. This process will not only allow them to interact with others of the same asserted gender but will also contribute to developmental needs that were previously avoided[23-24]. Moreover, social support directly impacts how young people perceive their gender identity[10].

In turn, in the family environment, studies show that 62% of people with GI reported some form of problem with their family, such as family confrontations, lack of support, and denial of gender by relatives, which corroborates situations of conflict and strain in family relationships. It is worth underlining that such factors are closely related to the rates of suicide in this population[25].

The functioning of the family is closely related to the physical and psychological well-being of its members[14]. High levels of conflict and disagreement between parents and children negatively impact the mental health of young people, since, when children and adolescents with GI are not supported by the family, they face greater risks of discrimination, violence, family rejection, depression, suicidal ideation, and suicide[10-11,14,18].

Accordingly, it is concluded that social relationships are extremely important for psychosocial development, with one possibility for care being the revival of rituals that have always existed in the family environment, such as having dinners and watching movies together, thus highlighting the family's strengths and stimulating social relationships[11,14].

One major type of anxiety brought by parents in this study is related to the desire to know their children's gender identity. The initial reactions of relatives upon observing gender non-conformity often manifest in confusion, concern and rejection[10]. Previous studies indicate that parents of children with GI demonstrate a sense of urgency for the conclusion of the gender transition process, often associated with discomfort in seeing the young person living *between genders*[11].

The lack of understanding can lead family members to relate gender expression as a phase. This phenomenon can be explained by the difficulty they have in understanding the intensity of the insistence, persistence and consistency of the way gender identity presents itself, and they rely on this theme to justify their children's actions[10,14]. It is clear that, after a few months of participation in therapy sessions and support and listening groups, families start to demonstrate greater support, which reinforces the importance of developing care based on gathering people facing the same situation[10-11].

As mentioned earlier, family rejection is a common experience among people with gender GI. Commonly, parents do not recognize their children's gender identity by using their birth pronouns and names, limiting their expression and questioning their gender identity, threatening and harassing them, thus wanting to prove that such changes are associated with depressive symptoms and suicidal behaviors[10]. Even in the statements brought in this study, it is possible to observe that, in the same sentence, the relative uses more than one pronoun to refer to the child, which reinforces the idea of confusion or even difficulty in recognizing their gender identity.

Nevertheless, the interviewees adopt various coping strategies aimed at the well-being of their children, such as: supporting psychological and psychiatric follow-up, even if it entails financial impacts; acting at the pace and according to the desires and wishes of the young person with GI, supporting his/her decisions and choices; thinking of ways of facing adversities together, supporting and taking accountability for the autonomy of their children; encouraging daily practices; supporting the recognition of gender identity outside the family sphere; and being companions in various contexts, including leisure environments.

In this sense, despite the problems that parents face, they have demonstrated the ability to provide support, security, and encouragement

for their children by using their time, money, and energy to care for the youth and seek alternatives for this care. The fact that they look for a specific clinic for gender issues, focusing on mental health, fosters this finding.

The ongoing importance of parents in the lives of young people is undeniable, beginning at birth, extending into adolescence and even into emerging adulthood, thus affecting all relationships beyond those with parents and determining one's sense of self-esteem[10]. In this perspective, studies indicate that children and adolescents with gender issues demonstrate better resilience regarding their mental health when they are part of a supportive family environment[10].

Attitudes that demonstrate support are extremely essential in this context, as people with GI who reported support for their gender identity experience a 28% reduction in depressive symptoms and a 27% reduction in suicidal ideation, compared to those with low levels of support[9]. Accordingly, valuing gender identity and support from peers, especially family members, is essential for the mental health of this population[9-10].

Family support for people with GI can provide better self-esteem, generate greater resilience in experiences of interpersonal discrimination, and enable greater emotional stability to cope with stressful life circumstances[25]. These factors directly impact the reduction of psychological distress for this population, which leads to a lower risk of suicide throughout the lives of this group[25].

In addition, commonly, young people can only access health care related to gender assertion with parental consent, which requires parents to attend consultations[8]. Accordingly, parents play a crucial role in facilitating access to health services, and a lack of support during this gender assertion journey can be a barrier to care[8].

In this context, educational actions are extremely important for reducing stigma and increasing support, making it crucial for health services to provide appropriate information to parents about gender issues[8]. Studies indicate that parents who were able to learn about gender diversity and their children's needs in mental health services were more capable of supporting and asserting their gender identity[8].

The core limitation of this study concerns the location where it was conducted, since the participating families already demonstrated willingness to support their children with GI, since they sought a specialized service on gender issues, a reality not observed in most Brazilian cities. Accordingly, it opens up the possibility for the development of new studies in different contexts.

Its main contribution is to show that it is possible to think of various care strategies. Health professionals, armed with knowledge from families and their experiences of how they live and interact with each other, can help parents to learn to unconditionally value their children, recognize their differences, and advocate for changes in the family and community, in order to minimize social risks, thus encouraging the recovery of rituals that have always existed in the family environment[14]. In addition, the construction of the family genogram allows us to think about care by identifying the closest people who can provide the necessary support to these young individuals, as well as also identifying those relatives who are suffering from the changes and are willing to accept help[10-11].

Final considerations

This study met the objective of understanding the perceptions and coping strategies of parents regarding the mental health of their children with GI through a qualitative case study.

Parents' perceptions revolve around following-up what their children do in mental health services with professionals in the field, often anchoring themselves in psychiatric diagnoses. Beyond that, they identify their own suffering when faced with signs of their children's psychological distress, which often remains distant from social interaction. At last, they express intense anxiety

associated with the desire for a resolution to the gender transition process.

Regarding coping strategies, parents support the psychological and psychiatric care of their children, in addition to seeking ways of acting at the pace and in accordance with the desires and wishes of children or adolescents, adopting a posture of companionship, supporting their decisions and choices, facing adversities together, taking accountability and encouraging their autonomy. Finally, they seek to recognize their children's gender identity.

Collaborations:

1 – Conception and project planning: Paula Fernanda Lopes and Vanessa Pellegrino Toledo;

2 – Data analysis and interpretation: Paula Fernanda Lopes, Aldair Weber, Giulia Delfini and Vanessa Pellegrino Toledo;

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Conflicting interests

There are no conflicting interests.

Data Availability Statement

The data supporting the findings of this study are openly available in the Repository of Scientific and Intellectual Production of Unicamp[26] at https://hdl.handle.net/20.500.12733/7721, under reference number 20.500.12733/7721.

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