"YOU'D BETTER GET IN THERE AND BE THE ADVOCATE": PARENTS OF GENDER

NONCONFORMING CHILDREN'S PERSPECTIVES ON SUPPORT

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Samantha Lee Schofield

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SUPERVISORY COMMITTEE:

Dr. Kristen Benson

Chair

Dr. Christi McGeorge

Dr. Joel Hektner

Dr. Jill Nelson

Approved:

October 30, 2013	Dr. Jim Deal
Date	Department Chair

ABSTRACT

In this project parents of gender nonconforming children shared their perspectives on finding emotional support for themselves and their family. Ten women-identified mothers participated in semi-structured interviews via online chat or phone. Three research questions produced eight categories, each with multiple themes which illustrate these parents' experience. Main findings include the centrality of the internet in a parent's search for support, the importance of community, advocacy efforts of parents to support their child and other families, and both personal and professional qualities that are characteristic of supportive people. From reflections on what has been most helpful to these participants, clinical implications are discussed to provide family therapists with direction to better support parents of gender nonconforming children.

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DEDICATION

To Chloe; your bravery to be yourself inspires me.

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INTRODUCTION

The statement, "it's a boy!" or "it's a girl!" made immediately after birth influences how parents interact with their newborn. In many cases, parents of baby girls are gentle with them, dress them in pink, and give them dollies to play with as they grow. Parents of baby boys are more likely to play more roughly, buy blue and green clothing, and give them trucks and action figures; a brief walk through any toy store will reveal this common stereotype still influences children's toys and play. This is just the beginning of a life saturated with and determined by gender (Cooper, 2000). Gender is commonly understood as the social aspects of being male or female (Kessler & McKenna, 1978); however, this definition is simplistic and problematic for parents of gender nonconforming children. These children reveal gender identity is not always predicted by natal sex, and often vocalize the discrepancy to their parents at a young age. When what appears to be "just a phase" doesn't come to an end, parents often experience a myriad of emotions, from confusion (Cooper, 2000; Lev, 2004; Raj, 2008) and fear, to anger (Cooper, 2000; Ellis & Eriksen, 2002; Lev, 2004; Raj, 2008; Ryan 2009b). Other parents of gender nonconforming children remain connected to feelings of unconditional love, and support their child's unique gender expression (Riley, Sitharthan, Clemson, & Diamond, 2011). Whatever their personal initial reaction, parents often experience isolation (Menvielle & Tuerk, 2002) and are in need of support (Riley et al., 2011), which in has been discussed as being respectful, accepting, open and honest while creating an environment of safety (Gender Spectrum, n.d.)

Gender nonconforming children are an almost invisible minority group whose needs are ignored by most health providers, education systems, the government (Ehrensaft, 2011a; Grosssman, D'Augelli, & Salter, 2006a) and until recently the media. Popular television shows such as *Oprah*, *20/20 with Barbara Walters*, the *Tyra Banks Show* and *Anderson Cooper* have

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started to raise awareness through media coverage promoting positive images of gender nonconforming or transgender children. Due in part to the increased media and online discussion around transgenderism and gender nonconformity, more children and their parents are realizing they have been unfairly ignored and pathologized (Lev, 2004). However, when reaching out for help, these families frequently encounter uninformed professionals due to the paucity of clinical literature around helping these parents (Menvielle & Tuerk, 2002). Without knowing where these parents turn for support, some clinicians have made attempts to fill this need by forming support groups (Menvielle & Tuerk, 2002), but these are few and far between and tend to be in larger cities which leaves families in less populated areas without access to support groups. The purpose of this study is to explore where parents of gender nonconforming children find support for themselves and their families and what parents' experience is when seeking support. For the current project, support was operationally defined by integrating parents' responses to questions regarding specific kinds of support (see Appendix B) as accessing resources, personal and public, to help affirm one's child.

LITERATURE REVIEW

Sex and Gender

The sex, or biological characteristics of maleness and femaleness (Kessler & McKenna, 1978), we are declared to be at birth is considered to be a physical indicator of our gender and thought to somehow hint at our future behavior and personality. However, this definition is problematic in that it reinforces a gender binary by suggesting there is some naturalness to "sex" made evident by biology and that all individuals must belong to one group or the other. This may not be the case; some argue using biology to distinguish between bodies is not natural but political, in that it groups together a set of otherwise unrelated characteristics deemed useful for the purpose of heterosexual reproduction (Butler, 1999). Moreover, what scientists define as the biological criteria to distinguish men from women (i.e., chromosomes, hormones, gonads, and genitals) are rarely all considered before declaring a neonate "girl" or "boy"; instead, inspection of the genitals is all that is done in all but the most ambiguous cases (Hoffman et al., 2012). This is problematic for the portion of the population for whom their body does not equal the sum of the expected parts thought to make up the category of biological sex: for example, some people (estimated at 10% of the population) have chromosomal variations other than XX-female or XY-male (Butler, 1999). As a heteronormative society that uses science to create differentiation in bodies to reinforce heterosexual behavior, other variations or ambiguities in sex are overlooked, ignored, or "corrected" when noticed, in order to fit into the accepted male-or-female binary.

Barring ambiguity at birth, parents and caregivers seamlessly begin the socialization process that molds their child's behavior to coincide with the child's prescribed gender role, that is, the set of actions or mannerisms that are considered culturally appropriate for a person of a certain gender in a certain time and place (Kessler & McKenna, 1978). As a result of society's

assumption that gender roles are considered to be predetermined by sex, many parents unconsciously (or consciously) prescribe to the heterosexual binary and differentially reinforce their children based on their external genitalia: bodies with a penis are to look and act like men or boys, and bodies with a vagina are to look and act like women or girls. However, contrary to popular belief, the possession of a vagina or a penis does not determine gendered behavior, as there is no behavior that occurs only in one gender without exception (Kessler & McKenna, 1978). Furthermore, if sex does not infer gender, this would suggest there may be variations of gender that are not restricted by the constructed binary of sex (Butler, 1999).

Gender Nonconformity and Gender Identity Disorder

Gender variance or nonconformity is the outward expression of a gender identity that does not match what society expects from that person (World Professional Association for Transgender Health [WPATH], 2012). Gender identity is one's inner sense of gender. Like gender, it is not predetermined by sex; however some suggest it may be "hard-wired" in us in some way, that is, children seem to be preprogramed to take on the behaviors associated with a given gender that may or may not "match" their assigned gender, and parents or socialization probably have little control over this (Menvielle, 2004). Although gender nonconformity is well documented across cultures and throughout history, it is threatening to our social norms because it reveals the incongruity between sex and gender (Lev, 2004) and seemingly challenges the labels of our heteronormative society. In a similar way that gender roles differ from time and place, what is considered to be gender variant behavior is similarly socially constructed (Vanderburgh, 2009). For example, a man wearing a skirt in the United States would be thought of very differently than that man in Scotland wearing a kilt, and although common now, a woman wearing pants would be unheard of a century ago. In a similar way, gender roles are

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differentially enforced based on age (Riley et al., 2011); for example, in U.S. society a father holding his baby is looked at very differently than a boy is while playing with a baby doll.

When children behave in ways that do not conform to society's expectations for their gender they often are pathologized and could be labeled as "gender dysphoric" or until only recently be diagnosed with Gender Identity Disorder [GID] (APA, 2000). This controversial diagnosis appeared in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and after a government funded research study concluded that a high percentage of gender variant boys grew up to be gay (Mallon, 1999). It is no coincidence this diagnosis appeared the same year "homosexuality" was removed as mental illness; "treating" gender nonconforming children was considered to be a way to prevent a future gay sexual orientation. In the newest edition of the DSM, published in May, 2013, Gender Identity Disorder has been removed and replaced with Gender Dysphoria, meant to be associated with individuals experiencing "a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration" and "clinically significant distress or impairment in social, school, or other important areas of functioning" (APA, 2013; p. 452). Sadly, the same reparative therapy ideas (i.e., treatment aimed to change a person's sexual orientation from gay to heterosexual) being prescribed in the 1980's for gay identified clients are still being recommended to well-meaning parents to change their child's gender identity to match the sex assigned at birth even though research shows they are not successful and are now considered unethical by many clinicians (WPATH, 2012). While some mental health providers firmly prescribe to the societal notion that children should behave according to the expected gender roles, a growing number of others challenge the sex and gender binaries and argue there is no basis for labeling gender nonconforming children as pathological, disordered or disturbed (e.g., Benestad, 2009;

Ehrensaft, 2011a; Lev, 2004). Most notably, the seventh version of standards of care of the World Professional Association for Transgender Health call for mental health and other professionals working with gender nonconforming children to provide family counseling, education and information for peer support. Specifically, helping professionals are urged to serve as an advocate for families in their communities and in their child's school, provide support for children and adolescents by encouraging them to explore their gender identity, and reduce distress related to gender dysphoria by referring for possible physical interventions (such as hormone blockers; WPATH, 2012). However, the suggested treatments are not feasible for all families as it is rarely covered by insurance and can be costly to receive hormone blocking shots.

Parents of Gender Nonconforming Children

In this section I will summarize the literature that exists regarding common parental reactions, the process of the family's adaptation to living with a gender nonconforming child, and a phenomenon written about in the self-help literature in which some parents report being activists rather than being discriminatory or rejecting of their children.

Parents' Reactions

Researchers suggest when parents realize their child is gender nonconforming, their first reactions are rarely positive (e.g., Connolly, 2005; Grossman, DiAugelli, & Salter, 2006; Trans Youth Family Allies (TYFA), 2008); however, resources developed by parents and stories highlighted on talk shows indicate that not all parents respond negatively (e.g., Boekne, 2008; Ehrensaft, 2011b; Pepper, 2012). Parents are often confused at the behavior and try to rationalize it by assuming their child is just going through a phase, an assumption that may be reinforced by other caregivers or physicians (Lev, 2004; Zucker, 2000). Other times the nonconforming behavior may be encouraged or embraced by parents as a statement of their progressive

nonsexist childrearing (Zucker, 2000). Often if the behaviors continue for a period of time, many parents become less tolerant, grow concerned and worry they will be blamed for the behavior, which can lead to feelings of shame or guilt (Boenke, 2008; Lev, 2004). Society and some literature reinforces this parent-blame, as we hold parents responsible for their children's socialization and gender role behavior (Wren, 2002), and many etiological theories of gender variant behavior ultimately revert back to something the parents did or did not do (Lev, 2004; Zucker, 2000). However, other affirming authors, advocacy groups and researchers explicitly tell parents they did not cause this behavior, and cannot stop it (e.g., Behan, 2006; Brill & Pepper, 2008; Gender Spectrum, n.d.; Menvielle, 2004; TYFA, 2007). Receiving explicitly different messages about the cause of their child's behavior may reinforce parent's confusion.

Researchers such as Dr. Caitlyn Ryan and Dr. Edgardo Menvielle have spearheaded attempts to learn about parents' experiences and discover what the clinical needs of these families are. For many parents grief is the first obstacle to overcome when presented with a gender nonconforming child (Menvielle & Tuerk, 2002; Norwood, 2012). Not only do parents grieve the loss of their dreams for their child, they grieve the loss of a predictable future and closeness with other family members (Wren, 2002). Parents realize their child may not fit in with peers and may face stigmatization at school and in other social settings (Ryan, 2010). Some worry their families will endure similar discrimination in the community (Lev, 2004). Parents of gender nonconforming kids often report feeling helpless (Ryan, 2009b), and feel as if there is no one to talk to (Wren, 2002).

Another common feeling for parents of gender nonconforming children is fear, both for their child and for themselves. Boenke (2008), a mother of a gender nonconforming child who later came out as a transman (i.e., a person who was declared a female at birth but identifies as a

man), compiled personal narratives of other parents, many of whom have experienced this fear. Parents including Diane Ehrensaft (2011b), a mother and researcher who embraced her child's "gender creativity", write of their fear for their child's safety in school and with their peers. Others express fear that gender variance means their child will never find a partner to love, or have children and a happy family life. There is also fear that their own families might not understand or accept their child and they will lose cherished family relationships (Boenke, 2008).

The confusion, isolation, and fear cause many parents to react negatively to their child's gender nonconforming behavior, hoping to make it "go away" by not encouraging or supporting the behavior. Serious consequences are likely for children whose parents are not supportive as rejection increases the risk of abuse (Grossman, D'Augellli, Salter & Hubbard, 2006), health and mental health problems, drug use, neglect, homelessness, low self-esteem, and suicide (Lev, 2004; Ryan, 2009a; 2009b; 2010). Reducing the risk for children is the driving purpose of The Family Acceptance Project, led by Dr. Caitlin Ryan. The Family Acceptance Project has studied families of LGBT youth and found that although most parents react negatively at first, many parents are able to successfully transition to being less rejecting or even supportive of their child over time (Ryan, 2009a; 2010).

Family Adaptation

Online advocacy groups assure parents that most have reacted poorly to their child, but what is important is starting the process towards acceptance, finding support for themselves and their families, and trying to make things better in the future (GenderSpectrum, n.d.; TYFA, 2007). Similarly, researchers and parent authors alike acknowledge that the myriad of emotions can be overwhelming, but can get better over time. Many parents write narratives about unconditional love guiding their acceptance of their child (Boenke, 2008). Some share they have

learned from the experience, about gender fluidity and what "really matters in a person" (Boenke, 2008, p. 11).

Researchers have also found evidence of adjusting and acceptance; they report families need time to grieve, adapt, and learn to be supportive of their gender nonconforming child (Connolly, 2005; Cooper, 2000). There are a many theories of what this journey to acceptance may look like: Lev (2004) calls her model "family emergence" and outlines four stages that families progress through including, (1) discovery and disclosure, (2) turmoil, (3) negotiation and, (4) finding balance. Others suggest it is similar to Kübler-Ross's (2009) five stages of grieving. Some families embrace their child's unique expression from the beginning and do not experience this distress. A promising finding of a recent study shows 95% of participants identified at least one good thing of being a parent to an LGBTQ child (Gonzalez, Rostosky, Odom, & Riggle, 2013). Ultimately, each family will have to develop their own strategies of adapting and will experience a unique journey that may end at different places and may or may not follow a predicted path (Ehrensaft, 2007).

During this period of adjustment, the child is influenced by the parent's conscious and unconscious reactions (Ehrensaft, 2007) and parents must not only manage their own feelings and reactions, but also make complex decisions in order to meet their child's and family's needs (Riley et al., 2011). Often there are differing levels of understanding between parents in a two-parent home, which can create tension between partners (Israel, 2005). Families must negotiate new gender relational dynamics to accommodate the affirmed gender of their child (Cooper, 2000) and help siblings understand and feel supported in any way they might need. Parents must also prepare themselves and their child for a different environment outside the home, which often is not as accepting for a gender nonconforming child (Ehrensaft, 2007). This stress from

adaptation and changes can accumulate, leaving parents feeling exhausted and displaying symptoms of secondary traumatic stress (Arm et al., 2009; Lev, 2004; Menvielle & Turke, 2002), a post-traumatic stress-like reaction resulting from caring for a traumatized person (Dirkzwager, Bramsen, Ader, & van der Ploeg, 2005).

Activist Parenting

For some parents, adjustment means taking on a different role. Whether it is educating others to raise awareness (Hill, Menvielle, Sica & Johnson, 2010), speaking out in support in order to serve as role models for other parents, or becoming active in politics in order to fight for protection for their children (Broad, Alden, Berkowitz & Ryan, 2008) these parents gain a sense of being "agents of social change" (Connolly, 2005, p. 13). This activism is scarcely discussed in scholarly literature; but it seems to be a very present theme in many self-help books. For example, in *Trans Forming Families* (Boenke, 2008), parents write about the work they've done in children's schools, with their extended families, and with friends to assure their children are safe expressing themselves as they are most comfortable. Kim Pearson, another mother of a transgender child, writes in the foreword of *Transitions of the Heart* (Pepper, 2012) that when she went looking for information she didn't find anything that was helpful, so she and other mothers started filling that void. Pearson is now Executive Director and Co-founder of TransYouth Family Allies, an online advocacy group for gender nonconforming and transgender youth. Rachel Pepper (2012) writes of mother advocates:

> They have had to advocate, educate, and protect their kids from spouses, ex-partners, family members, school administrators, neighbors, teachers, coaches, pediatricians, psychiatrists, therapists, communities of faith, and every other variety of institution that

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supposedly exists to support children and families. In short, these mothers are very busy

changing the world! (p. xix).

Perhaps most telling of these parents and their actions is that they do not see their activism,

guidance, and support as anything other than parenting (Broad et al., 2008). Instead, they seem to

be driven by unconditional love and the hope of a happy future for their children.

Support

Regardless of their initial reaction, where they are in their adapting process, or how active

they may be in creating change, parents of gender nonconforming children need support. With

common childrearing issues parents are able to turn to grandparents, friends, or other in-place

supports; however, most often this existing support network is inexperienced in gender

nonconformity (Menvielle, 2004) and may not be accepting or encouraging. Moreover, just as

each family's process towards acceptance might look different, parents of gender nonconforming

children require support and/or therapy for themselves and their families for a number of

different reasons including emotional support, healing from secondary trauma (Arm, Horne, &

Levitt, 2009; Lev, 2004; Menvielle, & Tuerk, 2002), advocacy, understanding, advice (e.g.,

Coolhart, Baker, Farmer, Malaney, & Shipman, 2012; Hill, Menvielle, Sica & Johnson, 2010),

psychoeducation (e.g., Lev, 2004; Ryan, 2009a; Vanderburgh, 2009), community (e.g.,

Vanderburgh, 2009; Wren, 2002) or assistance in advocating for their child in their families,

schools, and neighborhoods (Hill et al., 2010). Whatever their need, the stress and isolation often

leaves parents feeling scared and unsure of where to safely seek the support (Menvielle & Turke,

2002).

The literature around support for parents of gender nonconforming children is minimal.

Information from personal narratives revolves more around the writer's journey from initial

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reaction to acceptance, and may mention support in passing (Boenke, 2008). However, a quick read through parents' experiences shows that one source of support may be a source of rejection for others. For example, one mother writes of her family: "I have found a partner … [that has] allowed me to deal with the emotional impact of all these changes" (Boenke, 2008, p. 10), while another parent writes "we know our own parents will frown on us if we "allow" him to be too feminine" (Boenke, 2008, p. 18). Other parents report seeking support from mental health professionals; some find affirming therapists, who provide understanding, education and guidance (Hill et al., 2010); while others advise parents to discourage the cross gender behavior, which often leads to more difficulties for the child (Hill & Menvielle, 2009).

Online advocacy groups (e.g., Gender Spectrum, TYFA) may serve as virtual support systems through communication via listservs, newsletters or blogs. They make additional suggestions for where to turn to for support such as local groups, camps and retreats or national conferences. However, support groups for parents of gender nonconforming kids are few and far between, camps or retreats come but once a year, and some local chapters of national groups such as PFLAG are not always welcoming or affirming for parents with gender nonconforming children (Arm et al., 2009). Many researchers reiterate it is crucial for parents to talk to other parents who can act as role models, normalize their experience, and provide understanding and suggestions (Behan, 2006; Coolhart et al., 2012; Ellis & Eriksen, 2002; Raj, 2008; Ryan, 2009a), which a national conference may provide; however, not all families can afford the financial expense of traveling to a conference to have this valuable experience.

Although some literature has made suggestions of where parents find support, research shows only a snapshot of parents' experience rather than the journey they take to find that support (Wren, 2002). I aim to expand on this snapshot and learn what the experience of finding

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support is for parents of gender nonconforming children. Parenting a gender nonconforming child can be incredibly difficult and stressful, and it is clear parents need support on their journey; however, where to find this support is a process unto itself. In this study, I seek to answer the questions: Where do parents of gender nonconforming children find support for themselves and their child or family? What does support mean? Also, as research reveals the incredible hardships for those rejected by their families, what characteristics of support assist parents in coming to accept their gender nonconforming children?

METHODOLOGY

This project used a subset of data that was part of a larger study which focused on parents of gender nonconforming or transgender youth, of which I was a research team member. In this project I used phenomenology to understand the experience of finding support for parents of gender nonconforming children, who have largely been excluded from research and clinical literature. This approach strives for rich depth of description from participants who have experienced the phenomenon, which can require small sample sizes (Dahl & Boss, 2005). Research questions are written in such a way that they explore meaning of experience (Creswell, 1998) and do not define the phenomenon, but rather let the participants define it for themselves (Dahl & Boss, 2005) making participants the experts of their own experience and researchers the learners. For example, one research question asked participants to define support; their answers were considered when operationally defining support for this report. Knowledge is considered to be socially constructed, which means different people interpret the same events or situations differently (Dahl & Boss, 2005). The goal then is not to find generalizable truths to be applied to all, but to understand the meaning and essence of the phenomenon (e.g., finding support) for a group of people (e.g., a sample of parents of gender nonconforming children; Patton, 2002).

Theoretical Framework

Phenomenological analysis' focus on learning by immersion in phenomena lends itself to working with a queer feminist lens which is the theoretical framework that guides this project. Feminist thought emphasizes the deconstruction of dominant discourses and empowerment of oppressed groups (Hesse-Biber, 2007). Feminist research then seeks to protest inequality by empowering and honoring the lived experiences of oppressed groups, such as women (Hammers & Brown, 2004) or gender nonconforming children and their parents. Just as feminist research

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critiques "androcentric bias" (i.e., the view science focuses on men and neglects the experiences of women; Hesse-Biber, 2007, p. 4), queer theory focuses on the heterocentric bias in research and seeks to "denaturalize it", forcing us to acknowledge that the socially constructed labels which uphold heterosexism may be convenient but are not always fitting for participants (Oswald, Kuvalanka, Blume, & Derkowitz, 2009). Furthermore, queer theory problematizes binaries (e.g., women/man, gay/straight) and calls into question the values which create these taxonomies (Oswald et al., 2009) in order to reveal how their use makes certain groups inferior to others (Hammers & Brown, 2004).

A queer feminist lens then "pushes us to disconnect deviance from difference, to see it simply as difference, not necessarily good or bad" (van Eeden-Moorefield, Martell, Williams, & Preston, 2011, p. 565). I operated with a queer feminist lens by problematizing societal assumptions of sex and gender, and resisted equating gender with heterosexuality (Oswald et al., 2009). Also, I think of gender nonconformity as a valid (not deviant) way of expressing gender identity, and I am aware of the social construction of sex roles and mindful that Western sex roles are not universal (Hesse-Biber, 2007) across time or location. In order to bring this awareness to the larger study, parents were asked what language fit best for their child (i.e., transgender, gender nonconforming or "gender creative" Ehrensaft, 2011b), which was then used during the interview and in this report rather than applying the same term for all children. Considering sex roles and gender are performed in context (Oswald et al., 2009) and can be fluid (van Eeden Moorefield & Proulx, 2009) I was mindful during data analysis and writing results that this project is a summary of the parent's past and current experience, which could continue to change as their child ages and explores gender identity further.

A queer feminist lens also focuses on the intersection of gender and larger societal contexts (i.e., race, socioeconomic status, etc…) and requires an investigation of how participants' experiences may be influenced by their social position (Oswald et al., 2009). In this study I took into consideration the participants' racial identity, educational level, reported income and religious preferences while analyzing their interview in order to be mindful of how their social position might have influenced their unique experience by considering how their answers might be different if they occupied a different social position. As this project summarizes only the experiences of the participants interviewed I also remained aware that other parents with different social positions may have had different experiences (Devault & Gross, 2004). An aspect of the participant's differing experiences includes their definition of support. A queer feminist lens prompted me to resist bringing in preconceived notions of support, and rather accept participants' definitions of support. For example, some participants emphasized social connection as supportive while others spoke about access to resources; it could be one's social position plays a role in what we expect for support. That is, a less financially privileged person might be more apt to utilize personal resources such as family and friends rather than professional or public resources due to financial restraints.

Queer and feminist theories developed from activist movements (Oswald et al., 2009), so it is fitting for queer feminist research to be approached with a desire to make change. For example, during the course of the interviews a participant expressed concerns about family members not being accepting of her child, so the interviewer offered to send information regarding the Family Acceptance Project (Ryan, 2009a; 2009b; 2010) upon completion of the interview. Additionally, with this project I hope shine a light on the experiences of finding

support for parents of gender nonconforming children so that in some way I might make that process easier for others in the future.

Statement of Self-Reflexivity

Another important aspect of working from a feminist-queer lens is what many qualitative researchers call "situating oneself", or practicing reflexivity, in order to identify and attend to the ways one's own experiences and social position influence all points of the research process (Daly, 2007; Hammers & Brown, 2004; Hesse-Biber, 2007). Doing so dismantles the subject-object relationship that is common in the hierarchal researcher-researched relationship, replacing it with a level interaction where people share knowledge. The primary investigator positioned herself and the research team during recruitment and data collection by identifying as an advocate for gender nonconforming kids and their families and an eager learner, ready to hear about parents' experience. Moreover, this is important and applicable in many ways in relation to this project as my experience as a sibling of a transwoman (i.e., a person declared to be male at birth but who identifies as a woman) has motivated my initial decision to be a part of this research project. This has given me a unique perspective on the literature as I can relate to many findings reported by authors, although my experience as a sibling is different than a parent's would be. For example, after a year of being my sister's only confidant and support, I was present as she told our parents. My reactions to her disclosure were qualitatively different than our parents' reactions due to roles and responsibilities of a sibling versus a parent. Even as I write this, sometime after her disclosure, the literature is still pertinent to my experience especially around the family process and coming to acceptance. Being in this position fuels my motivation for this work in order to learn how other families navigate their process and find support for themselves.

I am mindful of how my position as a supportive sister of a transwoman may influence the research process. In addition to being a motivator to work on this project, my experience has influenced the formulation of my research questions, the focus of my literature review, and how I approached different aspects of the data collection. For example, while making initial contact with support groups, I shared that I was a sister of a transwoman in hopes of alleviating contact persons' concerns around whether the research teams' beliefs about gender nonconformity were supportive or reparative. At the time of the interviews, participants were familiar with the research team's stance and goals so my identity as a sibling was not necessary to share thus avoiding the possibility of detracting focus from the participant's experience. Regarding analysis, Daly (2007) suggests some researchers might think by acknowledging my closeness to the topic allowed me to put my biases aside and not let them get in the way of understanding what the participants were sharing, while others would argue my analysis may have been enhanced due to my closeness to the phenomena being studied. My hope as a researcher is to allow my life experience to drive my passion and motivation to understand how others' experiences were similar to or different from my own, validating participants' stories and their willingness to make themselves vulnerable in order to help others through my work.

Procedure

Sample and Recruitment

In order to be considered as a participant for the larger study the following criteria needed to be met: (a) over the age of 18; (b) perform a parenting or primary care giving role of a child ages 8-18 who is gender nonconforming; (c) have access to a computer with internet access. While the recruitment materials did not specify gender of the parent, the sample included ten women-identified mothers, ages 35-54, who participated in the study. Nine of the participants

were White and one was Hispanic. Nine identified as heterosexual, one as lesbian; all but one of the participants live with their partner or spouse who was also a parent to the child. Seven participants live with more than one child in the home, and three had one child. Three women reported they lived in a rural area, four lived in small towns or cities, and three lived in a large city. In terms of political views, one reported she was "very conservative", one reported moderate, and eight reported either "liberal" or "very liberal" (see Appendix A).

Participants were recruited through communication with resource centers, support groups and advocacy organizations that addressed gender identity. An internet search produced a list of appropriate groups across the country with website and contact information. Purposive sampling was used to attempt to strengthen external validity by recruiting from a variety of locations across the country for a minimum sample size of ten (Creswell, 1998). Initial contact with organizations was made via: (a) phone call to listed contact person; (b) email through the group's website; or (c) email directly to listed contact person, in order to explain the purpose of the study and answer any questions the contact person might have. A letter with additional details including instructions for potential participants along with a recruitment flyer was emailed to advocacy groups and distributed at a conference for families of gender nonconforming children. Interested individuals made initial contact with the researcher through a webpage to complete the Informed Consent and demographic questionnaire before being contacted via telephone or email to schedule an interview.

Data Collection

Data were collected by individual phone or online, text-only, chat interviews as a part of a larger qualitative research study modeled after the methodology of van Eeden-Moorefield et al.(2008) who used the internet to recruit and interview gay men. Van Eeden-Moorefield et al.

(2008) note the internet provides "a safe and largely anonymous context in which to develop social and other supportive networks, especially for those who are not out" (p. 186), making it ideal for both researcher and participant. For researchers, the internet provides access to diverse but representative samples (van Eeden-Moorefield et al., 2008); diverse in that it is possible to reach marginalized populations such as gay men or parents of gender nonconforming kids (e.g. transgender people often look to the internet for information and support due to its anonymity.) Recently the largest transgender research study to date used online surveys to collect data from the transgender population through listservs, social networks, advocacy and support groups (National Center for Transgender Equality, 2009). It is representative in that as the internet becomes more widely accessible the demographics of internet users are quickly approaching those of the general population (Mustanski, 2001). For example, according to the Pew Research Center (2012), 96% of adults ages 18-29 use the internet as well as 93% ages 30-49 and 85% 50-64. This representation reinforces external validity. For participants, the internet provides a measure of anonymity which is crucial for marginalized populations (Mustanski, 2001; vanEeden-Moorefield et al. 2008). This anonymity also supports strong internal validity as it reduces social desirability (Mustanski, 2001) and welcomes participants to communicate honestly and openly (vanEeden-Moorfield et al., 2008).

After a number of participants requested phone rather than online chat interviews, this option was given. Although previous literature has reported LGBTQ-identified people value the anonymity of the internet due to marginalization, parents in this sample preferred phone interviews. Perhaps the request for phone interviews rather than online interviews by the participants in this study suggests parents who are in the role of advocating for their child are more comfortable with speaking on the phone and don't seek the anonymity as LGBTQ

identified people. Phone interviews followed the same format as the online interviews. The interviews were recorded and transcribed then read through and compared to audio recording by another member of the research team to check for accuracy. Although the phone interviews took less time to complete, the phone interview transcripts were richer in detail in that answers to interview questions were discussed more conversationally rather than a typed response to a question on the computer screen. For example, the primary investigator refrained from typing prompts such as "mhm" that are often understood in verbal conversation as encouragement to say more, so the length of discussion for each question was greater with verbal communication.

In keeping with feminist methodology, a semi-structured interview guide featuring open-ended questions (see Appendix B) was used to allow participants to collaborate with the researcher and produce knowledge through the "telling of experience" (DeVault & Gross, 2007). Questions such as, "Who in your life has been most supportive?" followed by "How have they shown support?" allowed participants to share more than a brief answer and encouraged active participation in helping the researchers make meaning of their experience. After the chat session the transcript was edited for formatting and read through to ensure the conversation was cohesive. Phone conversations were transcribed, checked and edited for grammar. Participants were then assigned pseudonyms. Field notes and reflections were kept during data collection in order to provide opportunity for additional reflexivity through reflecting upon researchers' biases and assumptions throughout the research process (Hesse-Biber, 2007).

Trustworthiness

While using qualitative methods different kinds of reliability and validity must be considered as traditional quantitative measures do not fit (Dahl & Boss, 2005). The reliability and validity standards of qualitative research are collectively called trustworthiness. Investigator

triangulation was used to establish reliability or dependability of the data (Patton, 2002).

Specifically, potential bias was minimized by having two or more interviewers collect data then

compare and discuss findings through peer debriefing which ensured multiple points of view

were considered during analysis. As phenomenology is less concerned with generalizability and

more interested in capturing participants' experience (Dahl & Boss, 2005), probing questions

were asked to ensure participants provided detailed descriptions. This fit with queer feminist

goals of exploring in great depth the range of experiences of marginalized individuals (van

Eeden-Moorefield & Proulx, 2009). Focusing on the depth and breadth of answers, along with

the validity benefits of using purposeful sampling demonstrates the transferability (similar to

external validity) of the study (Patton, 2002). Adding to the strength of anonymity of internet

data collection, internal validity was improved by showing credibility of results by ensuring the

participants were accurately portrayed. All participants were welcomed to re-contact the primary

investigator with additional comments or questions, which demonstrates objectivity or

confirmability (Patton, 2002), and several participants did this. Additionally, all transcripts are in

the process of participant review, that is, transcripts were sent to participants to give them the

opportunity to review the conversations for accuracy and give clarification if needed.

Participants were also invited to request any results from this project in the form of presentations

or articles. Ongoing self-reflexivity and discussion with the primary investigator assisted in

limiting personal bias from influencing results (van Eeden-Moorefield & Proulx, 2009). Finally,

credibility of the researcher was also necessary to establish. In preparation for this project I

worked closely with the primary investigator to read, learn about and observe semi-structured

data collection and completed numerous courses and research for course assignments on gender

identity, feminist and queer theory.

Data Analysis

Thematic analysis was used to identify and analyze repeated patterns or themes within the data. Braun and Clarke (2006) developed a step-by-step guide for thematic analysis starting with becoming familiar with the data. To start this process I observed during online interviews and transcribed all phone interviews. When interviews were complete I read and reread through the transcriptions three times, marking notes or ideas for codes that started to appear. Next, I highlighted statements which seemed significant and developed initial codes to classify them (Braun & Clark, 2006; Creswell, 1998). I grouped the highlighted data segments into categories (i.e., larger concepts that group themes found in the data by the similarity of answers; Braun & Clark, 2006). After the data had been collated I searched for "themes," which are patterns or key details that seem to capture important ideas that related to my research questions (Braun & Clark, 2006) by rereading the categories and separating out quotations that were especially meaningful. Then I reviewed the coded data and grouped segments according to the initial themes. Thematic "mind-maps" were created to consider the relationships between themes and different levels of sub-themes (Braun & Clark, 2006). For example, the advocate theme for research question two had three sub themes which show different strategies parents used to advocate for their child (i.e., prepare the child for the world, help others understand, prepare the ground). The initial themes were reviewed both in the context of the coded data and the entire data set in order to determine if they accurately fit with the data overall. The themes were then defined and named (Braun & Clark, 2006).

Throughout data collection and during data analysis, field notes were kept noting my personal reflections on the interview and analysis process along with initial thoughts on connections I noticed, as well as reflections based on my own experiences as suggested by Dahl

and Boss (2005). These notes were reviewed and incorporated into the discussion as reflections

on the study and the process of analysis.

RESULTS

For this project participants were asked questions about their social resources (i.e., friends and family), formal resources (e.g., support groups and mental health services; see Appendix B). These questions led to support being operationally defined as accessing resources, personal and public, to help parents affirm their child. Participants identified where and how they found support, what they felt was supportive, how they supported their children and others, and characteristics they attribute to being a supportive person. The results that follow are organized according to research question (see Appendix C). The research questions were: (1) where do parents of gender nonconforming children find support for themselves and their child or family? (2) what does support mean?, and (3) what characteristics of support assist parents in coming to accept their gender nonconforming children?

Where Do Parents Find Support?

Data for the first research question fit into three categories: (1) searching for support, (2) network of support, and (3) barriers to support. Each category had multiple primary themes; searching for support had two themes: "I started with the internet" and word of mouth referrals. Network of support had three themes: "It's not one person, it's all of them", children's support networks, and "I love supporting these families". Barriers to support also had three themes: Our family revolves around the trans issue, "I think it would be very hard if the other parent weren't on board", and "If you're not going to get support there where are you gonna get support?"

Searching for Support

All 10 parents looked for support after recognizing that their child did not conform to gender expectations. Participants reflected on their search for support. From their responses, two themes emerged: (1) "I started with the internet", and (2) Word of mouth referrals.

"I started with the internet". The first theme was the use of the internet in finding

support. Parents reported using the internet or Google as a means to find information and educate

themselves, even when they weren't exactly sure what they were searching for:

Emma: I started with the internet. …didn't exactly know what I was looking for, and so I

just typed in transgender because that's what was coming to my mind as what we were

dealing with.

Wendy reflected on her first memory of looking for information: "I have a picture of

myself sitting in my office at the university and I must have Googled, whatever we called it back

then, gender nonconforming I think. I don't know if it was the first thing that popped up, but

pretty close to it."

After making initial searches for information, parents continued to go to the internet to

find information. Many reported they searched for specific information regarding treatment

options and local supports. Jacinda used the internet to find answers to her daughter's current

needs: "Online I have read some articles about other people in our situation. Currently I have

been reading about hormones and blockers. Most importantly, I found our [support] group."

In addition to educating themselves, finding resources and locating support groups, some

parents found online supports such as listservs or chat groups. Emma was thankful for the online

group she found because it was available when she needed it and accessible even though there

were not families in her area she could meet with in person. She reflects:

I can reach out through the internet and talk to people who are going through this and

come up with ideas that when we face a challenge that – and maybe they've gone

through, or maybe they have ideas to help us – and just reaching out for support from

other people.

Mothers in this study used internet resources differently; some were actively engaged in listservs and reported asking questions, others checked in more periodically. Amelia said of her listserv use, "That's the thing that has been so helpful for me, being on the parents' support group online where we just email each other all the time. A lot of time I don't even email, I just read the emails." Nora rarely used the listserv she was a member of, but used it as an announcement board:

I'm on the TYFA listserv. I don't find it a good resource very much, [but] when we got our court date [for Nate's legal name change] I couldn't post that on Facebook. It was an exciting thing for me, and I was excited for him, but it's not, like, something you shout to the world. "My child's going to court to change his gender to male! And his name to Nate!" But I could post that on TYFA.

Word of mouth referrals. The second subtheme reveals the importance of word-of-mouth referrals within the LGBT and ally community. Penny spoke about finding a LGBT affirmative service as a first step in finding more specific support, even when her child wasn't identifying as "transgender" but as gender creative: "That's all I knew, so I just thought, if it's lesbian, gay, bisexual, transgender, I thought, well transgender is close enough. I don't think that really fits but there has to be somebody there that knows somebody that knows somebody." Other parents also spoke about finding resources through word of mouth, both from professional referral and from the recommendation of other parents using the service. Brianna said, "I like the opinions of people that have already seen certain professional and have given their endorsement".

Two parents, Charlotte and Lily, found helping professionals who also had a transgender child, who were able to give resources:

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Charlotte: So our pediatrician … dealt with our middle son and at some point her daughter turned out to be transgender. And so she kind of developed a new specialty…So she mentioned the conference and the camp, lots of wonderful things.

Lily: We initially found a licensed clinical social worker who acted as our gender therapist, in a neighboring town, about 45 minutes away. We found her, not because necessarily she specializes in gender; she has a grown transgender son, and so took it upon herself to try to start educating other people… that was the beginning of basically finding support systems for ourselves.

Network of Support

The second category emphasized a parent's need for support while raising a gender nonconforming or transgender child. All parents interviewed stated a belief that support was needed. Penny summarized this need saying, "I don't think anybody can do it alone. I don't think anyone can traverse the social nuances and all of that unless they have a firm kind of psycho-social support for sure." Three themes further illustrate parents' experience: (1) "It's not one person, it's all of them", (2) Children's support networks and (3) "I love supporting these families."

"It's not one person, it's all of them". The first theme shows parents appreciate a network of support. All participants were asked "Who in your life has been the most supportive to you?", and many listed multiple people or groups of people. For Ilana, it was her formal support group, "I would say that it's not one person, its all of them. It's so great, to have this group. I mean, that they accept things and are willing to cooperate. It's wonderful." For Wendy, it was an informal group of friends, "My close circle of friends has known my child since he was

born and have watched him evolve. So it's been very normal to them and they have always been very accepting."

Eight parents worked with a team of helping professionals to meet their children's mental and physical needs including psychiatrists, pediatricians, therapists, social workers and others. Brianna summarized her involvement with professionals, "We have been to an adolescent pediatrician and an endocrinologist. We are still working on answers. We also saw a psychologist. He thought we were dealing fine, and didn't really need to continue going."

Children's support networks. Participants also acknowledged the importance of a strong support network for their children as well; Wendy commented: "Lonely time, this age, but I'm happy that his two best friends, who are boys, have never wavered in their support. Wilson is VERY outgoing, funny and fun so they just love him for who he is." It seemed to some that kids were more accepting than adults, including Lily: "… kids are less confused about this than their parents are and that maybe the parents are the one who (laughs)… need the most education and support."

Siblings also proved to be a support for kids. Two parents, Emma and Penny, were especially impressed that their children's' siblings were as supportive as they were:

Emma: I guess as far as fully supporting Emily, the one even that stands out in my mind is, is her little brother has always been a support for her. He immediately started calling her 'sister', immediately switched to the nickname and we had a family member that completely disapproved and was calling Emily a boy and said that she needed to cut her hair and my little one just stood up and said, "you know what, Aunt Edith, Emily's a girl and you ain't gonna change that, so you just need to leave her alone." … And he's only –

well, he was only 6 at the time. So…I was very proud of him for standing up for his sister.

Penny: I think the most surprising thing has been my teenagers for sure. Because I have overheard them in conversations that they have, you know, done exactly what they are supposed to do: "Oh, okay, it doesn't matter if you're a boy or a girl, that's okay, we love you anyway." And to be able to do that at 14 and 16, I want to be able to say the people that are 46 and 56 you know, how hard is that? That goes a long way.

Amelia had a similar experience with her two children who have come to see their family not as a family with a transgender sister, but a family:

Well I think for those two, it's just the way it is. They just, that's their family. Amy is still 7 ½ so she just is starting to understand that families are different, that some families have two moms. So she is really dealing with that. Anna presents as female completely so we don't really go around saying, "Here's your transgender sister, Anna." So that's not such a deal anymore.

"I love supporting these families." Seven mothers felt compelled to not only find support for their children, but participate in supporting for other families. Jacina was working to start a support group in her area. Amelia saw a need for a different kind of support for her child and took initiative to create a spiritual retreat for LGBT kids. Lily lobbied for inclusion of gender nonconforming and transgender language to be included in her county's school anti-harassment policies. Similarly, Nora met monthly with other parents to discuss recent changes in local laws. Emma wrote a blog that was originally intended as part of her own counseling process, but got feedback from readers that it was helpful and inspiring:

I have quite a few people in the transgender community that have reached out to me

through Facebook, and have told me that they're glad that I am actually expressing

what's going on in our lives instead of trying to hide Emily behind a curtain.

Charlotte got involved in sponsoring another youth whose family was not accepting: "We have a

group here … that supports at risk youth and I got involved with that. They hooked me up with a

transgender boy and he's like a street kid because his father kicked him out."

Wendy reflected on what motivated her to be in her support role saying, "We benefitted

so much from the listserv and Dr. Menvielle's work and I guess I feel the need to give back" She

went on to say:

I love supporting these families and I like the education, I'm just not so sure where it's

going to end up in terms of what he needs and what our family needs in terms of support.

It has really become more of me supporting the other families.

Barriers to Support

Some participants talked about barriers they encountered while finding support. These

barriers are summarized by three themes: (1) Our family revolves around the trans issue, (2) "I

think it would be very hard if the other parent weren't on board", and (3) "If you're not going to

get support there where are you gonna get support?"

Our family revolves around the trans issue. The first theme shows the great lengths

families go to in order to support their child. All families reported making some changes,

whether that meant finding a camp or counselor for their child or finding a different church

where their child would be welcomed. Many families knew of various national conferences;

some were not able to attend due to financial restrictions. Charlotte felt her family revolved

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around finding supports for her child, and talked about the things her family had given up to do so:

> That's another thing; our family does revolve around the trans issue. We don't take vacations anymore because we're too busy going to camp and conferences. So now my husband really wants to go [on a tropical vacation] but we just came back from California, from this one camp and the conference, we did both because they were in the same week. And then we're going to the east coast. It's a big commitment and yet you feel like you have to do it because how can you not?

Jacinda spoke of what she had to change after finding a support group for her daughter to participate in:

> I couldn't drop by [the community center] because [it] is 250 miles away, but after getting through to someone it was perfect. They had meeting once a month on Saturdays from 2-3:30. Since I work Mondays through Friday the meeting time was great. The only down side was the kids live there, so Julia only sees them once a month. We go every month; sometimes we stay the night, other times we just drive up and back, which is about 3.5 hours each way. I have called our local resource department, and there is nothing for LGBT in [hometown]. … For my child, I am trying to get fewer hours at work so I can have some time and energy to start a group here. Julia loves group, she looks forward to it every month. So we do it.

"I think it would be very hard if the other parent weren't on board." As an extension of their support network, parents whose partners were supportive acknowledged how helpful it was to have their loved one on the same page. The second theme captures this. Charlotte said her husband was her primary support in her life, and "I think it would be very hard if the other parent

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weren't on board and I've seen that a lot." Of the ten mothers who reported being married or in committed relationships, nine had their partner's support. The partner's participation ranged from attending support groups to more visible stances. Wendy reflected on her husband's transformation while their son was at camp:

> I think going to [camp] was really transformative for him, seeing all these other kids. We have been involved with the support group here in town, it was just really solidified for him getting to meet the other dads. … He put on a skirt at the camp that I put on here locally and I could just tell that my son was over the moon. It was such a touching thing for him, to see his dad, who he knows is not gender atypical, to put on a skirt.

"If you're not going to get support there where are you gonna get support?" The third theme depicts some of the trials that parents go through to find support for their children, and illustrates that the source of support for one person might not be helpful to others. For some this meant coming to the realization that their family would not be helpful, including Penny who said:

> I do remember feeling like this kind of sucks, it's going to be hard for her, it's going to be a long road for us. Then as soon as I realized other people in the family weren't on board I knew it was going to be harder then. It had to be.

Penny assumed her family would be a support and recognized she'd have to look elsewhere because the family was not welcoming. To counteract this, Penny made a personal decision to educate others and advocate for her child. She connected with an old friend who was understanding and accepting. She took steps to find an accepting therapist, then included her other children in therapy so they would learn how to be loving allies to their sibling in order to

foster a safe home environment. . Emma had a similar experience of not finding support and had to make a difficult decision:

> I have one of my grandmothers that I'm not speaking to at the moment because she completely disagrees with what we're doing in supporting Emily. And it's really rough on me because I just, you know, I love my family, but it's difficult when they say you're doing wrong by your child and Emily is so happy now and they just don't wanna see that, so I just – I've kinda distanced myself and the kids from the family members that have been – you're doing wrong.

Other mothers had similar experiences of not being welcomed where they thought they would find support. Brianna had an especially difficult time both with friends: "I don't really have friends. I have received a couple of "glad it's not me" e-mails" and with professionals: "So with that, along with the period problems, and gender confusion, we decided to see my gyn. The doctor was totally shocked and turned all kinds of colors."

Whereas many parents find Parents and Friends of Lesbians and Gays (PFLAG; a nationwide support group) meetings or parents of transgender children support groups as a welcoming place, Brianna and her husband came to refer to the groups as "the not-so-supportive support groups" because they were often talked over when attempting to bring up concerns related to gender identity rather than sexual orientation:

> … they recently started a PFLAG in Sierra Vista, but Bailey does not feel very comfortable there, and they are sort of militant gay… Most everyone is very "out" gay and they don't want to talk about anything different. If you bring topics up, they steer the conversation right back to some gay parade or some gay high school event or other.

What Does "Support" Mean?

In answering this research question, parents spoke of support both in terms of how they as parents support their child and how they personally felt supported by others, so the themes were organized into two categories; (1) Supporting the child, and (2) Parents feel supported.

Supporting the Child

All participants were supportive of their child at the time of their interview. The ways in which they show support formed three themes: (1) "Take their lead", (2) "Show them love", and (3) "Be the advocate", which had three subthemes: "prepare the child", "help people understand", and "prepare the ground".

"Take their lead." Nine participants used language such as "take their lead" in summarizing how they thought parents should support their children; Wendy identified it as "The biggest rule is to 1) follow your child's lead". Charlotte allowed her child to lead, even when her gender creative son wanted to try being a girl:

> Just let them be the boy or let them be the girl they want to be. Just follow their lead. I think the hardest thing we had to do in this is twice. Charlie decided to try being a girl. Once when he was 7 and once when he was 9.

Parents allowed their child to take the lead both at home in what they chose to wear, what pronouns were used and what hair styles the children wore. Some children were also allowed to take the lead with accepting teachers; Jacinda shared of her daughter's teachers, "They have all been supportive and very accepting. At the end of last year Julia started writing both names on homework, so teacher got used to that."

"Take their lead" also meant extended family would affirm the child's gender. Nora reflected on her extended family's ability to adjust; "When we said, Natalie is gonna go – start

going by Nate –… it was 'Ok!'… they didn't– flinch one bit, as far as accepting Nate and moving forward."

"Show them love". Seven parents specifically spoke of relying on love even when they were unsure of how to support their child. Jacinda was confident this made a difference for her child: "No matter what, they need to show them love, and never put them down for being who they are. Be their rock. My husband was not accepting at times, but the kids always knew they are loved." Nora identified it as the "first and most important thing is just to love your child for who they are". Wendy similarly said she loved her gender creative son, Wilson, for who he is. Amelia stated the same about her daughter Anna, and Lily advised other parents to love their children unconditionally.

Families joined together around showing love to support their gender creative member; Penny recognized how extraordinary her older daughters were in supporting their younger sibling by saying, "they do very well with, if she says anything they're like, "we love you no matter what", that's what the counselor told us to say. I've heard that time and time again."

"Be the advocate". Love also fueled parents' actions to advocate for their children. Wendy said, "I love my child and want the world to be a safe place for him. I cannot imagine doing anything less". All participants took steps to advocate for their children in their schools and communities. Amelia acknowledged this is not an easy task, "Well, I think that you have to keep an open mind and listen and be a fearless advocate for your kid. That gets pretty hard sometimes." Penny spoke of the danger she felt there was if she didn't act as an advocate:

> And if you don't deal with it you're putting them at great risk for self-harm I think. In some sort of fashion, whether its substance abuse or isolation or whatever it is, you better get in there and be the advocate because you're going to need it.

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In identifying how they advocate for their children, three subthemes emerged.

"Prepare the child". The first subtheme of the theme "Be the advocate" captures the experience of one participant in particular who felt it was important to help her daughter learn to help herself because she recognized the issue was bigger than she could change. Ilana began by stating she doesn't have a problem with her daughter's gender variance: "I don't have a problem with it at all. The only problem that I have is that the society is what it is and I'm not the one to charge against the whole world for my child."

Rather than "charge against the whole world", she found other ways to advocate for her child, saying "…you need to look at the world to see what it is to really prepare the child for it." Amelia similarly prepared her daughter, saying, "You know the thing about Anna is that I never give up. And I just keep thinking about what does she need to learn, and how can I teach it to her?"

"Help people understand". Advocacy sometimes began with the participant's own family in helping them understand their child's gender expression was not a passing phase. Wendy said of her family: "Our family has always been very accepting. They're curious; we had to help people understand – certainly when he was little everyone thought it was so cute." She also chose to speak with and educate the professionals her family sought help from: "…And physicians especially. I did speak to a community college sociology class. It was a great experience, and it helped me get out of my bubble/supportive community and realize there is still so much education to be done!

Amelia took a stand to educate people her in day to day life:

You have to talk to people about it. And not take offense. People are stupid or ignorant and they say things that they don't understand or mean to say. I just try to look at those as

opportunities for education. I have a coworker who has a transgender client, and the

coworker said something derogatory about the client in a personal conversation. I got up

and said, "My daughter is transgendered (*sic*). People don't chose (*sic*) to be transgender;

no one would sign up for that. People do it because that is the way they feel inside, and

they weren't blessed with the right body." I just try to use it as an opportunity for

education

"Prepare the ground". All of the participants reported taking steps to assure their child

would be welcomed in different situations. Ilana spoke with her friends:

I spoke individually with my good friends and prepared some of them even though

everyone knew that she was a little bit a tomboy. So we update each other and I prepare

the ground a lot of times so that if there is anything that they should be aware of it in

advance so that things will flow well.

Many parents, including Emma, talked to their child's school professionals to ensure they

would be welcomed and safe: "…so we had gone in and had a conversation with the counselors,

the principal, and Emily's teacher for that year to let them know what was going to be

happening with Emily."

Ilana and Charlotte interviewed potential therapists before having their children attend.

Ilana said, "I wanted to meet with those people in advance. I wanted to get to know them, get to

assess beyond the fact that they have specialty in gender issues." Charlotte had additional

concerns; she'd ask, "I have a transgender son, he's adopted, he's African American, is that

something you're willing to work with?" Jacinda hoped to prepare the ground for her daughter

Julie so she could pursue her love of dancing: "Our next step is going and talking to someone

about dance class and my child hoping this could be a place Julia could go as Julia not Julián."

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Lily went outside of her comfort zone and prepared much more than just the immediate ground in front of her child:

> Another thing that I've, I did, that I'm actually really proud that I forced myself to do this, even though it terrified me – [state LGBTQ equality group] called me up because the, our county's school anti-harassment policies were coming up for review… and they wanted to get the language of gender non-conforming and transgender put into the non-discrimination/non-harassment policy and asked me if I'd go to the meetings. So, I did!... The policy changed, includes that language now, so that'll be helpful as we continue our fight for less discrimination.

Parents Feel Supported

Every parent was able to identify at least one person that supported them as a parent and discussed what this person or group of people did that was helpful. These responses formed three themes: (1) "Knowing you're not alone", (2) She led us through this journey, and (3) "Listening, advising and showing no judgments".

"Knowing you're not alone is huge". Participants emphasized how important community was, both for their children and for themselves. In addition to bringing their child to camps or conferences to get to meet other gender creative or transgender children, parents felt supported when their child was with others like them. Amelia said, "…she got to go to one camp. That was super helpful; where there were other transgender kids." She also surrounded her child with community by taking her to Pride events and joining a lesbian mothers' group: "That was really helpful. It helped our kids see that there were other families like ours. My friends really love me and are supportive, that's pretty much it really."

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Some parents do not have access to local events but still have found a way to create a sense of community by reading, as Wendy points out, "I wish I would have had *Gender Born, Gender Made*, and/or this NYT article today. Just knowing you are not alone is so huge. I know it's a tiny part of the population but still."

She led us through this journey. Two parents, Lily and Emma, shared they felt support with individuals and groups who joined with them and worked towards a common goal. For Lily it meant an especially helpful social worker who lobbied and advocated for them:

> She made many phone calls to [the local hospital's] teen health and pediatric endocrinology departments…for us, basically, and for another family. That was amazingly helpful. … she sort of just led us through this journey, telling us that kids who express their gender in a non-conforming way are – can be – can lead perfectly good lives and be very happy and successful and just tried to take the fear away for us.

Emma received support from others in her child's school from both an online advocacy group and other parents:

> Parents that knew nothing about the whole situation talking and a lot of people that I didn't even know, came to our aid and came to our support… they didn't care whether Emily was using the girls' restroom or not, they just cared that a little kid and their family were being bullied.

"Listen, advising and showing no judgments". More specifically to showing parents support in their parenting, listening and showing no judgment were identified as being helpful. Jacinda said this was how her parents were supportive, even though they weren't geographically close, "Listening, advising, and showing no judgment. They live over 500 miles away, so mostly

just listening and my mom always tells us when there is a program on about transgender."

Amelia felt similarly supported:

> She has been available when I call. She has supported decisions that I have made. She has
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> never questioned the decisions that I made about helping Anna get hormones or things
>
> like that. And she has never judged me and continued to be – even though I have been
>
> separated from her son for many years she has continued to be supportive of me.

> Listening without judgment was also identified as being crucially important in helping

professionals. Amelia reported her want for a provider that would listen and trust her rather than

blame her for her child's transgender identity.

What Characteristics of Support Assist Parents in Coming to Accept Their Gender

Nonconforming Children?

In terms of characteristics parents identified both personal characteristics and things they

found helpful in professionals. To organize their responses, three categories were formed: (1)

Personal characteristics, (2) Professional characteristics, and (3) Helpful actions.

Personal Characteristics

Participants used a number of personal characteristics to both explain how they as parents

were able to be supportive and why they considered others able to be supportive. These

characteristics formed four themes: (1) open-minded, (2) educated, (3) gay identified/ally, and

(4) liberal.

Open minded. Five participants referred to themselves or others as "open-minded".

Some considered themselves to have been raised in an "open-minded family" like Jacinda and

Lily, and Nora considered herself and her husband to be very open. Emma associated open-

mindedness with location: "well considering (laughs) considering we're in a rural area, and our

counselor's done a pretty good job, I'd say they at least have to be, willing to be open-minded".
Amelia reflected on her daughter's first experience with a friend's birthday party:

> At 10 she was still going by male pronouns but she had all girlfriends. I can remember on her 10th birthday she wanted a slumber party and she invited all of her friends from school and they were all girls. And all but one parent knew that she was a boy, and they all let their kids come which seemed really open-minded to me.

> **Educated.** Education was identified as a characteristic of why someone was supportive.

Wendy rationalized her own family's ability to accept their child with this, saying:

> It's never been a struggle for us. I guess we are just lucky. We never really stressed about letting him wear dresses. I have never understood why it is so hard for some. It may be partly because I have a counseling background and my husband is a PhD licensed psychologist.

> Brianna shared her mother-in-law used to be a nurse in Mexico, and it was her medical training that assisted her in understanding and then supporting Bailey. Jacinda's mother took steps to further educate herself, specifically on transgender issues by reading articles and other stories. Amelia identified this characteristic in a supportive close friend:

> My best friend has been extraordinarily supportive, she is an LMSW… She is my very good friend; she is her godmother and has been there since Anna was born. She has been supportive the whole time, really kind and helpful.

> **Gay identified/ally.** Four parents used identifying as gay or an ally as a way to tell someone would be supportive. Wendy said she knew her mental health professional would be able to work with her child because, "there is one that everyone in the group goes to here in town. He's a gay man." Penny explained her daycare provider was empathetic because:

[Her] sister is gay and you know, she kind of knows how that is to come out and all that, what it does to your self-esteem. Her sister had a lot of problems with it when she was a teenager. I think this lady is determined to make sure everybody is going to be accepting of Piper, so she doesn't struggle there at all.

Jacinda and Nora both felt having friends who identified as gay was a factor in why they were supportive. Similarly, Penny also felt her friends were helpful:

My friends, I have very good friends that get it. Gay friends that will tell you, "That's the way I was. I knew from the very beginning. You know, you have to support her." So I kind of look at them like the experts. They probably know.

Liberal. Eight participants identified their political views as "liberal" or "very liberal". Some spoke as if this was an aspect of their personal acceptance: (Wendy) "I'm sure it's much harder for the conservative folks," and (Penny) "I don't know if a straight edge conservative would be able to do it." Penny felt it was important for others to be "liberal enough to get it". Similarly to Penny, Charlotte felt comfortable with her son's doctor because he was "a very liberal doctor". Ilana felt her daughter's school was accepting because of the liberal neighborhood; "We live in an environment that I would say is liberal. And especially her school, which is not a public school, it is a charter school… The families that send their kids are mostly liberal."

Professional Characteristics

In terms of characteristics of professionals specifically, parents identified two primary themes that were especially important and helpful: (1) "Someone who really fits you", and (2) Experienced.

"Someone who really fits you". Participants felt it was important to find a helping professional that would take the time to get to know their unique family experience. Wendy put it this way:

> That is where mental health professionals have to know who is in front of them and who they are working with. They can't just have a tool box and they open up and it is the same for every family in every situation. There isn't one kid, there isn't one mold here. It is complicated. I can see why some people would just say, "I don't want to deal with this, how can I possibly get it right? There are so many different variations."

Along with different variations of families, there were different variations of gender identity and labels for those identities which mothers wanted helping professionals to be aware of. Wendy and Ilana both took issue with mental health professionals assuming their gender creative and gender variant children were transgender:

> Wendy: I read some of the stories about transkids they'll say, "We have stuff and we ended up going to a helping professional and after observing my child for half an hour they said, 'Oh yes, he's transgender.'" It's like "Red Flag! Red Flag!" That's borderline incompetent to me. It's so tricky and subtle isn't it?
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> Ilana: Its every individual – it really varies. There are some cases that are more clear cut I believe, but in the case of my daughter on this issue, and the fact that you go ahead because parents want to know maybe the best advice is to say, "I need to see, let's see overtime".

Other parents agreed it was important to find someone who was right for your family, or as Brianna put it, "I believe that you have to find someone who really fits you in needs and in

personality". For some this meant asking questions, others wanted answers. Ilana felt an understanding of their culture rather than gender identity was the most important factor:

> Eventually I went and simply chose someone that I met with a few times that follows the same culture – the Jewish culture – we have our own Jewish center here and I kind of thought, well there is some similarities in culture here. This counselor is not a specialist.

Emma advised professionals to listen to the family:

> I would say really listen, because not everyone's going to have the same issues …depending on where they're located geographically, what type of cultural [background] they come from… just to really listen to the family and pull out what's needed to help them.

Experienced. Many parents wanted desired the support of helping professionals who were knowledgeable about gender identity. Four parents, Brianna, Amelia, Penny and Lily, also spoke specifically about wanting a helping professional who had experienced working with families like theirs. Amelia stressed having experience meant "you could trust what they were doing". When asked how they would know a professional was experienced Penny focused on the professional's use of language:

> They have to be comfortable speaking that lingo and helping other people to be comfortable with that too. And it's tough; I wouldn't want to be them. But I don't want to go in and pretend like we don't call it what it is, or call a penis a penis. Call the gender thing a gender thing. If it's a bisexual thing, call it a bisexual thing.

Helpful Actions

A part of finding a helping professional who is knowledgeable and fits the family's needs is knowing what the family thinks is most helpful. Responses in this category vary a bit based on

participant, which shows the uniqueness of each family's experience and needs. From the data, three themes emerged: (1) "Help them be supportive", (2) "Deeper questions without telling you what to do", (3) "I need tangible things to walk away with".

"Help them be supportive". Parents who sought family therapy wanted therapists to help families support their children and "make a transition of genders go smoothly". Penny urged therapists to start with believing the child:

> I think that they have to believe the child, whatever the child is saying, and then help the family adjust to the child's feelings. And I don't know if that's, you know, so you need to confront the fact that you may have a kid who has a gender creative personality or whatever, but it isn't their problem, it's the family's problem and how they're going to support them. You can't do it backwards. So when you go to therapy, even though you go to family therapy, it isn't about me and my issue, it's about how am I going to turn issue with it around to be able to support her.

"Deeper questions without telling you what to do". When asked to reflect on things that they thought helping professionals had done that were especially helpful, parents talked about wanting questions asked but not being told what to do. Jacinda experienced being told what to do:

> About 1 1/2 to 2 year ago I took Julia to someone here. After 2 sessions with her he said we just needed to throw or put away all the girl stuff and see if that helps it go away. He said there were signs of OCD. My husband kind of thought about it, but I said, "Well, this is our last session here. Sorry, we can't do that." The toys and clothes she has make her happy.

At the same time, Brianna wanted a therapist to ask hard questions and, "Encourage communication, and again, deep questions without opinions. This family has to deal with each other forever, not just in front of the therapist."

Charlotte reflected on her son's experience of a therapist questioning starting testosterone:

I was getting my feathers a little ruffled here you know? But her thought were she just wants to make sure that he is aware of the side effects that are now permanent. So, we talked a little bit. I said, "You know, I just want him to be happy, and he'll have to deal with the side effects".

"I need tangible things to walk away with". Parents wanted tangible things such as concrete answers to "tools" that they could take from their time with helping professionals. Brianna went from professional to professional looking for an answer for her daughter: "I want to find out what is physically wrong with her, and does it pose any danger to her health in the long term. I don't care about the answer, only that there is one." Amelia reflected on an especially frustrating family counseling session, "there was no focus. Anna was getting all the attention again – it seemed like a very ineffectual, I felt like I was just waiting for someone to help us. To figure out what we need to do… to tell us what to do…anything."

Penny shared this frustration and felt talking wasn't helpful in the long term:

And then, I don't like to just sit around and talk about it, maybe we can do that a couple times, but I immediately want to know what kind of skills are out there to take home to put in their tool box. So if we're always going to talk about it, oh blah-blah-blah, that's not helpful. What's helpful is, "Okay, here's the way it is, and we know it, we could talk about it, BUT, here's what you can do about this piece. Here's a coping skill, here's an

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educational tool, here's a book you can read, and here's something about whatever, the grief process…" I need tangible things to walk away with, so once I get in there a couple times and we're never getting anywhere… that starts to piss me off.

Wendy had found a psychologist for her son Wilson not because he needed the support immediately, but "it's more like giving him the tools so that when things do get hard he'll be able to deal with it". Emma had already received tools she had hoping for; these "tools" meant resources for ongoing support ("some resources that we can go to… beyond the therapist"), information to present while advocating ("they had a lot of resources for us to be able to present to the school, on what the school could do to help us"), and advice to start a "safe folder":

One of the major things that they, that they start by telling parents is to put together what they call a safe folder, that has information about transgender kids, and to have a letter in there from your doctor saying that your child is, indeed, transgender, basically so that you can pull it out and in the case of dealing with authorities or, you know, just somebody that is completely against what you're doing – and just educate them right there on the spot.

DISCUSSION

Main Findings of the Study

Findings of the current study will be discussed as well as how they relate to past literature. This section will be organized by research question and categories.

Where do Parents of Gender Nonconforming Children Find Support for Themselves and Their Child or Family?

This study confirmed what has been found in past literature, that parents of gender nonconforming children need support (Gonzalez, et al., 2013; Hill & Menvielle, 2009; Riley, Sitharthan, Clemson & Diamond, 2011). While not surprising, it is noteworthy that all participants were mothers. This pattern is evident in personal narratives in that authors are usually mothers (e.g., Boenke, 2008); however, little scholarly work differentiates mothers from parents when discussing support for transgender children (e.g., Grossman, et al., 2005; Hill & Menvielle, 2009). Research supports this observation that mothers are typically the parent responsible to provide emotional support for their families (Wren, 2002). All ten mothers spoke about seeking support after learning their child didn't conform to society's expectations of gender.

Finding support. Although there was some variation in the type of support sought, a commonality found across all participants is where they started looking. The process parents used to find support most often started with the internet. Past literature (e.g., Hill & Menvielle, 2009; Riley et al., 2011) has briefly mentioned the role of the internet in parent's searching for support, but with the current study the internet's role was more central. Parents spoke not only of starting to look for information online, but using the internet as an ongoing resource to find information and answers. Lev (2004) suggested referrals for email lists as an important aspect of supportive therapy for families, which this study would confirm as mothers reported using the

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internet to get support through listservs or chat groups. When 72% of households have an

internet in home (U.S. Census Bureau, 2012) it should come as no surprise that many parents

would seek information online. The participants of the current study were similar in

socioeconomic status in that all were educated and above the poverty line. This suggests they

have access to the internet and might be able to afford resources and support other parents might

not have.

Past literature advises parents to learn about gender identity and transgender topics (e.g.,

Lev, 2004; Hill & Menvielle, 2009), and many affirming practioner authors report educating

parents as a primary goal of treatment (e.g., Behan, 2006; Hill, et al., 2010). However, many

parents are not sure what their child is experiencing at first; the internet provides a way for

parents to further their knowledge by making suggestions in the form of other keywords or

webpages that are like their search term. For example, Emma wasn't sure what she was "dealing

with" and used the search term "transgender". From there she was able to find additional

information about gender nonconformity in children and find supports that fit her family's needs.

For Emma and other parents in certain areas of the country where supportive services do not

exist locally, the internet also provides a way to get support without having to travel.

Furthermore, the internet allows support to be accessed at any time; in fact, Amelia spoke about

how valuable her online listserv was because it was there when she needed it, and she often spent

time just reading through past messages.

Network of support. All parents identified someone in their life who was supportive of

their child including partners, friends, formal support groups or internet listservs. Informal

supports such as friends or family are expected as these people generally serve as support for

most parents; however, not all participants could rely on the informal support system they

already knew. Rather, some participants spoke of having to seek out new friends, educate their friends and family, or lessen bonds with unsupportive family members. Wren (2002) found parents who sought support from others often had to switch to a role of educating those people on the legitimacy of a transgender identity. Additionally, personal narratives occasionally reference this restructuring of parents' personal lives when writers discuss ending relationships with those who are not supportive (Pepper, 2012). Other parents reflected on their friendship saying they hadn't changed at all; usually these friends had known the child from an early age and considered the gender atypical behavior as a part of who the child was, such as in Wendy's case.

A finding from this study that has not been discussed in past research is the support of other children. Lily posited children are "less confused" about gender creativity and tend to be more supportive. Emma and Penny both had other children who were very supportive of their transgender or gender creative child. Other participants shared their child had a few, if not many, supportive friends. In past literature sibling support has been minimally addressed, usually as an add-on in self-help or personal narrative literature (e.g., Brill & Pepper, 2008; Brown & Rowsley 1996). As sibling relationships are the second most common familial connection (Mikkelson, Floyd, & Pauley, 2011) and often the longest lasting (Edwards & Weller, 2011), it is not surprising that children who grow up alongside a gender nonconforming child would learn that the behavior is not atypical but just another characteristic of their sibling, just like hair color or favorite hobby, as Amelia's younger daughter felt about her sister Anna. In cases where a sibling is older when disclosure of a transgender identity occurs, as was the case for Nora's family, siblings have shared experiences and can be especially helpful in times of crisis (Mikkelson, et

al, 2011). Nora reflected that although the transition was hard on Nate's younger sister, they're still close.

This study makes a contribution to the literature of activist parenting and parents supporting other parents. Although a common theme in self-help books and personal narratives, (e.g., Brill & Pepper, 2008; Pepper, 2012) there is limited research on parent activism. Broad et al. (2008) reviewed literature on "activist mothering"; stating mothers were motivated with concern for the well-being of their child to help others. Gonzalez et al. (2013) found 33% of their participants were engaged in some type of activist behavior, and these activists experienced more positive meaning in their parenting of LGBTQ children. In this project, seven parents spoke about supporting others in some way. Amelia was motivated by a lack of spiritual support for her daughter and started a spiritual retreat for transgender youth. Similarly, Wendy had raised money to start a camp for gender creative kids. After learning there were no support groups in their area, another mother formed one in order to connect with other parents. A queer feminist lens leads us to see this activism as an example of the personal being political. These mothers were motivated by their personal lives to change policies, both local and more far reaching. Although a considerable amount of work, these mothers reflected that supporting others was a way they coped, grew and make an important impact on other families. Many almost minimized their efforts, suggesting their actions were just part of their role as a parent; this is a common theme in personal narrative literature (Broad et al., 2008).

Barriers to support. Brill and Pepper (2008) offer suggestions for support for families, including meeting with other families, finding a support group, joining a national listserv or attending a national conference. Some families are able to find and use local supports; other parents had to travel to get in-person support. Jacinda drove seven hours round-trip to a monthly

support group for her daughter, Julia, because there was nothing available nearby. To date, there is no literature that acknowledges this limitation. Many parents knew about the national conferences or camps that support gender nonconforming youth, but few had the means to bring their child to attend. Charlotte's family prioritized attending a conference with Charlie over a family vacation, which is just one example of the sacrifices these parents made to support their children. Riley et al. (2011) similarly found there is a considerable impact on families' lives while raising a gender nonconforming child, and giving up vacations is just one example.

Another impact some families experience is differential support between partners. Although not explicitly confirmed by the current study, generally the male in a heterosexual relationship is less supportive (Grossman et al., 2005; Hill & Menvielle, 2009).Parents in this study spoke of knowing other families for whom this is the case, but all but one said their partner was supportive. For Emma, her husband was more accepting of their daughter than she was at first. Wendy shared a memory she had of her partner who put on a skirt while their gender creative son was at camp. A queer feminist lens helps us to consider that these men who are more accepting might be less conforming to typical gender roles themselves, or might be familiar with the idea of gender variance as suggested by Brill and Pepper (2008).

For families who take advice to seek out local support groups, some unfortunately did not have a positive experience. Brianna's experience confirmed what Arm et al. (2009) found: PFLAG groups are not always welcoming of parents with gender creative children. Brianna's example reveals parents of gender creative children perceive gender identity as separate from sexual orientation, even though our society often conflates the two. Additionally, she and her husband have more conservative values and they felt criticized for taking their child's social transition more slowly than their more liberal support group members had. She was also

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chastised for not being "supportive enough" when she shared on an online chat group that she was struggling with getting used to using her child's preferred pronoun. A queer-feminist lens helps us to see these as examples that might be similar to homonormativity, which legitimizes one way of being queer and marginalizes those who do not fit the mold of what it means to be LGBT (Tilsen, 2013). Brianna was being judged against what others thought parents should be and how they should support their gender nonconforming child, rather than being accepted and celebrated for the steps she was taking.

What Does Support Mean?

Overall parents talked more about how they support their child and not as much about how they feel supported. The support they gave was accepting rather than reparative in that participants discussed the many ways they affirmed their child's gender identity, which suggests parents recognize gender creativity as valid identity expression rather than pathological as past literature would suggest (e.g., Zucker, 2000). In addition to personally supporting their children, parents advocated for their children at school and in their community, and some influenced lasting changes in legislation. After discussing the various ways parents supported and advocated for their children, I will review the ways parents report feeling personally supported.

Supporting the child. Riley and colleagues (2011) point out that parents' responses to their children may vary, but they still focus on the negative side of the spectrum by outlining all the things that parents did to limit or restrict their children. This limiting was not supported by the current study. Parents were overwhelmingly supportive and showed support not by restricting their children, but educating others or finding safe places their children didn't need to be restricted. "Take their lead" was a common statement used both to describe how parents chose to support their own children and how parents would encourage other parents to support. Many

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participants talked about letting their child choose their own clothing and toy preferences, even calling their child by a preferred name or gender pronoun. Similar suggestions are found in personal narratives. Researchers and affirmative practitioners, Hill and Menvielle (2009) encouraged parents to validate their children and create a safe space for their children to express themselves. Few parents in the current study reported ever trying to dissuade their child's gender creativity and instead talk about working with their child and others in their lives such as teachers, extended family members and friends to change others to support their child. In fact, Charlotte said she would have gone elsewhere if a doctor were to tell her to discourage her child's gender expression. A queer-feminist lens would suggest this mother's determination to honor her own child rather than societal expectations is an admirable way to support her child rather than a sign of pathology in the parent as other researchers have suggested (e.g., Wren, 2002).

A queer feminist lens frames the "problem" of gender nonconformity not in the parent or child, but in the systems that limit gender expression to a binary and equate it with sex. Brill and Pepper suggest using this as fuel to motivate families to activism in that "if the problem lies in the system, you work to change the system that discriminates against your child" (p. 59). In the current study, a parent supporting her child often was talked about as advocacy. Riley et al. (2011) similarly found their participants engaged in "purposeful and active advocacy" (p. 192). Examples of advocacy found in this study include talking to schools, teachers, counselors, educating other professionals, and talking to legislators.

Some parents went to great lengths to advocate for their child and other's children; while others focused more on supporting their child to advocate for themselves. Ilana said, "I'm not going to change the world for my child", as she didn't feel that fighting that battle fit for her;

however, she spent a lot of time with her child teaching her how to advocate for herself. This attitude is also found in previous literature; Lev (2004) encouraged parents to help children "adapt to the constraints of a gendered culture while simultaneously working to change the social system" (p. 346).

Parents feel supported. In surveying the needs of parents raising gender nonconforming children, researchers found community as being very important (Riley, 2011). This was confirmed in the current study; Amelia and Wendy both expressed how crucial it was to know they weren't alone and to meet other families like theirs. This contradicts what some past literature has suggested; specifically that "parents' journey towards understanding is a solitary one" (Wren, 2002, p. 384). This is just one example of past literature that tends to take a limitations-based perspective, focusing on what parents don't have and the struggles they face. Overall the participants of the current study seemed optimistic and resilient rather than hopeless. Many took steps towards educating others and asking for help from friends and family.

Many participants talked about their experience of supporting their child as a journey, which is a well-documented metaphor in past literature as a way to come to acceptance (e.g., Ellis & Ericksen, 2002; Lev, 2004). The parents in the current study were not asked their opinions on what those steps might be, and that discussion is perhaps another project. However, parents did report feeling supported by having a trusted person to lead them through their journey. Lily shared how helpful a social worker was to their family. Similarly, Emma spoke highly of a national online advocacy group and other parents in her daughter's school who helped when there were concerns of bullying. Although recommended by WPATH (2012), there is little discussion of professionals advocating alongside parents in past literature; Hill and Menvielle (2009) comment parents might need support to advocate for their child, Wren (2002)

cautioned clinicians of the risk in developing "empathetic understanding" as evidence of "disturbed functioning on the parent's part" (p. 392-393), and Lev (2004), in her model of family acceptance, does not address outside support.

When parents did talk about how they felt supported it was about people believing and trusting them as parents. Past literature often dismisses parents of gender nonconforming children and blames them as having caused it (e.g., Zucker, 2000). This parent blame has become a widely held societal discourse and gives power to reparative therapy, the idea being if parents "caused" the gender nonconformity then they can stop it. This same "therapy" is fueled by the idea that gender nonconformity in childhood suggests a non-heterosexual orientation later in life. Riley and colleagues (2011) write against this discourse and suggest "it is timely to move toward research in support of the needs of gender-variant children irrespective of the psychosexual outcome" (p. 182). It is not surprising that parents felt supported when they were not blamed, but helped to accept their child.

What Characteristics of Support Assist Parents in Coming to Accept Their Gender Nonconforming Children?

In reflecting on the finding in regards to this research question, a queer-feminist lens prompts not only making sense of the participants' unique experiences, but also the personal experience which lead to the framing of the question. Informed by my personal experience, I came into the project assuming that parents would not be supportive and that children would face the hardships that previous research speaks to (e.g., Grossman et al., 2005; Grossman et al., 2006; Lev, 2004; Ryan, 2009a, 2009b, 2010). I assumed that parents would speak of something done or some aspect of support that was like a "light bulb" moment for them that sparked acceptance. I wanted to know what that "light bulb" was so this work could help other parents

experience a similar moment. Rather than reporting a sudden shift from not accepting to accepting, parents confirmed what some more recent literature found: some parents don't struggle much, and accept their child from the beginning of the gender creative behavior (Hill & Menvielle, 2009). Parents in the current study also talked about characteristics they thought had helped them be supportive and that they recognized in supportive people.

Personal characteristics. Educated or experienced with transgender issues was a commonly identified characteristic of supportive people. This is not surprising as transgender issues are not widely talked about in the general public so people would need to know about it before being able to help. One exception to this was being open-minded. One parent said she looked for a professional who had either worked with trans people in the past or was open minded enough to try. Similarly, parents who self-identified as open-minded said it helped them be supportive from the beginning. The concept of being open minded as a replacement for experienced hasn't been addressed in past literature, but it makes sense in that someone has to be curious and willing to learn in order to look for education and gain experience.

Perhaps along with the idea that supportive people are experienced and/or open-minded, four parents mentioned the sexual orientation of professionals or loved ones as if identifying as gay or lesbian would suggest the person was supportive. This has been found in past literature as well (Hill & Menvielle, 2009). This could be a sign that community is important in that "transgender" is often grouped with the lesbian, gay and bisexual (LGBT) community. It could also signal awareness of marginalization is important in that persons who identify as lesbian, gay or bisexual experience both systemic and often personal marginalization, so they may be more understanding of the stressors that accompany it and less likely to perpetuate the discrimination.

Almost all parents referenced being liberal as a characteristic that explained why they were supportive or why they knew someone would be supportive. This appears to confirm what Wren (2002) found: liberal parents tended to be more accepting. All parents in this study but two identified being liberal, which seems to align with this finding. However, the moderate and conservative parents participating in this study are not to be discounted. Ilana found a way to support her daughter in a way that fit for her, saying she wasn't going to "charge against the whole world for my child" but found ways to support her daughter to advocate for herself. Similarly, Brianna continued to support her child even after not being supported by local groups and online listservs, and not getting answers from physicians.

Professional characteristics. Past literature has concluded that many helping professionals are not prepared to help transgender youth and their families (Grossman, et al., 2005); as a result, parents in the current study sometimes had to travel considerable distance to find a professional they felt comfortable with. The characteristics most desired in a professional were someone experienced and "someone who really fits you", which meant someone who was willing to work with your unique family situation. Experience was a difficult characteristic to find, as many training programs do not prepare clinicians to work with matters of gender identity or families of gender creative or transgender people. Moreover, very little literature is available to provide clinicians with guidelines of practice (Mallon, 1999b; Menvielle & Tuerk, 2002). The WPATH Standards of Care make suggestions for working with individuals and their families (WPATH, 2012), but this is only one part of being "experienced". More important to some mothers, including Penny, was being comfortable working with "the gender thing". Brianna agreed clinicians needed to be comfortable, and she'd know this by the professional not stammering and having a history of treating other people with "various gender issues".

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These mothers present differently than past literature might have clinicians expecting. Parents featured in past literature are said to be grieving, feeling isolated and ashamed (Menvielle & Tuerk, 2002); however, no parent in the current study spoke of presenting to a helping professional as any of these things. In fact, Charlotte is an example of a mother who was not ashamed, did not grieve, and sought help; she was determined to find a clinician who would *not* blame her and said she would go to different doctors until she found one willing to be supportive. If clinicians expect parents to be grieving and ashamed they might be surprised or even miss the extraordinary parents that come in not to be reassured or comforted, but advocated for in other ways. This is the importance of finding "someone who really fits you".

Another unexpected finding of this study that illustrates the importance of finding "someone who really fits you" is that two mothers, Wendy and Ilana, were upset by professionals assuming their children were transgender. A queer feminist lens suggests these mothers have reached what Brill & Pepper (2008) call "true acceptance" which combines an understanding of the complexity of gender (i.e., it is not an either/or binary), the societal expectations that reinforce transphobia and unique family experience.

Helpful actions. This study builds on past literature regarding what parents want from helping professionals. Parents have been found in past literature to want information and assistance in how to raise a happy gender variant child (Brill & Pepper, 2008; Coolhart, et al., 2012; Riley et al. 2011) and this study confirmed these findings. Parents hoped for specific things from helping professionals such as specific help making a transition go smoothly, questions to help prompt thoughtful consideration about certain topics (not feel like their judgment as a parent was being questioned) and answers or suggestions for concrete things to try. Participant's reflections tended to show their desire for action and "tools" to take away,

which suggests by the time parents sought out professional help they needed less help understanding what was going on with their child than past literature would suggest (e.g. Behan, 2006). This could be evidence that parents are able to find more information about what is "going on" with their child online (as discussed previously) and move to action to advocate and support their child quicker than previously thought.

Implications

The current study presents a new perspective on parents of gender nonconforming children; while past literature depicts parents as moving through a grieving process and experiencing a crisis (e.g., Brill & Pepper, 2008; Connolly, 2005) when they discover their child doesn't express gender as society would expect, these participants show parents can be accepting, supportive and advocate for their child. These findings could help frame other parents' experiences in the future in that many parents reported searching for information; if all parents find is reparative literature it might suggest to them that "correcting" the behavior is their only option. Instead, reading about parents who are affirming and supportive of their children's gender identity could help other parents recognize support as a valid option and develop positive stories about their families, as suggested by Gonzalez et al. (2013).

This is also an important finding for family therapists who work with these families. Rather than expecting to have to assist parents in coming to accept their child, therapists should take an affirmative stance and help parents further support and affirm their child through listening to the family, giving guidance when needed and supporting the family through advocacy. Affirmative therapy includes believing the child and using preferred name and pronouns as one works with the family. Further, affirmative clinicians first need to be aware of their own values, privilege and biases. Clinicians have a responsibility to keep up to date with

current literature and research (ACA, 2010; Korell, & Lorah, 2007) and develop competence in working with these families. Part of developing competence should be seeking and integrating feedback from the family regarding what has been and would be helpful for their specific family, as suggested by the current study's participants.

A unique finding was parents were off-put by helping professionals who assumed their gender creative child was transgender; not all gender creative children will have a transgender identity outcome (Hill et al., 2010), so therapists should recognize that it is just one possible outcome, as is continuing to be gender creative or genderqueer, or coming to be cisgender, and aid families in supporting their child on all parts of their gender expression journey. Additionally, not all families with a gender creative child seeking therapy are presenting with concerns directly related to gender identity (Korell & Lorah, 2007; Lev, 2004; World Professional Association for Transgender Health, 2011), so clinicians must learn from the family what their specific goals are.

Finally, as all participants reported utilizing the internet in some way during their searching for support (or even using it as support), clinicians should work towards putting more supportive information online and developing resources that parents in rural areas can access from any location.

Limitations

The limitations of this study include self-selection bias in that these participants were recruited from advocacy and support groups and willing to be interviewed, which might suggest they are willing to acknowledge and discuss their child's gender identity, whereas parents who struggle with affirming their child's gender expression might not be willing to discuss their experiences in a research study. Another limitation is the relative homogeneity of the sample; all

were women, all but one participant identified as White, and over half were of high socioeconomic status (i.e., all were educated and of the seven who reported household income six were well above the poverty line). A queer feminist lens would suggest our experience and expectations are influenced by the privilege we live; these participants represent some privilege which could mean these mothers expected some level of support and had the means to be able to not only search and find support, but financially are able to travel to or develop more formal support. Similar findings might not have been found if the participants were of a minority racial or ethnic group who do not expect to be supported or from lower income families who might not have financial means to travel or pay for professional support. Additionally, all participants identified as women; this could be expected as more women than men participate in personal narrative authorship on this topic (e.g., Boenke, 2008) as well as research (e.g., Gonzales et al., 2013; Hill & Menvielle, 2009) and past literature has found fathers to be generally less supportive than mothers (Grossman, et al., 2005). Although some mothers considered their male partners to be as if not more accepting, we did not hear from fathers directly in the current study.

Strengths

A unique strength of the current study is it focuses on a different perspective in that we interviewed parents, who are more likely to volunteer for a study if they are supportive and want to help others. Children and youth volunteering for studies are generally sampled from support groups, and kids might be more likely to seek support groups if they don't have support at home. For example, transgender youth reported over half of their parents reacted negatively when they learned their child was transgender (Grossman, et al., 2005). This was not supported by the current study. In fact, many parents said they watched their child be creative with gender from a young age so that a transgender or gender creative outcome wasn't a surprise and they had

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always accepted their child's gender expression. These supportive parents and their experiences are important to show another perspective and possibly give hope for other families.

Suggestions for Future Research

Future research could build upon these findings by recruiting more diverse participants. As the majority of parents represented in past research and all of the participants in the current study were mothers, fathers should be recruited for future research in order to determine if they support their children in similar or different ways. Additionally, families from different racial or ethnic backgrounds should be sampled. It might also be interesting to interview siblings of transgender or gender nonconforming children to learn about a sibling's experience. Finally, a research study such as this represents one specific time period in a family's experience so a longitudinal or follow-up study would be valuable in that it might capture a family's journey in more detail. Specifically, this study showed parents often support other families after a period of time in which they received support. A future study could examine the process by which parents come to support others and what this means for their sense of self.

Conclusion

To date, there is very little literature examining a parent's perspective of finding support while raising gender nonconforming children. The current study is unique in that it allowed for parents to not only reflect on that process, but also share what specifically is supportive and helpful. These participants' experiences seemed to contradict past literature in some ways, and confirm in others. Specifically, parents did not report feeling compelled by confusion, disgust, shame or guilt (Cooper, 2000; Lev, 2004; Ryan 2009b). Instead, mothers were motivated by unconditional love to advocate for their child. They often started their journey on the internet, the central role of which has largely been overlooked in the past. Parents also shared how they

advocated for their children in their schools and communities. Confirming recent literature, parents expressed a desire for information and help in supporting their children.

With this information, clinicians should gain insight into how best to help parents. Additionally, other parents have more positive stories from which to interpret their own families and may themselves be able to more fully accept their children.

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APPENDIX A. BRIEF DESCRIPTION OF PARTICIPANTS

Participant Pseudonym	Age	Child Pseudonym	Child identifies	Age	Race	City Type	Political Views	Religious Affiliation
Jacinda	35	Julia	Transgender girl	8	Hispanic	Small	Liberal	Christian
Amelia	52	Anna	Transgender girl	17	White	Rural	Liberal	None
Charlotte	54	Charlie	Transgender boy	14	White	Small	Liberal	Protestant
Brianna	43	Bailey	"FtM but back to being female"	17	White	Rural	Very Conservative	Catholic
Wendy	46	Wilson	"Half girl, half boy" Gender creative	9	White	Large	Liberal	None
Ilana	53	Iri	Gender variant	14	White	Large	Moderate	Jewish
Penny	46	Piper	Gender creative boy "she"	7	White	Small	Liberal	None
Emma	35	Emily	Transgender Girl	8	White	Rural	Very Liberal	None
Lily	51	Lucas	Transgender boy	12	White	Small	Liberal	Unitarian Universalist
Nora	53	Nate	Transgender boy	16	White	Large	Liberal	None

Parenting Children who are Gender Nonconforming
Interview Guide

Parenting
I understand that you are parenting a child who does not conform to gender norms/ expectations (act how someone might expect a boy/girl to act). Can you paint me a picture of what it is like for you?

Can you tell me how you felt when you realized your child did not express their gender as one might expect?

What has helped you to be successful negotiating your role as a parent?

If you met another parent who had recently discovered that their child didn't conform to gender expectations, what would you say to them?

Do you have general thoughts about how parents should support their child who doesn't conform to gender expectations?

What messages have you received from others about your parenting?

Family & Friends
Can you tell me a little bit about what that has been like for you and your family?
    Are there any specific events that stand out in your mind?

Have you had any experiences with extended family related to [child name] that you are willing to tell me about? With friends?
    Probing questions:
        What experiences have you had with friends or family that surprised you?
        What has it been like with [child name] friends?

Support
Who in your life has been most supportive? How have they shown support?

Please describe the resources are you connected to. (i.e. Support groups)
    Probing questions:
        How did you locate them?

School
How have you handled [child name] gender expression at [child name] school?
    Probing questions:
        What has that been like?

<u>Mental Health Services</u>
What are your beliefs about mental health services like a therapy, counseling, psychology or psychiatry?

Do you think any of these services are or could be helpful to families like yours?

How would you go about finding a mental health/helping professional (therapist/ counselor)?

How knowledgeable do you think a helping professional should be about gender identity?
        <u>Probing questions:</u>
                How would you know that a therapist/ counselor is?

Has anyone in your family been to see a mental health professional like a therapist, counselor, psychologist or psychiatrist?
        Can you tell me about this experience?
        <u>Probing questions:</u>
                What did the therapists do that was helpful?
                What did the therapists do that was not helpful?

If you or your family haven't spoken with a mental health professional, what has kept you from going?

<u>Family Therapy</u>
What advice do you have for family therapists who want to help and support families like yours?
        <u>Probing questions:</u>
                What do you think family therapists need to know to help families like yours?

<u>Concluding Interview</u>

Is there a metaphor that captures your experience parenting a child like [child name]?

Is there anything that you have not shared with me or that I have not asked that you would like to say now?

APPENDIX C. RESEARCH QUESTION, CATEGORIES, THEMES AND SUB-THEMES

Research Question:	Categories:	Themes:	Sub-themes:
Where do parents of gender nonconforming children find support for themselves and their child or family?			
	Searching for support		
		"I started with the internet"	
		Word of mouth referrals	
	Network of support		
		"It's not one person, it's all of them"	
		Children's support networks	
		"I love supporting these families"	
	Barriers to support		
		Our family revolves around the trans issue	
		"I think it would be very hard if the other parent weren't on board"	
		"If you're not going to get support there where are you gonna get support?"	
What does "support" mean?			
	Supporting the child"		
		"Take their lead"	
		"Show them love"	
		"Be the advocate"	
			"Prepare the child"
			"Help people understand"
			"Prepare the ground"
	Parent feel supported		
		"Knowing you're not alone is	

		huge"	
		She led us through this journey	
		"Listen, advising and showing no judgments"	
What characteristics of support assist parents in coming to accept their gender nonconforming children?			
	Personal characteristics		
		Open minded	
		Educated	
		Gay identified/ally	
		Liberal	
	Professionals characteristics		
		"Someone who really fits you"	
		Experienced	
	Helpful actions		
		"Help them be supportive"	
		"Deeper questions without telling you what to do"	
		"I need tangible things to walk away with"	