

IT'S A GENDERED WORLD:
THE EXPERIENCE OF PARENTS AND THEIR TRANSGENDER YOUTH

A Project

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by

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Division of Social Work

Abstract
of
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This phenomenological inquiry provides an unprecedented window into the experience of parenting transgender youth. Through nine individual semi-structured interviews, the researcher identified eight common themes: *Knowledge, Peer Support, Positive Reactions and Social Acceptance, How Transition Promotes Well-being, Comfort in DSM Diagnosis, Worries and Fears, Accepting Their Children* and *Rejection and Discrimination*. The analysis also included two isolated, yet significant themes: *Siblings* and *Misdiagnosis*. These themes may be conceived as indicative of trends associated with parenting transgender youth. They provide critical insight into the needs and experiences of this population, as well as demonstrate the need for enhanced public awareness and professional services for transgender youth and their families.

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Date

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Chapter 1

INTRODUCTION

“Mommy please listen to me. Rainbows are different, snowflakes are different, cars are different, and I am different. I am a girl.” –Four-year-old transgender girl

Imagine a parent’s reaction when their two-year-old child announces that a mistake has been made, and they are actually the opposite gender from which they had thus far been raised. At first, it may seem amusing. Children have such elaborate imaginations and creative ways of playing. But after a while, it becomes apparent that this is not a game. When a child feels that their gender identity does not match their assigned sex, they may begin voicing it between the ages of two and four (Brill & Pepper, 2008). Other children come to understand their transgender identity later in life. In either case, the transgender child and their family will embark on a unique journey as they navigate systems of thought that rarely accommodate alternative views of gender identities.

Rigid notions of gender in Western culture have led to the misguided overall assumption that the sex assigned at birth must match one’s chosen gender expression (Rankin & Beemyn, 2012). How, in a society that chooses your gender for you at birth, are a transgender child and their parents to recognize and accept what is happening? This problem has been compounded by a profound lack of education and professional cultural competence in this arena. Without the necessary knowledge base, and without trans-competent professionals to guide them on this journey, many families feel lost and alone

as they struggle to understand and support their growing child to be their true and authentic selves.

Background of the Problem

Western cultures frequently confuse the terms *gender* and *sex*. In our society, gender norms are centered on social rules about what it means to be male or female. These gender roles are based on the idea that if your assigned sex is male or female, your gender must follow the social rules that correspond to that particular sex. The dogma that males and females have certain assigned roles wrongly assumes that biology steers our social destiny (Feinburg, 1999). This is particularly problematic for those who identify with a gender that is different from the one that they were assigned at birth.

Although distinctions between the terms *gender* and *sex* have been made in works dating back to the 1860s, it has been only relatively recently that concrete use of the term *gender identity* has evolved as distinct from understandings of sexual identity and sexual orientation (Davis, 2009). In fact, as recently as the 1960s, 70s and early 80s, children who described that they felt as if they were born in the wrong body were considered to be mentally ill (Minter, 2012). Those who expressed signs of gender nonconformity were considered to be psychotic and were subjected to institutionalization and treatments that sometimes included shock therapy (Minter, 2012). There were also treatment plans, group and residential therapy (Mallon, 1999). There are even still some religious organizations that claim to treat gender nonconformity (Minter, 2012).

Presumably due to socially constructed gender norms, parents are also frequently ill-equipped to understand a child who deviates from said norms (Burgess, 1999). Some

parents punish gender nonconformity in their children, while other parents withhold their support due to fear of retaliation from friends, acquaintances, or the child's other caregivers (Cohen & Hastings, 2013). Though each experience is unique, it is common for parents to begin this journey with a great deal of confusion and despair.

All too frequently, professionals seem to employ unhelpful approaches when serving these families. Ehrensaft (2012) explains that the traditional approach of mental health professionals has favored treatment approaches that seek to persuade the child to accept their assigned gender and to adopt gender expressions that fit cultural gender norms. Ehrensaft (2011) also reports that even today, the dominant trend in the legal and mental health communities is one that is strongly opposed to the acceptance of transgender and gender-nonconforming youth and adults.

A rigid and dichotomous view of gender and sex creates a culture in which a transgender child's choice of gender expression is not welcome. This forces these youths to face the complicated task of "building identities in a social environment that invalidates their reality" (Burdge, 2007, p. 245). When children become aware that their gender expression is not considered normal and is not tolerated, they develop a negative self-concept as they internalize the reactions of others and develop shame and guilt about who they are (Rijn, Steensma, Kreukels, & Cohen-Kettenis, 2013). Mallon (1999) emphasizes that this type of reaction, while common, is not necessary because the problem does not lie within the child, but rather in the systems that do not allow for the children to behave in a way that is natural to them.

Statement of the Research Problem

Transgender individuals are considered to be a marginalized and under-studied group. There is a particularly significant void in research regarding the needs and experiences of transgender youth and their families, as the existing literature about family members has focused on the romantic partners of cross-dressers and transgender adults (Zamboni, 2006). Transgender children and their families possess an experience that is dramatically different from that of transgender adults, and researching the experience and perspective of the parents of transgender children serves to uncover truths about what types of education and services are needed both in our larger society and within professional communities serving this population.

Study Purpose

This study aims to gather information about the experience of parenting transgender children. The study was designed with the intention of contributing to the body of available literature on transgender youth and their families with the ultimate goal of advancing the understanding and acceptance of transgender youth, while facilitating the development of appropriate and trans-affirming medical and mental health services for these families.

Theoretical Framework

This section introduces the main theoretical framework that guided this study. As many scholars consider gender roles and the gender binary to be socially constructed, social constructionist theory and constructivism serve as major guiding principles for

understanding the phenomenon of parenting transgender youth. Power struggles embedded in these processes can be illuminated using critical, queer and feminist theories.

Social Constructionist Theory

Social constructionist theory can be used to address the idea that gender itself is a socially constructed concept. Our society has developed notions of what it means to behave and appear as a man or a woman, and what ways are considered to be acceptable. Social constructionists argue that these social rules are artificial and therefore subject to revision. Markman (2011) encourages revision of the system of gendered cultural norms, which she describes as “mandated social conformity to a structure of gender that is artificial and improperly reflective of actual lived gender experience” (p. 320). Social constructionist theory opens up new possible interpretations of what it means to be a man or a woman by questioning the validity of gender binary enforcement and encouraging new and more inclusive ways of constructing our gendered social environment.

Constructivism

Constructivism is a theoretical perspective that emphasizes the use of language and dialogue as central to the process and outcome of client treatment and interaction (Green, Lee, & Hoffpauir, 2005). Like social constructionists, constructivists believe that there is not an objective reality that is independent of the observer because our views of reality are a result of our perceptions within our social context (Green et al., 2005). Since individuals’ perceptions of their lives and experiences are based on what they know and feel about the larger social context, examining and revising the language used when communicating these judgments serves to strengthen and empower individuals’ world

views. The way in which we label males, females, transgender individuals, etc., as good, bad, acceptable or normal has an effect on the perceptions of transgender individuals in our society, and terms that are associated with alternative gender identities and related concepts impact the way people feel about gender nonconformity.

This is one reason that it has been helpful for the transgender community to influence and facilitate changes in the use of terms associated with gender. Notable examples include using the term *gender-affirming surgery* or *gender reassignment surgery* instead of the antiquated term, *sex-change operation*. The term *sex change* implies a desire to change one's original sex, as if it were a personal or deviant choice on the part of an individual to have undertaken such an endeavor. A more helpful view of this process is that some transgender individuals choose to get surgery to correct a "mistake" that occurred on a chemical and biological level. Thus, the term *gender-affirming surgery* has become helpful in removing stigma and enhancing empowerment of transgender individuals. Other changes include the introduction of the term *transgender*, which in many cases has replaced the term *transsexual*, which may unduly attribute one's gender status to sexuality or sex.

There have also been language changes that have occurred on a more ambitious level. The implementation of new words to replace common pronouns in order to reflect a gender-neutral stance requires a commitment to utilize terms that many others in our society are not familiar with. Such is the case with the introduction of gender-neutral pronouns *zie* or *ze* (pronounced zee, works like *she* or *he*) and *hir* (pronounced hear, works like *him* or *her*) (Boyd, 2007). A final example of using language to facilitate

social change is the grammatical choice to utilize the words *they* or *their*, rather than the common dichotomous choices of *he or she* or *his or her*.

Critical Theory

Critical theory, with its emphasis on understanding and overcoming the social structures through which people are dominated and oppressed, is also a useful lens through which to challenge the oppressive assumptions of binary thinking. Postmodern critical theorists highlight the power of narratives constructed by powerful, dominant groups (Macfarlane, 2009). The subjective narratives of these groups often serve their own interests by constructing false truths about others in relation to their own truths (Macfarlane, 2009). This reflects the heteronormative perspective that serves to oppress and exclude transgender individuals by enforcing the false belief that individuals should fall only into the distinctive categories of male and female.

Feminist Theory

Feminist theory is focused on equality of all sexes. Challenging the enforcement of the gender binary fits in line with the feminist goal of weakening the grip of oppressive forces that perpetuate inequality in our society (Heyes, 2003). Because gender-dichotomous systems largely privilege gender-conforming individuals, the struggles of individuals who do not subscribe to the gender binary are supported by feminist theories addressing complexities of oppression and privilege.

Queer Theory

Queer theory addresses the fact that there is more to a person than whether they are male or female. It uses a variety of critical perspectives to examine the

inconsistencies, injustices, intersections and associations of sex, gender and sexual orientation. It is useful in developing an understanding of gender as a fluid and complex continuum and in combatting the constraints imposed by the Western system of the gender binary (Callahan, 2009). As with constructivism, queer theory serves to enhance the perceptions of gender-nonconforming individuals by helping to frame the potential elimination of dichotomous gender constructs (Burdge, 2007).

Definition of Terms

The fluid and constantly changing nature of the transgender lexicon makes it difficult to keep track of important terminology. There is a wide array of gender identities, ranging from those who choose not to subscribe to any gender identity or to one of androgyny, to multiple identities, to transgender and beyond. Furthermore, different terms have been interpreted and used differently by different individuals. The following list, containing only terms used in or directly relevant to this study, was compiled using several resources (Brill & Pepper, 2008; Connell, 2010; Davis, 2009; Hill & Willoughby, 2005; National Center for Transgender Equality, 2009; TransYouth Family Allies, 2008).

Biological Sex

Refers to a person's physical anatomy and is used to assign gender at birth.

Child/Youth

In this study, refers to a person under the age of twenty-one.

Cisgender

Non-transgender. In other words, this term refers to someone whose sex assigned at birth is congruent with their gender identity.

Genderqueer

A term used by some individuals whose gender identity is other than man and woman, thus outside of the gender binary.

Gender Dysphoria

Formerly gender identity disorder, the DSM-5 changed this name in order to further clarify criteria and help avoid stigma of those with this diagnosis. For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Gender Expression

How a person represents or externalizes one's gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

Gender Identity

An individual's internal sense of being male, female or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others, and can only be confirmed by the individual. Gender identity can be different from the biological sex assigned at birth.

Gender-nonconforming (also referred to as *gender variant*)

A term for individuals whose gender expression is different from societal expectations related to gender.

Gender-affirming Surgery (also referred to as *Sex Reassignment Surgery*)

Surgical procedures that change one's body to make it conform to a person's gender identity. This may include *top surgery* (breast augmentation or removal) or *bottom surgery* (altering genitals). Contrary to popular belief, there is not one surgery; in fact there are many different surgeries. *Sex-change surgery* is considered a derogatory term by many.

Heteronormative

A lens that implies that individuals fall into the distinct categories of male and female. The heteronormative perspective presumes that heterosexuality is the only norm, and that gender identity and gender roles reflect a gender binary based on heterosexual priorities.

Intersex

A term used for people who are born with external genitalia, chromosomes or internal reproductive systems that are not traditionally associated with either a "standard" male or female.

Passing

A term used by transgender people to mean that they are seen as the gender with which they self-identify. For example, a transgender man (born female) whom most people see as a man.

Puberty Blockers

A group of medications designed to inhibit the signs of puberty. Puberty blockers are sometimes used to delay puberty in children who are too young to begin hormone regimens toward potential transition or gender reassignment, or who desire more time to develop their gender identity and decide in the future whether or not to pursue transition.

Sexual Orientation

A term describing a person's attraction to members of the same sex or different sex. Usually defined as lesbian, gay, bisexual or heterosexual.

Stealth

Refers to a transgender person who passes as their desired gender at all times, and who has broken contact with most or all individuals who know their gender history.

Transgender

An umbrella term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers and gender-nonconforming people. Transgender is a broad term and is good for non-transgender people to use. *Trans* is shorthand for *transgender*.

Transition

The period during which a person begins to live as their new gender.

Transitioning may include changing one's name, taking hormones, having surgery

or changing legal documents (e.g., driver's license, Social Security record, birth certificate) to reflect their new gender.

Transgender Boy

A term for a transgender individual who currently identifies as a boy.

Transgender Girl

A term for a transgender individual who currently identifies as a girl.

Transphobia

The feeling of unease or revulsion toward people who portray gender variant or gender-nonconforming identities.

Assumptions

This study is built upon the assumption that individuals who describe themselves as transgender have a legitimate condition and should therefore be afforded such civil rights as equality, dignity and respect. This study also assumes that the societal structures that prevent such equality and understanding are unfair and should be amended to reflect values that include individuals of any and all gender identities or representations.

Social Work Research Justification

Social workers are obligated by the NASW Code of Ethics to serve oppressed and vulnerable populations, eliminate discrimination based on sex, and seek social change to ensure the well-being of all people (NASW, 2010). Serving the transgender population clearly fits into this category. Social workers are obligated to stand up for injustice by challenging historically oppressive beliefs and rejecting the dichotomous understanding of gender. It is also the obligation of social workers to make efforts to advocate for and

help others understand more accurate and inclusive paradigms of thought. This study serves as a foundation for distributing information to other social workers about the need for further advocacy.

This study will also assist in encouraging more culturally competent services for transgender children and their families by providing insight into the lives of parents and their transgender children. As discussed by Mallon (1999), practitioners must educate themselves about the needs of gender-nonconforming and transgender children in order to best serve them. This study will contribute to a growing body of literature that encourages social workers and other mental health practitioners to approach clients using a “trans-affirmative” perspective so as to avoid unnecessary pathologizing (Ehrensaft, 2012; Mallon, 1999; Menvielle, 2012). A frequently utilized concept in clinical social work is the tenet that individuals are the experts of their own reality. This reflects an affirmative treatment perspective for children with gender-nonconforming identities because it assumes that the child is the expert of their own gender identity regardless of the sex they have been assigned at birth.

Additionally, this study serves to encourage the dissemination of information to the general public about transgender issues and rights. Social workers should be prepared not only to serve transgender children, but also to help parents devise strategies for answering questions and addressing issues that may come up surrounding their child’s gender identity, and to be prepared to respond to and reach out to friends and relatives of their clients who may need extra information and support (Mallon, 1999). Additionally, this study serves to encourage social workers to educate the public, including medical and

school personnel, lawmakers and everyday citizens about the need for equality, compassion and acceptance of our transgender citizens and their families.

Study Limitations

This study touches on the quality of the interpersonal communication, knowledge and understanding that families have encountered while seeking educational, medical and mental health services for their children. It is important to note that the researcher will not be studying the effective delivery or intervention of medical services, as this issue goes far beyond the expertise of social work. Furthermore, the participants of this study are comprised of a small group of parents in Northern California. Although the data is significant for the study, it cannot necessarily be generalized to the entire population of parents of transgender and gender-nonconforming children. Lastly, this study is focused on the experiences of the *parents* of transgender youth, with some elaboration regarding their children's experiences. This study does not address the actual narrative of experience as described by the transgender youth themselves.

Chapter 2

REVIEW OF THE LITERATURE

The literature review is organized by key themes and covers a range of topics relevant to understanding the experience of transgender individuals and the parents and families of children and adults who are transgender or gender-nonconforming, as well as themes that are relevant to the general experience of any member of a society that is organized by dichotomous views of gender expression. These themes highlight both past and current issues that impact a broad array of topics including the development of mental health services, advocacy and public policy, discrimination and the personal struggles of parents and their transgender children.

The first themes addressed in this literature review provide an overview of gender studies and the gender binary system on which Western conceptions of gender rest. Key terms relevant to this study are revisited and elaborated on. Subsequent sections discuss the oppressive nature of Western systems of thought, their tendency to blame the individual for what amounts to a societal problem, and the resulting pathologizing and discrimination of both transgender individuals and their families. A section devoted to the growing visibility of the transgender community in our society, with particular emphasis on public policy and the news media, highlights how in the recent past, gender issues have become more relevant than ever. Finally, research regarding the unique journeys of family members of transgender individuals and the development of specialized programs and supports are discussed.

Gender and Transgender Basics

As noted by Davis (2009), transgender language is somewhat fluid and is constantly evolving. This can make it difficult to understand the overlapping principles of transgender studies. The term *transgender* is an umbrella term that is used to describe individuals who identify as a different gender from their assigned birth gender (Brill & Pepper, 2008). *Transsexual*, which now refers only to individuals who have undergone surgical procedures, has been generally replaced by the term *transgender* (Connell, 2010). Those who have undergone gender-affirming surgery (also referred to as sex reassignment surgery) are included in the umbrella term *transgender* (Brill & Pepper, 2008; Connell, 2010). *Transgender* also encompasses a wider group of individuals who may refer to themselves as trans women (male-to-female), trans men (female-to-male), or genderqueer (those who choose a gender identification other than that of “man” or woman”) (Connell, 2010).

This study consistently uses the terms *gender-nonconforming* and *transgender*. Gender nonconformity, also sometimes referred to as *gender variance*, is a term used to describe behaviors and interests that fall outside what our society considers to be typical or normal for a person’s assigned biological sex (Brill & Pepper 2008). The term *gender-nonconforming* is considered preferable to the term *gender variant* because the use of the word *variant* implies a deviance from what may be culturally accepted as the proper gender expression, and connotes a negative association with said variance.

Examples of gender nonconformity include a boy who wears dresses and plays with dolls, or a girl who prefers to have short hair and plays football with boys. A

somewhat confusing but important distinction is that while individuals who identify as transgender are considered to be gender-nonconforming, one does not need to be classified as transgender in order to be considered gender-nonconforming. This is especially true in the case of children, whom professionals hesitate to conclusively diagnose as transgender (Brill & Pepper, 2008; Ehrensaft, 2012; Mallon, 1999; Schwartz, 2012).

It is important to note that a child who is described as gender-nonconforming is typically wishing to present, at least part of the time, as the gender that is opposite of the one assigned at birth. This means that, for example, a female child who may be described as a “tomboy,” due to her interest in playing sports with her brothers, but who still identifies as female, does not fall into the category of gender-nonconforming. A key distinction to keep in mind is that for a child to be considered truly transgender, as is the case for all of the children referred to in this study, the gender nonconformity must be persistent, and they must experience extreme distress from the belief that their body does not match their gender identity (Ehrensaft, 2011).

As previously noted, many people in Western culture find it difficult to differentiate between the terms *gender* and *sex*. To put it simply, sex refers to our biological anatomy as identified at birth, while gender identity refers to our internal sense of self. Gender expression refers to how one chooses to externalize their gender identity, usually through clothing and mannerisms. Ehrensaft (2012) explains, “the brain and mind work to establish an inner sense of self as male, female, or other, based on body, on

thoughts and feelings, and absorption of messages from the external world, a sense of self that may or may not match the sex that is found between one's legs" (p. 339).

The Gender Binary

Western culture adheres to a strict gender binary consisting of male and female gender roles and identities. A common illustration of the gender binary is the question frequently asked of a pregnant woman: "Are you having a boy or a girl?" When she has the baby, it is either wrapped in a pink or a blue blanket, thus beginning the child's gendered role from its first few minutes of life (Feinburg, 1999; Zosuls, Miller, Ruble, Martin, & Fabes, 2011). The gender binary and its resulting constrictions and civil injustices frequently goes undetected by cisgender (non-transgender) individuals. This is presumably the case because, for example, cisgender people do not have to deal with things such as the stress of filling out a form that only provides the options of "male" and "female" to describe themselves, or the struggle with choosing or finding a bathroom or locker room in which they will feel comfortable and can avoid harsh looks, judgment and harassment (Rankin & Beemyn, 2012).

Although the phenomenon of being transgender is certainly nothing new, it remains misunderstood by Western society. As described by Brill and Pepper (2008), "significant gender variance confuses the foundation of the gendered social order" (p. 7). People do not like to be confused. In a society that is based on the gender binary, transgender and gender-nonconforming people confuse the social order because we are burdened by rules and expectations about what it means to be male or female. The gender binary is deeply ingrained in many cultures and can be reflected in individuals' notions of

politics, religiosity, spirituality and overall value systems (Zamboni, 2006).

Unfortunately, the problem is frequently seen as being situated within an individual who does not conform to societal standards of acceptable gender expressions, rather than the oppressive nature of the expectations themselves (Markman, 2011).

Pathologizing Gender Nonconformity

Gender nonconformity has been conceptualized as an illness in most circles for a number of years. Many experts credit Dr. Harry Benjamin's papers in the 1950s and his 1966 book, *The transsexual phenomenon*, as the first to identify transsexualism as a condition to be recognized, diagnosed and treated (Benjamin, 1966). While helpful in many respects, Dr. Benjamin's work had the effect of solidifying the perception of gender nonconformity as a condition that is pathological in nature, a concept that has in turn become deeply ingrained in the collective mind of Western cultures.

When one considers that gender problems are included in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, it is understandable how gender nonconformity continues to be pathologized by the medical community. Despite being re-defined and re-named over the years, issues of gender identity have had a spot in the DSM since 1980, contributing to the position that a "divergence" between the assigned sex and gender identity signals a psychiatric disorder (Cohen-Kettenis & Pfäfflin, 2010). In addition to pathologizing the problem, the DSM further contributes to the non-acceptance of gender nonconformity by limiting professionals to dichotomous language and the binaries of male and female. Ehrensaft (2011) has declared that so long as this diagnosis remains in the medical books,

transgender and gender-nonconforming children will continue to be mislabeled as having a disease.

Activists also point out that including gender nonconformity as a “diagnosis” in medical texts further promotes and sustains discrimination against anyone who chooses “nonnormative expressions of gender” (Ault & Brzuzy, 2009, p. 189). This is not unlike the pathologizing of homosexuality, which was removed from the DSM in 1987 after a process of revision that many consider to closely parallel the revision of gender-related “disorders” as they now appear in the DSM (Baron, 2013). While there is a strong activist movement against this psychiatric categorization, this is a complicated situation, since the DSM is used for insurance billing (Meyer-Bahlburg, 2010). On the one hand, transgender people want their health insurance to pay for expensive treatments associated with gender issues. It must also be noted that the DSM status of gender “disorders” is crucial to legal proceedings concerning claims of discrimination of transgender individuals (Meyer-Bahlburg, 2010). On the other hand, it is wrong to consider a divergent gender identity to be an illness.

Despite continued pathologizing of gender-nonconforming individuals, the past fifteen years have shown that Western society is making moves toward accepting people of all gender identities. Medical professionals and counselors are becoming more aware of the needs of transgender individuals. When it comes to treating children, professionals admit that it can be difficult to differentiate between a child who is rejecting gender stereotypes as part of a healthy developmental phase, and a child who really needs help sorting out their gender identity (Ehrensaft, 2011; Menvielle, 2012). Nevertheless, we are

slowly starting to see more professionals who are willing to tackle this vitally beneficial task as they move away from treating the “problem” of gender nonconformity, to supporting healthy children and families through this journey (Ehrensaft, 2011).

Misdiagnosis

Non-acceptance of gender fluidity among practitioners can be illustrated by those who are inclined to focus on the symptoms of anxiety and depression instead of the underlying gender conflict that is being experienced. In the case of children with gender identity issues, professionals frequently mislabel the child’s condition as a mood disorder, or as bipolar disorder (Brill & Pepper, 2008). This mislabeling can occur innocently, since often gender-nonconforming children who are not permitted to express themselves the way they want to, will respond with anxiety, anger, depression, low self-esteem and even self-mutilation and suicidal ideation (Mallon, 1999). The problem lies in the fact that some practitioners fail to attribute this behavior to a problem with the system of thought that does not allow gender-nonconforming children to develop in their own way, and instead blame the child for this maladaptive behavior (Mallon, 1999).

The Growing Visibility of Gender Nonconformity

The visibility and acceptance of gender nonconformity is growing due to a number of factors. The increased attention to transgender rights, as well as increased networking and communication made possible by the Internet, have made it easier for transgender people and their families to access information and form support networks (Rankin & Beemyn, 2012). As more transgender youth and their families “come out” and expect their needs to be recognized and met by their schools and other institutions,

policies that were previously based on a gender binary are becoming more inclusive of all genders (Rankin & Beemyn, 2012).

The news media has also played an important role in raising awareness of the issue of gender equality. Widespread coverage of devastating events such as the 2002 murder of Gwen Araujo, a transgender teenager in Newark, California, have had the bittersweet effect of sparking awareness, media attention and advocacy (Minter, 2012). Popular movies such as the 1997 film *Ma Vie En Rose (My Life in Pink)* and 1999's *Boys Don't Cry*, for which Hilary Swank won an Academy Award for her portrayal of the murdered transgender youth, Brandon Teena, have also served to increase public awareness (Minter, 2012). In 2007, Barbara Walters hosted a *20/20* special on families raising transgender children, further highlighting the struggle for rights and acceptance of transgender youth (Schwartz, 2012). Continued media coverage of transgender issues is an important tool for social change.

Advocacy and lobbying on the part of transgender supporters and activists have served to enhance the human rights of transgender children and adults alike. As of 2010, 13 states prohibited discrimination on the basis of gender identity and 35 percent of Fortune 500 companies included gender identity in their nondiscrimination policies (Connell, 2010). California's AB 537 mandates that 'public schools have a duty to protect students from discrimination and/or harassment on the basis of sexual orientation or gender identity' (California Safety and Violence Prevention Act of 2000 (AB 537), 2000). In 2013, California followed in the footsteps of Massachusetts when AB 1266 was sent to the Assembly floor. This bill makes it clear to educators that nondiscrimination of

transgender students means including them in and making accommodations for all school activities and facilities (The School Success and Opportunity Act (AB 1266), 2013). The year 2013 also saw a major civil rights victory with the passing of AB 1121, which simplifies the process of name and gender changes, making it less public, less time-consuming, and less expensive for transgender people to obtain legal documents reflecting their true gender and desired name (California Assembly Bill 1121, 2013). These increased legal protections have been accompanied by increased awareness and acceptance of gender nonconformity in American society, gradually making it easier for gender-nonconforming individuals to publicly identify themselves (Connell, 2010).

Stigma and Transphobia

Even though times are changing, transgender individuals still face the real possibility of being teased, abused, mistreated and discriminated against. Transphobia, the feeling of unease or revulsion toward people who exhibit gender-nonconforming identities (Hill & Willoughby, 2005), is a reality that is frequently faced by this population. A somewhat overlooked aspect of transphobia is the fact that it is often directed toward cisgender parents of transgender and gender-nonconforming youth. Parents who allow their children to embrace non-traditional gender expressions are frequently subjected to aspersion, pathological diagnostic labeling, and, on the extreme end, legal consequences that may include loss of custody (Ehrensaft, 2011). The source of this discrimination is not limited to outsiders. Indeed, many parents find themselves criticized by relatives and friends for not enforcing limits on their children's deviation from gender norms (Menvielle, 2012).

It seems to be the case that anyone, especially parents, who publicly accepts and advocates for transgender individuals, will likely suffer social abuse that is similar to that experienced by transgender and gender-nonconforming individuals (Callahan, 2009). Menvielle (2012) calls this stigma by association. This can make it difficult for parents of transgender children to share their experiences with friends and family, to find social support (Zamboni, 2006), and, consequently, to accept and support their children's gender identity (Menvielle, 2012).

The presence of gender nonconformity in the DSM, which implies that it is a "mental disorder," also serves to perpetuate stigmatization of transgender persons. Transgender advocates have cited numerous examples where such categorization of transgender status has resulted in loss of child custody, employment, access to security clearances, ability to serve in the military and legal rights to marriage continuation (Meyer-Bahlburg, 2010). This stigmatization can easily extend to the family and friends of transgender people.

Parenting and Family Relationships

It is common for familial relationships to be strained following the disclosure of a transgender identity (Rankin & Beemyn, 2012), and when the individual is a child, it can be especially arduous. According to Mallon (1999), even mild gender-nonconforming behavior "sends terror into the hearts of most parents" (p. 56). In fact, family members often go through the same confusion, guilt, anger, pain and disappointment that their transgender or gender-nonconforming family member may have gone through (Cooper, 2009). Some professionals have identified distinct stages ranging from grief to

acceptance to describe the experience of family members of transgender individuals (Zamboni, 2006).

While some professionals do recognize the importance of doing initial work with the parents of transgender and gender-nonconforming children (Ehrensaft, 2012; Menvielle, 2012), many practitioners still place an emphasis on treating the child. Often, the child is feeling perfectly fine; it is the parents who need help assessing the purported problem of gender nonconformity (Ehrensaft, 2012). Sending a child to a therapist can cause the child to believe that there is something wrong with them (Ehrensaft, 2012), which is especially important to note considering that the pre-pubertal years are likely to be a critical period for building a positive self-concept (Rijn et al., 2013) .

Professionals can help family members by encouraging them to explore the meaning of gender in their own lives. Since attitudes about what is appropriate behavior for one's gender are formed in early childhood (Brill & Pepper, 2008; Ehrensaft, 2011), it is not realistic to expect parents to change their understanding of gender overnight. Being confronted with a child's gender-nonconforming behavior may be traumatic and require work, time and education to accept. But the long-term payoffs are big. Children look to their parents for healthy coping and resilience strategies (Brill & Pepper, 2008), so it is very important for parents to develop healthy ones not only for their own sake, but for the benefit of their children.

Although a key issue in raising a transgender child is helping them internalize a positive self-identity while recognizing potential threats (Ehrensaft, 2012), this journey is also one that is affecting the personal lives of family members, particularly parents. Some

parents need reassurance that their child's gender identity is not a consequence of faulty parenting (Hill, Menvielle, Sica, & Johnson, 2010), while others benefit from education about the oppression presented by the gender binary system. No matter how educated the parents are about gender privilege and the gender binary, accepting that one's family includes a gender-nonconforming individual can be a journey of self-discovery that is marked by a myriad of other complicated emotions.

Schwartz (2012) describes that in his experience with his private psychiatric practice, parents cope with this situation with "varying degrees of success. They are frightened, frustrated, freaked out, and finally, defeated, as they are forced to relinquish a cherished perception. Their particular defensive configurations vary (guilt, despair, anger, embrace), but all face extreme intrapsychic disruption and pain" (p. 461). Schwartz (2012) notes that the most obvious emotion he has noted from the mothers of transgender children is that of grief. He describes a deep sense of grief for the son or daughter that has essentially been lost, having been replaced with its opposite (Schwartz, 2012). Another aspect of the grief experienced by the parents of transgender children is the fact that this type of grief is not culturally understood (Brill & Pepper, 2008). Parents question whether or not it is okay to mourn an aspect of a child when the child has not actually died. This can be a complicated emotional process. Fortunately, resources available for parents are slowly increasing.

Increased attention to the needs of gender-nonconforming children has resulted in the development of specialized supports such as the Family Acceptance Project, Gender Spectrum, the Transgender Network, and Trans Youth Family Allies. The Family

Acceptance Project at San Francisco State University's Marian Wright Edelman Institute for the Study of Children, Youth, and Families has conducted research that highlights the importance of family acceptance of gender-nonconforming youth. In addition to preventing depression, drug abuse and suicidal behavior, acceptance from family members has, as one might predict, served to increase self-esteem, social ties and even overall health outcomes of gender-nonconforming youth (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Cohen-Kettenis and Pfäfflin (2010) further elaborate on their experience that children who knew early in childhood that they would be able to have puberty-suppressing treatment at the first signs of puberty, and whose parents, friends and teachers were accepting of their choice of gender expression, did not typically remember any distress or suffering surrounding this issue during childhood or adolescence. This research demonstrates the clear connection between social acceptance of transgender youth and mental health outcomes as adults, and encourages the development of a trans-affirmative perspective in addressing the needs of these families.

Conclusion

The key themes and topics described in the literature review provide a useful framework for studying and understanding the multitude of challenges associated with parenting a transgender child. From the gender binary to transphobia, parenting challenges and beyond, it is clear that parents and their transgender children have much to overcome. This analysis reveals a complex array of thought systems that contribute to the challenges, hopes and accomplishments of these unique families.

Chapter 3

METHODS

This chapter describes the methods used to carry out this research study. It includes explanations of how the participants were recruited, the tools and methods of the data collection, the method of data analysis and the reasons these methods were chosen. Additionally, this chapter explains how the researcher worked to minimize potential harm to the participants, and how approval was obtained from the institutional review board to conduct the study.

Study Objectives

The purpose of this study was to gather insight into the experience of raising transgender youth. This researcher believes that this information will contribute to the development of enhanced services for transgender youth and their families. This phenomenological inquiry utilized a qualitative interview model with non-probability convenience sampling, snowball sampling and open recruitment.

Study Design

This exploratory study utilized an individual semi-structured interview design to identify common themes about the experience of parenting transgender youth. The semi-structured interview format in qualitative research is characterized by the use of an interview guide that allows the researcher to employ probative follow-up questions as the situation dictates (Lindlof & Taylor, 2002). The use of open-ended interview questions allowed participants to freely express their thoughts and clarify their narrative for the

researcher (Morgan, 2011). The use of open-ended questions also served to reduce researcher bias (Chan, Fung, & Chien, 2013).

As a phenomenological inquiry, this study served to illustrate the similarities and differences among multiple accounts of the same phenomenon. Phenomenological research was designed to promote understanding of the world as it emerges for individuals through personal experience, and is known as a useful research tool when studying experiences about which little is known (Morgan, 2011). By identifying experiential patterns that happen across diverse accounts of a similar phenomenon, the researcher gains what phenomenology founder Edmund Husserl called a *unity of sense*, which can help the researcher to transcend the limitations of the empirical data (Husserl, 1973). Churchill (2005) builds on this idea when explaining that in the end, what is “phenomenological” about the research is not simply the participants’ experiences, but rather its movement from individual to universal possibilities of experiences.

Sampling Procedures

All of the participants in this study were parents of transgender children ranging in age from six to twenty years old. All families were living in Northern California. Participants were recruited for this study in the following ways: by responding to a recruitment poster placed by the researcher on a bulletin board at Sacramento’s Gender Health Center, being recruited by their former counselor at the Gender Health Center, being referred to the researcher by a friend or acquaintance who had already participated in the study, and responding to an announcement by the researcher at the beginning of a support group for family members of transgender individuals.

Data Collection Procedures

The interviews for this study took place between November 2013 and March 2014. Prior to beginning the interview, participants were verbally informed of the minimal risks presented by their participation in this study, as well as their personal rights as participants. Each participant signed a copy of a document, “Consent to Participate in a Research Study,” which outlined these rights. Participant rights included the right to confidentiality and anonymity and the right to skip a question or end the interview at any time. Participants were provided with a list of potentially relevant resources for transgender youth and their families. Participants gave consent for the interviews to be recorded and were informed that the transcripts and recordings would be locked up and safeguarded by the researcher. The transcripts and recordings were scheduled to be destroyed on May 15, 2014. The interviews lasted between 30 and 90 minutes each, and took place in participant homes, over the phone on a secure and private phone line, and at the Gender Health Center.

Instruments

The semi-structured interviews were based on an interview guide, “Parents of Transgender Children Interview Guide,” which was constructed by the researcher and approved for use by the Division of Social Work Research Review Committee at California State University, Sacramento. The interviews progressively explored basic demographic information about the participants, including their age, geographic location, child’s age, and child’s gender identity, as well as the parents’ initial level of knowledge about transgender issues and the services and supports they had sought, both for

themselves and their children. The researcher was limited as to the depth of elaborative questions that the human subjects committee would permit in order to protect the mental health of the participants. However, because the researcher prefaced each interview by stating that the interview guide was intended to be a broad jumping-off point for however much of their narrative they chose to share, most participants strayed significantly from the content of the guide and took their own initiative to share a broad range of intimate details about their experiences and those of their children.

Data Analysis

The data was analyzed using the method of content analysis, with answers to questions from the interview guide, as well as additional narrative provided by participants, coded through examination of key words, themes and generalized patterns within the categorized responses. Answers to impromptu elaborative follow-up questions deemed relevant by the researcher, as well as off-topic narrative that participants felt should be included in the study, were embedded within the analysis. Because of the phenomenological nature of this study, data analysis included an emergent strategy to let the method of analysis follow the data itself. When analyzing the data, the researcher used the methodological device of *bracketing*, which involves deliberately acknowledging and setting aside one's own belief about the phenomenon under investigation (Carpenter, 2007).

Protection of Human Subjects

The researcher submitted a Human Subjects Review application to the Division of Social Work's Committee for the Protection of Human Subjects (CPHS) at California

State University, Sacramento. The committee requested that the researcher alter the original interview guide to further minimize risk of psychological harm to participants. The committee recommended that the researcher remove questions related to the participants' personal reactions and feelings about their child's gender identity. After revisions were made, the study was approved as an exempt project under the federal guidelines set forth by the U.S. Department of Health and Human Services in section 45 CFR 46.101(b)(2), as it was determined that participation in this study presented no risk to participants because the information would be collected through an interview, and the responses would be recorded in such a way that the participants were not identified and would not be put at risk for personal damage to their reputation or criminal, or civil damages. The researcher was assigned Human Subjects Protocol # 13-14-001 and was then permitted to begin recruiting participants for this study.

Chapter 4

STUDY FINDINGS AND DISCUSSION

This chapter begins with a detailed description of the study participants and their demographic information. The findings that emerged from the content analysis of the interviews are then organized into pertinent themes, followed by interpretations of these findings. The chapter concludes with a brief summary of the findings and interpretations.

Overall Findings

The experience of parenting transgender youth was explored using a format of nine semi-structured interviews. Participants included three fathers and six mothers of transgender children ranging in age from six to twenty years old. Participants resided in Northern California. Participants all identified as Caucasian, with one mother describing herself as half Caucasian, half Japanese. All but one participant (Parent Three) described experiences associated with being the parent of a transgender child who is stealth, which means living as their preferred gender with very few or no social relationships with individuals who were aware of the transgender status.

Analysis of interview transcripts revealed the following key themes about the experience of parenting transgender youth: *Knowledge, Peer Support, Positive Reactions and Social Acceptance, How Transition Promotes Well-being, Comfort in DSM Diagnosis, Worries and Fears, Accepting Their Children and Rejection and Discrimination*, as well as the isolated, less-common themes of *Siblings and Misdiagnosis*.

Table 1*Interview Participant Demographic Data*

	County Of Residence	Parent's Age	Child's Age	Child's Assigned Sex at Birth	Child's Gender Identity
Interview 1 (mother)	Placer	51	17	Male	Female, sometimes gender fluid
Interview 2 (mother)	Sacramento	39	12	Male	Female
Interview 3 (mother)	Sacramento	55	18	Male	Female
Interview 4 (mother)	Sacramento	55	6	Male	Female
Interview 5 (mother)	Solano	41	14	Female	Male
Interview 6 (father)	Sacramento	52	12	Male	Female
Interview 7 (father)	San Joaquin	58	20	Female	Male
Interview 8 (father)	Yolo	68	16	Male	Gender queer with female pronouns
Interview 9 (mother)	El Dorado	55	15	Female	Male

Specific Findings

Content of the interview transcripts was coded by topics that the researcher felt were interesting, important, and relevant. The data was conceptualized into categories or themes. The themes are presented here in descending order, with the most commonly occurring themes described first, the next most common themes described second, and so on. The researcher also found it important to discuss some themes that were not common, having been mentioned by only one participant, but that the researcher felt were

important to note in these findings. These less-common themes are found under the heading “Isolated Themes.”

Knowledge

Knowledge in various forms proved to be a major theme throughout the interviews. Parents reported experiencing problems related to a lack of knowledge in a variety of areas. The knowledge referred to here is described in three groups: Lack of Personal Knowledge, Lack of Knowledgeable/Understanding Professionals, and Need for Education Among the Public.

Lack of Personal Knowledge

All of the parents interviewed reported placing a high value on understanding transgender issues prior to learning that their child was transgender. While Parent One reported that she did have prior knowledge due to her professional experience with this population, she said, “I don’t know how it would have been if I didn’t have that knowledge base.” Eight out of nine interview participants expressed that prior to their own experience of having a transgender child, they had been poorly educated about what it means to be transgender. Three parents had no idea what the word meant, three mistook gender-nonconforming behavior as a sign of homosexuality, and five possessed inaccurate or incomplete understandings of what it meant to be a transgender person.

Concerning a complete lack of knowledge, Parent Two recalled, “I didn’t even know what transgender was. I had no clue. I had never even heard of the word ‘transgender,’” while Parent Three explained, “What made it most difficult for me as a parent was not having any knowledge about transgender issues. And so it was really hard

for us to see this behavior change in our child and not know what to think about it.”

Parents Five and Nine reported having very limited information prior to their own experience, and both stated that they had to do a lot of research on their own in order to understand what their children were experiencing.

Some parents admitted having known about the term *transgender*, but having misconceptions about its meaning. Parent Seven admitted, “I thought that transgender meant cross-dressing or something like that...so it wasn’t until this was my experience that I knew about these issues.” Parent Eight admitted, “I don’t think I knew it was anything other than people who were born as boys who ‘chose’ to live as females.”

Other parents reported feeling surprised that they hadn’t known more about the issue, and subsequently blaming themselves for their lack of knowledge. Parent Four lamented, “I really had no understanding. I mean, for having almost eight years of college, and being at the top of my class and specializing in children, I was appalled that I didn’t know...and then it’s kind of like, oh, transgender. It doesn’t have to mean the ugly hairy man with the low voice and the dress.” Parent Six said, “You would think I would have known more about it. I didn’t know anyone who was transgender.”

Lack of Knowledgeable/Understanding Professionals

Four parents related experiences with professionals, including school personnel, mental health workers and physicians, whom the parents felt were less helpful than they would have desired. These experiences occurred on a continuum of dissatisfaction, ranging from outright despair and extreme frustration, to mild dissatisfaction and moderate frustration.

Both Parent Three and Parent Four described interactions and circumstances regarding healthcare, which they found to be very unsatisfactory. Of her child's healthcare provider, Parent Three said, "[REDACTED] was clueless about transgender issues," recounting how she felt as if her child was a "guinea pig all along." Hers was the first family with a transgender child to be treated by the counselor provided to them by their major healthcare provider. She also disliked being referred to a medical doctor 30-40 minutes away from their home in Sacramento, California for her child to receive hormone treatment. Even then, she described the doctor as having very minimal knowledge about the treatment, and in fact had to communicate with doctors in the San Francisco Bay Area as to how to treat her child. She explained, "I needed professionals that could help me, that could guide us, that were knowledgeable about transgender issues...which is why I am so glad you are doing what you are doing."

Parent Four had her child in counseling at a different, major healthcare network in the Sacramento area, but the counselor admittedly didn't know anything about working with a transgender child. Since Parent Four is a psychologist herself, she decided to ask her colleagues if anyone could recommend a counselor for her child. She reported that she works with 23 other psychologists who were unable to come up with any advice for her. At that point, she reached out to some school counselors, but stated, "They didn't know either. And then I went to [REDACTED], where her current therapist was, and they didn't know either!" Later, long after having transitioned, Parent Four's child was experiencing severe anxiety that was thought to be unrelated to her being transgender. She took her daughter to the lead psychiatrist at this same major healthcare network,

where the psychiatrist asked Parent Four whether or not her six-year-old had had sexual reassignment surgery. She recalled telling the psychiatrist, “Uh, no. They don’t do that till they’re 18, and you know, it’s their decision or whatever.” Parent Four went on to explain that the psychiatrist was asking her a lot of questions about the gender issues in front of her child, which she said caused her to “feel very uncomfortable, you know? Because I wasn’t even there to talk about gender. It wasn’t even about that. But I just thought, are you kidding me? You are asking me if they did sexual reassignment on a six-year-old.”

For Parent Three, the lack of education on the part of professionals did not end with her healthcare provider. She reported numerous issues with her child’s Sacramento-area high school that were extremely upsetting to both her and her transgender daughter. To name a few, Parent Three was involved in what she described as a disturbing conversation with a school guidance counselor who told her not to worry about her child being transgender, because he “has seen this type of thing before.” He told her “this story about a girl in her freshman year who wanted to be a boy and dressed in a masculine way and by the time she was a senior, she was over it. It’s just a phase. Don’t worry about it.” In addition to this upsetting incident, Parent Three described her daughter being ostracized by being required not only to use a faculty bathroom in an inconveniently far location on the campus, but to put what Parent Three referred to as “a ‘Scarlet Letter’ sign on the door” each time she was in there so as to make other faculty aware that she had permission to use that restroom.

Of her child's experience with her high school personnel, Parent Three explained, "They basically treated us like we were some kind of freaks." Her child did not attend her own high school graduation, in part because when asked to read off a nickname instead of her masculine birth name, "the guy who was going to read off the names at graduation for awards and all that, said, 'Well, I'll try and remember that, but I've mainly known your child as a boy, so I can't guarantee you I'll get it right.'"

Parent Six reported a desire for more knowledgeable professionals in the area of mental health counseling. He explained that his child's current counselor is not well versed in working with a child who is transgender, and that they don't talk about the gender issues in counseling. He said, "Now that she is getting older and is going to be a teenager, I know she is going to need a counselor that works with transgender and all the issues that will come up."

Parent Eight also reported having trouble finding both mental health and medical professionals who were comfortable working with transgender children. His child was already seeing a psychologist when she revealed to her family that she identified as gender queer, and Parent Eight explained that he "emailed the psychologist and said here is this gender thing that's emerged, and she said 'oh my goodness I will need to educate myself about that, I don't really have any experience with it.'" Parent Eight also described asking a medical student who was a family friend to look into finding a pediatrician in his hometown who was comfortable with gender issues. The medical student tried to find someone, but reported that she wasn't able to.

Lack of Knowledgeable Professionals Near Home

A number of participants reported that this lack of knowledgeable professionals in the area of treating transgender children has resulted in families having to make long commutes to get access to the support and care they need. On the most extreme end of this issue lies Parent Six, who actually moved his family from Sonoma County, California to Sacramento, California in order to have better access to services. Parent Three reported having to drive 30-45 minutes on a weekly basis to get her child medical care, and Parent Four currently drives her daughter to the San Francisco Bay Area on a regular basis to obtain adequate medical care. Similarly, Parent Seven reported making the one-hour drive from Tracy, California to Sacramento in order to obtain social support from a PFLAG meeting (Parents, Families and Friends of Lesbians and Gays), whose Sacramento chapter has a strong transgender component.

Need for Education Among the Public

Five parents specifically mentioned the need for the public to be more educated about the transgender community. Parent Two stated, “What would be the best gift ever, for me, would be that the population would just become more tolerant and accepting of transgender people. And how do they get that, except through exposure and education?” Parent Three explained that after the whole ordeal she has been through, “Going forward, I think just more understanding by the public would help me feel a whole lot better. If the public were more educated.” Parent Nine remarked, “We just have to keep educating people. I just think it would be so much nicer if more people would have an open heart.” Parents Four and Five reported finding a sense of purpose amidst their journeys with their

children. Each expressed a desire to educate others to help pave the way for a better future for transgender youth. Parent Four stated, “I think maybe she came my way so I could help do some educating for some other people,” and Parent Five stated, “So maybe we, meaning my son and I, will be the people who will help educate others... Rejecting kids, I think it just hurts the whole family because we all need family. So I want to hopefully help with that.”

Peer Support

Seven parents emphasized the importance of participating in support groups, either online or in their communities as a major resource for parenting transgender youth. Most of these parents echoed Parent Two, who cited the benefit of connecting with “other people that understand what you are going through and can offer insight into some of their experiences.” Parent Three emphasized the benefit of hearing “from parents who are further along and how it worked out. It helps a lot.”

Parents Two, Four, Five, Seven and Eight attend support groups regularly. Parent Four explained, “I don’t care how educated you are, or how rich or poor you are, meeting families that are going through the exact same thing you are is the most valuable thing you can do.” Parents Four and Eight also emphasized the benefits their children receive from these groups, adding that it helps boost their children’s self-esteem to know others in the same position, and to be able to help other youth form positive relationships within the transgender community. Parent Six reported that his daughter benefits from watching YouTube videos of other kids who have had similar experiences. Parent Seven, who attends PFLAG, reported a general benefit from talking about his experience with anyone

who could lend a listening ear, telling the researcher, “I ought to thank you for letting me talk about it. It helps to talk about it.”

Positive Reactions and Social Acceptance

Six parents reported positive experiences with schools, friends and family members who have been informed that their child is transgender. Parent One stated that her daughter has attended two different schools, and that they have both responded favorably. Parent Four carefully screened a variety of schools looking for a Kindergarten for her daughter, and she was pleased when her daughter’s school said, “Well, we’ve never done this but we will do 100% whatever it takes to make it work.” Parents Five and Eight reported that each of their children’s schools have been thoroughly supportive, and Parent Five said the school principal surprised her by also being extremely accommodating, although it seems that the high school of Parent Five’s child may have some teachers who would not be as understanding. The principal had looked at her child’s schedule and said, “I see we are going to need to make some teacher changes,” in order to ensure he would have teachers that could be sensitive to the situation. Parent Five said, “So far, they’ve been really good and sensitive and really great with him. He’s done well in school.”

Parent Two reported that all of her family members were supportive of her daughter’s transition, explaining, “We are a very loving family, so we all pretty much rallied around her and watched her unfold and blossom, and it has been nothing less than amazing.” Parent Five reported that her son’s cousins and close friends have been wonderfully accepting and encouraging from the start. Parent Four wrote a letter to their

extended family, politely insisting that their child's gender identity be honored, and reported that "it was 99% support... So considering what a tough thing it was to do, it was nice to have so much family support." Parent Six expressed some trepidation: "I remember thinking, 'How am I going to tell my 79-year-old mom about this?' But I did, and she's been great. She's come to visit, and it's been fine."

How Transition Promotes Well-being

Five parents reported seeing a significant increase in their children's happiness after transitioning, with some even stating that the transition resulted in alleviation or elimination of psychiatric symptoms. Parent Two reported that after the transition, her daughter "went from a very depressed, withdrawn child, into a very happy and bubbly little girl," and Parent Three recalled that after her transition, her daughter started to be a little more comfortable with herself and started to get involved in LGBT activities. Parent Nine said of her son, "A year ago, he was just a mess. He would not talk..." She added that she believed he was a "borderline hoarder," with a lot of old toys and stuffed animals cluttering his room, and that he had been unable to part with them until the transition. She reported that recently, he had been cleaning out his room, purging the toys, as if to say, "I am not that person anymore, I am [REDACTED] now, this is [REDACTED]'s room..." She added that "it's like this is a transition, it's like he is moving forward. A lot more confidence, a lot more outgoing. Just an all-around happier kid."

Other parents found that with transition came the alleviation of what professionals had characterized as very extreme psychiatric symptoms. Parent Four explained that prior to making the decision to let her four-year-old child transition to female,

We had the stuttering, the nightmares, the wetting, the hyperventilating, the crying, the depression... Once we did the transition, it was absolutely shocking. The very next day, no stuttering. Never an accident again... And what I tell people is, for her, there was no transition. For her, it was absolute immediate, "This is who I am."

Parent Six stated that his daughter has also seen significant positive changes since her transition:

She is so much happier compared to how she was... She would say things like, "I want to die. I don't want to live. I'm different. Kill me. Push me off a cliff. Get a knife and stab me," and awful things like that. I am so glad we have figured it out and now we are on this journey, and it's been difficult. Some days are easier than others and it's gotten easier as time goes by.

Comfort in DSM Diagnosis

Five parents reported that finding out that their child had a diagnosis of gender identity disorder, which is now known as gender dysphoria, was a source of immense comfort and a stepping-off point for getting help and support. Parent Three explained that receiving a diagnosis from the psychiatrist helped her daughter to understand herself better, as she had previously been very confused, at times mistaking herself for a gay male. She stated, "Now that she knew she was transgender, it was easier for her to start seeking help." Parent Two described always having a nagging feeling that there was something off with her child, recalling, "I knew that there was something missing. And I searched for so many years trying to figure out what that piece of the puzzle was..." and eventually, "I read through gender identity disorder and it was like an aha moment for me.

Like this is the piece of the puzzle I have been searching for all along. And it fit. I mean, she fit all the criteria.”

Parent Four felt a similar sense of relief and understanding. She had been documenting her child’s gender-nonconforming behavior for two years before she saw a gender expert. Without even knowing what she was supposed to be looking for, the expert acknowledged that Parent Four had documented all the criteria for diagnosing a transgender child. Parent Five also found that the diagnosis fit with her experiences with disagreements over the way her then daughter would dress, saying, “Once he shared with me about being transgender, these struggles with clothes made sense.” Parent Six said that things have continued to improve since the diagnosis because knowing what is going on makes him better able to help and support his daughter. He also reported feeling reassured by the fact that his child could now get a hormone blocker, explaining, “Getting the hormone blocker, that was like a big relief, knowing that finally, we were going to put a stop to those hormones that she didn’t want.”

Worries and Fears

The interviews also revealed a prominent theme of worry and fear. Several parents revealed a variety of their own fears and worries surrounding both the physical safety of their transgender children, and the social acceptance and subsequent happiness of these youth. In addition to these sentiments, three parents reported that their children had expressed concerns about being rejected due to their gender identities.

Parent Concerns for Safety

Four parents singled out physical safety as a concern when raising transgender youth. Parent Two stated that this concern is the hardest part of parenting her transgender child, stating, “You worry about safety and you worry about her gender status being disclosed and what might happen because of it.” Parent Seven echoed the sentiment: “Always in the back of my mind, there is always that little fear that something might happen at some point. And I try to not listen to that when it is in the back of my head because so far things are good.” Parent Three stated, “What weighs really heavy on me is the worry for my daughter’s well-being and safety and acceptance in life.” Parent Five added that she has worked with her child to plan ways to avoid trouble:

In terms of a parent, safety is a concern, because I have heard stories of transgender people getting killed, etc., so we have talked about that. And you know he has to make sure he conducts himself properly, too, because sometimes people have a tendency to egg on things, and then you can’t get out of it. So basically I don’t want him provoking things, I want him to stand up for himself for sure, but I don’t want him to provoke.

Parent Concerns of Social Non-Acceptance

Although many participants hinted at this problem, two parents explicitly stated that they had worries that their child would not be socially accepted due to being transgender. Parent One explained, “My only real concern is that when [REDACTED] goes off to college that she’ll have as accepting an experience wherever she goes that she has here. That’s my only need, is for that kind of reassurance.” Parent One added that thoughts about “how others are going to respond” are the only thing that has ever made her

“uncomfortable or worried. Mostly family, sometimes friends. There really haven’t been any problems. But it was mostly in my mind. Like how are they going to react when they hear this?” Parent Four said she gets “overwhelmed” thinking of all the things that her daughter “is going to have to overcome. And I just hope that I can keep her happy and safe and feeling good about herself. I just don’t know if I can. But we’re trying. We’re trying everything that we possibly could.” Parent Four added something that her spouse has said to her: “Allowing your child to transition is probably one of the most courageous decisions that a parent has to make. And the reason is because people just don’t understand it.”

Child Concerns of Non-Acceptance

Three parents reported that their children have expressed concerns about social acceptance. Parent Five’s child shared the news of being transgender in a letter to his mother, simply because he was unsure how she was going to react. Parent Four explained that even though her daughter is stealth and transitioned three years ago, “She still has some emotional issues around her gender, saying things like, ‘They don’t like me because I’m not a real girl.’” Parent Nine said that she thinks that once her son figured out that he was transgender, “There was a lot of anxiety about letting people know, because you never know how people are going to react.”

Accepting Their Children

Three parents spoke about their journey of acceptance for their child, with some offering advice on the topic. Parents Two and Six described the process as being very difficult emotionally. Parent Two explained, “The first week I pretty much lost it. I cried

the whole week, got very depressed, and it was finally like I came to the realization that this isn't about me. This is about my child, and I need to support my child unconditionally." Parent Six stated that he had at first felt devastated and overwhelmed, adding that "some days are easier than others and it's gotten easier as time goes by."

Parent Four explained that much of her thought processes around the subject of accepting her child have centered on the principle of courage. She stated, "it definitely makes you have to be courageous. It questions you down to the core. How much will you stand up for your child compared to what criticism you might get personally...from schools, relatives, friends..." Parent Four ended her interview with a piece of advice for other parents:

You have to get past your own stuff. Even if you are not there at the level of acceptance, or for whatever religious or social reasons you are disgusted, you have to keep that from your kid and just show them unconditional love until you can get further on your journey. Something I copied from a book is "it's not your kid's job to take care of you, it's your job to take care of your kid."

Rejection and Discrimination

Three parents described situations where their child had experienced mistreatment or rejection due to being transgender. Parent Three described being aghast to find out that the reason her daughter suddenly stopped wanting to go to Starbucks with her was because she was being harassed in the bathrooms at school: "She finally said, 'Mom, I can't drink anything because I don't want to have to pee all day. I have to be able to go all day without peeing.' And then she started telling me about being bullied in the bathrooms." Parent Three also described a humiliating incident where she was shopping

with her daughter, walking side by side down an aisle, and three teenage boys walked past them as one of them shuddered and made a noise that communicated a feeling of disgust. Parent Five described a hurtful incident in which directly after she and her son had gone to dinner at a family friend's house and shared the news that he was transgender and would no longer be using any female pronouns or descriptors, that family friend deliberately posted on a social networking page that she had had dinner with a friend and her "daughter, [REDACTED] (female name)." Parent Five also stated that her next-door neighbor, at one time considered a friend, had been very negative and rude to her son upon being told he was transgender.

Parents also related some instances where family members were not able to receive the news of transition in a positive or supportive way. Parent Seven said that his son's maternal grandparents have had a hard time with the news. He explained, "His grandmother is understanding, but doesn't agree with it and is still calling her [REDACTED] and saying 'she.'" Parent Seven also stated that he was sad to find that his son's "grandfather won't even look at him, talk to him, even at a wedding, it was as if he didn't even know he was there." Parent Five spoke of a similar experience in which her son's grandmother was initially unwilling to call him by his preferred name, and although she says she still does not believe in the condition, she has since relented and now uses the male name.

Isolated Themes

The following isolated themes were touched upon in interviews. The researcher includes them here because although each theme was mentioned only one time by one parent, the researcher believes these findings are consistent with existing literature on the

topic of transgender youth, and/or are issues that the researcher finds interesting and significant.

Siblings

Parent Four made a point to mention that her daughter's transition had an impact on her siblings. She compared it to having a child who is sick or has a disability, saying that the other siblings can often feel left out:

I think that we often forget the impact on the siblings. I really believe that the siblings should get professional help too. With my younger, [REDACTED], he lost a brother. And I didn't see it at first because I was so concerned with the other issue. But [REDACTED] came to me and asked me, 'Could I go get another brother?'

Misdiagnosis

Parent Six stated that he felt it was a shame that his child's psychiatrist had not identified his daughter as transgender sooner. He wondered what things would have been like if they had known there was a gender identity issue throughout all the years they had struggled with his (then) son's depression and behavioral issues. Of the experience with the psychiatrist, he recalled,

We were taking her to him for several years, and she initially had a diagnosis of ADD, and ODD (oppositional defiant disorder) and was on stimulant medications and things like that, but you know, after all the years of seeing the psychiatrist, he never picked up on the fact that ----- was transgender and I really think that is too bad...

Parent Six also stated that he told the psychiatrist of his concern that his son would always choose to be a female character on computer and video games, but the

doctor eventually gave him a diagnosis of bipolar disorder. Parent Six stated, “And when we came over to Sacramento and had her evaluated, the doctor said absolutely she is not bipolar. So I think we had a lot of misdiagnosis over the years.”

Interpretations of the Findings

These findings highlight a number of themes that are vital to understanding the experience of parenting transgender youth. Above all, the key themes described in this chapter point toward an urgent need for better education of parents, professionals and the general public to increase acceptance and understanding, aid in parenting and enhance the delivery of mental health and medical services. In addition to this theme of *Knowledge*, the key findings of this study shed light on several other important aspects of the experience of parenting transgender youth. These findings, which should be taken into consideration when working with families and their transgender children, include: the importance of *Peer Support*, facilitating *Positive Reactions and Acceptance*, and acknowledging the emotional benefits of allowing a child’s gender identity to be left to their own discretion (*Post-transition Well-being*). Findings indicate that it is also important that professionals be able to identify or diagnose gender issues in order to ease the concerns of the families and their transgender youth (*Comfort in DSM Diagnosis*), combat and validate the *Worries and Fears* of these families, encourage families to embrace their children’s gender identities (*Accepting Their Children*) and address and prevent the effects of *Rejection and Discrimination*. Additional areas of professional interest as revealed by participant interviews include the effect that parenting a transgender child has on *Siblings*, and the prevention of *Misdiagnosis*.

Eight parents indicated that prior to learning that their child was transgender, they were uneducated or even grossly misinformed about what it means to be transgender. Four parents reported difficulties accessing professionals, including school personnel, medical professionals and mental health workers whom they felt were knowledgeable about issues associated with gender identity. Additionally three parents reported that their children had experienced rejection or discrimination because of their gender identity, and four parents reported having serious worries or fears for their children's safety due to community members having negative impressions of transgender individuals, which are presumably based in part on ignorance. These findings reflect an overwhelming need for both public education and awareness about gender identity issues, and enhanced professional curriculum and development about how to work with the population of transgender youth and their families.

Four parents reported having to drive far distances for services and supports. In addition to further highlighting the need for professional development, this finding may be examined from a social constructionist and critical theory point of view to highlight how our society's lack of accessible resources emphasizes the "otherness" of transgender youth, thus contributing not only to systemic oppression of this population, but to the internalizing of such oppression by transgender youth and their families. With services and supports located so far from home, transgender youth and their families are at risk of developing the impression that their condition is an oddity that requires a long commute in order to get their needs met. This assertion is consistent with scholarly research indicating that when children are made aware that their gender-nonconforming behavior

differs from societal norms of non-acceptance or intolerance, they are at risk for developing a negative self-concept (Rijn, Steensma, Kreukels, & Cohen-Kettenis, 2013).

Seven parents highlighted the value of seeking emotional support from others who understand what they are going through. This finding is consistent with previous scholarship regarding transgender individuals on the importance of community and connecting with others in the transgender community (Lev, 2007; Singh, Hays, & Watson, 2011), and the researcher found it important to document that this same phenomenon holds true for family members of transgender youth. This finding may be helpful in encouraging further development of social supports for this population.

Six parents reported that their families had experienced accepting and positive attitudes about their children's gender identities. This acceptance, particularly on the part of family members, is extremely significant in light of recent scholarly research on this topic. It has been found that family acceptance of transgender youth is associated with positive health outcomes for young adults, including physical and mental health, self-esteem, and also the prevention of negative health outcomes, including depression, substance abuse and suicidal ideation or attempts (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

Five parents reported that transitioning resulted in their child's experiencing an increase in happiness and even alleviation of psychiatric symptoms. This is overwhelmingly consistent with current scholarly research on this topic, as many gender experts have reported seeing similar results, and frequently among a higher percentage of transgender clients than these findings suggest (Brill & Pepper, 2008; Ehrensaft, 2011,

2012). Additionally, it has been found that early interventions among transgender youth are needed in order to prevent psychological problems later in adolescence and adulthood (Rijn et al., 2013). This finding also fits well with scholarly assertions that the “problem” does not lie in the transgender child’s having a “gender issue,” but rather lies in Western society’s unwillingness to condone non-binary conceptions of gender (Mallon, 1999; Markman, 2011). Thus, the symptoms of unhappiness and other psychological issues often dissipate when transgender youth are permitted to express themselves beyond the confines of the gender binary.

Five parents expressed a sense of relief or comfort in receiving a DSM diagnosis related to gender identity; this sense of relief was reported to have been experienced by the parents, but also in some cases by the children. This finding introduces an unexpected counter-argument to an abundance of scholarly works that advocate exclusion of gender identity-related diagnoses from the DSM. While Baron (2013), Ehrensaft (2011), Ault (2009) and many others have made persuasive arguments against including gender identity issues in the DSM, these assertions may be seen in an alternative light as a result of these findings.

The researcher included the isolated themes of *Siblings* and *Misdiagnosis* in these research findings. One parent (Parent Four) brought up the importance of paying attention to the siblings of a transgender child, and getting them professional help as well. This advice is reinforced in the well-known handbook for parents and professionals, *The transgender child* (Brill & Pepper, 2008). Brill and Pepper (2008) also warn parents of the potential for misdiagnosis, explaining that misinformed therapists may wrongly

diagnose a transgender child as having bipolar disorder or a different psychiatric condition. This is precisely what occurred in the case of Parent Six's daughter, who belatedly received the more accurate diagnosis of gender identity disorder.

Summary

This study reveals a complex picture of the experiences of both parents and their transgender children. Analysis of interview transcripts revealed eight key themes: *Knowledge, Peer Support, Positive Reactions and Social Acceptance, How Transition Promotes Well-being, Comfort in DSM Diagnosis, Worries and Fears, Accepting Their Children and Rejection and Discrimination*. The analysis also included two isolated, less-common themes: *Siblings and Misdiagnosis*.

These themes comprise experiential similarities, which may be conceived as indicative of trends associated with parenting transgender youth. They provide critical insight into the needs and experiences of this population, as well as how to encourage and develop enhanced public awareness and professional services for transgender youth and their families.

Chapter 5

CONCLUSION, SUMMARY AND RECOMMENDATIONS

This chapter presents a summary of the major findings as established by the content analysis of individual interviews conducted with nine parents of transgender youth. In this chapter, the researcher makes recommendations for micro, mezzo and macro social work practice. The term micro refers to an individual level, the term mezzo refers to a group and/or community level, and the term macro refers to a larger level, such as government and policy. Recommendations are designed to enhance the knowledge and participation of practitioners in the field of social work who aid parents of transgender youth, their families and their communities in the Northern California area with the goal of improving the service delivery to this population.

Summary of Study

The experience of parenting transgender youth was explored by conducting individual, semi-structured interviews with nine parents of transgender youth whose children ranged in age from six to 20. The participants, all residents of Northern California, were interviewed in their homes, at Sacramento's Gender Health Center, and over the phone using a secure and private line. Analysis of interview transcripts revealed eight key themes: *Knowledge, Peer Support, Positive Reactions and Social Acceptance, How Transition Promotes Well-being, Comfort in DSM Diagnosis, Worries and Fears, Accepting Their Children and Rejection and Discrimination*. The analysis also revealed two isolated, less-common themes: *Siblings and Misdiagnosis*. Interpretation of the

findings reveals a number of factors that are critical to the enhancement and development of effective professional services for these parents and their transgender youth, as well as critical insights reflecting an urgent need for education and advocacy within communities.

Study findings also promote the idea that these families, parents included, benefit from peer support and a sense of belonging to the transgender community. Findings also support the well documented, yet still commonly disputed assertion that transgender children have an increase in happiness and overall well-being when they are permitted to transition. Further findings highlight the experience and potential struggle to accept one's transgender child, as well as the fears of both safety and social rejection that these families experience.

Interpretations of the findings also included unexpected key insights into the experiences of this population. Among them, the researcher noted that in addition to the need for more professional advocacy and training, the lack of knowledgeable professionals in the field of gender studies has resulted in long commutes for services, which inadvertently communicates that there is something wrong, rare and unfavorably special about these youth and their families. Interpretation of the findings also revealed an unprecedented counter-argument to the long-standing debate over whether or not gender identity issues should be included in the DSM: five study participants reported finding the DSM diagnosis to be an immensely beneficial source of comfort and a sense of direction both for themselves and their transgender children.

Implications for Social Work

The findings of this research study may be interpreted to demonstrate a number of useful practice applications for social workers and other helping professionals. On the micro level, it must be understood that social workers and other mental health professionals need to be knowledgeable about gender issues and be prepared to identify and address the associated concerns when they arise for clients and their families. As professionals, it is our job to know the signs and criteria for these conditions, as well as to have an accurate and thorough understanding of affirmative treatment modalities for transgender youth and their families. Being prepared to address the needs of this population and anticipate the problems they may face should be viewed as a component of social workers' call to engage in advocacy for oppressed populations, as listening to, supporting and validating these families' struggles is a form of combatting the oppressive nature of the mainstream gender binary.

Such advocacy should not be limited to the clinical setting, as its application to the mezzo and macro levels cannot be ignored. With the obligation to advocate for the dignity and worth of marginalized populations, social workers are poised to confront the gender binary system on which our society's conceptions of gender rest. This can be accomplished by educating the public on a broad scale. This advocacy could be in the form of community organizing and public awareness campaigns, as well as efforts to educate community members through seminars, school workshops, trainings for medical professionals, consultations with legislators, policy recommendations and media exposure. In turn, public education would address virtually all of the problematic themes

revealed by this study, including fear of safety and fear of social rejection, the experience of discrimination and rejection, and the lack of access to knowledgeable professionals, who, as community members, would also reap the benefits of public outreach.

One of the key findings of this study was that the parents of transgender children had been very uneducated or misinformed about gender issues at a time when they needed this information in order to assess their own personal situations. This dilemma also speaks to the larger issue of a lack of public education. Parents who found their knowledge lacking at a very vulnerable time for their families could have been saved significant distress had they been previously educated.

While these findings remind us that we have a long way to go toward earning acceptance and equality for transgender youth and their families, we have reason to believe that our efforts will contribute to a standard of living for these families that does not include ignorance, hate, fear or intolerance, but rather cultivates happy and healthy children and families. Parent Eight reminds us,

As color has become less important in society (we're not color-blind yet), it will continue to be less of a basis for making decisions about who we are, by how somebody looks. And similarly, I think sexual orientation is fading as a basis for who somebody is and what you should think about them. I think we are moving into a time when gender identity, we really are still in the first inning, but I think gender identity will go the same direction.

It is the obligation of social workers to ensure that as a society, we do continue to move in this direction. The way to do this lies both inside and outside our clinical practices, as

helpers, healers, educators and leaders in our communities, working together toward a vision of a society that welcomes all variations of gender expression.

Recommendations

As a topic that is under-studied, future research options regarding the services, rights and happiness of transgender youth and their families abound. Areas of interest should include how to best meet the need for more knowledgeable mental health and medical professionals, as well as how to best address the need for enhanced knowledge among school personnel. The researcher believes that a beneficial future study would include interviews of transgender adults about their childhood, and surveys and interviews of professionals who currently work with transgender youth. Another research area of interest is the impact that gender identity issues have on the siblings of transgender youth, as well as the family unit as a whole.

Limitations

While this study makes a helpful contribution to existing literature on the topic of serving transgender youth and their families, the study and its findings are affected by multiple limitations. In addition to the study having a small sample size that therefore provides a limited view about trends among the experiences of this population as a whole, the nature of voluntary recruitment methods places a bias on the viewpoints of participants who choose to share their stories. Parents who volunteer for a study about parenting transgender youth are more likely to be ones who have sought resources and support, and may have a more liberal and more accepting view of their experiences. The researcher believes that it would be unlikely for an unaccepting parent to volunteer

details about their private struggles for a research study. Additionally, parents were mainly recruited through the Gender Health Center and PFLAG, which are both organizations that hold liberal and affirming views of the experiences of transgender individuals. Other sampling limitations for this study include the fact that most of the participants were Caucasian, as well as the fact that the transgender youth themselves were not interviewed. While it is beneficial to get a parent's viewpoint, specific details that the participants shared about their children's experiences are subject to misinterpretation.

Another limitation of this study stems from the method of one researcher interviewing participants to gain insight into their experience. Interviewing participants requires a unique skill set that includes the ability to choose appropriate and tactful follow-up questions while remaining mindful of the Board of Human Subjects guidelines that approved the study as exempt. The researcher found that these skill sets improved as the number of conducted interviews increased, thereby influencing the amount of information obtained, particularly from the first two interviews. Additionally, this type of research relies on the participants' skills in reflecting on their experience and communicating it effectively (Morgan, 2011). Just as not all members of the general population have excellent verbal and communication skills, not all participants can be expected to fully communicate what they have experienced. Another limitation is that the researcher analyzed the data without assistance, which relies on the researcher having the ability to comprehend participant meanings as intended.

Conclusion

The results of this phenomenological study provide insights into the needs and experiences of transgender children and their parents. Examination of interview transcripts enabled the researcher to describe a number of key themes that indicate an overwhelming need for public education about what it means to be transgender, and for means of fostering tolerance and acceptance for this population. These key themes also provide insights about such things as the benefits of social support and acceptance from friends and family, the positive effect of transition on a child's well-being, and the positive effects of DSM diagnosis. The research findings highlight how education is crucial for preventing rejection and discrimination, as well as bring to light the need for sibling support and earlier, more accurate diagnosis.

Lack of knowledge about transgender issues is a critical component of the research findings. This includes the pressing need for professional development among counseling, social work, school and medical professions, which must include comprehensive training regarding how to identify and treat the needs of transgender youth and their families with compassion, dignity and respect. It is the responsibility of social workers to advocate for this population and to use our voices and expertise to promote more education, better care, more inclusive policies and regulations, and an environment that upholds equality and tolerance for parents and their transgender youth.

APPENDIX A

Consent to Participate in a Research Study

Hello! You are being asked to participate in a study conducted by Kristin Guy, an MSW candidate in the Division of Social Work at California State University, Sacramento (CSUS).

Purpose:

The purpose of this study is to shed light on the personal experiences of parents of transgender and gender-nonconforming children.

Procedure:

You will be one of nine individuals participating in this study. The study will consist of one interview, which will last approximately one hour and will be recorded with your permission. All interviews will be held by phone, in your home, or in a private office located at the Gender Health Center to ensure confidentiality for participants.

Risks:

There is minimal risk to you by participating in this research study. Some of the interview questions may be of a personal nature, and you are free to elaborate on the topics as little or as much as you want to, or to ask the researcher to skip any questions that make you uncomfortable. You may also discontinue the interview and withdraw your consent at any time without consequence. If participation in the interview causes you discomfort, please contact the Gender Health Center at (916) 455-2391, for free and confidential counseling services.

Benefits:

You may not personally benefit from participating in this study. However, this research will contribute to the field of social work by providing needed insight into the direct experiences of parents of transgender and gender non-conforming children, and will help identify themes that will improve and further develop services for these parents.

Confidentiality:

To ensure participants' privacy in this study, all information gathered from interviews will be kept in a secure and locked location. The information gained will be used strictly for this study and all recordings will be listened to and transcribed only by the researcher. The recordings and transcripts will be destroyed upon the completion of the study. Pseudonyms will be used when reporting the results of this study, and you need not give your name to the researcher if you do not wish to do so.

Compensation:

As a participant, you will not receive any compensation for taking part in this study.

Contact information:

If you have any questions or comments regarding this study, please feel free to contact the researcher, Kristin M. Guy, by calling [REDACTED] or by emailing her at kristinguy@csus.edu. You may also contact the supervising professor, David Nylund, LCSW, PhD, at dknylund@csus.edu or by calling him at (916) 278-4152.

By signing below, you are agreeing that you have received your own copy of this form, that you understand the risks involved in this research, and that you agree to participate.

Signature of Participant

Date

Participant's Name (please print)

Thank you very much for your participation!

APPENDIX B

Interview Guide

Name/#: City:
Do you have a partner?

1. How old is your child?
2. How old are you?
3. What ethnicity/race do you identify with?
4. What sex was your child assigned at birth?
5. What gender or genders does your child currently use to describe themselves?
6. Did you have any knowledge or understanding about trans issues before you experienced your child's gender expression?
7. What types of services and supports have you sought for your child?
8. What types of services and supports have you sought for yourself?
9. Did you know about any resources for families?
10. How did you come to find resources?
- 11a. What types of services or strategies have worked for your family?
 - 11b. Or that you think would work?
- 12a. What do you think you need?
 - 12b. What do you think your child needs?

APPENDIX C

Resources

Gender Spectrum (education, training referrals and support to help create a gender sensitive and inclusive environment for all children and teens)
<http://www.genderspectrum.org>

The Gender Health Center (counseling, legal, hormone and name-change services)
(916) 455-2391
<http://www.thegenderhealthcenter.org>

Sacramento Transgender Coalition, SOFFA-T (a support group for friends, families, significant others and allies of transgender individuals)
Contact: rhudson@sactgc.org
(916) 549-4725
<http://www.sactgc.org/>

Sacramento Transgender Coalition, Trans Families Sacramento (a support group for families with transgender members)
Contact: transfamilies@sactgc.org
<http://www.sactgc.org/transfamilies>

CARES (medical and mental health care)
(916) 914-6305
<http://www.caresclinic.org/>

PFLAG Sacramento (Parents, Families and Friends of Lesbians and Gays, partners with Trans Families Sacramento)
(916) 978-0410
<http://www.pflagsacramento.org/>

Sylvia Rivera Law Project
(212) 337-8550
<http://srlp.org/>

Transgender Law Center
(415) 865-0176
<http://transgenderlawcenter.org/cms/>

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