

***Doctorate in Professional Educational,
Child and Adolescent Psychology***



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UCL Institute of Education

**Doctorate in Professional Educational, Child and Adolescent
Psychology**

**The experiences of transgender young people
and their parents: Informing the work of
Educational Psychologists**

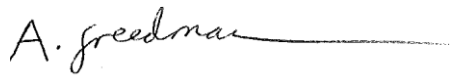
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Student Declaration

I, Abigail Freedman, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Signed:

A handwritten signature in cursive script that reads "A. freedman" followed by a long horizontal line extending to the right.

Abigail Freedman

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Abstract

There has been a recent increase in the reported number of young people accessing specialist gender identity services. Transgender children and young people face a number of issues such as bullying and victimisation, academic difficulties and mental health needs. Their parents also face issues such as feelings of fear and loss, and judgement and hostility from others. Previous research has highlighted the importance of support for transgender young people and their parents, both at school and in the community. However, there is a lack of research in the United Kingdom which examines the perspectives of transgender young people and their parents to inform the work of Educational Psychologists.

This study explored the experiences of transgender young people and their parents with regard to home, community and school. Semi-structured interviews were conducted with four secondary school age transgender young people and five mothers, four of whom were parents of the young people interviewed. Interpretative Phenomenological Analysis was used to inform the analysis of the interview data in order to gain an in-depth understanding of how the participants made sense of their experiences and the meaningfulness of these experiences.

From the young people's accounts, four superordinate themes were identified which related to understandings of gender, complexities of transitioning, experiences in school and support networks. Four superordinate themes were identified from the parents' data, relating to understandings of gender, how they came to terms with their child being transgender, experiences with their child's school and support networks. Implications for Educational Psychology policy and practice are discussed, including how Educational Psychologists might develop their work with transitioning young people and their parents.

Impact Statement

This research explored the experiences of transgender young people and their parents. The findings highlight the difficulties faced by the young people including bullying, parent dismissiveness, mental health concerns, lack of school support and ineffective therapeutic support. Parents faced difficulties such as witnessing their child's struggles and coming to terms with losing the child they thought they had. These findings can be used to inform the work of Educational Psychologists (EPs).

The young people in the research had clear ideas about how they could be better supported. Therefore, it will be important that EPs working with this population use their experience with solution focused and person-centred approaches to communicate effectively with the young people to ensure they feel able to share their views. EPs can also use their consultation skills to empower parents and schools to consider how they can provide individualised support for transgender young people. They could also support the parents with dealing with the loss they feel for the child they thought they had. It is important that EPs have knowledge of transgender support services, such as charities, to which they can signpost young people and parents for specialist support.

The transition process for transgender young people takes a long time so they may need support throughout the process, or at various points along it. It will be important that EPs are aware of trigger points that are likely to cause discomfort or distress for the young people, such as the start of puberty and moving to secondary school, and plan additional support around these times. EPs could also work therapeutically with young people.

There appears to be a lack of knowledge amongst a number of school staff and other professionals about transgender issues. A key role therefore for EPs could be to train professionals on the terminology around transgender and gender non-conformity, the issues faced by transgender young people and the type of support that they need. EPs could also help the school identify a transgender lead and provide them with training and supervision so that they

feel confident working with this population. Another role for EPs could be ensuring that the agencies working with the young people, as well as the school, communicate effectively and work together to ensure that the young person is receiving the best possible support. In order for transgender knowledge to increase amongst professionals, it will be important that it is included in initial training for EPs, teachers and other professionals such as therapists and social workers.

EPs have research skills which could be used to carry out further research into the topic of transgender and to review available research and disseminate findings to professionals.

EPs could also have a role in policies around transgender, for example helping to write policies for local authorities and schools.

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Chapter 1: Introduction

Transgender individuals can experience positive self-identity and wellbeing (Riggle, Rostosky, McCants & Pascale-Hague, 2011). Identifying as transgender can help individuals to achieve congruency between how they feel and how they appear and can also allow them to express their true self rather than living in denial or hiding their identity (Riggle et al., 2011). It can also lead to personal growth and resilience, helping the individual to feel more confident and self-aware (Riggle et al., 2011). Interpersonal relationships can be strengthened when family and friends are accepting of the individual's transgender identity (Riggle et al., 2011). Identifying as transgender also allows individuals to challenge gender stereotypes and live beyond the gender binary, educate others and increase the visibility of the transgender community (Riggle et al., 2011).

Despite the potential for positive experiences, research on transgender children and young people has highlighted a variety of issues they face, such as bullying and victimisation, academic difficulties and mental health needs (McGuire, Anderson, Toomey & Russell, 2010; Riley, 2018). Parents of transgender children and young people also face issues such as feelings of fear and loss, and judgement and hostility from others (Hill & Menvielle, 2009; Riley, Sitharthan, Clemson & Diamond, 2011; Wren, 2002). These factors will be further outlined in Chapter Two.

The United Nations Convention on the Rights of the Child (1989) states that all children have the right to express themselves, including their views, feelings and wishes at all times and they need to be taken seriously. Within the work of Educational Psychologists (EPs), the Special Educational Needs and Disability (SEND) Code of Practice (2015) states that the views of children, young people and their parents must be included in decision making and planning support to meet their needs. The SEND Code of Practice (2015) also states that children, young people and their parents should be consulted about the support available to them in their local area.

Support for transgender children and young people is a relatively new area and there are a lack of support systems for them in some areas, which will be outlined in Chapter Two. In addition, there is a lack of research in the UK which includes the views of transgender young people and their parents. Therefore, research which includes the views of transgender young people and their parents is important to find out what they would value with regard to improving support at school, at home and in the community.

1.1 Definitions

‘Transgender’ or ‘trans*’ is often used as an umbrella term to describe individuals whose gender identity does not match their biological sex (Connolly, Zervos, Barone, Johnson & Joseph, 2016). ‘Trans*’ can also be used more widely to include individuals whose gender identity does not fit into the gender binary, for example those who identify as both male and female, as somewhere between male and female or as neither male nor female (Olson, Durwood, DeMeules & McLaughlin, 2016). In academic literature, the term ‘trans*’ is also used even more broadly to include transsexuals (individuals who have transitioned to living as their gender identity rather than their biological sex, which can include having had medical procedures), cross-dressers (for example transvestites and drag queens or kings) and gender benders or blenders (individuals who present an ambiguous gender expression) (Grossman & D’Augelli, 2006). ‘Transgender’ and ‘trans*’ are used interchangeably within the literature. However, there may be some trans* or transgender individuals who do not like or feel the need to label their gender identity and using this terminology could be seen as ‘othering’ these individuals. Within this thesis, ‘transgender’ is used to refer to individuals whose gender identity is opposite to their assigned sex, for example an individual assigned female at birth but who identifies as male.

‘Gender identity’ tends to be used to refer to how an individual understands their own gender, and in transgender individuals this does not align with their biological sex, often referred to as their ‘sex assigned at birth’ (Olson et al., 2016). Transgender children often ‘socially transition’ meaning that they present to others as their gender identity rather than their sex assigned at birth,

which may include changing their name, the pronouns used to describe them, their clothes and the length of their hair (Olson et al., 2016). When an individual's gender identity is aligned with their sex assigned at birth they may be referred to as 'cisgender' (Connolly et al., 2016).

Transgender individuals may experience 'gender dysphoria', which is conflict between their assigned gender and their gender identity and can be very uncomfortable and distressing (American Psychological Association, 2013).

1.2 Developmental Context of Adolescence

There is some debate in the academic literature about the definition of adolescence, with some thinking of it as corresponding to the teenage years and others thinking that it should not be linked to chronological age (Blakemore, 2018). It has been suggested that adolescence starts with puberty and ends with adult independence (Foulkes & Blakemore, 2018), therefore taking the focus away from age and placing it on the developmental tasks of adolescence.

The brain continues to develop during adolescence, and this is a period of relatively high brain plasticity, particularly in the brain regions associated with planning, decision making and social cognition (Blakemore, 2018). Adolescence is also a time of cognitive development, in particular reasoning skills, abstract thinking and metacognition (Sanders, 2013). Reasoning skills allow young people to consider different possibilities in a situation, think hypothetically and use logic (Sanders, 2013). Abstract thinking allows them to consider things they have not seen or experienced, and metacognition allows them to consider how they are feeling and how others perceive them (Sanders, 2013).

Transgender identity formation may be occurring alongside adolescent identity formation. During adolescence, young people's identity matures and becomes more stable (Crocetti, 2018). Although identity continues to develop throughout life, most young people have developed a sense of self-identity and how they want to be seen by others by their late teens (Blakemore, 2018). Identity formation and certainty in identity are important for young people's

wellbeing and psychosocial development (Crocetti, 2018). For transgender young people, part of their identity formation is questioning their gender and discovering who they are.

Adolescence is also seen as a time of gender development, when gendered behaviours are enacted, questioned, changed or solidified (Galambos, 2004). Gender expression in adolescence is an extension of childhood characteristics, but is also influenced by changes caused by puberty and the resulting physical changes, cognitive development and increasing social world (Galambos, Berenbaun & McHale, 2009). Transgender individuals may start questioning their gender from an early age, but this can become more intense during adolescence and puberty.

Another feature of adolescence is changing relationships. Young people become less dependent on their parents for emotional support and help with problem solving and instead rely more on friends to provide social influence and information and feedback on their social behaviour (McElhaney, Allen, Stephenson & Hare, 2009). They also share less information with their parents about their lives (McElhaney et al., 2009). The way the individual is seen by others becomes more important during adolescence, with sense of self being linked to the perceptions of others (Blakemore, 2018). During adolescence, friends are more important than they are at any other life stage, particularly being accepted by the peer group, and the judgements of peers have an impact on self-worth (Blakemore, 2018). This leads to adolescents making decisions out of fear of being socially excluded (Blakemore, 2018).

1.3 Legislative Context

In the UK, legislation protects the rights of transgender individuals. The Gender Recognition Act (2004) provides legal recognition of transgender individuals' gender identity, issuing them with a gender recognition certificate when they reach the age of 18 years. This entitles them to a new birth certificate which matches their gender identity and allows them to marry someone of the opposite sex to their gender identity.

The Equality Act (2010) defines gender reassignment as a protected characteristic which cannot be discriminated against directly or indirectly, including in school. The Department for Education (2014) published advice for schools about the Equality Act (2010) explaining that in single-sex classes within mixed-sex schools, children and young people undergoing gender reassignment should be allowed to go to the class that matches their gender identity. It also states that single-sex schools will not lose their status if a pupil undergoes gender reassignment and remains at the school. In addition, school uniforms must not discriminate against pupils undergoing gender reassignment and therefore flexibility when interpreting school policy is required, such as allowing an individual who was assigned male at birth but identifies as female to wear a skirt should they wish.

The Relationships Education, Relationships and Sex Education (RSE) and Health Education (England) Regulations are currently being updated and will come into force on 1st September 2020. The Department for Education (2019) have published draft statutory guidance about the new regulations stating that schools can decide when to begin including lesbian, gay, bisexual and transgender (LGBT) in lessons and how to do this, but that it should be done in a timely manner, ensuring that it is fully integrated into the Relationships Education, RSE and Health Education curriculum rather than taught separately.

1.4 Educational Psychology Context

The role of EPs is varied, and EPs have been defined by Fallon, Woods and Rooney (2010) as scientist-practitioners who apply psychological skills, understanding and knowledge through consultation, assessment, intervention, research and training to support children and young people at the individual, group and organisation level and in educational and community settings. Increasingly, EPs are working therapeutically with children and young people to deliver evidence-based psychological therapies (Dunsmuir & Hardy, 2016). In the context of working with transgender young people and their parents, EPs could therefore have a role in consulting with young people to gather their views, and parents and school staff to consider how to support the young

people, providing interventions, which may be therapeutic, training school staff on gender and transgender issues and carrying out further research on the topic of transgender.

EPs may lack understanding of issues related to transgender young people which are necessary to work with them and to support schools with transgender pupils due to there not being any specific guidance for EPs and it not being covered during initial training (Bowskill, 2017). With increasing numbers of children and young people being referred to gender identity clinics, as outlined in Chapter Two, it is likely that EPs will come into contact with transgender children and young people. Therefore as a Trainee EP I felt it was important for further research to be carried out into the role of EPs supporting transgender individuals. It is hoped that gathering the views of transgender young people and their parents will inform the work and understanding of EPs.

1.5 Researcher's Position and Reflexivity

Reflexivity is important in qualitative research because it enables a consideration of the ways that the research is influenced by, or indeed influences, those conducting the research (King & Horrocks, 2010).

As a Trainee EP a key role is bringing about positive change for children and young people by listening to their views and their parents' views, and I therefore approached the research with the aim of exploring how transgender young people can be better supported by educational professionals. Although I did not have any direct experience with transgender individuals, either personally or professionally, it has been a topic in the media recently; there have been television documentaries which have shown largely positive views of transgender and it has been discussed during political debates with individuals expressing both positive and negative views. Therefore it was important that I was aware of the influences on me and how they might have influenced how I conducted the research. I also needed to reflect on the similarities and differences between the accounts shown in the media and

those shared by the participants in the research and my understanding of the issues faced by transgender young people and their parents.

I asked the participants to reflect on what impacted on their gender, and it was therefore important for me to reflect on the influences on my own gender as I identify as a cisgender female. I have never questioned my gender and until I began carrying out this research I had not thought about whether or not my behaviour conformed to gender stereotypes. I have gone through different stages in how I express my gender. As a young child I enjoyed engaging in stereotypically female behaviours, choosing dolls despite having access to stereotypically male toys belonging to my older brother, as well as preferring to wear dresses. In middle childhood I began to prefer wearing trousers and experimented with playing sports with friends, although at home I still enjoyed playing with dolls. As an adult, I am not interested in makeup and prefer wearing trousers despite having close friends who are interested in makeup and fashion and being aware of pressures from society, including advertising and the media. Therefore although I was not aware of it at the time, as a child I was influenced by those around me in the way I presented my gender, but as I got older I felt more able to resist influences and identify in the way that felt right to me.

I was aware that my identity as a cisgender female may have made it harder to build rapport with the young people because I did not have a shared experience with them. However, this also meant that I was able to be more curious and ask clarifying questions to gather more information about the young people's experiences and develop my understanding.

1.6 Theoretical Framework

Bronfenbrenner's ecosystemic model (1979, 1994) guides much of the EP role. It proposes that children and young people are influenced by a range of systems including family, school, peer group, culture, attitudes and status in society. Bronfenbrenner described five systems which influence the child: the microsystem, mesosystem, exosystem, macrosystem and chronosystem.

The microsystem includes a child's personal relationships, such as with family members, friends and teachers. For transgender young people, factors such as the gender their parents raise them with and how their parents, friends and teachers respond when they come out will be important.

The mesosystem is made up of connections between the microsystems, such as between family and school. For transgender young people factors such as how their parents and school work together to meet their needs will be important.

The exosystem contains connections between two or more settings, one of which the child may not be directly involved with, for example EPs providing support to their parents or their school through consultations and training on understandings of gender and transgender issues.

The macrosystem consists of the cultural beliefs and ideas of the society in which the child lives, for example cultural attitudes and beliefs about gender.

The chronosystem provides a way of considering how influences on a child change over time, for example changing views about gender, and in different environments, such as when moving schools.

The influence of these systems on gender-related understandings, experiences and practices are considered throughout the current research.

Bronfenbrenner's (1979, 1994) theory provides an account of systemic factors that influence a child's development. However, it does not focus on an individual's strengths and skills that may help them overcome difficulties in their environment, such as resilience and the ability to create and sustain relationships (Christensen, 2010). In addition, the theory does not consider biological factors that influence development. With transgender young people it has been suggested that identity development has links to biological aspects, such as the start of puberty being a catalyst for a renewed interest in gender identity (Katz-Wise et al., 2017).

Bronfenbrenner's theory evolved over time, and he acknowledged that his earlier theory did not focus enough on the individual (Bronfenbrenner, 2005). Bronfenbrenner updated his theory to create the bioecological theory, which included the Process, Person, Context and Time (PPCT) model.

Proximal processes are the regular reciprocal interactions between a person and their immediate environment, including people, objects and symbols, which occur over time and are increasingly complex (Bronfenbrenner, 2005).

Personal characteristics are divided into three types; demand, resource and force characteristics (Rosa & Tudge, 2013). Force characteristics are those that initiate and sustain proximal processes (generative) or impede and interrupt them (disruptive). Generative force characteristics include curiosity, tendency to engage in activities with others, responsiveness to others and ability to pursue long-term goals. Disruptive force characteristics include impulsiveness, distractibility, inability to defer gratification and aggression. Resource characteristics are those that influence how an individual is able to engage with proximal processes, and are linked to mental and emotional resources, for example knowledge, skills, past experiences and social and material resources. Demand characteristics are those that are observable and influence the way others interact with the individual, such as their temperament, age, gender, appearance and skin colour.

Context refers to four of the systems outlined in Bronfenbrenner's earlier model; microsystem, mesosystem, exosystem and macrosystem (Rosa & Tudge, 2013).

Time builds on the idea of the chronosystem from Bronfenbrenner's earlier model. In the updated model, time is divided into three levels; microtime refers to what is happening during specific activities or interactions, mesotime to how often activities and interactions occur over time in the individual's environment and macrotime to the wider chronosystem (Rosa & Tudge, 2013).

1.7 Rationale for Current Research

Many of the studies of transgender young people have been conducted in the USA. Schools in the USA have a somewhat different system to UK schools. Students are not required to wear school uniforms in most schools in the USA, which may help overcome issues related to gendered school uniforms. Some schools in the USA also have gay straight alliance groups, which are student-led groups where transgender young people can go to be around other LGBT students. Another factor that may impact on experiences is that in the USA, young people move from middle school to high school between the equivalent UK school years of 9 and 10. This could be positive because it could give them a fresh start or negative because they need to decide whether to come out to new people or whether to keep it secret, whereas in the UK young people do not transition at this point.

There are also differences between the services and medical interventions provided in the UK and USA. In the UK cross-sex hormones are not available until the young person reaches the age of 16 years and surgery is not available until the age of 18 years (Gender Identity Development Service, GIDS, 2019) as will be discussed in Chapter Two. In contrast, in the USA children as young as 12 years old have been given cross-sex hormones (Olson-Kennedy, Okonta, Clark & Belzer, 2018) and young people under the age of 18 years have had surgical procedures (Milrod & Karasic, 2017) and this is likely to impact on their experiences. Therefore further UK studies are needed to better understand the experiences of transgender young people with regard to the contexts in which they live and study.

In addition, few studies gather information by directly asking transgender young people about their lives, which may mean an absence of in-depth information. There is also limited research about the experiences of parents of transgender children and young people. Parents need to be supported so that they can help their children, making it equally important to include parents' voices in the research.

UK based research into the experiences of transgender children and their families is important for EPs because there is a lack of research about the role EPs can take with this population. Previous research about support for transgender young people suggests that an inclusive environment with supportive staff and access to professionals is important. If schools lack knowledge of how to support transgender young people this may not be provided. For parents research suggests they need to be provided with support and information from knowledgeable professionals. As part of the EP's systemic role, they could support schools and parents to increase their knowledge of issues faced by transgender young people and work with the young people as part of their therapeutic role. Recent research suggested possible roles for EPs, such as teaching staff about gender issues, gathering views from transgender children, thinking about possible next steps and helping to coordinate them, signposting and linking with other agencies (Bowskill, 2017). However, further exploration of the complexities of the experiences of transgender young people and their parents is required to inform EP knowledge and practice. Any information that can be gained is likely to improve EPs' knowledge of factors influencing the experiences of transgender young people and help to consider further ways in which EPs can support transgender young people, their parents and their schools.

1.8 Aim and Research Questions

1.8.1 Aim

The aim of the current research was to explore the lived experiences of transgender young people and their parents in order to generate new knowledge for EPs and other professionals working with transgender young people and their parents.

1.8.2 Research questions

- 1) How do young people and parents understand gender?
- 2) What are the experiences of transgender young people and their parents at home and in the community?

- 3) What helps and hinders transgender young people being able to attend school and the quality of their experiences in school?
- 4) What are the implications of the research findings with regards to the role of EPs in better supporting transgender young people, their families and schools?

Chapter 2: Literature Review

This chapter outlines the literature in relation to the socially constructed nature of gender. It will then focus on four main areas in relation to transgender young people and their parents; the issues facing transgender children and young people, support that works for them, the issues facing parents of transgender children and young people, and support that works for these parents. These topics are focused on in order to review previous research linked to the research questions.

2.1 Approach to Review

Key educational and psychological databases such as the British Education Index, ERIC and PsychINFO were searched. Initially terms around gender were searched in order to develop a better understanding of views around gender. Terms such as 'gender', 'male' and 'female' were combined with terms such as 'society' and 'social construct'. Following this, the review focused on transgender and the key terms used to look for articles included 'trans*', 'transgender', 'gender variance', 'gender non-conforming', 'children', 'child', 'young people', 'adolescents', 'youth', 'teenager', 'teens', 'school', 'education' and 'parents'. These key terms were combined in a variety of ways to find relevant literature. Limitations were also used, such as articles from the year 2000 onwards to ensure the findings were not too out of date and articles in the English language. Further research was found by looking at the references and citing articles of the identified research articles. 'Grey' literature, such as research carried out by charities, was also explored in order to gain a wider understanding of the issues.

The analysis of the literature was informed by the bioecological model (Bronfenbrenner, 2005) to look at all the factors within the PPCT model, as outlined in Chapter One, that impact on transgender children, young people and their parents.

2.2 Gender as a Social Construct

Gender has been written about as a social construct that children learn from a young age. In western culture, a distinction is often made in the academic literature between sex and gender. 'Sex' is understood as a person's biology and anatomy which usually leads to them being identified as either male or female, while 'gender' is understood as characteristics and expectations that are socially defined such as the attitudes, values, beliefs and behaviours which a culture associates with being male or female (Newman, 2002). However, there are also intersex individuals who are born with both male and female anatomy, and it is argued that they should not be assigned a sex at birth (Newman, 2002).

Biological models see sex and gender as binary and if an individual's gender does not appear to be aligned with their sex, they might be viewed as having a disorder (Newman, 2002). For example, in the International Statistical Classification of Diseases and Related Health Problems (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM), gender diversity is classified as a 'mental disorder' (Suess Schwend, Winter, Chiam, Smiley & Cabral Grinspan, 2018). The idea of gender binary separates acceptable gender expression into masculine and feminine, each with their own social role expectations, such as appearance, behaviour, attitudes, interests, relationships and employment (Wiseman & Davidson, 2012).

Some psychological models see gender binaries as influenced by social practices rather than intrinsic or fixed and that societal understandings and practices need to accommodate diversity rather than individuals adapting to concepts of fixed notions of gender (Newman, 2002). There are also calls for gender diversity in childhood to be de-pathologised and to be seen as a human right because it is a feature of personality development (Suess Schwend et al., 2018).

Gender stereotypes have been argued to be largely socially constructed, with men stereotyped as being independent, decisive and forceful, and women as being concerned about others, kind and helpful (Kollmayer, Schultes,

Schober, Hodosi & Spiel, 2018). Children appear to learn gender stereotypes and roles from a young age. They learn about gender by watching what they see around them, and it is suggested that they selectively attend to the behaviours of models who are the same sex as they are (Brill & Pepper, 2008). Even as babies there are gender cues, for example Brill and Pepper (2008) suggested that parents use different tones and content when speaking to a baby depending on the baby's gender. It is suggested that most two-year-olds know whether they are male or female, by the age of three they begin to use gendered pronouns to label men and women and by four or five they have learnt the stereotypes that boys play sports and girls play with dolls (Grossman, D'Augelli, Howell & Hubbard, 2005). The roles children take in their play are also influenced by gender stereotypes, for example girls are more likely to play the roles of a nurse or teacher, while boys are more likely to take on the roles of doctors, firefighters or truck drivers (Grossman et al., 2005).

Parents contribute to gender stereotypes by tending to treat children differently depending on their gender in the toys they provide for them, the clothes they dress them in, the colour they decorate their bedroom and the stories they tell them (Kane, 2006). In addition, it has been suggested that parents show a preference for their children to play with toys that are stereotypically for their gender or gender-neutral rather than with toys that are stereotypically for the opposite gender (Kollmayer et al., 2018).

A key gender stereotype children learn from a young age is that pink is for girls and blue is for boys. One study explored clothing and toys in UK catalogues, noting that products for young children tended to be single-sex, with boys' products generally being blue and girls' products pink (Cunningham and Macrae, 2011). However, they only analysed one catalogue for clothing and one for toys so this may not be generalisable to all products available across different retail outlets. The study also explored what colour products young children, aged between three and five years, would choose for a boy's room and a girl's room, and found that they made clear gender stereotyped choices (Cunningham & Macrae, 2011). However, only ten children were tested, which

means it may not be generalisable. It is not clear whether their choices were their own preferences or what they thought they were expected to choose, although either way the study shows that their choices seem to be influenced by gender stereotypes, even at a young age.

Such gendered colour coding as described above has not always been the case. In the nineteenth century both boys and girls were dressed in white dresses when they were infants and a century ago pink was considered to be a male colour due to its association with red, understood as a fierce colour, whereas blue was considered to be a female colour due to its association with the Virgin Mary (Frassanito & Pettorini, 2008). In addition, different cultures have different understandings of gender with some, such as Native American tribes and Hindu cultures, being more open to gender variation and fluidity (Newman, 2002). This highlights that 'gender' can be understood as socially constructed and may change over time and differ between cultures.

Recently gender has begun to be regarded as more fluid. There has been a move away from gender binaries and assuming that everyone is cisgender (cisnormativity) and towards more gender fluidity and non-conformity (Gosling, 2018). It has been suggested that awareness of gender identities that are non-binary is increasing (Goldberg & Allen, 2018). A multidimensional view of gender is emerging, where instead of having a one dimensional gender scale with masculinity and femininity at opposite ends, gender is being seen as a continuum which creates a spectrum (Fontanella, Maretti & Sarra, 2014). A study of the views of young people aged 12-17 years about gender suggested that the young people felt that society is starting to become more accepting of gender diversity, although not necessarily the older generation (Bragg, Renold, Ringrose & Jackson, 2018). Such findings may relate to transgender individuals because their gender identity and expression may not be aligned with commonly held social constructs of gender.

2.3 Issues Faced by Transgender Children and Young People

With regard to self-perceptions of gender identity, a UK study found that there was a spike in children first realising that they were gender variant at five years

old, and the average age when transgender individuals began to feel that their gender identity was different from their sex assigned at birth was 7.9 years (Kennedy & Hellen, 2010). In addition, 76% of transgender children were aware of this before they left primary school and only 4% realised at the age of 18 years or older (Kennedy & Hellen, 2010). Although children came to the realisation about their gender identity early, they did not learn the vocabulary to describe it until an average age of 15.4 years (Kennedy & Hellen, 2010). However, this data was collected from transgender adults reflecting on their childhood. Their recollections could have been influenced by more recent events and may not be accurate. There was a low response rate from the 18-25 and 26-35 years age ranges, which the researchers suggested was due to this age group still trying to come to terms with or being in denial about their gender identity (Kennedy & Hellen, 2010). The data was collected via an online survey meaning it cannot be guaranteed that the demographic information was accurate and there may have been self-selection bias of those who had a better understanding of their gender identity.

There has been an increase in the number of children and young people being referred to specialist services due to feeling that their gender identity does not match their sex assigned at birth. The number of children and young people referred to specialist gender identity clinics across the UK, Ireland and the British Isles increased from 97 in 2009/2010 to 2519 in 2017/2018 (GIDS, 2017; GIDS 2018). Since 2011/2012, more young people who were assigned female at birth have been referred, and in 2017/2018 there were 1806 referrals of birth assigned females compared to 713 referrals of birth assigned males (GIDS, 2017; GIDS 2018). In line with Kennedy and Hellen's (2010) finding that young people learn the vocabulary to talk about their gender identity at the age of 15 years, the peak ages for referrals are 15-16 years (GIDS, 2017).

2.3.1 Bullying

Transgender children and young people are at a high risk of experiencing bullying. This is not unique to transgender children and young people, with other minority groups also being at risk. A major risk factor is being different from the peer group, including disability, ethnicity, religion, obesity and

sexuality (Graham, 2016). Transgender young people are a minority in schools, which could be a reason why they are at risk of being bullied.

Transgender young people often feel the need to conceal their gender identity due to it being socially 'unacceptable' (Kennedy & Hellen, 2010). This can prevent them from disclosing their identity, which is likely to have a negative impact on their self-worth and to make them feel powerless to change their circumstances, which is then worsened by bullying (Wilson, Griffin & Wren, 2005).

Although bullying can be a concern for lesbian, gay and bisexual (LGB) young people, it is reported that in the USA there is a higher level of bullying for transgender young people and this is exacerbated by not having as much access to support because policies that protect LGB young people may not necessarily be seen to provide protection based on gender identity (McGuire et al., 2010). In the UK the Stonewall School Report found that 68% of LGBT pupils reported that their schools say homophobic and biphobic bullying is wrong, but only 41% reported that their schools say transphobic bullying is wrong (Bradlow, Bartram, Guasp, Jadvá, 2017).

A large-scale study carried out across the UK with over ten thousand young people, aged 12-20 years, by an anti-bullying charity, Ditch the Label, found that across all young people, 54% had been bullied at some point and around 20% had been bullied in the last year (Hackett, 2017). When the bullying figures were compared by gender, 49% of males, 57% of females and 65% of transgender young people had been victims (Hackett, 2017), showing that transgender young people are at a higher risk of bullying, although it is not clear whether this is statistically different. The survey was compulsory and participants completed it online during personal, social, health and economic (PSHE) lessons in school. However, there is limited information about the methodology which makes it hard to ascertain the validity of the research. Of the young people in the sample, 1% self-identified as transgender, but it is possible that some transgender young people were not open about this. Therefore when completing the survey in class they may not have self-

identified as transgender due to fear of others seeing, so it may be an underrepresentation of the population and the statistics may not be accurate.

The bullying figures in the Stonewall School Report show no difference in the rates of bullying between lesbian and gay young people and transgender young people, with 51% of transgender young people and 53% of lesbian and gay young people experiencing bullying (Bradlow et al., 2017). However, transgender young people are also often bullied about their perceived or actual sexual orientation, bringing the bullying rate up to 64% for this group (Bradlow et al., 2017). Although this was a large-scale survey of young people aged 11-18 years with respondents from across Britain, there is no information about how participants were recruited. The survey was conducted online so there may be self-selection bias, and individuals who chose to respond may have been those who had more experiences of bullying and were more invested in sharing the information. Only 1% of the sample self-identified as 'straight', which does not provide a large comparison group, and is not a representative sample, and the report does not include bullying figures of this group as a comparison. Although the bullying figures for transgender and LGB young people do not appear to be significantly different, the fact remains that transgender youth experience high levels of bullying.

A study in the USA suggested that transgender young people can feel unsafe at school due to negative comments from other students and staff, and from a lack of staff intervention to the negative comments (McGuire et al., 2010). This study suggested that it is not uncommon for transgender young people to experience harassment and victimisation, physical violence and peer rejection (McGuire et al., 2010). In the UK it has been suggested that 33% of transgender young people feel unsafe at school (Bradlow et al., 2017). It was also reported that the most common type of bullying is verbal abuse, which 61% of transgender young people experience, while 13% experience physical bullying, 9% receive death threats, 6% are sexually assaulted and 4% are threatened with weapons (Bradlow et al., 2017).

Research in the USA suggested that cisgender young people make school decisions based on factors such as quality of the teaching, extracurricular

opportunities and proximity to home, but transgender young people are more likely to choose based on acceptability of gender non-conformity and safety, meaning they may miss out on the best resourced or highest achieving schools (McGuire et al., 2010). In the UK, research has suggested that transgender young people are more likely to achieve well below their abilities in school or leave school early (Kennedy & Hellen, 2010). In addition, 68% of transgender young people who responded to a UK survey felt that transphobic bullying has a negative impact on their plans for future education (Bradlow et al., 2017).

In the general population, bullying and social isolation are associated with school refusal (Ingul, Havik & Heyne, 2019). A UK study suggested that if the school does not respond appropriately to transgender young people it can result in their behaviour, school work and ability to attend lessons being negatively impacted and may also result in school avoidance (Bowskill, 2017), with one study finding that around half of transgender young people skip school due to bullying (Bradlow et al., 2017).

2.3.2 Parent reactions

Parents of transgender young people can be very accepting of their child and advocate for them to their extended family and to school (Birnkrant, & Przeworski, 2017). However, transgender young people are also at risk of experiencing negative reactions from their parents. A study in the USA found that in a sample of transgender young people, 59% experienced negative reactions from their parents about their gender identity (with 54% of mothers and 63% of fathers reacting negatively), including being physically and verbally abused by them (Grossman, et al., 2005). Although some parents did go on to accept their transgender child, 50% of mothers and 44% of fathers still had negative reactions an average of three years after their child's disclosure (Grossman et al., 2005). Grossman and D'Augelli (2006) suggested that transgender young people experience being rejected by their parents, and even being forced to leave their homes. Parents may bully their transgender child by punishing them for their gender variance, threatening them or coercing them to behave in a way that aligns with their sex assigned at birth, for example by refusing to use their child's preferred name or pronoun

or not letting them make their own decisions about their appearance, activities or self-expression (Riley, 2018). Catalpa and McGuire (2018) suggested that in the USA 62% of transgender young people's parents tried to change their gender expression during their childhood or adolescence. In addition, some parents treated the gender identity as a phase or put boundaries around their child's gender expression (Catalpa & McGuire, 2018).

Parents' reactions lead to some young people hiding their gender identity around their parents and conforming to gender norms (Catalpa & McGuire, 2018). If a young person comes out to their parents as transgender and their parents react in a way that shows disappointment, fear or disapproval, this can lead to the young person withdrawing and feeling anxious or depressed about their gender identity (Riley, 2018). The young person may also 'take back' their disclosure or try to protect their parents by not discussing their needs (Riley, 2018). In addition, if they have been discouraged by their parents to disclose or express their gender identity, it might prevent them from getting support because they will be reluctant to make a further disclosure to anyone else or their parents may stop them seeking professional support (Riley, 2018).

The above factors can have a negative impact on transgender young people seeking support because they may lead the young people to fear being rejected or judged if they do (Riley, 2018). They may have seen other transgender individuals being stigmatised (Riley, 2018) which may lead them to hide their own gender identity out of fear that the same thing will happen to them. They may also avoid seeking help for fear that they will be misunderstood, that someone else will reveal their gender identity to others before they are ready or that they will be put under pressure to make a decision regarding their gender (Riley, 2018).

2.3.3 Mental health issues

Mental health can be divided into three core concepts; emotional wellbeing which relates to feelings of happiness and life satisfaction, psychological wellbeing which relates to self-realisation and positive functioning, and social wellbeing which relates to functioning positivity in society and being of social

value (Westerhof & Keyes, 2010). Westerhof and Keyes (2010) developed the two continua model, which states that mental health and mental illness are distinct but related, with one continuum focusing on whether positive mental health is present or absent, and the other on the presence or absence of mental illness. According to this model, mental illness can be defined as the absence of positive mental health alongside the presence of mental illness.

Adolescence is a time when individuals are vulnerable to mental illness (Blakemore, 2018). Research suggested that in the 11-15 years age range 13% of boys and 10% of girls have mental health problems (Hagell, Coleman & Brooks, 2013). Some mental illnesses, such as depression, are more likely to start during adolescence than at any other life stage (Blakemore, 2018). The prevalence of depression increases throughout adolescence, which may be linked to the biological and social changes during this period, including puberty, brain maturation, increased social understanding and self-awareness and increased stress levels (Thapar, Collishaw, Pine, & Thapar, 2012). Depression in adolescence is also likely to be comorbid with anxiety (Thapar et al., 2012).

Transgender young people are at risk of experiencing mental health issues. This may be linked to the discrimination they experience which can make them feel unwanted, that they do not belong, that their life is not worth living or that they have no future (Riley, 2018). In the general population, it has been suggested that peer difficulties and being bullied impact on children's wellbeing (Patalay & Fitzsimons, 2016), and if transgender young people experience high levels of bullying and discrimination, this is likely to impact on their mental health. In addition, feeling connected to school and feeling safe in the community were important for wellbeing (Patalay & Fitzsimons, 2016), but transgender young people may be more at risk of feeling unhappy and unsafe at school or in the community. It could also be caused by the young people internalising the stigma or transphobia they experience, which leads to negative feelings about themselves such as self-loathing, shame, guilt and embarrassment (Riley, 2018).

A systematic review of global literature on anxiety in transgender individuals, including young people and adults, found a higher prevalence of anxiety symptoms and disorders amongst transgender individuals than cisgender individuals (Millet, Longworth, & Arcelus, 2017). The most prevalent types of anxiety disorders experienced by transgender individuals were found to be specific phobias, panic disorder, social anxiety and obsessive-compulsive disorder (Millet et al., 2017). Social situations were found to be associated with anxiety (Millet et al., 2017). However there were limitations of the studies included in the review, such as small sample sizes, lack of matched cisgender controls and lack of homogeneity amongst the participants in the studies (Millet et al., 2017). In addition, the participants in most of the studies were attending health services, reducing the generalisability of the findings to the general transgender population (Millet et al., 2017).

Another review of global literature on the mental health of transgender youth found that there are increased rates of depression, self-harm, eating disorders and suicidality amongst transgender youth (Connolly et al., 2016). It has been suggested that this is due to discrimination and stigma, conflict between gender identity and appearance and rejection by social environments, including family (Olson et al., 2016). A UK study of transgender adults found that 88% felt that they either currently or previously experienced depression and 80% reported experiencing stress (McNeil, Bailey, Ellis, Morton & Regan, 2012).

A longitudinal study in the USA reported that gender non-conforming children were more likely than gender conforming children to display depressive symptoms during adolescence and young adulthood and those who were gender non-conforming before the age of 11 years were at increased risk of mild or moderate depression in late adolescence and early adulthood (Roberts, Rosario, Slopen, Calzo, & Austin, 2013). Bullying and emotional and physical abuse from adults outside the family accounted for half of the depressive symptoms (Roberts et al., 2013). Although this study explored gender non-conformity rather than transgender, many non-conforming individuals will likely identify as transgender and the findings are likely to also

apply to transgender children. However, the study explored experiences retrospectively which could lead to recall bias about negative experiences (Roberts et al., 2013). In addition, some participants dropped out of the study and they had higher levels of depressive symptoms, meaning that the results may not accurately represent the relationship between gender non-conformity and depression (Roberts et al., 2013).

2.3.4 Self-harm and suicide

Suicide attempts and suicide ideation are experienced by transgender young people. A study in the USA found that 45% of transgender young people had thought seriously about suicide and 26% had made suicide attempts (Grossman and D'Augelli, 2007). This research compared the young people who had attempted suicide with those who had not and found that those who had made attempts were more likely to have been verbally or physically abused by their parents and had lower body esteem (Grossman and D'Augelli, 2007).

The prevalence of self-harm and suicidality is also high in the LGB population, but a UK study found that 84% of transgender young people had self-harmed, compared to 61% of LGB young people and 10% of the general population (Bradlow et al., 2017). In addition, 45% of transgender young people, compared to 22% of LGB young people, were found to have attempted suicide and 92% of transgender young people had experienced suicide ideations (Bradlow et al., 2017). However, other studies found lower rates of self-harm (24%-39%) and suicidality (10%-39.5%) amongst young people with gender dysphoria who had been referred to a Gender Identity Development Service (Holt, Skagerberg & Dunsford, 2016; Skagerberg, Parkinson, & Carmichael, 2013). Possible explanations for these differences are that not all transgender young people experience gender dysphoria, so they may be slightly different populations. In addition, the studies exploring gender dysphoria may underestimate the figures because the data was collected from patient files and clinician reports, which may not be reliable because different clinicians may have different ways of gathering and reporting the information (Holt et al., 2016; Skagerberg et al., 2013).

In adulthood, there is a high prevalence of attempted suicide amongst transgender people in the USA, especially amongst those with depression, low self-esteem, gender-based discrimination and victimisation (both verbal and physical) and a history of sexual abuse and substance abuse (Clements-Nolle, Marx & Katz, 2006). Mental health and suicidality in the transgender adult population are also thought to be linked to loneliness and lack of social support (Marshall, Claes, Bouman, Witcomb & Arcelus, 2016). This suggests a need to provide support for transgender children and young people as early as possible to promote their wellbeing and ensure they have better outcomes.

2.4 Support for Transgender Children and Young People

Research in the USA has suggested that the right support can prevent poor mental health in transgender children, decreasing the risk of depression and anxiety (Olson et al., 2016). A UK study has also suggested that an individualised approach is needed, whereby before support is put into place, young people should be asked what they want and need from the school (Bowskill, 2017), a process that the SEND Code of Practice (2015) stipulates should be included in work with all children and young people. This can be achieved through the development of a clear, joint plan with the young person, their family and the school, including the timing of next steps, who needs to be told and how (Bowskill, 2017).

Transgender children being able to socially transition and present as their gender identity can help to decrease feelings of depression and support their self-worth (Durwood, McLaughlin & Olson, 2017). However, Durwood et al. (2017) reported that this is not always the case with transgender adults and suggested that the reason for this is that when children socially transition they do so with support systems around them such as parental support. The researchers also suggested that children can more easily 'pass' as their gender identity than adults so they may not face as much discrimination, harassment and prejudice. They therefore proposed that the mental health issues in transgender adults are due to having to hide their gender identity for long periods of time. This suggests that support strategies are important for

children to allow them to socially transition and have a better chance of good mental health and acceptance for their gender identity.

2.4.1 In school

The inclusion of LGBT in the curriculum appears to be important, with the Stonewall study reporting that 77% of pupils have never been taught at school about gender identity and the meaning of 'trans' (Bradlow et al., 2017). Schools appear to be more welcoming for transgender young people if they have a culture and ethos of inclusion for all LGBT students. An inclusive ethos may include having a supportive leadership team, values that celebrate diversity in general, and gender diversity specifically, policies which outline consequences for transphobic bullying or harassment and procedures for responding to and supporting young people if they disclose that they are transgender (Bartholomaeus & Riggs, 2017). An inclusive ethos would also encourage openness, exploration, acceptance and diversity (Bowskill, 2017). Policies against transphobia are important because research has suggested that in schools where it is highlighted to pupils that transphobic bullying is wrong, transgender young people worry less about being bullied and are more likely to report if they are bullied (Bradlow et al., 2017).

Schools could improve their inclusive ethos by displaying posters that have pro-LGBT messages and having a wide variety of LGBT resources in the library (Sadowski, 2016). Having books available in the school library that are gender diverse can help young people to recognise and understand gender concerns and reduce fear and confusion around their own gender (Riley, 2018). Other factors thought to be supportive of an inclusive ethos in schools are non-gendered school uniforms, gender neutral toilets, access to professionals in school, inclusion of LGBT in the curriculum across all subjects and the exploration of gender with pupils from when they start going to school (Bartholomaeus & Riggs, 2017; Bowskill, 2017). A consistent approach to transgender young people in school is needed, in particular the use of the young person's chosen name and pronouns (Bowskill, 2017). In order to support an inclusive environment, it is important for school staff to seek knowledge, such as through training about gender (Bowskill, 2017).

It has been suggested that the protective factors that make transgender young people feel safer in school are similar to those for LGB young people, such as a connection to a member of staff and the school providing information about LGBT issues (McGuire et al., 2010). Other factors, such as teachers intervening if they see bullying or victimisation, having an advocate for transgender young people, supportive staff members, clubs where LGBT and non-LGBT students can mix, known as a gay-straight alliance, and training for all school staff on LGBT issues and harassment were felt to be important (McGuire et al., 2010). A strength of this research is that it used quantitative data to find out about factors influencing the school experiences of transgender young people and, following this, qualitative data to develop a deeper understanding by gaining the voices of the young people. However, the researchers acknowledged that the sample may not have been representative because the participants attended regular support groups and were from a state which had anti-harassment policies to protect transgender youth so they may have experienced less harassment and had better support (McGuire et al., 2010). In addition, some of the participants had not transitioned until after leaving school, meaning they may not have had the same experiences of bullying and harassment as those who transition while still at school (McGuire et al., 2010).

2.4.2 Outside school

Transgender children and young people may also need support outside school. Family support and being allowed to express their gender identity is thought to be important (Olson et al., 2016). Research in the USA suggested an association between parental support and greater life satisfaction, fewer depressive symptoms and lower perceived burden of being transgender (Simons, Schrager, Clark, Belzer & Olson, 2013). Findings from research conducted in Australia, but with international participants due to the online nature of the research, suggested that transgender children need to be able to talk about their feelings, be accepted for who they are, be connected with others in the same situation, and for their parents to be open-minded and able

and willing to accept their gender variance (Riley, Clemson, Sitharthan & Diamond, 2013).

As well as education and information about gender variance being available in schools and among families, it is also needed more widely in society in general so that transgender individuals can feel supported, safe and happy (Riley et al., 2013). A study in the USA found that support groups for transgender children and their parents, camps for transgender children and mentoring schemes were felt to be important because they connected them with others in their situation and gave opportunities to be mentored by others and to be mentors themselves (Katz-Wise et al., 2017). In addition, support groups help transgender young people to understand that they are not alone and to feel less isolated by providing them with the knowledge that others experience similar things and that gender variance is a natural occurrence (Riley et al., 2011). Being part of a supportive community can help transgender individuals to feel more resilient to the challenges they may face (Singh, Hays & Watson, 2011).

2.4.3 Therapeutic support

The World Professional Association for Transgender Health (WPATH) Standards of Care set out the roles of mental health care professionals working with children and young people with gender dysphoria. The roles include assessing gender dysphoria, providing counselling and psychotherapy to help them explore their gender identity and alleviate distress, assessing and treating comorbid mental health concerns, making referrals for physical interventions such as puberty suppressing hormones, educating and advocating in the community on behalf of the child and providing information and signposting to support groups (Coleman et al., 2012). During assessment, the Standards of Care state that mental health professionals should acknowledge the concerns of the child or young person and their family rather than dismissing them or expressing a negative opinion about gender non-conformity or gender dysphoria (Coleman et al., 2012).

Coolhart and Shipman (2017) advocated for gender-affirming therapy, meaning that gender is understood in terms of a spectrum rather than binary, with the therapist's role being to normalise gender non-conformity to allow the young person to express their gender identity in whichever way they are comfortable. It has also been suggested that it is important that the therapist has knowledge about transgender and if they do not they should seek out information and training in order to best support the transgender young people they are working with (Vanderburgh, 2009). However, there is a lack of research about the effectiveness of therapeutic support for transgender young people so further exploration is needed.

2.4.4 Medical intervention

Some transgender young people undergo medical interventions during their transition. Puberty suppression is available for young people below the age of 18 years. The WPATH Standards of Care described the different types of physical interventions that transgender individuals can undergo (Coleman et al., 2012). Hormone suppressors are fully reversible. It is recommended that young people start taking hormone suppressors after experiencing the onset of puberty to at least Tanner Stage 2 (when breasts start forming in girls and testicles begin to enlarge in boys) in order for them to make an informed decision (Coleman et al., 2012). There are criteria which must be met in order for young people to be given hormone suppressors; they have shown long-lasting and intense feelings of gender dysphoria or gender non-conformity, the gender dysphoria began or became worse with the onset of puberty, coexisting psychological, social or medical issues have been addressed and the young person and/or their parent has given informed consent (Coleman et al., 2012).

Hormone therapy, which involves taking oestrogen or testosterone, cannot be prescribed before the age of 16 years and is partially reversible, for example enlarged breasts from taking oestrogen require surgery to reverse, while a deepened voice from testosterone is irreversible (Coleman et al., 2012). Surgical procedures are irreversible and are not carried out until the young person reaches the age of 18 years and has lived continuously in their gender identity for at least 12 months (Coleman et al., 2012).

Research findings have suggested that hormone suppression alongside psychological support, such as regular individual, family or group therapy, is effective for young people experiencing gender dysphoria (Costa et al., 2015). It gives young people time to reflect on their gender identity, have the experience of living in their gender identity and decide whether they want to transition (Costa et al., 2015). In addition, it is suggested that preventing puberty for the gender that the young people feel is incorrect can help them have a smoother transition to their desired gender identity because they do not develop the post-pubertal appearance of their assigned sex (Costa et al., 2015). A Dutch study found that there was an improvement in psychological functioning in transgender young people after taking hormone suppressors, in particular they displayed fewer behavioural and emotional problems and fewer depressive symptoms, although anxiety and anger did not change and gender dysphoria remained (De Vries, Steensma, Doreleijers & Cohen-Kettenis, 2011).

2.5 Issues Faced by Parents

Given that the role of EPs includes working with parents and families, it is also important to understand factors that could support parents of transgender children and young people. Parents also experience difficulties when their child displays gender variance. A study with parents of gender variant children suggested that these parents experience fear their child would be hurt by others, for example through teasing or violence against them, be socially ostracised and have a hard life (Hill & Menvielle, 2009). This was a study of gender variance rather than transgender, and a concern for these parents was that their child would be transgender when they were older (Hill & Menvielle, 2009), suggesting that some parents find this a difficult concept to accept.

Another study noted that parents of gender variant children felt judged or accused by other parents, felt a sense of exclusion and lost friends, experienced tension in their marriage and faced harassment, ostracism and hostility (Riley et al., 2011). They felt a sense of frustration that they were required to justify their child's gender expression (Riley et al., 2011). Parents also experienced upset and anger at having a child who is different and not

being able to change it or protect them from harassment by others (Riley et al., 2011). Alongside this was a fear for the safety of their child at school which can lead to parents limiting their child's autonomy and physical freedom (Riley, 2018).

A study in Canada suggested that parents of gender variant children experienced feelings of uncertainty about the decisions they were making or would make in regard to their child's gender expression and about unforeseeable outcomes of any decisions (Pullen Sansfaçon, Robichaud & Dumais-Michaud, 2015). They also felt the burden of any future regret or blame their child might feel based on their decisions (Pullen Sansfaçon et al., 2015). Parents experienced doubt about the best course of action to take and fear about making the wrong decisions (Pullen Sansfaçon et al., 2015). These feelings of responsibility and guilt about their decisions are affirmed or made worse by the stigma and judgement they may face and this can lead to them feeling helpless to support their child (Dierckx, Motmans, Mortelmans & T'sjoen, 2016).

Parents of transgender young people can experience a feeling of loss, such as expectations of the child they thought they had, confidence about the future for their child and aspects of their child that they loved (Wren, 2002). A study that collected data from online postings on transgender support discussion forums suggested that family members often feel a sense of loss and grief for the transgender individual's former identity, with some likening it to the death of a family member and this grief can get in the way of them being able to provide support to the transgender individual (Norwood, 2012). The ability of family members to provide support was also made more difficult by their religious beliefs, family values and a lack of understanding about transgender identity (Norwood, 2012). A limitation of the use of online postings for this research is that the posts were on websites designed to be supportive, so the individuals posting may have felt the need to post positive messages and avoid discussing negative experiences (Norwood, 2012) which may limit the reliability and validity of the data.

The loss parents of transgender young people experience has been described as ambiguous loss. This concept was created by Boss (1999) who described it as loss that is incomplete or uncertain. According to Boss (1999) there are two types of ambiguous loss; physical absence but psychological presence and psychological presence but physical absence. It has been suggested that parents of transgender young people experience dual ambiguous loss in that their child is physically present because they still have a child, but their psychological presence as a certain gender may be perceived as gone and at the same time the child may be psychologically present because their personality has not changed, but their physical presence as a certain gender has gone (Wahlig, 2015).

2.6 Support for Parents

It has been suggested that parents of gender variant children need access to information and professionals who are knowledgeable about transgender and can support them because a lack of knowledge about transgender, and even not knowing that transgender exists, is seen as a barrier to parents supporting their gender variant child (Riley et al., 2011). Another factor thought to be needed by parents is to see transgender people who have been successful in life, for example in relationships and employment (Riley et al., 2013). Parents, as well as school staff and other authority figures, need opportunities to learn about being transgender and the issues that transgender children face so that children do not need to hide who they are for fear of adversity (Riley et al., 2013). A limitation of this research is that it was conducted with transgender adults meaning they were recalling events from their childhood which could lead to recall bias. In addition, many of the participants were over forty-six years old, which could lead to different perceptions of what is needed for young people and their parents due to changes since they were children (Riley et al., 2013).

Support groups are suggested to be important for parents of transgender young people because they provide them with the opportunity to share practical information and strategies (Riley et al., 2013). Parents also have the chance to share their experiences, worries and concerns which can help them

to feel less isolated and that there are others in their situation (Sharek, Huntley-Moore & McCann, 2018).

2.7 Summary

From the literature review, it is clear that transgender young people and their parents face a number of issues, including bullying, mental health issues, and negative reactions to the transition. However, if they receive support, such as inclusive school policies and ethos, therapeutic interventions and transgender support groups, they can have positive experiences. These factors were further explored in the current research, with a view to informing the work of EPs.

Chapter 3: Methodology

This chapter begins with a discussion about the approach that was taken in the research, including information about phenomenology and Interpretative Phenomenological Analysis. The stages of the fieldwork will then be outlined, including recruitment of participants, data collection and analysis. Principles of validity in qualitative research will also be explored. Finally, ethical considerations will be addressed.

3.1 Phenomenological Approach

This research adopted a phenomenological approach which aims to understand how individuals see themselves and how they view the world around them (Robson & McCartan, 2016). When studying a phenomenon, this approach aims to remain faithful to that phenomenon and its world context rather than attempting to control the context of the phenomenon or to reduce it to identifiable variables (Giorgi & Giorgi, 2008). Therefore individuals who have a lived experience of the phenomenon are the focus of the study (Giorgi & Giorgi, 2008). In this research, transgender young people's and their parents' lived experiences were explored from their own perspective.

Interpretative Phenomenological Analysis (IPA) was used to inform the study. IPA highlights the value of adopting a detailed exploration of how individuals make sense of their personal and social worlds and the meanings of experiences for them (Smith & Osborn, 2015). It also attempts to engage with reflections of life events and explore the experience in its own terms (Smith, Flowers & Larkin, 2009). There are three main theoretical underpinnings of IPA: phenomenology, hermeneutics and idiography.

Phenomenology is a philosophical approach which is concerned with the experience of being human, in particular lived experiences and things that matter to people (Smith et al., 2009). It has its origins in the work of the philosopher Husserl, who was interested in finding out how individuals come to accurately know their own experiences of a phenomenon in order to identify the essence of the experience, which in turn could help others to understand it (Smith et al., 2009). He was interested in what is experienced in

consciousness, which he termed 'intentionality', because the experience has to be within the conscious to be seen and discussed (Giorgi & Giorgi, 2008). He believed that in order to move past living in the familiar, people need to 'bracket', or put aside, preconceptions so that they can concentrate on perceiving the world around them (Smith et al., 2009). However, IPA has come to be more aligned with the philosopher Heidegger's approach which was grounded in the lived world and took an interpretative stance (Smith et al., 2009). Heidegger thought that Husserl was too abstract and theoretical and that experiences cannot be separated from their context (Smith et al., 2009). IPA researchers therefore seek to explore individuals' lived experiences and the meaning the individuals place on them (Smith et al., 2009).

Hermeneutics is the theory of interpretation (Smith et al., 2009). In IPA, a researcher has an active role in interpreting the perspective of the participants and the interpretation process involves a double hermeneutic in that while participants actively make sense of their world, a researcher seeks to interpret this (Smith & Osborn, 2015). The concept of a hermeneutic circle concerns the relationship between the part and the whole, meaning that for any part to be understood the whole needs to be considered and vice versa (Smith et al., 2009). This is relevant to IPA which is an iterative process and requires a researcher to move forwards and backwards through different ways of looking at the data rather than in a linear step by step process (Smith et al., 2009).

Idiography is focused on the particular rather than making claims at the group or population level. This fits with IPA which is more interested in looking for detail and depth of analysis (Smith et al., 2009). In addition, in IPA the focus is on how a particular phenomenon is experienced by a particular group of individuals in a particular context (Smith et al., 2009). Idiography aims to take information from particular groups of individuals and use it to make cautious generalisations (Smith et al., 2009).

The current study adopted a multi-perspective IPA approach. This approach remains committed to idiography, but extends it so that there are multiple perspectives that are focused on, allowing relational, intersubjective and microsocial aspects of a phenomenon to be explored rather than providing a

one-dimensional perspective (Larkin, Shaw & Flowers, 2019). It has been suggested that it is useful to interview different members of a family because they provide insightful perspectives on a shared phenomenon (Larkin et al., 2019). This was felt to be appropriate for the current research because the experiences of transgender young people also impact on their parents. Therefore including both the young people and their parents provided a more in-depth understanding of the individual experiences as well as the shared experiences.

It is, however, important to consider the limitations of IPA. In IPA, participants attempt to explain their experiences through the use of language. It has been suggested however that the language that participants use constructs a reality of the experience rather than describes it (Willig, 2013). This makes direct access to the participants' experiences impossible because the language used adds meaning to the experience and therefore reveals more about how the participants talk about the experience than about the experience itself (Willig, 2013). In addition, IPA requires participants to be able to communicate their experience using rich, detailed language in order to capture the subtleties and nuances, which can be difficult for participants who are not used to talking about their experiences (Willig, 2013). The participants in the current research included young people, who may not yet have developed the language to effectively communicate their experiences. In addition, if they had been keeping their identity a secret and had not discussed it before, they may have found it challenging to find the appropriate language to describe their experiences. Therefore it was important to build a rapport with them before the interview in order for them to feel comfortable talking about their personal experiences, and to think about prompts to help them if they struggled to communicate.

Another limitation of IPA is that it focuses on participants' perceptions of experiences and therefore provides rich, detailed descriptions of these experiences, but does not extend understanding of why they take place and why different participants have different phenomenological representations (Willig, 2013). It is suggested that this prevents a full understanding of the

phenomenon (Willig, 2013). Therefore, although the research provided information about the experiences of transgender young people and their parents, it may not be able to explain why they had these experiences and the differences between their experiences or their perceptions of them.

IPA, which focuses on how an individual makes sense of their experiences within the context that they occur, links to Bronfenbrenner's (2005) PPCT model which identifies individual factors alongside the context with which the individual interacts.

3.2 Design

The research was a small scale qualitative, exploratory study. Qualitative studies allow for rich, detailed and complex data to be gathered (Braun & Clarke, 2013). In addition they are useful for understanding experiences of individuals based on their own perspectives (Elliott, Fischer & Rennie, 1999) which was useful when exploring the experiences of transgender young people and their parents.

3.2.1 Recruitment process

IPA studies generally have small sample sizes to allow for detailed analysis of each case individually (Smith & Osborne, 2015).

The inclusion criteria for the current study were that the young people were secondary school age, had a gender identity that did not match their sex assigned at birth and self-identified as transgender. The young people also had to have socially transitioned and be living in their chosen gender identity. The inclusion criteria for the parents was that they were the biological parent(s) or long-term primary carer(s) of the young people.

To begin recruiting participants, EP colleagues from my placement local authority and training course were asked whether they had worked with any transgender young people. A number of charities who work with transgender young people and their parents were contacted explaining who I was, what the research was about and asking whether they would be willing to inform their

members about the research. Of the charities contacted, only two responded saying that they were happy to circulate a request and they were emailed information to put on their social media. Snowball sampling was also used, with participants who had been recruited being asked whether they knew anyone else who may have been interested in taking part.

3.2.2 Participants

Four young people and five mothers were recruited for the research. The following names are pseudonyms which were given to the participants to protect their identity.

Table 1: Participant information for young people

Young person	Young person's gender identity	Age (years)	Age young person first questioned their gender (Q)/came out (C) (years)
Adam	Transgender male	15	Q – 6-7, C – 12-13
Ben	Transgender male	13	Q – 11-12, C – 12-13
Callum	Transgender male	15	C – 12-13
Daniel	Transgender male	15	Q – 8-11, C – 12-14

Table 2: Participant information for parents

Mother	Mother's gender identity	Gender identity of their child
Ellen	Cisgender female	Transgender male
Fiona	Cisgender female	Transgender male
Gemma	Cisgender female	Transgender male
Hannah	Cisgender female	Transgender male

3.2.3 Data collection

The study sought to generate qualitative information to reflect the exploratory nature of the research. Transgender young people and their parents were interviewed individually using semi-structured interviews. Semi-structured interviews are useful because they aid rapport building between the researcher and participants, allow for flexibility so the questions can be tailored to individual participants making the interview more relevant to them, allow the interview to go in different directions that the researcher may not have thought about and provide rich data (Smith & Osborn, 2015). This also fits with a phenomenological approach, which requires in-depth data which can then be focused on for IPA, because semi-structured interviews allow participants to give a detailed account of their experiences (Smith et al., 2009).

The interviews took place in the homes of seven of the participants and in a local café for two participants. In order to build rapport, before the interviews started I had informal conversations with the participants, explained the purpose of the study and gave them an opportunity to ask any questions they wanted. The interviews were audio recorded with the participants' consent.

The development of the interview schedules for the young people and parents (Appendix 5) was informed by the themes from the literature review and the research questions. Within the literature, there was varied information about the terminology and meaning of gender. However, there was a lack of literature about how transgender young people and their parents understand gender, so the interview schedules began with questions covering this area. The questions then focused on their experiences in and out of school in order to answer the research questions and to expand on the literature outlined in Chapter Two. Due to the use of IPA, the questions were open ended to allow the participants to share information about their experiences. Supervision was used to check the questions were appropriate and would not be hard for the participants to answer.

The interview questions for the young people were around the topics of their understanding of gender, when they started thinking about their gender, their experiences of talking to and telling other people about their gender identity and how people responded, their experiences of being transgender in school, in the community and at home and the support they received or would have liked to receive.

Questions for parents were around the topics of their understanding of gender, when they noticed their child had gender identity issues, their experiences of parenting a transgender child, and the support they received or would have liked to receive for their child and themselves.

Due to difficulties recruiting participants for the study, with some young people agreeing to take part then withdrawing, conducting a pilot study was problematic. The first young person and parent interviewed therefore acted as pilot interviews. After the interviews the young person and parent were asked whether they felt any questions should be altered, but they both felt that all the questions were appropriate and no changes were needed. Due to the interview schedules not needing to be changed, the data from these participants was used in the analysis.

The interviews with the young people lasted between 32 and 38 minutes. The interviews with the parents lasted between 42 and 70 minutes.

3.2.4 Data analysis

I transcribed the audio recordings of the interviews and then analysed the transcripts using IPA. IPA is idiographic in that individual cases are explored in detail before moving on to the next, and only when all cases have been individually explored are comparisons made between them (Smith, 2004). After completing the interviews, the transcripts were analysed following the steps outlined by Smith et al. (2009):

Step 1: Analysing the first case. I read the transcript of the first interview a number of times to become familiar with the account. I also listened to the

audio recording of the interview to become more immersed in the data. This also helped to ensure that the participant was the focus of the analysis.

Step 2: Initial note-taking. As I read the transcript, I took initial notes with regard to information that seemed relevant to the research questions.

Step 3: Developing emergent themes. I used the notes to create emerging themes from the data. At this stage the themes began to reflect not only the participant's account, but also my interpretation of this. The aim of the themes was to capture and reflect an understanding of the participant's account.

Step 4: Looking for connections across themes. At this stage I mapped out the themes to see how they fit together. Some themes were discarded if they did not link to the research questions. To group the themes, they were listed and clustered into superordinate themes. Quotes from the data were used to illustrate each theme.

Step 5: Moving to the next case. I repeated this process for all of the remaining interviews. It was important to look at each case individually and let new themes emerge rather than being too influenced by the previous cases.

Step 6: Looking for patterns across cases. I compared the themes from all the cases looking for connections, seeing how themes from one could illuminate another case and which themes were most powerful. Following this, a final list of superordinate, subordinate and cluster themes was created.

These steps were completed for the data from the young people and parents separately.

3.3 Validity

It is important that research is conducted in a valid way. However, Yardley (2008) argued that the criteria used to judge the validity of quantitative research are not necessarily appropriate for qualitative research. Therefore, principles relevant to qualitative research were used; sensitivity to context, commitment and rigour, coherence and transparency, and impact and importance (Yardley, 2008).

3.3.1 Sensitivity to context

An important aspect of being sensitive to context is exploring the existing research literature base about the topic in order to identify gaps and formulate research questions (Yardley, 2008). The current literature about transgender was explored in Chapter Two, in particular issues faced by transgender children, young people and their parents and the type of support that can help them. Gaps in the literature, including UK studies and studies with the young people's voices, were identified and research questions formulated to explore these.

It is important to acknowledge the socio-cultural context of the research (Yardley, 2008). The understanding of gender in different cultures was explored in Chapter One and it is recognised that the current research was conducted in the context of western views of gender so may not be reflective of the beliefs and values of other cultures.

Another aspect of sensitivity is acknowledging the relationship between the researcher and the participants (Yardley, 2008). This is especially important for IPA, where the researcher interprets the perspectives of the participants. My role as a psychologist may have had an impact on the participants' willingness to be open and honest and cause a power imbalance, so it was important to build rapport with the participants and emphasise a genuine interest in their views.

It is also important that the analysis is grounded in the data (Yardley, 2008). Therefore, during the analysis stage of the research, themes were derived from the data and evidenced using the participants' own words through quotations being included in the analysis.

3.3.2 Commitment and rigour

Commitment and rigour includes the researcher's engagement with the data and the depth of the analysis (Yardley, 2008). The process of IPA includes in-depth analysis and requires the researcher to engage with the data. In order to develop skills in the use of IPA it was useful to sign up to an online IPA

discussion forum, the IPA Research Interest Group. This helped me to develop my understanding of carrying out IPA research through learning from the experiences of more experienced IPA researchers. I also engaged in regular research supervision to discuss each stage of the research process and consider whether any changes needed to be made.

3.3.3 Coherence and transparency

Coherence includes the fit between the research questions, theoretical perspective, methodology and analysis (Yardley, 2008). Transparency refers to how well explained the methodology and rationale for that methodology are (Yardley, 2008). The current research was exploratory in nature and focused on the experiences of participants, therefore semi-structured interviews and IPA were chosen as the data collection and analysis methods because they allowed for in-depth exploration and analysis. The steps involved in the research have been clearly described, including how the participants were recruited, the data collection methods and the steps of the analysis. Reflexivity is also important for transparency and this was included in Chapter One.

3.3.4 Impact and importance

It is important when carrying out research that the findings have the potential to make a difference, for example providing practical implications or helping to improve understanding of a phenomenon and lead to change (Yardley, 2008). There is a lack of UK based research on transgender, so the current research provided rich insights into the experiences of transgender young people and their parents to inform the work of EPs, including when working with individuals and at the whole school and policy level, as outlined in Chapter Five.

Dissemination of the research findings is important. They will be shared with the participants to allow them to see the outcomes of sharing their views. They will also be shared with the EPs in the local authority where I am on placement so that their knowledge can increase and they can then share the knowledge in schools where they work. They will also be shared with fellow Trainee EPs in the hope that they will be able to spread the knowledge to their own local authorities and schools.

3.4 Ethical Issues

A data protection number was gained from the UCL Data Registration Team. Ethical approval was then signed off by the research supervisors before the research was started. The study followed the ethical guidelines of the British Psychological Society (2014). The key areas are informed consent, confidentiality and anonymity, right to withdraw, secure storage of data and debriefing.

3.4.1 Informed consent

Informed consent to participate in the research was gained from the young people and their parents. Information sheets were sent to the parents with details about the research. An adapted, child-friendly information sheet was also sent to the participants with details about the research. Consent forms were sent to the parents to sign for their participation and to consent to their child participating. Adapted, child-friendly consent forms were also sent to the young people.

3.4.2 Confidentiality and anonymity

Some participants had not disclosed their gender identity to everyone in their school, so confidentiality needed to be assured. Interviews were therefore not conducted in the participants' schools. Instead they were conducted in the participants' homes or a local café where they felt more comfortable.

With regard to anonymity, no names are included in the write up of the research to protect the participants' identity and where names were used they were pseudonyms so the participants could not be identified.

Participants were informed that the only limit to confidentiality was if during the interview something was said about someone being at risk of harm and there were safeguarding concerns that needed to be referred to the appropriate people.

3.4.3 Right to withdraw

The research involved talking to potentially vulnerable young people, some of whom had had negative experiences and talking about these could have been difficult for them and bring up negative memories. Therefore it was important to ensure the participants knew that they did not need to answer questions they felt uncomfortable with and that they could withdraw from the interview at any time. They were also informed that they could withdraw up to four weeks after their interview and, if they did, the audio recordings of their interviews would be destroyed.

3.4.4 Secure storage of data

Hard copies of signed consent forms were stored in a locked cupboard and digital forms were stored as encrypted files on a password-protected laptop. Audio recordings of the interviews were securely stored on an encrypted memory stick and as encrypted files on a password-protected laptop. The recordings will be deleted when the thesis has been completed and submitted and after it is clear that interview data is no longer needed.

3.4.5 Debrief

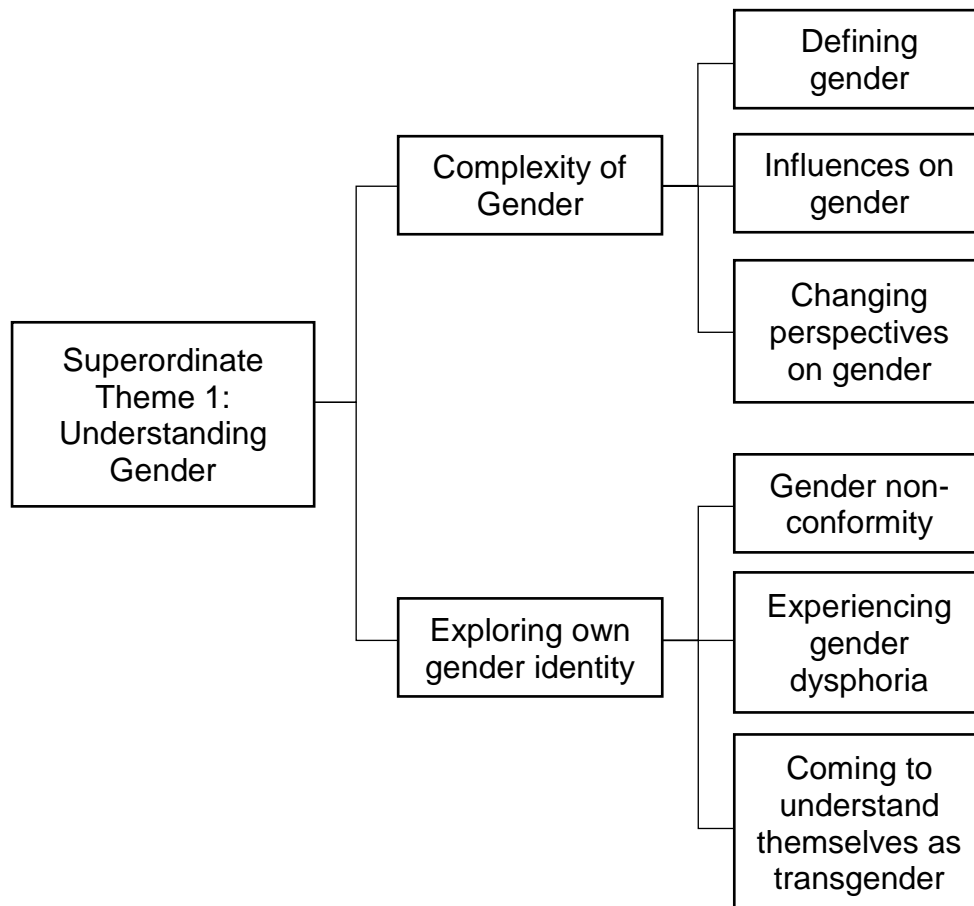
A debrief was conducted after the interviews to check that the participants had not experienced any negative outcomes from taking part and to inform them of what would happen next with their data.

Chapter 4: Results

Data from the interviews with the four young people and five parents were analysed using the IPA steps outlined in Chapter Three. This chapter outlines the themes that were identified from the young people's and parents' data.

Part 1: Young People's Lived Experiences

Four superordinate themes, which linked closely to the research questions, were identified from the young people's data; understanding gender, complexities of transition, school related experiences and support networks. The superordinate themes, subthemes and cluster themes for the young people are outlined in Figure 1.



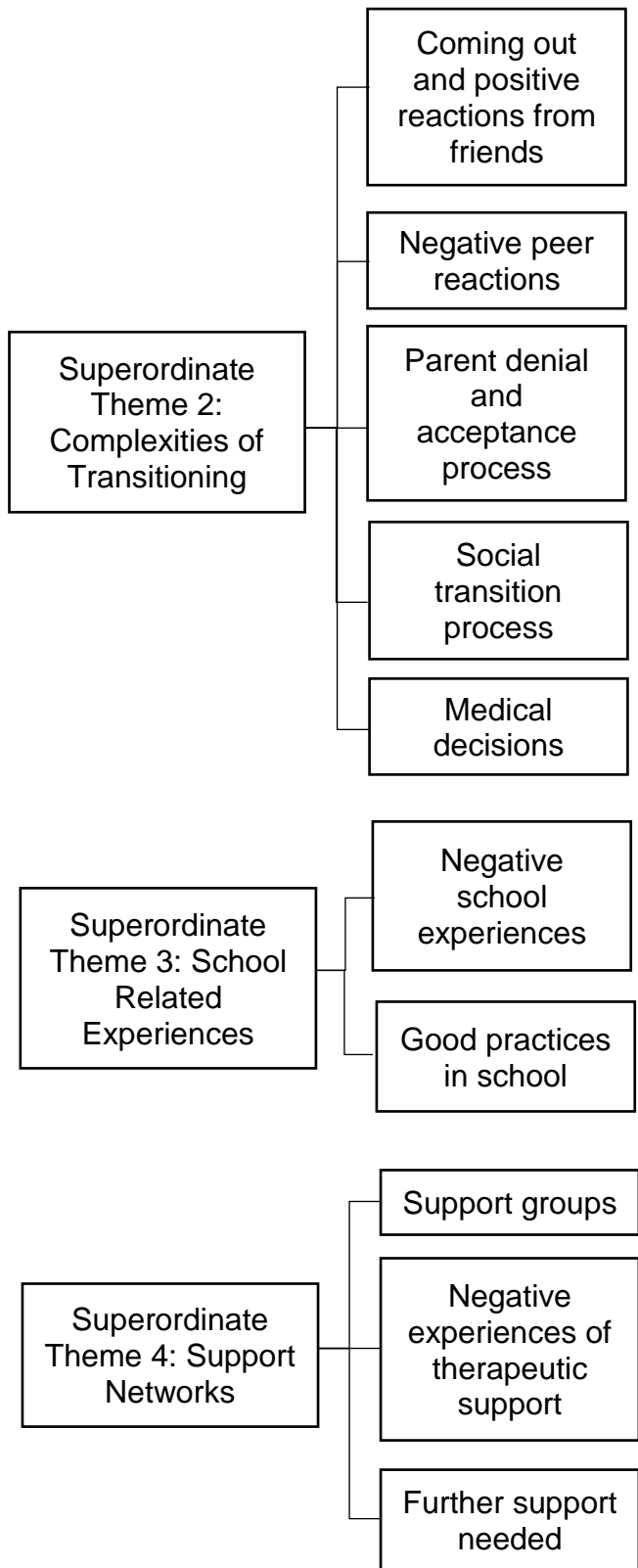


Figure 1: Superordinate themes, subthemes and cluster themes for young people

4.1 Understanding Gender

This superordinate theme links to research questions one and two and relates to how the young people discussed gender, including the complexity of defining what it meant to them and the factors that influenced how they understood gender and what they thought about their own gender. Within this superordinate theme, the young people also talked about the impact of gender on their emotional wellbeing. Two subthemes were identified within this superordinate theme; complexity of gender and exploring own gender identity.

4.1.1 Complexity of gender

Gender was discussed as a complex issue, with the young people struggling to define exactly what it meant. Perceptions of others, including parents and the wider society, and changing perceptions over time influenced that complexity. Within this subtheme, there were three cluster themes; defining gender, influences on gender and changing perspectives on gender.

4.1.1.1 Defining gender

All of the young people talked about what gender meant to them. There appeared to be uncertainty about both defining what gender was and also how to put their thoughts about the definition into words. It seemed to be a feeling rather than thoughts or actions for the young people. Adam said he found it hard to explain what gender was, and after a short hesitation stated that it was both instinctual and a part of identity:

“Well, it’s kind of, it’s kind of like, it’s hard to explain. It’s just an instinct, for me it’s quite instinctual feeling of identity and it’s a part of identity that I think you just kind of are drawn to or know, I don’t know, it’s really like, loads of stuff, I don’t know.” (Adam, p1).

Similarly, Daniel defined gender as part of identity, but for him it was also linked to other people’s perceptions of him:

“How I would like to identify to other people how I feel myself.” (Daniel, p1).

Unlike Adam and Daniel, Ben did not feel that gender was part of his identity, instead he stated that it was a concept made up by society:

“I don’t think gender is actually a real thing, I think it’s a social construct created by society...because humans have a need to label everything and so they’re like ok well these characteristics are female and these ones are male...if you’ve got these characteristics then you’re this, that or the other.” (Ben, p1).

Researcher’s reflections

I was surprised by Ben’s use and understanding of the term ‘social construct’ because I did not think it was a term that most young people would be familiar with. I also felt that his answer was quite sophisticated for a 13 year old. This may reflect the additional time Ben is likely to have spent thinking about and questioning his gender and societal concepts of gender.

4.1.1.2 Influences on gender

All the young people talked about the factors that influenced their beliefs and actions related to gender, including familial and societal influences. One of the main influences on them was said to be authority figures, in particular parents. Adam used the idea of ‘canalisation’, which refers to the way parents influenced their child’s gender by promoting toys and activities they felt were gender appropriate. He also talked about how children were defined by their gender:

“Definitely the whole canalisation thing...I feel like from a very young age I was kind of put in a space, in a box and I feel like that’s the same for most...kids, they’re put into boys and girls and not really told to do otherwise.” (Adam, p1).

Researcher reflections

As with Ben, I was surprised by Adam’s use of language which I was not familiar with, but reflected that it is likely he had done research to become an expert on his experiences due to a lack of available information.

Callum also stated that his understanding of what was appropriate in terms of his gender expression was restricted to the ideas and actions provided during his upbringing:

“My mum raised me with dresses, leggings and doll houses and, ‘cos when you’re a kid I guess you don’t really know anything else, you just listen to your parents.” (Callum, p2).

Three of the young people also discussed the influence of societal gender stereotypes and how these stereotypes were presented. The media, such as television, was described as one way that gender stereotypes were shared and used to influence people due to their portrayal of male and female gender role expectations. Ben talked about the gender stereotypes that society encourages:

“Stereotypically what society has taught us to believe so girls like pink, girls like dresses, girls like Barbie dolls, they don’t play outside, they look pretty...yeah stuff like that and boys play football, boys have to be strong.” (Ben, p2).

Ben talked about how being labelled as a girl impacted his beliefs about himself and his behaviour:

“I thought I was a girl because everyone kept telling me you’re a girl you play with this, you’re a girl you can’t have that, you’re a girl you can’t do this, and so I kind of forced myself to act like a girl.” (Ben, p3).

Researcher reflections

I felt that his use of ‘forced myself’ shows that he did not feel that being female was right, but felt pressured to conform to gender stereotypes that he had been raised with and that were regularly reinforced. It seemed to me that his beliefs about himself were influenced by what other people told him he should be, not how he really felt.

4.1.1.3 Changing perspectives on gender

Three of the young people talked about recent changes in the way gender is perceived, with transgender individuals becoming more visible and the transition process becoming easier. Adam thought that people were becoming more open to gender non-conformity and gender roles were becoming looser:

“I think definitely people are becoming a bit more open minded and not conforming to as much...I think it is becoming looser, those expectations and gender roles and there are a lot more tomboys and a lot more feminine guys and stuff like that.” (Adam p1-2).

He also talked about how the increased number of people transitioning made the process easier:

“I think because there are a lot of people transitioning nowadays that definitely raised awareness and makes it easier to come out as trans.” (Adam, p17).

In contrast to the young people expressing that gender stereotypes were reinforced by the media, they also talked about how these societal changes in attitudes were reflected in media representations of transgender. Daniel talked about transgender as a current media topic, with increasing numbers of transgender individuals being represented on television:

“It’s gotten more spoken about in the media, I think it’s more of a topic...I know Caitlyn Jenner, she’s one...and I think in programmes like Orange is the New Black and stuff there’s a transgender person there.” (Daniel, p16).

4.1.2 Exploring own gender identity

The young people stated that they did not identify with their assigned sex. From a young age they did not conform to gender stereotypes and their assigned sex led them to experience psychological distress. Within this subtheme, there were three cluster themes; gender non-conformity,

experiencing gender dysphoria and coming to understand themselves as transgender.

4.1.2.1 Gender non-conformity

Three of the young people talked about not conforming to gender stereotypes of their assigned sex, often from a young age. As well as acting in a way that was inconsistent with gender stereotypes, having friends of the opposite assigned sex was seen as a sign of gender non-conformity:

“I feel like when I was younger I was quite boyish and I hung out with boys...so I just did stereotypical boy things, I got along very well with other boys...I think everyone...in my friend group...saw me as a boy.”
(Adam, p3-4).

Researcher’s reflections

The young people described themselves as tomboys before their transition, which suggested the societal need to label any form of gender non-conforming behaviour, despite this being a normal part of exploring their gender identity. I also found it interesting that the sex of friends was seen as a sign of non-conformity rather than it being acceptable for children to have friends of any sex or gender.

4.1.2.2 Experiencing gender dysphoria

There was a clear distinction between the young people’s views of gender, societal and parental perceptions of gender role expectations and how they felt and behaved. This seems to have had an impact on their feelings about themselves. Three of the young people talked about how their assigned sex caused them psychological distress, including gender dysphoria and mental health concerns. Adam talked about how being thought of as female was a negative experience for him:

“I do get quite a lot of dysphoria when I’m treated like a girl and within myself that felt unnatural...and upsetting in a way.” (Adam, p3).

Daniel talked about the confusion that he felt about his gender, especially because he looked quite masculine when he was younger and this caused people to make mistakes about his gender:

“I would often get mistaken for [a boy]...mistaken at that time anyway and then that would often upset me because I would be confused as to other people’s reactions to it and like if the teacher...would mistake me for a boy and then people would often be like, well no, and then I would get confused because that was technically right but I didn’t have the voice to actually say that that is right and didn’t really know what to do... I was very frustrated and confused because...there wasn’t really a way to get around it.” (Daniel, p4).

Researcher’s reflections

I found it interesting that Daniel said people were ‘mistaken at the time’ about calling him a boy because he was still living as a girl. Despite this, saying that he felt it was ‘technically right’ to call him a boy shows he had already started to identify as male, but at that time was still confused about his gender identity. Not having a full understanding of how he was feeling or being able to explain that he felt like a boy appeared to make this an even more confusing situation for him. People’s reactions also had an impact on his understanding of his gender.

Daniel also talked about how the negative feelings and confusion about his gender led to self-harming:

“I first started to like proper question the gender issues, and then obviously that was a battle with myself that I was already doing so I started hurting myself because I wasn’t very happy at that point.” (Daniel, p9).

Researcher’s reflections

Describing his feelings about his gender as a ‘battle with myself’ suggests how uncomfortable he was with them and the confusion he was experiencing. My

understanding was that the battle he was talking about was between his assigned sex and his gender identity.

Significant physical changes to the young people's body, such as those experienced during puberty, can be a catalyst for negative feelings. The young people had to cope with going through puberty for what they felt was the wrong sex and getting adult features of their biological sex rather than of their gender identity. Callum talked about hating his body when he started to go through female puberty. He also talked about how he missed out on going through puberty for his gender identity with his peers and this had a negative impact on how he felt around others:

“So like everyone else’s voices around me are getting deeper so it makes me feel more intimidated around other guys. A lot more guys are stronger than me, it makes me feel more intimidated, just things like that, how everyone’s like changing and I’m still not, like I’m still here.”
(Callum, p8).

4.1.2.3 Coming to understand themselves as transgender

Three of the young people talked about how they came to understand themselves and realise that they were transgender. Finding out that there were other transgender individuals and hearing transgender terminology helped the young people discover that they could change their gender so it matched how they felt about themselves:

“I met my sister’s friend who is also trans...and then I went, oh that’s a thing people can do, they can change, that’s so cool, I didn’t know that, and then I started thinking hold on maybe that’s me...I did research into it and I talked to people who were trans and I was like I think I might be trans but I don’t know, how do I find out and then after a year or two of kind of thinking it...I confirmed it to myself.” (Ben, p3-4).

Although gender labels for their assigned sex caused a sense of unease and gender dysphoria amongst the young people, having a label that could explain

their feelings had the opposite impact and made it easier for them to understand themselves:

“Before [hearing the transgender terminology]...there was no label on it so...I’m kinda in like midway, like I don’t really know, I’m feeling this but what is it, so yeah that helped a lot.” (Daniel, p15).

Discovering their gender identity was not a straightforward process for the young people. Adam first came out as non-binary before realising that he was transgender. Ben talked about the gender spectrum and how although he identified as male, he did not feel fully male:

“I kind of label myself as male just because it helps me describe myself better to other people...but I think I’m also a little bit kind of non-binary because like there’s a saying that gender is a spectrum...so I think I’m somewhere in between a non-binary and male because I consider myself a boy but occasionally I will be stereotypically girly.” (Ben, p2).

Ben also talked about how after coming out as transgender there was a time during which he was confused about his gender identity and wanted to be stereotypically female again:

“For some reason I just felt like I wanted to wear stereotypically girly clothes and I didn’t know why...then I realised actually no, I don’t like this, it doesn’t feel right...after I transitioned I got a bit confused.” (Ben, p5).

Researcher’s reflections

I felt that for Ben identifying as male seemed to be more about helping other people to understand him rather than a true reflection of his own gender identity. His comments also show that not all transgender young people will identify fully as one gender and that there are other options of how they can self-identify along the gender spectrum. For Ben, gender seems to be fluid rather than binary.

4.2 Complexities of Transitioning

This superordinate theme links to research question two and relates to the process that the young people went through when they made the decision that they wanted to transition from their assigned sex to their gender identity, including coming out to others and key decisions that needed to be made. It also includes how other people, in particular their peers and their parents, reacted to their decision to transition. Five subthemes emerged within this superordinate theme; coming out and positive reactions from friends, negative peer reactions, parent denial and acceptance process, social transition process and medical decisions.

4.2.1 Coming out and positive reactions from friends

The young people talked about the process of coming out as transgender to others. They all came out to their friends before telling their parents. They expressed feeling more scared of telling their family, possibly out of fear of not being accepted. Ben explained why his friends were the first people he told:

“I told all of my friends at school...I was scared to tell my family because you’ve only got one family and if they don’t accept you then there’s nothing you can do about it, whereas friends...can come and go and so if they stick with you then they’re a true friend but then if they don’t then who needs them anyway.” (Ben, p4).

The friends that the young people chose to tell were those who they felt safe with and who they felt would understand. Therefore, understanding and acceptance were an important part of the coming out process for them. For example, Adam first came out to a friend who was gay, which made it easier for her to understand his situation and accept him. Callum told a friend who was experiencing similar feelings because they had a shared understanding:

“He was a guy but he seemed a bit feminine and he was telling me that...he wished he was a girl so we kind of related and were not liking our gender.” (Callum, p4).

Although having shared understanding was a factor in helping friends understand, it was not essential. Ben, Callum and Daniel came out to friends who were cisgender and heterosexual and these friends were still understanding and supportive. Friends were also important because they protected the young people from peers who were not as supportive:

“Anyone who really questioned it or was really negative about it...my friends were very quick to be like, don’t do that and don’t say this, don’t say that.” (Daniel, p19-20).

4.2.2 Negative peer reactions

Although friends were supportive and accepting when the young people came out as transgender, other peers were not as positive. Adam and Ben talked about peers who would purposely misgender them, using their old name and pronouns. They talked about experiencing physical and verbal harassment in school:

“I’ve been barged in the hallways and called a tranny, I don’t know how many times” (Adam, p9).

“I got teased a little bit, it was never really bullying, but it was annoying, like they used to take my bag and play catch with it and I’d just sit there like whatever, I don’t even care anymore, I’m so over this, and they...used to call me names.” (Ben, p18).

Researcher’s reflections

Despite Ben saying that he did not feel that he was being bullied and did not care about what his peers were doing, the fact that he mentioned it suggested to me that it did have an impact on him.

Adam did not tell others about the harassment he experienced. Despite going through a difficult time himself, he was conscious of how his mother would be feeling and wanted to protect her from the negativity:

“It’s more something I deal with, I don’t really tell my mum or the school because my mum will like stress out about it.” (Adam, p9).

Ben expressed discomfort at having to have long, complicated conversations to explain transgender to others who did not understand it and who asked questions which they expected him to know the answers to. He also talked about how people’s lack of understanding could be uncomfortable:

“Kids will say like oh you look like a girl, you act like a girl, you sound like a girl, like how are you a boy?...That’s when I get kind of like uncomfortable, like just shut up.” (Ben, p7).

4.2.3 Parent denial and acceptance process

The young people experienced mixed reactions from their parents. Daniel’s mother accepted his gender identity straight away and was *“brilliant”* and *“very understanding”*. She helped him to come out to the rest of his family and corrected herself immediately if she ever made mistakes with his name or pronouns.

However, two of the young people’s parents initially reacted negatively to them coming out as transgender. Adam’s mother was dismissive and avoided talking about it for around a year. Adam seemed to exaggerate how long his mother ignored his coming out for, and this may be because it was a difficult time for him so it felt like it lasted longer than it did:

“I came out to her and she kind of...just dismissed it in a way...she just kinda ignored it for a few years...she was just like yeah ok and then for about, it felt like two years, but it was probably a year and a half to a year, just kind of ignored it, we didn’t speak about it...she was really pushing for me to be a bit more girlish and just accept being a girl.” (Adam p5-6).

Not having the support of his mother was very difficult for Adam. His mother dismissing his gender identity led to psychological distress for him caused by a *“build-up of...dysphoria and feeling really...trapped”*. This shows the

importance for him of being accepted for who he was by his mother and the impact of rejection on him. His psychological distress eventually led to his mother becoming more understanding and accepting. Not being able to speak about it seemed to make things worse, and it was not until Adam and his mother started talking that things began to improve:

“I had like a little breakdown and I think that’s when she really kind of started to understand how this was a thing and how it was affecting me and through that we talked a lot more about it and that meant more understanding and eventually acceptance.” (Adam, p6).

Similarly, Callum’s mother did not accept his gender identity when he first came out and it took around a year before she did. Like with Adam, being able to talk about it helped his mother to become more accepting and understanding:

“She was shouting at me a lot telling me that I’m not trans and that was sad but it’s fine now...we spoke about it a while after and she started listening to me more”. (Callum, p4).

4.2.4 Social transition process

All of the young people talked about the process of socially transitioning from their assigned sex to their gender identity. For Adam, socially transitioning had a positive psychological impact on him and he talked about how *“socially transitioning alleviated so much dysphoria”*. The main changes the young people made were changing their name and pronouns and getting their hair cut short:

“I kind of started...with my name change I think and clothes and stuff that I could do easily and then I got my hair cut.” (Ben, p5).

Haircuts seemed to be a significant milestone in the transition process. For example Ben said that *“soon as I cut my hair I was like ah I love life”* and Callum said that *“when I cut my hair, I started becoming more myself”*. Having

a more male appearance helped the young people to feel that they were closer to their desired gender expression.

However, the transition process was not straightforward and took a long time, which Ben expressed frustration about:

“It’s a very long process to get to where you want to be and it’s so frustrating because you can’t do the things you want to do and you can’t be the person you want to be and then it feels like you’re missing out on life.” (Ben, p5).

Although for some young people socially transitioning was positive, it had a negative impact on Callum’s behaviour. He talked about how he got into trouble more after transitioning and how he felt his behaviour was a way of taking the focus off his gender. It appears that he externalised his feelings of confusion and anger. Changing his behaviour also seemed to be a way for him to take control of how people saw him:

“I started getting into a lot more trouble as well, I don’t know why...I was more rebellious...I felt a lot of anger, a lot of the time and I felt like I needed to prove myself I think, prove that I was someone popular and someone cool...I think it was to take everyone’s mind off the fact that...I’m going through something...cutting my hair, it drew everyone’s attention to me so I had to do something else to draw everyone’s attention away from that.” (Callum, p6).

4.2.5 Medical decisions

This subtheme relates to considerations about physical changes. Three of the young people talked about the medical decisions that transgender young people were required to make, in particular whether to start taking hormone blockers. Ben talked about the difficulty of accessing them and how this should be made easier:

“It takes forever to get hormones...and the thing is blockers, they stop your hormones and the effects of blockers are reversible...whereas

puberty, once it's happened you can't reverse it, you can't go back and so I think it should be easier to get blockers for people who want them, it shouldn't be so difficult.” (Ben, p16).

Researcher's reflections

Ben highlighting that puberty is irreversible links to how Callum felt about the negativity of puberty for transgender young people. I found it interesting that he mentioned that hormone blockers were reversible because he seemed to be acknowledging that although he was firm in his gender identity, there may be others who were not as sure.

In comparison, Adam was less sure about hormone blockers because he thought they could delay his ability to start taking testosterone, which he was keen to do:

“I think it would be nice but...top of my priorities is to try and get on testosterone as soon as possible...and if blockers slow that down in any way I'm not sure.” (Adam, p13).

4.3 School Related Experiences

This superordinate theme links to research question three and relates to factors in school that impacted on the young people's experiences of attending. Within this superordinate theme, there were two subthemes; negative school experiences and good practices in school.

4.3.1 Negative school experiences

Two of the young people had experiences of being permanently excluded from school. Daniel experienced a lack of understanding from his Head Teacher which led to a confrontation, permanent exclusion and being sectioned by the police. He talked about the factors that he felt led to his exclusion:

“Some of the issues that led to my expulsion was a lot to do with the whole gender...my old head master, he didn't deal with the situation really which led to my frustration” (Daniel, p8).

Daniel thought that his exclusion was unfair and that it had an impact on his education because he missed a lot of school:

“When I got excluded I missed loads, basically all the rest of Year 9 so I basically missed a whole chunk of my education from that point, basically to being wrongfully excluded for something that I couldn’t really control.” (Daniel, p18).

Callum also talked about negative experiences with a Head Teacher. He attended two different mainstream schools before attending a special provision for children with mental health needs. When exploring different options for schools, he was rejected by the Head Teacher of one of the schools:

“Apparently the teacher was homophobic ‘cos it was a Catholic school or something, yeah the teacher was homophobic.” (Callum, p8).

Researcher’s reflections

I found it interesting that Callum stated that the Head Teacher was homophobic rather than transphobic. In addition, I wondered whether he was using someone else’s words because he said that the Head Teacher was ‘apparently’ homophobic, so this may have been someone else’s explanation for why he was not accepted in the school.

School was a cause of stress for Adam, who described how moving to secondary school caused him to feel uncomfortable about his gender:

“When I got into secondary school, I think that was when it was at its very peak because...I had to start wearing a skirt and to start being a girl and I wasn’t cut out for that and it made me really, really uncomfortable.” (Adam, p4).

Researcher’s reflections

Gendered school uniforms therefore seemed to be a cause of discomfort. I was interested that Adam said he had to ‘start being a girl’ in secondary school,

suggesting that in primary school he was able to act more in accordance with his gender identity. There was a double transition process happening for Adam, transition to secondary school as well as gender transition.

Ben attended an all-girls' school and this caused issues because he did not like to tell others where he went to school and was questioned about his friends all being girls:

“Sometimes when people ask me what school I go to I lie...and then if I'm talking about my friends from school I'll say oh she, oh her, and my friend that's a girl, and they'll go do you have any friends that are boys, like any at all?” (Ben, p9).

In addition, going to an all-girls' school meant that he was sometimes singled out by staff accidentally because they were trying to avoid using the incorrect pronouns:

“Occasionally a teacher will slip up my name or pronouns...or they'll say come on girls and Ben...’cos they're trying to be nice by not grouping me with girls but it's the opposite, they're just pointing me out, like, come on girls and that weird person that happens to be in my class and it's like, oh can you not please and thank you.” (Ben, p9).

Daniel talked about how he did not like attending school and was worried about being victimised, which was likely to have been linked to his previous experiences with his Head Teacher. He also talked about the importance of supportive friends when he was going through difficult times at school:

“School was not a fun place to be, the only reason I really went was...my friends and ’cos they were so supportive but yeah it wasn't great, I didn't really enjoy it ’cos I just felt I was going to get attacked and not treated very well.” (Daniel, p19).

4.3.2 Good practices in school

The young people also talked about positive experiences in school, although there were fewer positive experiences than negative experiences. Adam's

school brought in someone from a transgender charity to support them during a meeting who “*guided us through it and talked about all the changes*”.

Having staff that the young people could talk to was a feature which helped them have positive school experiences. Teachers, Heads of Year and School Counsellors were identified by the young people as people who they felt they could talk to if needed. Daniel felt comfortable talking to the School Counsellor and some of his teachers. Being listened to without judgement and being provided with a safe space to express feelings seemed to be important:

“I stuff in a lot of emotions and it builds up and then when I talk to my counsellor I can just kind of vent and rant and say whatever I want without being scared that they’re gonna judge me or be opinionated...she just listens to me and she doesn’t say much which I think is good ‘cos it just gives me a safe space where I can tell my opinions and just be heard.” (Ben, p10).

4.4 Support Networks

This superordinate theme links to research question two and relates to the services that provided support to the young people, including transgender support groups and professional support from therapists. The support that was not available that the young people would have found helpful was also discussed. Three subthemes emerged within this superordinate theme; support groups, negative experiences of therapeutic support and further support needed.

4.4.1 Support groups

Support groups were seen as positive by three of the young people. They were felt to be places where the young people were able to meet others who had similar experiences to them and where they felt safe and a sense of belonging:

“It’s just...a nice safe space where everyone understands exactly what you’re going through and that’s really nice because a lot of the time you

kind of feel alone because no one really gets it other than other trans people which are actually difficult to find...it's just a place where I can feel normal and so it's all of these people are exactly like me and they understand everything.” (Ben, p12).

Researcher’s reflections

Ben mentioned being able to feel normal at the support group, suggesting that in his everyday life he felt different from other people. He also mentioned that the support group was a safe space, suggesting that there were times when he did not feel safe being transgender. Having peers that understood him was important because transgender is still a topic that the majority of people do not understand, and being around people who he did not need to explain himself to was a relief.

Support groups were also felt to be a place where the young people did not have to hide their identities and where there were no gender role expectations. Society puts pressure on young people to conform to gender stereotypes, but Adam felt that support groups provided a space where the young people did not have to pretend to be something they were not and could be themselves without fear of judgement:

“It’s like just a space where you can kind of be yourself and just kind of be a bit real and a bit more kind of genuine and I feel like there’s no kind of pressure to be really macho and masculine or you know whatever.” (Adam, p11).

Daniel explained how before transitioning he swam competitively, but that he stopped due to his gender dysphoria. His mother found a transgender swimming group which he could attend:

“I used to swim quite competitively, and obviously that stopped because I didn’t identify with what was going on and my body and everything like that and when I told my mum she was like well I found this swimming group but only for transgender people...I went to that and met loads of

other people in the same boat as me and that was fun, that was great.”
(Daniel, p15).

Although Daniel no longer attended any support groups, he described why they were helpful:

“I think any...youth group...with other transgender people just helps you feel less alone in this situation and then it's just...hopeful hearing other people's stories and how they're transitioning is just very helpful.”
(Daniel, p17).

Callum was the only young person who was not interested in attending support groups. Unlike the other young people, he thought that they segregated people:

“No, I don't think I'd like them...not my thing, LGBT, nah, don't like it...I'm not sure why, just the idea like with the LGBT thing...why can't we just all be one community instead of separating yourself into another community when you're trying to fit in.” (Callum, p13).

Researcher's reflections

I wondered whether Callum's experiences of being rejected from different schools impacted on his desire to be included and therefore not want to attend LGBT support groups. It was also interesting that he said he was 'trying to fit in', suggesting that for transgender young people this is not always easy.

4.4.2 Negative experiences of therapeutic support

All the young people received therapy, either from the Child and Adolescent Mental Health Service (CAMHS) or from private therapists. However, the young people did not feel that they benefitted from the therapeutic input, mainly because the therapists lacked experience and knowledge of transgender. Adam stated that he was the first transgender person his therapist had ever met. Daniel thought that the lack of training therapists received about transgender impacted on their ability to support him:

“I don’t think they were really that helpful, mainly because I think that maybe the topic of transgender people and the whole context itself...they don’t get trained in that area as much as other mental health things...so they didn’t really know what to do.” (Daniel, p23).

Going to therapy caused more stress for Adam rather than helping him. Talking about his difficulties did not seem to come naturally to him and led him to worry about the sessions rather than use them to express his feelings:

“I...didn’t find it very relaxed and I just ended up stressing more about what to say and what to do during the sessions rather than focusing on venting and stuff like that...I just didn’t find it very productive.” (Adam, p10).

The young people were all on the waiting list for the Gender Identity Development Service (GIDS). For Daniel, GIDS seemed to be the gatekeeper for receiving cross gender hormones and he talked about the frustration of being on the waiting list:

“I think I’ve been on the waiting list for a year...when I first got put on it they said that the waiting list would be 8-12 months...my mum’s always calling and being like...how long...they said sorry the waiting list has now been pushed to 14 months...it’s a bit frustrating ‘cos the way it works I probably won’t start testosterone until like 18 which isn’t the ideal situation.” (Daniel, p25).

4.4.3 Further support needed

Two of the young people talked about the lack of information and support available for transgender young people. Finding information was difficult and there were a lack of role models and this meant that the young people did not have anything to help them understand why they were feeling the way they were:

“There’s not that much research or information about trans issues like on the internet...if you’ve got a question it’s so difficult to find out the answer.” (Ben, p12).

“You don’t really understand what’s happening because there’s not really anyone around you showing you this is a normal thing to be feeling.” (Daniel, p26).

Daniel also talked about how there was more support for sexuality than for gender and how the two things were combined when in fact they were different issues and transgender young people needed different support than LGB young people:

“LGBT has been mentioned, but transgender as an issue itself has never been mentioned, no. There are loads of posters up about, oh some people are gay and stuff like that, like it is talked about, but I haven’t heard transgender being talked about...they’re two different things, I think putting them in one group is strange, but yeah definitely sexuality is spoken about more rather than gender.” (Daniel, p26).

The young people also talked about the changes that were needed to improve the experiences of transgender young people. Adam talked about the need for gender neutral toilets. Ben talked about the need for inclusive spaces, such as after school clubs for LGBT young people. Ben thought that transgender inclusive spaces were important because transgender young people were restricted from some activities:

“I feel like I can’t do certain things that I want to do...if we had more trans inclusive spaces that would be good...like sports, swimming, especially for trans guys, and girls too, but we have to wear binders and so then you can’t really exercise in them because it really makes you out of breath...activities that would usually be so easy that we’re restricted from.” (Ben, p14).

Ben also talked about how there should be increased transgender knowledge amongst therapists. Being understood was important to the young people, so having therapists who understood them was another key factor:

“I think if [GIDS] actually talked to someone who’s trans, who’s an adult and has done it all already they could make it better or if they had therapists who were trans that would be so much better ‘cos then they would understand.” (Ben, p15).

Daniel talked about the changes needed in schools to support transgender young people:

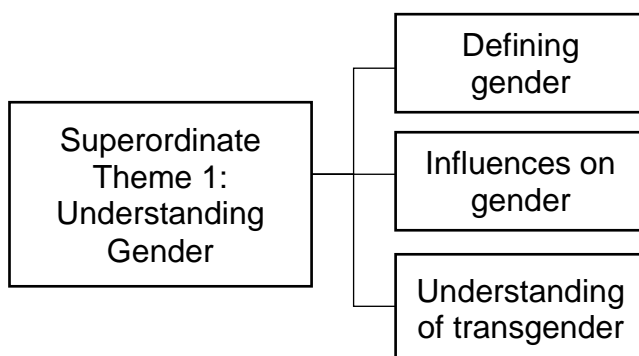
“[If teachers] were more educated on it and they had more things in place to kinda support me I think the situation could’ve been completely different...I think if there was no prejudice against it, it would’ve been a lot easier to deal with.” (Daniel, p21).

He also talked about the need for more education on transgender so it could be normalised:

“I think just more widespread...education on it...in primary schools and in secondary schools when you’re doing sexual health and stuff like that, including that in your lessons to kind of let people know that this is also a normal thing to be feeling.” (Daniel, p21).

Part 2: Parent’s Lived Experiences

Four superordinate themes, which map closely on to the research questions, were identified from the parents’ data; understanding gender, coming to terms with child’s transition, school related experiences and support networks. The themes for the parents are outlined in Figure 2.



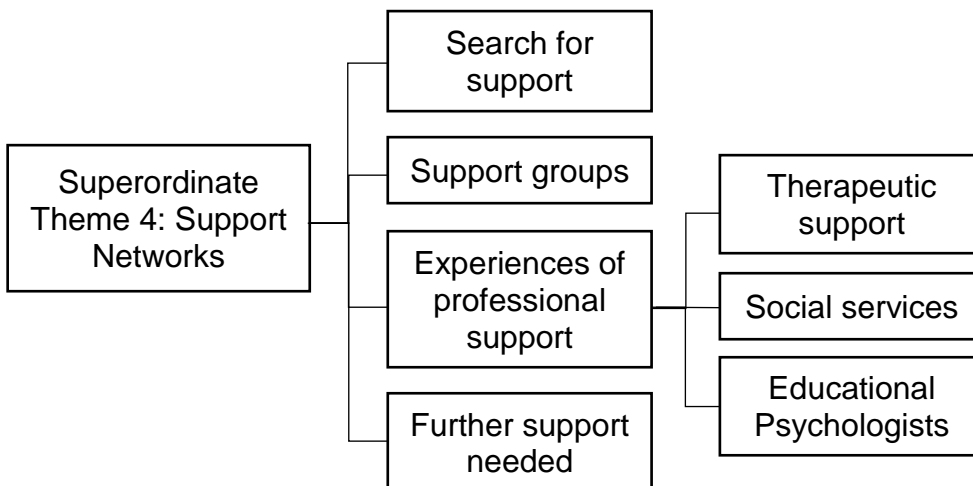
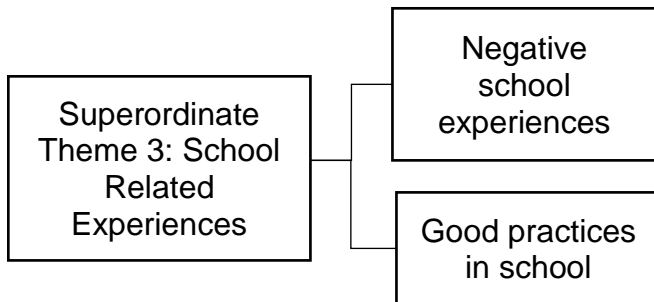
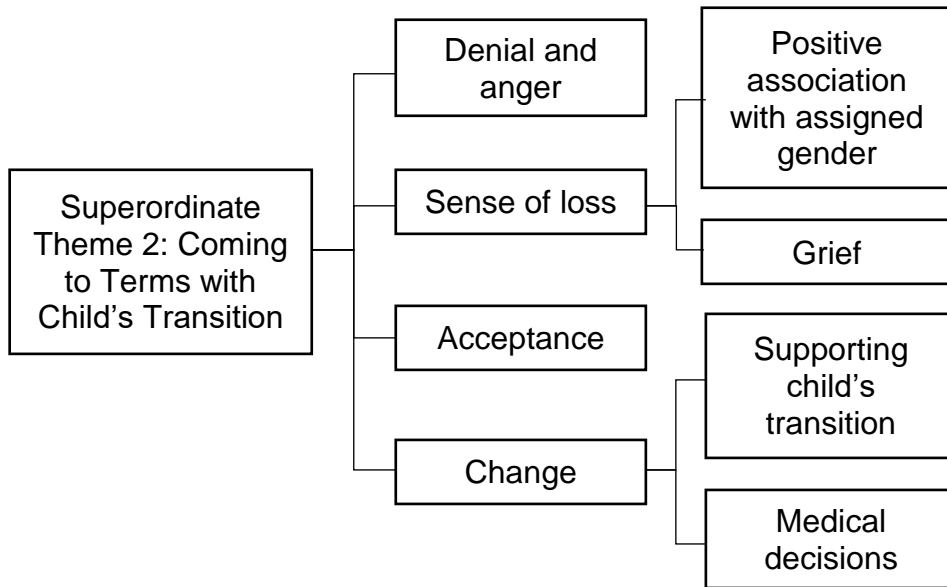


Figure 2: Superordinate themes, subthemes and cluster themes for parents

4.5 Understanding Gender

This superordinate theme links to research question one and relates to the definitions the parents used to explain gender, the factors that influenced the way they perceived gender and how they came to understand transgender. Three subthemes emerged within this superordinate theme; defining gender, influences on gender and understanding of transgender.

4.5.1 Defining gender

All the parents talked about the complexity of defining gender. When asked what gender meant, Isabelle thought that it was “*a very broad question*”. Hannah found it difficult to define gender:

“I wasn’t expecting that question, I’m going to think about that ‘cos it could mean many things.” (Hannah, p1).

Three of the parents described gender as biologically determined:

“It just means the body you’re born with and your physical outgoing difference between male and female.” (Fiona, p1).

“I suppose like a lot of people you just think gender is defined...physically by your genitals and...the physical gender that you’re born with.” (Isabelle, p1).

Having a transgender child impacted on the views the parents had about gender. Three of the parents described how their views of gender had changed since their child came out as transgender and they talked about how they had come to view gender from their child’s perspective:

“With my son, so in the last...18 months my view of gender has changed quite a lot and also my education. I learnt a lot about social constructs and gender being a social construct.” (Hannah, p1).

Gemma talked about how her perception of the meaning of gender had changed from thinking that it was biologically based to thinking it was psychological:

“Before [my child] was transgender I thought that it was probably a 70:30 ratio physical and then personal characteristics, your personality. I thought 70% of your gender identity was biologically specific, but since having a transgender child I know that’s completely wrong and it’s 100% about how you feel mentally and emotionally that makes you a man or a woman.” (Gemma, p1).

Isabelle talked about coming to the realisation that gender and sex were distinct:

“[My child] was 10 and she said to me, mummy what’s the difference between sex and gender and I said well there isn’t one, and she went no there is. I thought, hello, that’s her whole life summed up.” (Isabelle, p1).

4.5.2 Influences on gender

All of the parents talked about the factors that influenced beliefs about gender, including family, upbringing, media and culture. Parents were considered role models for how children understood gender. Being brought up with a certain gender was thought to reduce a child’s choice about their identity:

“I was definitely brought up to think I’m a girl, there is absolutely no choice in the matter, I did not ever believe anything different.” (Fiona, p1).

Society was a key factor influencing beliefs about gender, and four of the parents talked about gender stereotypes and gender role expectations that were reinforced by society:

“It’s just a reinforcement of stereotypes, constant reinforced, you know men are big and strong and tough and brave and look like this, and women are a certain way.” (Gemma, p2).

Isabelle talked about society’s preoccupation with genders and the polarisation of genders, leading to people being defined by their gender:

“The reason I think it’s more polarised now is that...people are so concerned to know gender pretty much everyone chooses to know the gender of their baby before their baby’s born because it’s so important to people and they immediately start to define and divide along those lines.” (Isabelle, p4).

Isabelle also talked about how gender could be restrictive when gender role expectations defined what children felt they could do:

“Very sadly little girls...they’re in this sort of girly ghetto...if you ask them...if they think they could be astronauts or doctors or lawyers, they don’t see themselves in those roles.” (Isabelle, p5).

4.5.3 Understanding of transgender

Four of the parents talked about understandings of transgender and how there was societal interest in the topic, but still a lack of understanding. Current views about transgender were compared to views about homosexuality in the past. Isabelle expressed frustration at the old fashioned views of transgender and a feeling of being judged:

“You get a lot of this stuff I suppose people got in the 70s...like why are you letting your child be gay, or why are you letting them be trans...like some sort of psychological Munchausen’s by proxy...no who would do that?” (Isabelle, p19).

There were thought to be generational differences in views about gender, with children being more understanding of gender differences than adults. Isabelle talked about how children were more understanding of transgender whereas adults became anxious about it because they felt it was linked to sexuality:

“I think children...understand much better than adults do that gender and sexuality are not the same thing, whereas for adults...your gender is defined by your genitals and anything that is genital related is automatically a cause of anxiety and so those things become conflated.” (Isabelle, p38).

Gemma also talked about how there were still restrictions on transgender individuals because they were unlikely to want to be prominent in society:

“It’s a lack of seeing transgender people on TV and in the news and in general really in high figure roles...they probably didn’t have any confidence to have...top roles as a CEO in a FTSE100 company perhaps and just not confident to go forward and be out there and be present...amongst everybody and so maybe hide away.” (Gemma, p2).

However, transgender knowledge has started to increase, and Hannah talked about the positivity of transgender becoming more visible in society:

“We are starting to get some more young people come through...they’re happy to come out because it is more visible and they’re like, hold on, there’s quite a few...transgender models now and a lot of the adverts, it’s being included in fashion and stuff so they’re more happy to say yes because they’re seeing....positive representation of themselves in the media.” (Hannah, p33).

4.6 Coming to Terms with Child’s Transition

This superordinate theme links to research question two and relates to the psychological change process the parents experienced after their child came out as transgender. Four subthemes emerged within this superordinate theme; denial and anger, sense of loss, acceptance and change.

4.6.1 Denial and anger

Three of the parents talked about how they were initially in denial when their child came out as transgender and that they hoped that it was a phase:

“He knew and knew clearly long before I did, talked to me about it...we had probably a year of where, ok you said that we’ll see where it goes, and in my head it’s let’s see if you grow out of it...it’s just a phase.” (Ellen, p3).

“I didn’t believe him at first, I was in denial, I just didn’t take it seriously...children are always throwing surprises at you, and I just thought this is another surprise, I thought this was another phase...it will come and go like Minecraft.” (Gemma, p4).

Fiona expressed frustration and anger at having more to deal with when her child first came out as transgender:

“For that initial conversation...he said...I think I’m trans...and I was like god here we go again, another problem for mum...I was actually feeling angry like why are you making this much difficulty in my life.” (Fiona, p16).

Researcher’s reflections

This denial seemed to me like a way for the parents to protect themselves from the pain and stress that may have come from having a transgender child.

Gemma comparing coming out as transgender to a computer game suggested to me that she initially thought of being transgender as a craze that children grow out of rather than a serious lifestyle decision.

Fiona’s use of the words ‘problem’ and ‘difficulty’ to describe her child being transgender highlighted to me the complexities that arise with having a transgender child. Her anger may have come from a fear about what the future may hold for her child rather than actual anger directed at him, because she later talked about not having any answers after he came out.

4.6.2 Sense of loss

Within this subtheme the parents talked about how they had been happy with their child’s assigned sex and that when their child came out they mourned for the child they felt they were losing. Within this subtheme, there were two cluster themes; positive association with assigned sex and grief.

4.6.2.1 Positive association with assigned sex

Two of the parents talked about identifying positively with their child's assigned sex and how they encouraged their child to conform to gender stereotypes:

"I was delighted to have a girl and I think I bought every single thing pink ever." (Ellen, p3).

Gemma expressed how much she loved having a daughter and that she enjoyed activities which involved her child's feminine features before he transitioned:

"His hair was beautiful and long and it was one of my favourite things to do in the morning was to wash and brush his hair and then as he got older, the straighteners and play with it and do, just lovely things with it...it's like a living doll that I had and I loved it." (Gemma, p12).

Researcher's reflections

I found it interesting that Gemma used the pronouns 'he' and 'his' when she talked about her child before he transitioned. All the parents used their child's current pronouns when talking about them pre-transition. Although she was talking about how much she liked having a daughter, her use of male pronouns seems to show that she had adjusted to her child's new gender and struggled to think about him with his female pronouns.

4.6.2.2 Grief

Four of the parents talked about feeling a sense of loss and bereavement when their child came out as transgender.

"I mourned then 'cos I felt like I'd lost a child, not lost a child, but lost my daughter and I'd always loved having a daughter...I had to mourn, all these selfish reasons and I was thinking about myself and then I had to mourn all the things that I wouldn't have with him that I...was desperately looking forward to even since he was a little bump." (Gemma, p12).

“I would get a text or something that referred to [child’s post-transition name] and...I’d feel like crying and I’d look at my phone and think, who’s [child’s post-transition name], where’s my little boy, where’s my child gone? It was like even though I knew intellectually, emotionally I felt really confused for a bit, and sad, a bit sad.” (Isabelle, p34-35).

Researcher’s reflections

For both of these parents there seemed to be a contrast between knowing that they still had their child and feeling a sense of loss for the child they had pre-transition. Gemma feeling that her grief was selfish was interesting because it suggested that she initially felt the loss and upset more for herself than for her child.

Ellen still seemed to be feeling the grief of losing a daughter because during the interview she cried when talking about a friend coming to stay and the friend using her child’s female birth name and saying she missed her. Although she had accepted her child’s transition, reminders of the child she had before were still upsetting for her.

4.6.3 Acceptance

The parents who were initially in denial when their child came out talked about the process of accepting that their child was transgender. A major reason for the parents coming to accept their child was that they realised the extent of the psychological distress, including self-harm and suicide attempts, their child was feeling due to the lack of parental support, which they wanted to prevent:

“It was when I finally realised the extent of the self-harm and the suicide attempt, that was the wakeup call...as a parent, that’s got to be one of the worst things in the world...I didn’t believe it, I didn’t believe it, and then there was a moment when it hit me, when he was crying and he said you just don’t get it, this is me, this is really me, and I realised in that moment when I found out that he’d tried to commit suicide and he was severely self-harming and then he said that to me and he was really upset, I just got it then, I just got it.” (Gemma, p5).

For Ellen the turning point for realising that it was not a phase and how much her child hated being female seemed to be when they started communicating more effectively. This then led to more acceptance:

“Him coming back to me...like this ain’t going nowhere, that was just a realisation that it was real and it wasn’t a tomboy, lesbian, or whatever else it might’ve been, this is what it is, he felt really strongly that he is a male in a female body, hates his body...it’s awful, so you’ve got my support.” (Ellen, p4).

Gemma talked about feeling guilty for not believing and supporting her child when he first came out to her:

“I didn’t believe it, it was a hard time for him and I feel very guilty, I feel very wretched.” (Gemma, p5).

Researcher’s reflections

I felt that this showed that the parents were able to put their own feelings aside in order to support their child, which Ellen felt was the job of a parent. Although they may not have initially been happy that their child had come out as transgender, their parental instinct to protect their child became more prominent and allowed them to become accepting and supportive. Gemma feeling ‘guilty’ and ‘wretched’ shows how much she felt her denial impacted on her child.

4.6.4 Change

Once the parents had accepted that their child was transgender, the process of supporting their child through the transition began. The parents talked about the process of their child coming out to others and then socially transitioning and the medical decisions that they needed to consider. Within this subtheme, there were two cluster themes; supporting child’s transition and medical decisions.

4.6.4.1 Supporting child's transition

Three of the parents talked about their child transitioning from their assigned sex to their gender identity. Fiona talked about how she encouraged her child to have a trial transition on holiday before transitioning officially:

"I basically said to him that we'll do like a trial run, we'll go on holiday, you can wear boys' clothes, ...have a boy haircut, ...tell everyone your new name...I'll go along with all of it and we'd get through the summer holiday." (Fiona, p18).

Researcher's reflections

I wondered whether this 'trial run' may have been in the hope that her child would change his mind after the trial period so that Fiona would not have to deal with all the additional issues that come with being transgender.

Isabelle talked about the positivity of her child transitioning when she was ten years old rather than waiting:

"I think it's very different when you're in puberty for many, many reasons, you're much more aware of social stigma...whereas I think if you come out when you're ten a lot of those things aren't issues yet so [my child] wasn't displaying any mental health issue, wasn't suicidal thank god, she wasn't self-harming, she wasn't depressed." (Isabelle, p20-21).

However, despite transitioning early being positive for Isabelle's child, there were still some difficulties after she transitioned. She became reluctant to leave the house and be seen. Her parents told the neighbours so that she would be willing to go into the garden:

"She wouldn't even go outside in case anyone saw her...it took us ages to understand she couldn't deal with dealing with people's shock and judgement...so [her father] went and told all the neighbours so that she could then go outside." (Isabelle, p11).

Ellen also needed to support her child to come out to others. She talked about needing to help him inform his father about his gender identity because he was scared of coming out to him:

“So [my child]’s dad doesn’t live with us and I said you need to tell him and I think you should do it, what do you think? Yeah, yeah, yeah...So that went on for a few weeks, then he just said I can’t do it, so I said fine do you want me to do it? So I met up with him.” (Ellen, p7).

4.6.4.2 Medical decisions

Two of the parents talked about medical decisions that needed to be made when their child transitioned:

“Some of the issues coming up for him are going to be about, well if you do go on hormone treatment what about harvesting an egg, would you ever want to have a biological child, so that is honestly what we’re talking about at the moment.” (Ellen, p28).

“To see your child have an operation or to give your child a drug...I thought that would be really hard but now I’m thinking well he’s a boy why should he have to have periods or...breasts so now I think I’m starting to align with him a bit more and actually accept the fact that the treatments I will have to find for him are ok to find for him.” (Fiona, p6).

Researcher’s reflections

This highlighted to me the difficult decisions that the parents needed to make with and about their child. Ellen saying ‘that is honestly what we’re talking about’ suggests a level of disbelief that she was having to make these decisions with her child when he was only 15 years old. As Fiona stated, putting a child on medication that will alter who they are is something that parents would not normally choose to do, but it was a decision that these parents had to make in order to support their child.

Isabelle talked about the importance of correctly timing the start of taking hormone blockers, and how physical examinations were needed to check how

far into puberty her child was, but that her child found these examinations distressing:

“She’s gonna need as much maturity as she can get really...we’re trying to time it so that nothing irreversible happens, so try to do it before your voice breaks or you get an Adam’s apple or facial hair or huge growth spurt...the really hard thing for [my child] is that she has to be physically examined...to gauge the progress of puberty...she has to be measured so that’s quite distressing for her, but I don’t think it’s a good idea to give her blockers before it’s absolutely necessary.” (Isabelle, p21-22).

4.7 School Related Experiences

This superordinate theme links to research question three and relates to the experiences the parents had with their child’s school. Two subthemes emerged within this superordinate theme; negative school experiences and good practices in school.

4.7.1 Negative school experiences

All of the parents talked about the difficult experiences they had with their child’s school. Ellen was frustrated with the school for making her child use separate toilets, which she felt was *‘pathetic’* and *‘demeaning’*.

Isabelle talked about her dissatisfaction when her child transitioned to secondary school and was placed in a school that lacked transgender experience rather than one that did have experience:

“We had to appeal because...they had already had, I think 5 trans kids at the school...you’d think it would be a no brainer for her to go there.” (Isabelle, p26).

Isabelle also expressed frustration that there were lower educational expectations for transgender young people:

“There’s a sort of acceptance that, oh well...you can’t really expect them to get more than one GCSE when they’re dealing with that, and I

don't want that to be the reason she "fails"...in education. If she's not academically, educationally gifted then that's fine, but not just because she's transgender." (Isabelle, p14).

In contrast, some parents thought that schools put too much focus on academic achievement rather than supporting their child's emotional needs. Two of the parents thought that their child's school prioritised grades over pastoral care, and expressed their irritation at the lack of support provided:

"They weren't able to take care of his needs mentally and emotionally, the pastoral care at that school...was just absent, was absolutely pitiful and disgusting, disgraceful, all they cared about was the discipline, the results, his education, tests, disrupting other learners." (Gemma, p8).

"They had no experience at all about children with mental health or mental ill health or emotional needs in the school...they have to achieve academically and they have to go to Oxford and Cambridge." (Hannah, p16).

Researcher's reflections

Emotional distress was common amongst the young people, so attending a school that was able to support their emotional needs was important. Gemma's outrage at the school for not supporting her child is evident and may also reflect her guilt that she did not support him when he was going through a hard time.

Gemma's child's emotional needs and the lack of the support provided by his school led to him getting into trouble, and Gemma talked about her guilt for supporting the school rather than him:

"Very sadly on my part I supported the school, I didn't really take his side, I feel very bad about that...I think he was just having lots of problems and troubles because he...had a lot of inner turmoil and that's what children do...they suspended him again a second time and that

was very sad and I had a go at [my child] for that and he ran away and that was bad.” (Gemma, p8).

Gemma and Hannah talked about negative experiences with Head Teachers who were not supportive and lacked understanding of their child. They expressed a lot of anger towards them, Gemma because she felt her child had been rejected by the Head Teacher, and Hannah because her child's confrontations with the Head Teacher led to a traumatic experience of being sectioned by the police, which she also felt as “*second hand trauma.*”

“They denied him a place at the school...absolute bastards, absolute bastards because [my child] was sitting there...and the entire time that [the Head Teacher] was talking he never once looked at [my child]...the reason why I called him the ‘b’ word was because...he looked at [my child] and said...be honest now you don’t believe in god, now why would you say that, is that because he’s gay and he’s transgender and it says in the bible...that’s wrong and that’s a sin, how dare you ask a child...you are basically calling him a liar so I think he’s disgusting and has no place working with children.” (Gemma, p14).

“[Head] teacher was a disgusting bully to be honest...the teacher liked...gender stereotyped females and [my child] definitely wasn’t one of them so even though he hadn’t come out as transgender he was obviously gay, butch type of thing.” (Hannah, p15).

4.7.2 Good practices in school

All the parents were also able to talk about good practices in their child's school. Three of the schools brought in staff from transgender charities, for example paying for a mentor from a transgender charity for the child and a teacher from the school having training on transgender. Transgender charity staff were also brought in to provide support during meetings:

“He has a really good Head of Year who off her own back contacted [an LGBT charity]...a guy from there came...was fantastic and the

information he had to give and the support...I think he did some training with the school.” (Ellen, p21).

Isabelle talked about being worried when her child volunteered to attend a puberty session for girls to represent her class, but the school’s guidance counsellor normalised her child’s situation:

“I was worried about one of the other girls maybe saying...why is [my child] here...I emailed the head of guidance...she had done some training with a trans woman who’d come into the school to talk to them...[she said] [my child] won’t be the only girl who never has a period, there’s all kinds of other reasons...and I thought that was a really, really enlightened way of looking at it, I was quite moved actually.” (Isabelle, p30).

Two of the parents talked about how the school dealt with bullying incidents quickly:

“I saw the SENCo...I said I’m a little bit worried about one kid who’s done this...she said leave it with me...a couple of weeks later I said to [my child], oh that boy...is he still doing that, and she went, oh no he’s stopped doing that now and that was it.” (Isabelle, p34).

“There’s been a bit of bullying and straight away they will contact me and we talk about how we could resolve it and what it is they can do without causing [my child] problems or outing him...it’s been really good and it’s made so much difference to his entire life.” (Hannah, p18-19).

Researcher’s reflections

Having a point of contact in their child’s school seemed to be important to the parents. Isabelle saying she was moved by the guidance counsellor normalising her child’s situation and Hannah saying that staff responding quickly to bullying made a big difference to her child’s life showed me the importance of having someone who understood and supported the child within

school who could also support the parents when needed and who they could contact about their anxieties.

4.8 Support networks

This superordinate theme links to research question two and relates to how the parents sought support for their child, the groups and professionals they went to and the areas where they felt support was still needed. Four subthemes emerged within this superordinate theme; search for support, support groups, experiences of professional support and further support needed.

4.8.1 Search for support

All of the parents talked about seeking support for themselves and their child. Lack of easily available information from professionals and within education meant that the parents had to do their own research and find alternate sources of information and support. Gemma talked about seeking other individuals in the LGBT community to give her advice:

“I started searching out lesbian and gay people, so for instance there’s a pub...that [my child]’s dad and I drink at...and when it first started and we were talking and he said to me...why don’t you speak to these girls...they’re lesbians, I was like, oh yeah great idea, they must know, they’ll tell us what to do...I just went up to them, I said [my child’s father] said you’re lesbians, can I ask your advice about something.” (Gemma, p20).

Researcher’s reflections

I was interested that the people that Gemma sought out for advice were gay or lesbian rather than transgender individuals. As pointed out by other participants, sexuality and gender are different, but Gemma did not have access to transgender individuals to ask for advice so she sought out others who may have been able to understand some of the issues her child was facing.

Fiona sought advice from a transgender friend of her transgender child's sister:

"I sent him a completely blind message on Facebook saying...turns out [my child] is trans like you and wondered what you thought about whether you've got anything you wanna tell me." (Fiona, p33).

Isabelle talked about reading novels about transgender characters and gaining information from there:

"She has...what we call her special pants which I had to get from America...I read this book...so I found that very useful...at one point the dad talks about having to source penis concealing underwear and I thought, oh penis concealing underwear." (Isabelle, p27).

4.8.2 Support groups

Three of the parents talked about the positivity of attending transgender support groups, with Ellen calling it an *"absolute bloody godsend"*. Ellen found the group leader a valuable source of knowledge and information. Being able to share experiences with other parents at the support group was thought to be very helpful:

"The mums network...that's my support network and when it comes to talking about anything to do with trans I would go to them...because they get it and they actually have the information I might need." (Fiona, p34).

"It's really nice to be with other parents who are all in the same boat, the same concerns, same worries, but also people you don't have to explain anything to." (Isabelle, p19).

Researcher's reflections

I felt that Isabelle's emphasis that the other parents at the support group were in the same situation shows that being around others who understood her experiences was important to her.

Gemma was eager to attend a support group, but her child was not keen so she felt she could not go:

“I did say to [my child] do you want to go, he was reluctant to go and didn’t want to go, I was keen to go ‘cos I knew there’d be other parents there, but...I got the impression that you couldn’t go without your child” (Gemma, p21).

Although Hannah and her child did not attend support groups, Hannah talked about the positivity of online parent forums and how the knowledge she gained from them helped her support her child:

“It was brilliant...every article under the sun, all of the resources...but also to hear the other parents’ stories, it’s a wealth of information...so that is brilliant, brilliant, it’s really good organisation...the more knowledge I have of...what’s available and just in general about how it all works, the more able I am to fight his corner.” (Hannah, p26).

Researcher’s reflections

I found it interesting that Gemma did not feel that she could attend support groups without her child. It suggested to me that the support groups are targeted at the young people rather than parents and that there may not be enough support for parents.

Hannah’s emphasis on how brilliant the online parent forum is shows its importance for parents with a transgender child. Saying she needs to ‘fight’ for her child shows that there were many challenges facing parents with a transgender child.

4.8.3 Experiences of professional support

The parents talked about the support they received from different professional groups. Within this subtheme, there were three cluster themes; therapeutic support, social services and Educational Psychologists.

4.8.3.1 Therapeutic support

The parents talked about the therapeutic support their child received for the psychological distress they experienced before and after transitioning. Ellen talked about the lack of knowledge and experience of the therapists:

“I said to the CAMHS woman, you knew nothing about gender, and she acknowledged that she didn’t, but actually you’re CAMHS, you work with teenagers and kids, get a flipping grip, so we had three sessions with her, first session hopeless, second session was ok, and the third one he had a complete meltdown in the car.” (Ellen, p12-13).

Researcher’s reflections

Ellen’s frustration and her feeling that the therapist should have had the skills to support her child are clear. Her child having a meltdown shows that inexperienced therapists can do damage to the young people’s wellbeing because they do not know how to effectively support them.

Ellen was also frustrated that the therapist was trying to put a label on her child:

“I felt that she was looking for a label of autism or learning difficulty or anxiety to attach in the terms that she understood...I said I don’t want to medicalise this.” (Ellen, p13).

Hannah talked about how she felt the therapist was not supportive of her child’s gender identity and her anger at the therapist’s reluctance to refer her child to GIDS:

“I could tell that she didn’t necessarily agree with trans identity...for example she didn’t want to make the referral to [GIDS] and I couldn’t understand why...so we’re talking a good five months before that referral happened and the waiting list is so long that has made a huge difference to his life and I’m very, I’m quite angry with her about that...I was literally solely reliant on this professional not letting her prejudice get in the way of her professional judgment and I feel like it did because

there's no reason why she couldn't just sign the forms" (Hannah, p12-13).

Hannah was also angry because she felt that the therapist's reluctance to complete the referral was a rejection of her child:

"I think that was quite difficult for [my child] because that's another rejection...it's just kind of a glimpse of how...other people perceive it, especially someone who's meant to be really empathetic and really understanding, her whole job and training is to work...without prejudice and without judgement so to get that from her was difficult, I was angry about it." (Hannah, p13).

In contrast, Gemma had positive experiences with therapists and thought it was helpful for her and her child. She said that for her child it had a *"massive effect, great effect, talking therapy's perfect, brilliant for him."*

4.8.3.2 Social services

Two of the parents also talked about negative experiences with social workers. Gemma thought that the social workers lacked an understanding of the difficulties faced by transgender young people. She also talked about the inconsistency of social workers and how they were aggressive towards her child when he did not want to attend school:

"The social workers were awful because they just kept changing... no child is gonna start opening up to anybody if they're constantly changing...I also had a problem with the first social worker we ever had...she was very aggressive." (Gemma, p16).

As with therapists, the lack of understanding amongst social workers meant that they were not able to effectively support the young people. Hannah thought that the social worker *"didn't know anything about transgender and hadn't worked with any transgender youth before"* and they pressured her into making her child go to therapy even though it was not being productive:

“Saying that I have to force my child to go to CAMHS and if I don’t do that then that could be seen as me not being able to meet his emotional, social needs as a parent and therefore they may need to do a statutory intervention.” (Hannah, p14).

4.8.3.3 Educational Psychologists

Of the young people, Gemma’s child was the only one to receive EP input. This was when he began attending a special provision for young people with mental health needs because it was part of the school’s procedure. Gemma thought that being proactive rather than reactive was important so that young people are provided with support from the start rather than waiting for things to go wrong. Although Gemma missed the consultation with the EP, she found the input helpful:

“Any kind of analysis, any kind of information on what’s going on with [my child] and a way to support him and move forward and pre-empt things, I think that’s really important as opposed to...being responsive to any kind of crisis or something that may happen.” (Gemma, p23).

4.8.4 Further support needed

All of the parents talked about the need for increased information and support for them and for their child.

“I wished at some point...I had been told about transgender children, I don’t care if it was at those antenatal classes that I had to go to...maybe sex education at Year 6... would’ve been good...and then to follow it up again, students and parents in secondary school would’ve been helpful, just the subject of transgender, what it means, what it is, the differences.” (Gemma, p21-22).

Researcher’s reflections

Gemma’s comments suggested to me that there are many opportunities for parents and young people to be informed about transgender, but these opportunities are currently being missed. Her suggestion of being told at

antenatal classes highlights how early parents start planning based on their child's assigned sex and having classes on it could help prepare for the possibility that a child may not identify with their assigned sex.

Hannah talked about the difficulty of finding information and how there is more support for LGB than for transgender. She thought that there needed to be more transgender groups because the experiences of transgender young people are different from the experiences of LGB young people:

"It's not accessible, it's not publicised, it's not out there to find and even in the school there isn't, they have like the LBGT ones, but I think that LBGT groups are majority LBG, I don't know how [my child] would feel about it but for me I think transgender isn't sexuality." (Hannah, p30).

Isabelle talked about individualised support being needed, and how it would be different for boys and girls. She thought that her child's school had made a mistake by assuming that her child's needs would be the same as the previous transgender males who had attended the school:

"Each trans child is different and they can't necessarily apply the same criteria to each one and that a trans girl is different to a trans boy...just because [my child]'s trans, doesn't mean that her experience and...what she needs at school is gonna be the same...fundamentally they have different needs." (Isabelle, p31).

The parents also talked about the need for more support in schools. There seemed to be some frustration, especially from Ellen, about the fact that schools do not have policies and support in place for transgender young people:

"I think schools need to have a policy and I think they need to get their arses into gear about that." (Ellen, p28).

Isabelle talked about the need for support for siblings of transgender children, which was not available for her transgender child's older sister:

“Her sister found it very difficult and I wish she’d had some actually...she’d always had this little brother and suddenly she didn’t...I think she found that very difficult...there wasn’t any support really for her.” (Isabelle, p41).

Chapter 5: Discussion

This chapter discusses the similarities and differences across the young person and parent data sets. It will explore how the findings link to the research questions and to previous research. The findings will be positioned within Bronfenbrenner's PPCT model to explore how the young people's and parent's experiences are influenced by their personal characteristics, relationships with others, the context in which they live and how this changes over time. Implications for EPs and other educational professionals will be outlined.

5.1 Research Question 1: How do young people and parents understand gender?

The majority of the participants found it difficult to talk about their understanding of gender, suggesting the complexity of discussing, or at least defining, what gender meant to them. There were commonalities and differences in the way the young people and parents spoke about gender. At the person level, the young people applied personal resource characteristics such as knowledge and experience to make sense of their gender. They understood gender in psychological terms, for example seeing it as being instinctual and part of their identity. They also considered that it was influenced by contextual factors, believing it to be a social construct rather than a reality.

In contrast, the parents were influenced by contextual beliefs about gender, speaking about it as being intrinsic to the person and mainly affected by demand characteristics, particularly their biology, with genital characteristics being seen as a marker of gender. Over time, the views of the parents changed to seeing gender as more linked to characteristics, behaviours and beliefs after finding out their child was transgender. They were therefore understanding gender through the proximal process of their child's perceptions rather than their own beliefs. This shows the interplay between proximal processes, personal characteristics, context and time in understandings of gender. These views are in line with the literature which suggests that 'sex'

and 'gender' are distinct, with 'sex' referring to biological aspects and 'gender' referring to socially defined characteristics of males and females (Newman, 2002).

Beliefs about gender were felt by the participants to be shaped by generally held stereotypes about what it means to be male or female. These beliefs were related to widespread, constantly reinforced and often unquestioned views about how males and females should be thinking, feeling and, perhaps most importantly, acting. These gender stereotypes influence the way children are raised. The young people and parents talked about how babies are defined by gender before they are even born or straight after birth and this impacts on how their parents raise them. Context therefore influences beliefs about gender, with views within the macrosystem influencing proximal processes within the microsystem. In addition, a child's demand characteristics, in particular their gender, influence how they are raised. The literature suggests that children learn gender stereotypes from a very young age by picking up on social cues around them (Brill & Pepper, 2008). Parents have been suggested to be key contributors to gender stereotypes, for example by providing their child with gendered clothing and toys (Kane, 2006).

Over time, gender-related expectations have undergone a degree of change, which was recognised by the participants. There was a feeling that gender role expectations are becoming looser and transgender is becoming more visible, with more transgender role models. The gender spectrum was also mentioned by the participants. One young person came out as non-binary before realising that he was transgender, suggesting that transgender young people are likely to need time to test out different gender identities and work out who they are before reaching a degree of certainty about their gender identity and making a transition to a new sense of self. This reflects previous research which suggests that a multidimensional view of gender, including that gender is on a spectrum, is becoming more widespread (Fontanella et al., 2014). Having a label and seeing others who were feeling the same way helped the young people to realise that what they were feeling was not unique to them and to begin to understand what the feelings meant. It also helped

them to understand their own gender identity. It was felt that the increased visibility of transgender also made it easier for young people to come out. Changing contexts over time, particularly perceptions of gender within the macrosystem therefore supported the young people to consider being able to come out as transgender.

However, research also suggests that there is a generational difference in acceptance (Bragg et al., 2018). This was reflected in the data, with the young people's friends being accepting of them and some school staff not being supportive. The parents also talked about there still being old fashioned views, which continue to impact on understandings of gender and transgender and that these need to change before children will have completely free gender expression. Therefore context, in particular the macrosystem, and time, particularly the chronosystem, in which the young people were growing up had an influence on their understanding of gender.

The young people talked about coming to understand their own gender identity. They did not conform to their assigned sex from a young age. Research suggests that on average, children begin to realise that their gender identity and sex assigned at birth do not match at the age of 7 years, but do not necessarily have the language to explain it until the age of 15 years (Kennedy & Hellen, 2010). Although some of the young people talked about not understanding their feelings about their gender until they had a label for it, they were able to express them before the age of 15 years, with one young person beginning to talk about it at the age of 10 years. It may be that the context has changed over time and transgender individuals are now more visible and transgender is an increasingly prominent topic in society than when Kennedy and Hellen (2010) carried out their research, meaning that the young people learn the vocabulary earlier.

The vocabulary used by the young people was quite complex, for example one young person talked about 'canalisation' when thinking about the influences on his gender and a number of the young people mentioned that gender is a social construct and that they were experiencing gender dysphoria. This use of language suggests that the young people were accessing literature written

for adults due to a lack of age appropriate material and resources. This was backed up by the young people's and parents' experiences of a lack of research and information being available to help them understand transgender and show them that it is something that others feel. It could also reflect research which suggests that during adolescence the brain develops, leading to increased cognitive abilities and young people's thinking becomes more abstract (Sanders, 2013), allowing them to consider gender in a more complex way. This suggests that personal characteristics, in particular knowledge and experience, impact on the way they think about gender over time.

5.2 Research Question 2: What are the experiences of transgender young people and their parents at home and in the community?

5.2.1 Transition process

A key proximal process the young people engaged in was discussions with their friends about their gender, and over time with their parents. All of the young people came out to their friends before their parents. This reflects previous literature which suggests that adolescence is a time when young people begin to separate from their parents and the importance of peer relationships increases (McElhaney et al., 2009). That said, parents still seemed to be important to the young people, with a reason given for coming out to friends before parents being that parents were irreplaceable whereas friends who were not accepting were not worth keeping.

Having parents who were supportive of their transition appeared to be a protective factor, leading to fewer reported mental health concerns during interviews than when parents were initially dismissive. Where parents were dismissive the young people experienced psychological distress due to not being able to express their gender identity, including a mental breakdown and maladaptive coping strategies such as self-harm and suicide attempts. This highlights that proximal processes within the microsystem, in particular with parents, but also to an extent with friends, had an important influence on the young people's feelings about themselves and their confidence to share their identity. This is in line with findings from previous research which suggests

that young people often hide their gender identity from their parents out of fear of their reaction (Catalpa & McGuire, 2018). Parental support and being able to express their gender identity is important for transgender young people (Olson et al., 2016), whereas lack of parental support is suggested to lead to the young person feeling anxious or depressed about their gender identity (Riley, 2018).

The young people talked about the psychological distress they experienced. The key factors which contributed to this included conflict between gender identity and assigned sex as well as parental dismissiveness. They talked about hating their body, especially when they were going through puberty, or were missing out on the puberty they felt they should be going through. As discussed above, not having support from parents made this worse. While proximal processes impacted on their mental health, personal characteristics also seemed to influence how they responded to these challenges, with some seemingly more resilient than others. These findings are partially aligned with previous research findings which suggest that factors contributing to mental health issues in this population include discrimination, rejection and conflict between gender identity and appearance (Olson et al., 2016). Although the young people did talk about experiencing bullying in school, this did not seem to be the main reason for their psychological distress.

In the current study, three of the young people had self-harmed and one of them had also attempted suicide due to negative feelings about themselves and their situation. All the young people experienced a degree of confusion about their gender identity, which one described as a battle with himself which led to him self-harming as a way of coping. The confusion was likely to have been made more difficult by the lack of role models and information about transgender. Therefore the context appears to have had an impact on their feelings about themselves, and if they did not have personal characteristics such as emotional and social resources, they engaged in coping strategies that were harmful to their wellbeing. This echoes previous research findings which suggest that the prevalence of self-harm and suicide is high amongst the transgender population (Bradlow et al., 2017).

The young people expressed feeling better about themselves after transitioning, for example one said that transitioning alleviated his gender dysphoria. In addition, socially transitioning allowed them to express who they felt they were rather than having to hide their identity. This reflects previous research which suggests that being able to socially transition is a positive step for transgender young people, helping them to feel less depressed and have a higher sense of self-worth (Durwood et al., 2017). The key milestones for the young people included changing their name and pronouns and having their hair cut. These seemed to be symbolic of them becoming who they felt they were because a name is a key identifier when meeting new people, and having short hair for a transgender male helps them to appear more masculine because long hair is a stereotypically female feature.

However, socially transitioning was not a fully positive experience for all the young people. For one young person, transitioning led to a decline in his behaviour at school which resulted in him being permanently excluded. His explanation was that he wanted to prove himself and to distract attention away from the fact that he was changing his gender. Therefore for him transitioning did not alleviate his difficulties, instead it seemed to add to them in some ways. Another factor that impacted on the positivity of transitioning was the length of the transition process. The young people talked about how long it takes to transition and how this prevents them being who they want to be. This is exacerbated by long waiting lists to be seen by GIDS, which are currently up to 20 months (GIDS, 2019). The young people's force characteristics, particularly pursuing long-term goals and delayed gratification, were being tested by these long waiting times. Therefore, there seems to be interplay between personal characteristics, proximal processes and context when considering how young people cope pre- and post-transition.

The young people's transition process also impacted on their parent's emotional wellbeing. The parents in the current research talked about experiencing grief and feeling that they had lost a child. Despite the fact that they knew they had not physically lost their child, there was still a sense of bereavement for the child they thought they had. They had to acknowledge

this before coming to terms with the fact that they now had a child of a different gender. The parents expressed positive associations with their child's assigned sex, which is likely to have been a contributing factor to their feelings of grief. It is also likely to have contributed to their denial when their child first came out. Some parents were not able to move past these feelings of loss and denial and towards acceptance until they saw the distress it was causing their child. Communication between parents and young people was a key factor in improving relationships and the parents becoming more accepting and supportive of their child's transition. The proximal processes within the microsystem between the parents and young people were therefore impacted by the young person's transition. This reflects previous research suggesting that parents experience a sense of loss when their child comes out as transgender, including loss of expectations of the child they had and loss of loved aspects of their child (Wren, 2002). It is also in line with suggestions from previous literature that the type of loss experienced by parents of transgender young people is ambiguous loss (Wahlig, 2015).

The parents' experiences of loss when their child socially transitioned were in contrast to the young people's experiences, which were generally positive, with a few exceptions as discussed above. The parents talked positively about their child's gender before they transitioned, whereas after their child came out and transitioned they experienced feelings of grief about the child they felt they were losing. Conversely, the young people talked about being unhappy pre-transition, including experiencing gender dysphoria, which led to other mental health issues, whereas after transitioning they were able to be themselves and were generally happier. Therefore, there seemed to be opposite experiences for the young people and parents, with the young people becoming happier post-transition and the parents briefly becoming unhappy after their child came out, before accepting the change.

The young people and parents talked about making decisions regarding medical interventions. Hormone blockers and cross-sex hormones were important to the young people, possibly because they would allow them to more fully transition to their gender identity. They also signified the young

people's strong belief in and commitment to their gender identity. Hormone blockers prevent the start of puberty, which was seen as positive by the young people because they experienced difficulties associated with the onset of puberty for their assigned sex rather than their gender identity. Context, particularly the availability of medical interventions, therefore impacts on the young people's experiences. Puberty has been described in the literature as a catalyst for renewed interest in gender identity (Katz-Wise et al., 2017). Hormone blockers can therefore be positive for transgender young people because they provide them with time to experience living with their gender identity and to decide whether they want to transition (Costa et al., 2015). It also helps them have a smoother transition if they have not developed adult body features for what they perceive as the wrong gender (Costa et al., 2015).

However, amongst the parents there was a feeling of discomfort about medicating their child, but also a feeling that it was necessary. One parent talked about discussions she was having with her son about harvesting eggs so that he could have biological children when older. Thinking about harvesting eggs is a big decision which a 15 year old would not normally have to make and highlights the added complications for transgender young people and their parents. This links with findings from previous research which suggest that parents of transgender young people face uncertainty and a sense of burden about decisions around their child's future (Pullen Sansfaçon et al., 2015).

5.2.2 Support networks

The parents in the current study wanted to support their child, but without easy access to information this was made much harder. They felt that they needed more information, and because it was not provided elsewhere, they sought support from sources such as friends in the LGBT community. The current context of a lack of easily available information about transgender therefore impacted on the parents' ability to support themselves and consequently their child. This reflects findings of previous research which suggest that parents need access to information and professionals who are knowledgeable about transgender (Riley et al., 2013).

The majority of the young people and parents in this research felt that they benefitted from attending transgender support groups. For the young people, support groups were a safe space where they were able to feel normal and be themselves. They were also a place where they could meet others who were like them and who understood them and where they could hear other young people's experiences. For parents, support groups were positive because they provided opportunities to talk to other parents who understood what they were going through. Having a support network may have made the parents feel less alone in their situation and validated that they were doing the right thing by supporting their child. Transgender sports groups were also felt to be positive, such as a swimming group, because sports are harder to take part in for transgender young people. However, there was also a feeling that there were not enough transgender groups and those that were available could be hard to find. Supportive proximal processes were therefore important for the young people and parents. This also highlights the importance of contextual factors such as the availability of support groups. Previous research suggests that transgender support groups are important because they help young people meet others who share their experiences and therefore make them feel less isolated and provide parents opportunities to share information and experiences with others in their situation (Riley et al., 2011; Riley et al., 2013; Sharek et al., 2018).

Although support groups were generally felt to be positive, one young person was an exception to this and did not like the idea of transgender support groups. He felt that instead of creating more inclusion, they separated transgender young people from others. Therefore personal characteristics, such as force and resource characteristics, are important when considering whether young people will benefit from different support networks. This seems to be in line with previous research suggesting that clubs where LGBT and non-LGBT young people can mix are beneficial for transgender young people (McGuire et al., 2010).

There was dissatisfaction and frustration amongst the young people and parents about the therapeutic support received. The therapists the young

people saw lacked experience and knowledge of transgender, for example some of the therapists had never worked with transgender young people before. There was frustration from one parent that a therapist tried to label her child rather than providing support and anger from another that the therapist seemed to be dismissive of the young person's gender identity and did not make a referral to GIDS, which the parent saw as a rejection of the child. It was felt that the problem was that therapists did not receive training about transgender so they were not able to effectively help transgender young people. Therefore, proximal processes between the young people and therapists within the microsystem are important to ensure they receive effective support. In addition, the context of training for therapists also impacted on the young people.

The literature suggests that the right support can reduce the risk of mental health issues amongst transgender young people (Olson et al., 2016). It is suggested that therapists working with young people require knowledge about transgender issues (Vanderburgh, 2009). In addition, therapists should apply a gender-affirming practice and allow the child to express their gender identity (Coolhart & Shipman, 2017). These factors were not in place for the young people in the current research, reducing the effectiveness of the therapy they received. It was felt that therapeutic services could improve if they talked to transgender individuals or had therapists who were transgender. This links to the young people's feelings of wanting to be understood, because inexperienced therapists lacked this understanding and therefore were not felt to be supportive. In addition, it was felt that there should be more support for siblings of transgender young people.

5.3 Research Question 3: What helps and hinders transgender young people being able to attend school and the quality of their experiences in school?

A key factor felt to help young people to have positive school experiences was supportive staff. The young people talked about the positivity of having teachers who they were able to talk to. School counsellors were also felt to be supportive in school. Having someone to share their feelings with, being

listened to and having a space to talk about anything they needed to was important to the young people. Talking without being judged was also important, especially for these young people who are likely to have experienced a lot of judgement about their gender identity. For the parents, having a point of contact in school was helpful. Therefore, proximal processes such as having supportive staff members in school to talk to were positive for the young people and parents. The context was also important, and the young people and parents felt that school staff needed to be better educated about transgender issues so that they were more able to support the young people. These findings reflect previous research suggesting that having a connection to a member of staff in school can help transgender young people (McGuire et al., 2010).

In contrast, the young people talked about a number of negative experiences in school. They described experiencing verbal and physical bullying from their peers. Although two of the young people talked about not being too affected by the bullying and dealing with it themselves, it is likely to have impacted on them if it happened on a regular basis. The young people in the current research talked about how supportive their friends were. One young person talked about not wanting to attend school because he was worried about victimisation, and how the support of his friends was the only reason he was willing to attend. Therefore, proximal processes within the microsystem that impacted on the young people in school included how their peers responded to them, such as bullying that they experienced and support from friends to overcome this. Some of the young people seemed to display resilience to the bullying, showing the influence of personal characteristics on how the young people experience others' reactions. Mesotime may also impact on how the young people respond to bullying, with more regular bullying possibly having a larger impact. This reflects previous research which suggests that transgender young people are at risk of being bullied, with figures ranging from 51% to 65% of transgender young people being victims of bullying (Bradlow et al., 2017; Hackett, 2017). It also extends the literature, which does not seem to highlight the importance of having supportive friends.

The young people and parents expressed frustration at Head Teachers and school generally about the lack of support received. Two of the young people experienced bullying and discrimination from Head Teachers. There was a feeling amongst some of the parents that grades were prioritised over pastoral care and this was not supportive of their child. However, one parent felt that schools did not have high enough expectations of transgender young people and were willing to allow them to achieve low grades due to their situation. The schools where the young people felt supported were those that understood their emotional needs and were accepting of their gender identity. Outcomes of lack of support from school included not wanting to attend, school moves to find somewhere more supportive and behavioural deterioration leading to permanent exclusion. Therefore the context of schools and the proximal processes within them impacted on the young people's experiences. This reflects the literature which suggests that a supportive leadership team is important for transgender young people (Bartholomaeus & Riggs, 2017) and that unsupportive schools and negative comments from staff can make transgender young people feel unsafe at school (McGuire et al., 2010) and lead to their behaviour, focus in lessons and grades decreasing and to school avoidance (Bowskill, 2017). In addition, it supports findings that transgender young people choose schools based on where they are accepted and feel safe (McGuire et al., 2010).

Gendered school uniforms were a cause of discomfort for the young people, especially when moving to secondary school for one young person. The need for gender neutral toilets in schools was discussed, and parents expressed frustration that young people had been made to use separate toilets, which one parent felt was demeaning. In addition, the participants felt that LGB was discussed in school, but there was a lack of information about transgender. There was a feeling that transgender should be talked about in lessons, starting in primary school, so that it can become normalised. Therefore, contextual factors within the macrosystem, such as school policies around transgender, can impact on school experiences for transgender young people. This is in line with previous research which suggests that factors such as non-gendered school uniforms and gender neutral toilets are important for

transgender young people, as well as inclusion of LGBT in the curriculum and the exploration of gender with pupils, starting in the early years (Bartholomaeus & Riggs, 2017; Bowskill, 2017).

As with all children, it was highlighted that every transgender child will be different. One parent emphasised that the support needed by transgender girls is likely to be different than that needed by transgender boys. It was also felt that support should be proactive rather than reactive. Therefore it is important that the type of support provided for transgender children is individualised because personal characteristics will impact on the support needed. This links with findings from previous research which suggests that an individualised approach is needed for transgender young people (Bowskill, 2017).

5.4 Research Question 4: What are the implications of the research findings with regards to the role of EPs in better supporting transgender young people, their families and schools?

The findings from this research have a number of implications for EP practice when working with transgender young people, their parents and schools. It is important that EPs are proactive when working with transgender young people, their parents and their schools rather than being reactive when issues arise. However, it is also important for EPs not to assume the young people will need support or make assumptions about the types of support they may need, and instead they should work with all those involved, including the young person, to plan next steps.

EPs work with all the systems around a young person, and therefore the implications will be considered alongside the PPCT model. Process and person are considered together because personal characteristics impact on the individual's relationship with others (proximal processes) and vice versa. The broader context also impacts on the experiences of the young person and parent and will be considered next. Finally, time is considered because the context can change over time and as the young people get older their experiences and feelings may change.

5.4.1 Process and person

The SEND Code of Practice (2015) outlines the importance of gaining the views of young people about the support they will receive. The young people in the research had clear ideas about how they could be better supported, so it is important that their views are included when planning how to support them. EPs are experienced in using person-centred approaches to gain views and therefore will be able to communicate effectively with the young people to ensure they feel able to share their views and consequently receive the right support. In addition, if an EP is writing a report following working with the young person, it will be important that they check which pronouns the young person wants them to use, and if they want it to be reported that they are transgender or whether they have not come out to everyone and want it to be kept confidential.

With EPs increasingly working therapeutically, this is another way in which they could support transgender young people. As the young people explained, there are long waiting lists to be seen by specialist gender identity clinics. EPs are therefore in a position to provide therapeutic support for these young people around any mental health concerns linked to being transgender, for example around any anxiety they may be experiencing, while they await specialist support for their gender identity issues. It is important to note that not all transgender young people will require therapeutic input and therefore EPs should be sensitive to the needs of each young person individually. Where therapeutic support is provided, this should be within the EP's knowledge base because it was clear from the young people interviewed that lack of therapist understanding had a negative impact on their experiences of therapeutic support. In addition, when carrying out therapeutic work, it is important that EPs ensure the therapy they are using is evidence-based, that they have training to use it, and that they receive supervision from a practitioner with experience and knowledge of the therapy being used (Dunsmuir & Hardy, 2016).

The parents also expressed finding it difficult when their child transitioned, with some comparing it to a bereavement. EPs have knowledge of the psychology

of bereavement and can therefore use this knowledge to support parents as they come to terms with the loss of the child they thought they had.

A core function of EPs is consultation. Some of the parents in the research talked about meeting with the school to discuss how their child could be supported. One school brought in a member of staff from a transgender charity to support them during this meeting, which is a role an EP could undertake. EPs could facilitate consultations with schools and parents using their experience of solution-focused approaches. It was felt that individualised support was needed for the young people. EPs could use their consultation skills to empower the school and parents to consider how they can provide bespoke support for the young person, informed by the views of the young person. One parent talked about the importance of support being proactive rather than reactive, so it will be important that these consultations happen at the earliest possible opportunity.

Within consultations, EPs could also signpost to other agencies or groups that offer support to young people, such as transgender support groups, which were felt to be very beneficial by the majority of young people and parents in the research. To do this it will be important for EPs to map out the support services in their local area as well as national services that the young people and parents may want to access. It would be beneficial for EPs to visit the services which support transgender young people and their families in order to learn about the services, meet the people involved and build trusting professional relationships with them.

The young people and parents in the research highlighted the need for key staff members within school that they were able to talk to. Therefore a role for EPs could be to help the school identify a transgender lead and provide them with training so that they feel confident working with this population. In addition, EPs could provide supervision to the identified staff member.

EPs could also support transgender young people and their parents through ensuring collaborative work between professionals and services who they are engaged with. All the young people in the research were currently or had

previously received therapeutic input and some had social worker involvement. Therefore a role for EPs could be ensuring that the agencies working with the young people, including the school, communicate effectively and work together to ensure that the young person is receiving the best possible support.

5.4.2 Context

This research highlighted that there is a lack of knowledge about transgender amongst a range of professionals, including school staff, social workers and therapists. Therefore, a key role for EPs could be to use their knowledge of adult learning theory to train these professionals on the terminology around transgender and gender non-conformity, the issues faced by transgender young people and the type of support that they need. This would help professionals understand that gender is not binary and fixed, but that it consists of a spectrum of gender possibilities which are open to a degree of change over time. The training would be a way of helping to normalise gender identity concerns so that the young people are provided with support which does not single them out. This should be carried out proactively so that all school staff are trained in this area irrespective of whether there is a transgender child within their school. This means that they will be more inclusive of gender variance in general within the school and will be prepared with knowledge of how to support any children who express confusion about their gender.

However, previous research has highlighted a lack of knowledge amongst EPs about transgender issues. Therefore, in order for EPs to have the knowledge to share with school staff, it is important that the topic of gender diversity, focusing not only on transgender but on the wider gender spectrum, is included in initial EP training programmes. Training for EP services would also be beneficial. This training would help to ensure that EPs have knowledge of gender, transgender and the terminology used by the transgender community so that they are able to use the correct language and ask the right questions during consultations and when working with young people. Including gender in initial training for other professionals who may come into contact with

transgender young people, such as teachers, therapists and social workers is also needed.

EPs have research skills which could be used to carry out further research into the topic of transgender. They are also well placed to review available research and disseminate the findings to professionals working with, or who are likely to work with, transgender young people so that evidence informed practice is ensured.

EPs could also have a role in informing policies around transgender issues, such as helping to develop and write policies at national, local authority and school levels. At the national level, this might include consulting with policy makers about ensuring consistency across service providers for transgender young people. It could also involve making recommendations about what should be included about gender in initial professional training programmes. Within local authorities, policies could include how professionals can work with this population. Within schools, this could be around inclusion of transgender in the curriculum and thinking about how this should be embedded. Policies around procedures to deal with transphobic bullying will be important. Practical factors such as uniforms, toilets and changing rooms also need to be considered. Another factor that could be considered is LGBT groups within schools so that young people have a space where they can go to be around like-minded others. Gay-straight alliance style groups, where LGBT and non-LGBT young people can mix, may also be beneficial.

5.4.3 Time

As highlighted by the young people in this research, the transition process for transgender young people takes a long time. Therefore the young people may need support throughout the process, or at various points along it. It will be important that EPs are aware of trigger points that are likely to cause discomfort or distress, such as the start of puberty and moving to secondary school. Puberty and the move to secondary school may coincide for some transgender young people, so this is likely to be a significant time where additional support is needed. EPs can support schools to set up a transition

plan for the young person, thinking about the type of support they will need when moving to secondary school. They can also help support the young person and parents in thinking about what to look for in a secondary school to ensure that it will provide the right support, and what to expect when transitioning. When the young person starts at secondary school they will come into contact with many new peers and teachers, so the EP can support them in thinking about if, how and when they will come out to others.

5.4 Evaluation

5.4.1 Strengths

There is limited research which explores the views of transgender young people. Therefore interviewing the young people in the current study provided key insights into their experiences from their own perspective. Using semi-structured interviews allowed them to expand on my questions and take the interviews in their own direction and discuss topics I may not have thought about as a cisgender researcher with limited knowledge and experience on the topic. The use of IPA allowed for in-depth exploration of their experiences.

It was beneficial talking to young people and parents to get both perspectives on the experiences of being a transgender young person and being the parent of a transgender young person. I was able to gain a broader picture of the experiences because the young people and parents often talked about the same experiences but from different perspectives. In addition, some of the young people did not share with me that they experienced mental health issues, but the parents talked in more detail about it which gave a deeper insight. I wondered whether the young people were not as open because they did not know me or because it was too painful to discuss. Therefore interviewing parents and young people meant that this key information about their experiences was not missed.

Although the sample size was small, there was some diversity amongst the participants, including socioeconomic status. In addition, the young people attended a range of schools, including mainstream secondary schools, a

special provision for young people with mental health needs and an all-girls' school.

5.4.2 Limitations

The research had a small sample size, with four young people and five parents. Although IPA allows for small sample sizes, I had hoped to recruit more participants. However, the recruitment process was difficult and I was not able to find any more young people or parents who were willing to take part. I felt that this reflected the fact that transgender is still a controversial topic in society and young people may not have had the confidence to speak about it.

All the parents in the study were mothers, so views of fathers were missing from the data. In addition, all the young people interviewed were transgender males, and only one parent had a transgender female child. This may be reflective of the fact that more transgender males than females are currently being referred to gender identity services. Due to the potential differences in needs between transgender males and females, the results outlined in Chapter Four and implications outlined in this chapter may not apply to transgender females. For example, men and women have different statuses within society, and although there are starting to be changes, men are stereotypically in a higher position of power. Therefore there may be differences in the experiences of transgender young people depending on the gender they are transitioning to. In addition, transgender males may be able to pass more easily as their gender identity than transgender females which could impact on their experiences and how people respond to them. It is also more socially acceptable for females to wear 'male' clothes, such as trousers, than for males to wear 'female' clothes, such as dresses, which could have an impact on experiences.

The participants in the research were parent and child pairs, apart from one parent whose child did not want to be interviewed. Although this was beneficial for gathering a full picture of experiences, all the parents were now accepting of their child so the study was not able to access the experiences of young

people whose parents remained unaccepting of their gender identity, and of parents who did not accept their child being transgender. This population may be harder to access, but future research in this area would be beneficial because they are likely to need additional support.

Timescales meant that I was only able to meet the young people and parents once. Although the majority of the young people were very open about their experiences, there was some information that they did not share with me which their parents did. They may not have felt confident or comfortable enough to share this with me. One young person in particular seemed quite nervous and did not make eye contact and needed more prompts than the other young people to share his experiences. It may have been beneficial to spend more time building rapport with the young people so that they felt more able to share their experiences. My role as a psychologist may have impacted on this too due to their negative past experiences with professionals.

5.4.3 Future research

The young people in the current research had socially transitioned, but were all still relatively early in the process. It would be beneficial for longitudinal research to be conducted which can examine the experiences of young people at different time points during their transition.

While the aim of the current research was to explore the young people's and parents' experiences, future research could explore the perspectives of school staff and EPs.

Research with larger breadth would be beneficial, for example with participants from different areas of England, a range of participants from different backgrounds and a larger range of educational settings to explore commonalities and differences across contexts. In addition, if possible it would be beneficial to access the voices of transgender young people whose parents have not been supportive of their transition and of parents who are still struggling to come to terms with their child's gender identity.

5.5 Researcher Reflections

Through the process of carrying out the research I reflected on the use of the term 'transgender' and how it implies that the young people are only changing their gender. However this is not the case, with young people wanting to take medication to suppress puberty and when they are older potentially having surgery to change their sexual organs. Issues with conflating sex and gender were discussed in the interviews, however this seems to be happening with transgender individuals because they state that they are changing their gender, but by undergoing medical intervention they are changing their anatomy which is connected to their sex.

The young people defined themselves as transgender and their gender identity as opposite to their assigned sex, stating that they were transgender males. However, they talked about the problems of there being a gender binary. Despite this, 'transgender' seems to create a new binary because they are either transgender male or female, rather than somewhere along the gender continuum. This could become an issue because it may suggest to young people who do not feel comfortable with their gender that the only option is to identify as the opposite gender, potentially limiting their freedom to explore their gender identity more, including the option of being non-binary or somewhere else on the gender spectrum.

The process of conducting this research was a valuable learning opportunity for me. As I identify as a cisgender female I had limited knowledge of the experiences of being transgender. Through undertaking this research I realised that I conform to many gender stereotypes, which before the research I did subconsciously. I also became more aware of gender stereotypes, both used by others and that I was applying to my practice. Engaging in the research also increased my knowledge of transgender, the experiences of transgender young people and their parents and how to support them. Therefore within my work if I am asked to work with a transgender child or young person I will have a strong knowledge base about how to support them, their parents and their school. I also feel that carrying out this research will

improve my practice because I will be more open minded and not make assumptions based on the gender of the young people I am working with.

Undertaking this research has also made me realise the gaps in knowledge amongst EPs. I have noticed that more EPs are coming into contact with transgender or gender non-conforming young people and they do not have the knowledge to support them. I have been approached by colleagues who have been asked to work with transgender young people requesting my advice on what they should suggest to support the young people. I hope that by carrying out this research and disseminating it, EP knowledge can be improved.

5.6 Conclusion

This research provided an insight into the experiences of transgender young people and their parents. The research highlighted that at the process level, young people struggled with bullying, parental dismissiveness, lack of school support and ineffective therapeutic support, while parents faced witnessing their child's struggles and coming to terms with losing the child they thought they had. At the person level, transgender young people faced challenges such as gender dysphoria and other mental health concerns. At the context level, the young people were influenced by societal views about gender and faced challenges of there being a lack of knowledge, experience and training amongst school staff and mental health professionals. Although views are changing over time, the young people and parents still experienced old fashioned views of gender.

The research therefore highlighted the need for EPs to work across these levels, to shape national conversations, those at the local authority level and within local service provision, including schools. There is a need for a more sophisticated view of gender so that young people do not feel pressured into conforming to gendered ways of thinking, feeling and acting that they are uncomfortable with and which can lead to gender dysphoria and other mental health issues. It is also important for EPs to work alongside transgender young people, their parents and schools in order to plan effective, individualised support, and to embed inclusive policies.

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Appendix 1: Information Sheet for Parents

**Doctorate in Professional
Educational, Child and Adolescent
Psychology**



Programme Director: Vivian Hill

Participant Information Sheet for Parents

UCL Research Ethics Committee Approval ID Number:
Z6364106/2018/02/46

Title of Study: The experiences of transgender young people and their parents: Informing the work of Educational Psychologists

Department: Psychology and Human Development

Name and Contact Details of the Researcher: Abigail Freedman

My name is Abigail Freedman and I am a Second Year Trainee Educational Psychologist at the UCL Institute of Education. You are being invited to take part in an Educational Psychology doctoral research project about the experiences of transgender young people and their parents. Your participation is voluntary and before you decide whether to take part it is important for you to understand why the research is being done and what participation will involve. Please take time to read the following information carefully. Please ask me if there is anything that is not clear or if you would like more information. Thank you for reading this.

1. What is the project's purpose?

This is a doctoral thesis research project. I aim to find out about the experiences of transgender young people and their parents, including positive and negative experiences, the support available and how they can be better supported.

2. Why have my child and I been invited to take part?

You and your child are being invited to take part in this research because I am interested in the experiences of transgender young people of secondary school age and their parents. It is hoped the research will contribute information on how transgender young people and their parents can be better supported.

3. Do my child and I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you and your child will be asked to sign a consent form. You can withdraw at any time for up to four weeks after the interviews without

giving a reason. If you decide to withdraw you will be asked what you wish to happen to the data you have provided up to that point.

4. What will happen if we take part?

If you decide to take part in the research you and your child will each be invited to attend an individual interview with me at a transgender charity office or somewhere convenient to you. Each interview is likely to last between 30 and 60 minutes.

5. Will we be recorded and how will the recorded media be used?

The interviews will be audio recorded and the audio recording will only be used for analysis. Only I will listen to the recordings, and my research supervisors will have access to the transcriptions of the interviews. No other use will be made of it without your written permission, and no one outside the project will be allowed access to the original recordings. If following the interviews you wish to withdraw the recordings, you can do so up to four weeks after the interviews have taken place.

6. What are the possible disadvantages and risks of taking part?

There are no foreseen discomforts, disadvantages or risks of taking part in the research. Any unexpected discomforts, disadvantages or risks which arise during the research should be brought immediately to my attention. If you do experience any discomfort or wish to stop the interview at any point, you are entitled to do so.

7. What are the possible benefits of taking part?

Whilst there may not be any immediate benefits for those participating in the project, it is hoped that this work will inform the work of professionals involved with transgender young people and their families.

8. Will our taking part in this project be kept confidential?

All the information that is collected about you and your child during the course of the research will be kept strictly confidential. Only my research supervisors and I will have access to your information. You will not be able to be identified in any ensuing reports. Your information will be stored securely and encrypted.

9. Limits to confidentiality

Please note that confidentiality will be maintained as far as it is possible, unless during the interviews I hear anything which makes me worried that someone might be at risk of harm; in that instance I might have to inform relevant people within the charity or other appropriate professionals.

10. What will happen to the results of the research project?

The results of the research project will be presented within a doctoral thesis. At a later date the results may be written as an article for publication in an academic journal.

11. Data Protection Privacy Notice

If you are concerned about how your personal data is being used, please contact UCL in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/>

12. Contact for further information

If you have any further questions before you decide whether to take part, please email Abigail Freedman who will provide as much information as possible. You can also email the research supervisors, Ian Warwick and Frances Lee for further information.

Thank you for reading this information sheet and for considering taking part in this research study.

Appendix 2: Information Sheet for Young People

***Doctorate in Professional Educational,
Child and Adolescent Psychology***

Programme Director: Vivian Hill



The experiences of transgender young people and their parents: Informing the work of Educational Psychologists

Participant Information Sheet for Young People

My name is Abigail. I am training to be an Educational Psychologist. I often work with young people and their parents to find out what helps them at school.

I am going to give you information about the research and ask if you would like to take part.

You can talk about this with your parents. You do not have to make the decision straight away.

The following are some questions you might have:

1. Why are you doing this research?

I want to find out about the experiences transgender teenagers and their parents have at school, at home and in the community and better ways of supporting them.

2. Why are you asking me?

I would like to know what your experiences have been, what support has been available and what could make your experiences even better. It is very important to get your views and find out if you have any ideas about how we can support you more.

3. Do I have to take part?

You do not have to take part in this research. It is up to you. It is ok to say you do not want to take part. Even if your parents agree, you do not have to take part if you do not want to. If you say yes now, you can still change your mind later and that is fine.

4. What will happen if I take part?

I will ask you to meet me at a transgender charity office or somewhere convenient to you and will ask you some questions about your experiences and the support you have received. You do not have to answer every question. I will be audio recording what we talk about, but no one except for me will listen to the recording.

5. Will you tell anyone what I say?

I will not tell other people that you are taking part and I will not tell your parents or anyone else what we talk about unless you say something that makes me worried about your safety and then I may need to speak to someone to make sure you are safe. What you tell me will be used in a report but your name will not be used. You can choose a different name for me to use for you if you want. When the research is finished I can meet with you to tell you the findings if you want me to.

6. Who can I talk to or ask questions?

You can also ask your parents questions if you want to. Your parents have my email address if you want to ask me any questions.

Thank you for reading this information sheet and for thinking about taking part in this research.

Appendix 3: Consent Form for Parents

**Doctorate in Professional Educational,
Child and Adolescent Psychology**

Programme Director: Vivian Hill



The experiences of transgender young people and their parents: Informing the work of Educational Psychologists

Parent Consent Form

If you are happy to participate in this study, please complete this consent form and return to Abigail Freedman.

	Yes	No
I have read and understood the information sheet about the research.	<input type="checkbox"/>	<input type="checkbox"/>
I agree for my child and for me to be audio recorded during the interviews.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if any of my words or my child's words are used in reports or presentations they will be anonymised and not attributed to us.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can withdraw myself or my child from the project up to four weeks after the interviews and that if I choose to do this, any data we have contributed will not be used.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the information my child and I have submitted will be written up in a doctoral thesis and that the findings may be used in future reports.	<input type="checkbox"/>	<input type="checkbox"/>
I have discussed the information sheet and consent form with my child	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of who I should contact for further enquiries.	<input type="checkbox"/>	<input type="checkbox"/>
I voluntarily agree to take part in this study and for my child to take part.	<input type="checkbox"/>	<input type="checkbox"/>

Name _____

Child's Name _____

Signed _____

Date _____

Appendix 4: Consent Form for Young People

**Doctorate in Professional
Educational, Child and Adolescent
Psychology**



Institute of Education

Programme Director: Vivian Hill

The experiences of transgender young people and their parents: Informing the work of Educational Psychologists

Young Person Consent Form

Please read the following statements and choose the option that is most suitable for you:

	Yes	No
I have spoken to my parents/carers about the research.	<input type="checkbox"/>	<input type="checkbox"/>
I understand the purpose of this research.	<input type="checkbox"/>	<input type="checkbox"/>
I know that I can leave the research at any time without giving any reason.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that anything I speak about will be kept between me and Abigail, unless it is related to something dangerous or harmful.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that what I say will be audio recorded.	<input type="checkbox"/>	<input type="checkbox"/>
I know that I can ask Abigail anything about the research, in person or via email.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the research.	<input type="checkbox"/>	<input type="checkbox"/>

Name/Signature

Date

Appendix 5: Young Person Interview Schedule

Introduction/rapport building:

- Thank you for agreeing to take part
 - Reminder of purpose of study
 - Reminder of confidentiality and right to withdraw
 - Reminder to ask clarifying questions if there is anything they are unsure about during interview
 - Check they are still happy to take part and to be audio recorded
1. What does gender mean to you?
 - a. Prompts:
 - i. What does it mean to be a girl/boy?
 - ii. What has influenced this?
 - iii. What were the things you heard about gender?
 1. Who/where from?
 2. What were the positive/negative/neutral ideas?
 - iv. What was the influence of the ideas?
 1. How did those ideas make you feel?
 2. Did they influence what you do?
 2. Can you tell me about your gender identity?
 - a. Prompts:
 - i. Age you started thinking about your gender
 - ii. What led you to think about it?
 - iii. How you talked about it with others (e.g. family, friends, other)
 3. Can you tell me about your transition to a male/female?
 - a. Prompts:
 - i. How you felt before and after you transitioned
 - ii. Reactions from others
 4. Can you tell me about your experiences in school?
 - a. Linked to gender identity
 - b. Have you experienced any challenges to your learning?
 - c. Has anything impacted on your ability to do your best at school?
 - d. Has anything impacted on your feelings about school?
 - e. Has anything impacted on your friendships?
 - f. What has been the impact on your feelings about yourself?
 5. Can you tell me about any support at school?
 - a. Prompts:
 - i. Who and what
 - ii. How has the school supported you?
 - iii. Has the school done anything that has been less supportive?
 6. What could the school do that you would have found more supportive?
 - a. Prompt:
 - i. What would have made a difference to your school experience?
 7. Can you tell me about your experiences outside school?
 - a. Prompts:

- i. Home (e.g. parent/family reactions to gender identity)
- ii. Can you tell me about the support you have received?
 - 1. From family/friends
 - 2. From professionals (e.g. EPs)
 - 3. From support groups/charities
 - 4. What has been the effect of these experiences in school?
- 8. Can you tell me what could have helped further/been more supportive?
- 9. Is there anything else I haven't asked about that you feel is important for me to know?

Appendix 6: Parent Interview Schedule

1. Can you tell me about what gender means to you?
 - a. Prompts:
 - i. What led you to this way of thinking about gender?
 - ii. Messages received – positive, negative, neutral
2. Can you tell me about your child's gender identity?
 - a. Prompts:
 - i. When you first noticed that they might have had concerns about their gender
 - ii. What you noticed
 - iii. When they mentioned it to you
3. Can you tell me about your child's transition to male/female?
 - a. Prompts:
 - i. How you made the decision
 - ii. How it happened (the process)
4. Can you tell me about your experiences of being the parent of a transgender child?
 - a. Prompts:
 - i. How you feel about it
 - ii. Reactions from others
 - iii. Impact on you/other family members
 - iv. Positive experiences
 - v. Key issues faced
5. What was your experience with your child's school?
 - a. Prompts:
 - i. What was the school's reaction?
 - ii. What were the reactions of other parents/pupils?
 - iii. What support was put in place?
 - iv. Did you have any EP support/support from other professionals?
 - v. What did the school do that was less supportive?
 - vi. What was the impact on your child's learning?
 - vii. What was the impact on your child's feelings about themselves?
 - viii. What was the impact on your child's friendships?
 - ix. What could the school have done that would have been more supportive?
6. What support has been available generally?
 - a. Prompts:
 - i. For you
 - ii. What has helped you to support your child in general and to do their best at school?
 - iii. Did you attend any support groups?
 - iv. Professionals involved outside school?
 - v. For your child
7. Can you tell me what could have helped further/been more supportive?
8. Is there anything else I haven't asked about that you feel is important for me to know

Appendix 7: Extract of IPA Stages 2 and 3 for Adam

Emergent Themes	Original Transcript	Exploratory Notes
	A: So, my first question is what does gender mean to you?	
Gender hard to define Gender is instinctual Gender as identity Gender is complex	C: Well, it's kind of, it's kind of like, it's hard to explain. It's just an instinct, for me it's quite instinctual feeling of identity and it's a part of identity that I think you just of kind are drawn to or know, I don't know, it's really like, loads of stuff, I don't know, but yeah.	<i>Trying to articulate meaning of gender</i> Gender is an instinct or feeling Gender is part of identity <i>Repetition of I don't know - hard to define</i>
	A: Ok, and have you heard messages about what it means to be a girl or what it means to be a boy?	
	C: Yeah.	
	A: And where have those messages come from?	
Parents influence gender Categorized from young age Authority figures stereotype gender Peer influence behaviour	C: Well definitely the whole canalisation thing is really, I feel like from a very young age I was kind of put in a space, in a box and I feel like that's the same for most kind of kids, they're put into boys and girls and not really told to do otherwise. It's kind of like, mainly my parents and school and other people who, if, say if you hang out with loads of girls you're gonna do girly things and if you hang out with loads of boys you're gonna do	<i>Use of complicated language. <u>Implies he's done his own research</u></i> Parents influence children's gender to conform to norms Categorisation of children by gender from young age Children given genders from young age Authority figures stereotype gender Gender of peers influences behaviours

<p>Others influence gender</p> <p>More open minded</p> <p>Challenging gender stereotypes</p>	<p>stereotypically boyish things. So it kinda is other people although I think definitely people are becoming a bit more open minded and not conforming to as much, loads and loads of gender roles and expectations and stuff like that.</p>	<p>Gender influenced by other people</p> <p>People are becoming more open minded about gender</p> <p>More people not conforming to gender roles and expectations</p>
	<p>A: And do you think the messages about masculinity and femininity, have heard positive messages, or negative messages or have they been quite neutral, what would you say?</p>	
	<p>C: What do you mean sorry?</p>	
	<p>A: So do you think the messages about gender, are they quite, do you think they're a good thing?</p>	
<p>Gender messages positive</p> <p>Looser gender roles and expectations</p> <p>More non-conformity</p> <p>Tomboys</p> <p>Feminine boys</p>	<p>C: I mean I do think they are a good thing because I think for the majority of people they don't, they're not gonna feel dysphoric, but by like being given, say a girl isn't gonna feel dysphoric over doing girlish things and blah blah, so I think it's kind of, it's good for the majority of people, but I think it is becoming looser, those expectations and gender roles and there are a lot more tomboys and a lot more feminine guys and stuff like that. Yeah I think on the whole it is kind of a good thing because for the majority of people it's fine.</p>	<p>Gender messages are good for the majority of people</p> <p>Gender roles and expectations becoming looser</p> <p>More people not conforming to gender stereotypes</p> <p>More tomboyish girls and feminine boys</p>

	A: And what about for you? And do they make you feel?	
Gender messages cause dysphoria Socially transitioning alleviates dysphoria Adjustment Adaptation Treated better by others	C: I mean obviously quite dysphoric but I think definitely socially transitioning for young trans people is very, it's a good thing, it alleviates, for me it's alleviated a lot of dysphoria and when you stop being treated as a certain gender it, though it takes adapting to those changes and how people speak to you, how people kind of, I don't know, interact with you, it is usually a lot better and stuff.	Messages about gender lead to gender dysphoria Being able to socially transition helps alleviate gender dysphoria Takes time to adjust to new gender Socially transitioning changes the way others interact with you Being treated as gender identity helps stop gender dysphoria
	A: Can you tell me about your gender identity?	
Self-labelling Assigned identity	C: Erm, myself I identify as a guy, as a boy, male, erm yeah that was assigned female at birth, so technically a trans male.	<i>Using a range of 'male' descriptors</i> <u>'Technically trans' implies he doesn't want to identify as trans – just wants to be male</u>
	A: When did you start thinking that maybe the female wasn't right?	
Gender is instinctual Gender non-conformity starts young Gender of peers Gender identity feels natural Dislike being treated as assigned sex	C: Well, it, for me it was kind of instinctual, I feel like when I was younger I was quite boyish and I hung out with boys etcetera, etcetera. That doesn't necessarily mean you're trans, but erm, it was kind of, it just felt natural, me being kind of seen as a boy and stuff like that. So I think from quite a young age, I would say around Year 3 it started bothering me because people were starting to treat me like I was a girl and I felt otherwise	Gender identity was instinctual Gender non-conformity from a young age Prefer spending time with peer of opposite sex Being male felt more natural than being female as assigned Disliked being treated as assigned sex when it didn't feel right

Dissonance between assigned sex and gender identity	so I don't know what age I would've been in Year 3, kind of like maybe, I think 6 to 7, I don't know, that kind of age, yeah. Things felt a bit off, yeah.	Dissonance/incongruence when gender identity and biological/assigned identity didn't match
	A: You said it was instinctual	
	C: Yeah	
	A: Was there anything else that led you to think it wasn't right, or was it just instinct?	
Link between gender dysphoria and lack of acknowledgment Negative feelings linked to dissonance Assigned sex unnatural Gendered school uniform causing dissonance Pressure to conform Uncomfortable	C: Erm, I mean, I do get quite a lot of dysphoria when I'm treated like a girl and within myself that felt unnatural and very, and upsetting in a way, and, yeah it kind of did push me certainly when I was a bit, when I got into secondary school, I think that was when it was at its very like peak because like it's, I feel like, I had to start wearing a skirt and to start like being a girl and I wasn't cut out for that and it made me really, really uncomfortable. So for me that was definitely, I don't know, a bad time, but yeah.	Experience gender dysphoria when treated as assigned sex Dysphoria linked to others not acknowledging gender identity Assigned sex felt unnatural and upsetting Feelings linked to dissonance/incongruence experienced between gender identity and biological/assigned identity Female school uniform had negative impact Transfer to secondary school – <i>at its peak</i> . <u>Pressure to conform to assigned identity</u> . Being a girl felt uncomfortable
	A: When you said before that when you were younger you were quite boyish, what did you mean by that?	
Gender non-conformity Identifying with boys Perceived as male by peers Realisation of gender identity	C: So I just did stereotypical boy things, I got along very well with other boys, I just, I think everyone kind of in my friend group kind of saw me as a boy and stuff like that and it was kind of as I got older realising oh I'm	Acted in a stereotypically male way Identification with male peers Got along well with male peers Was seen by peers as a boy Realisation as he got older that gender identity differed from assigned sex

Confusion	apparently not and what to do and stuff like that.	Unsure what to do
	A: When did you first start talking to people about maybe thinking you were a boy rather than a girl?	
Coming out Non-binary Transgender fit better New start Moving school Gender on register Introduction to peers Smooth school transition Positive reactions	C: Well I think definitely in the, in secondary school I came out as, basically like, a non-binary for a time but, and then I realised that wasn't me either, so I then came out as a guy and I moved schools and I wasn't, on the register and stuff like that I wasn't seen as a boy but I was introduced to new friends and new people that weren't in my classes and stuff like that, as a boy, as Adam and that, yeah, and that, it was quite easy for me especially because it was a whole new environment to kind of start talking to people about it and people were generally quite positive about it.	Came out in secondary school Came out as non-binary first Non-binary didn't feel right so came out as transgender Transitional process to uncover self-identity Moved schools Was female on the register Introduced at new school as male Easy to present as gender identity in new school People were positive about gender identity
	A: Who were the people that you first came out to?	
Come out first to friend	C: It was my best friend.	Came out to best friend first
	A: And how did they react?	
Positive reaction from friend Accepting friend	C: Quite positively yeah. Yeah she was accepting, she's gay herself so she was fine with it and she's just, she's very like accepting and open like to the whole LGBT community so yeah, she was alright with it.	Positive reaction from friend to coming out Accepting peer Peer was gay so could understand it more and more accepting

Appendix 8: IPA Stage 4 for Adam

Theme	Page Number	Quote
Complexity of concept of gender		
Gender hard to define	1	It's hard to explain
Gender is complex	1	I don't know, it's really like, loads of stuff, I don't know
Gender is instinctual	1	It's just an instinct, for me it's quite instinctual
Gender as identity	1	Feeling of identity and it's a part of identity
Gender is instinctual	3	For me it was kind of instinctual
Influences on gender		
Parents influence gender	1	The whole canalisation thing
Categorised from young age	1	From a very young age I was... put in a space
Authority figures stereotype gender	1	Mainly my parents and school and other people
Peers influence behaviour	1	If you hang out with loads of girls you're gonna do girly things
Others influence gender	1	So it kinda is other people
Assigned identity	3	Assigned female at birth
Changing social perceptions of gender		
More open minded	1	People are becoming a bit more open minded
Challenging gender stereotypes	1	Not conforming to as much, loads and loads of gender roles and expectations and stuff like that
Looser gender roles and expectations	2	It is becoming looser, those expectations and gender roles

More non-conformity	2	A lot more tomboys and a lot more feminine guys
Increased numbers of people transitioning	17	There are a lot of people transitioning nowadays
Awareness increasing	17	That definitely raised awareness
Easier to come out	17	Makes it easier to come out as trans.
Incongruence between assigned sex and gender identity		
Gender messages cause dysphoria	2	I mean obviously quite dysphoric
Dislike being treated as assigned sex	3	People were starting to treat me like I was a girl and I felt otherwise
Dissonance between assigned sex and gender identity	3	Things felt a bit off, yeah
Link between gender dysphoria and lack of acknowledgment	3	I do get quite a lot of dysphoria when I'm treated like a girl
Assigned sex unnatural	3	Within myself that felt unnatural
Negative feelings linked to dissonance	4	Upsetting in a way
Pressure to conform	4	I had to start... being a girl
Uncomfortable	4	It made me really, really uncomfortable
Non-conformity to gender stereotypes		
Gender non-conformity starts young	3	When I was younger I was quite boyish
Gender of peers	3	I hung out with boys
Gender non-conformity	4	I just did stereotypical boy things
Identifying with boys	4	I got along very well with other boys
Perceived as male by peers	4	My friend group kind of saw me as a boy
Easier friendships with girls	16	It's a lot easier to be friends with girls
Complexities of transition process		
Self-labelling	3	Myself I identify as a guy, as a boy, male

Realisation of gender identity	4	As I got older realising oh I'm apparently not
Confusion	4	What to do and stuff like that
Coming out	4	In secondary school I came out
Non-binary	4	I came out as... a non-binary for a time
Transgender fit better	4	I realised that wasn't me either, so I then came out as a guy
Adaptation	3	Though it takes adapting to those changes
Positive outcomes from social transition		
Socially transitioning alleviates dysphoria	2	It's alleviated a lot of dysphoria
Gender identity feels natural	3	It just felt natural
Treated better by others	3	How people... interact with you, it is... a lot better
Smooth school transition	4	It was quite easy for me
Social transition alleviates dysphoria	10	Socially transitioning alleviated so much dysphoria
Smooth social transition	7	My social transition was definitely a much, much easier than others
Social transition prevents overthinking seemingly small things	16	It's a lot easier now because... I don't overthink like tiny things
New start	7	It was also quite convenient to then go find a new bunch of people
Process of coming out to others		
Come out first to friend	5	It was my best friend
Came out to mother after friend	5	My mum I came out to... a few months after
Came out to father later	5	My dad I came out to... it feels like very recently
Coming out at school	7	I then came out to school

Informing school	8	We have a year leader and my mum emailed her
Informing peers	8	They offered if I wanted to do an assembly
Fear around coming out to family		
Passing responsibility of telling father to mother	5	I actually got my mum to do it for me
Scared to tell father	5	I was kind of really scared
Not coming out to siblings	7	I wasn't out to him
Initial dismissiveness from mother		
Dismissive mother	5	She kind of just dismissed it in a way
Ignored by mother	5	She just kinda ignored it for a few years
Perception of being ignored for prolonged period	5	It felt like 2 years, but it was probably a year and a half to a year, just kind of ignored it
Parental pressure to conform	6	She was really pushing for me to be a bit more girlish
Psychological consequences of parent dismissiveness		
Upset	6	Well a series of like me being really upset
Breakdown	6	I had like a little breakdown
Build-up of gender dysphoria	9	It was just a build-up of kind of dysphoria
Trapped	9	Feeling really kinda trapped
Uncomfortable	10	Just a really uncomfortable situation
Unable to express self	10	I felt like I couldn't express myself
Hatred of use of birth name	10	I really hated... constantly being called my birth name
Upset by use of birth name	10	I just heard my birth name all the time and... it just... upset me a lot

Parents beginning to understand

Talking with mother helped	5	We started talking more about it and it got a bit better
Talking to mother helped	6	Then talking to her about it I think
More understanding	6	She really kind of started to understand
Talking more	6	We talked a lot more about it
Father lacked understanding	6	He doesn't actually understand it too well
Increased understanding	6	He is starting to really know a bit more about it and understand it

Parents becoming accepting

More accepting	6	Eventually acceptance
Father accepting	6	My dad accepted it like... kind of straight away

Worries of family members

Relatives worried about regrets	19	They don't want me to do anything that I would regret
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Positive acceptance from family members

Supportive grandparents	18	They were actually really supportive
New idea to grandparents	18	It's something that they had never heard of
Supportive family	19	Most of my family members are good about it

Acceptance by peers

Positive reactions	5	People were generally quite positive about it
Positive reaction from friend	5	Quite positively yeah
Accepting friend	5	Yeah she was accepting
Maturity helps acceptance	16	People are starting to mature more
Positive Impact on peer perceptions	16	It has affected people's opinion of me to

actually become friends with me

Negative peer reactions and behaviour

Misgendered by peers	9
Physically and verbally harassed	9
Boys less accepting	16
Peers lack understanding	16
Mixed peer reactions	16
Purposely misgendered by peers	16

They'll still use she and her pronouns and address me as a girl
I've been barged in the hallway and called a tranny
It took like me a long time to find other guys that were accepting
A lot of people kind of don't get it
Actually it was quite mixed
Call me she no matter how many times I explain it

Resilience factors

Not bothered by negative reactions	9
Feel better around friends	10
Choice of subjects impacts dysphoria	15
Importance of peer support	17
Lucky	19
Passing	19
Safe	19

I think I've got quite thick skin so it's, it's fine
Definitely being around my friends
I picked kind of niche subjects where everyone's quite nice
It's always useful to have a supportive friend group
I've been quite lucky, very lucky
A lot of people think I pass quite well
I would say I'm safe like most of the time

Response to negative peer actions

Not reporting pushing and name calling	9
Concerned about mother's stress	9

It's more something I deal with
I don't really tell my mum or the school because my mum will like stress out about it

School as cause of dysphoria

Gendered school uniform causing dissonance	4	I had to start wearing a skirt and to start like being a girl and I wasn't cut out for that
PE causes dysphoria	15	If I did PE I think it would affect me
Birth name on register causes dysphoria	16	Tiny things like the register
Gendered uniforms	16	There were girls' and boys' uniforms
Marginalisation	16	It was very kind of you know, I don't, marginalised
Split between genders	16	There is definitely a split
PE causes dysphoria	16	Freaking out about like PE and just stuff where I would come in contact with dysphoria

School providing support and acceptance

Supportive school	7	My school have been really good with it
Lucky	9	Yeah I am quite lucky, my school were very good
School seeking advice	8	The school bought in someone from Mosaic
Changing name on register	8	Well they first of all changed my name
Sharing of information with teachers	8	They also emailed all the teachers kinda explaining my situation
School offering high levels of support	8	They've offered loads of support if I needed it
Helpful school	8	They've just been quite supportive and helpful
Separate changing for PE	9	They've let me change in a separate changing room
Difficulty of gendered toilets	9	I'm also allowed to go to the nurse's bathroom instead of the boys' bathroom or the girls' bathroom just because it's a bit iffy
Non-intrusive staff	18	They didn't want to be intrusive

Availability of staff to talk to	18
Acknowledgement of chosen name	7

If I did need anything I could go to year office
I was known as Adam on the register and all my teachers addressed me as Adam

Impact on school

Moving school	4
Changing school	7

I moved schools
It was also quite convenient to then go find a new bunch of people

Learning not impacted	15
Focus in class impacted	15
Upset during lessons	15
Learning not impacted	15

It doesn't really, I wouldn't say it distracts me
I think I do still zone out quite a lot
I have been upset in class before
I'm quite interested in most of the stuff I do so
I am kind of focused on it

Positive nature of support groups

Support groups helpful	10
Meeting transgender peers helpful	11
Around friends at support group	11
Be yourself at support group	11

I go to a GI... which has helped a lot
Meet other people in my kinda situation
I'm surrounded by people I like
It's... a space where you can kind of be yourself

No pressure to conform at support group	11
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There's no kind of pressure to be really macho and masculine

Relate to transgender peers	11
Can talk to transgender peers	11
Deep conversations with transgender peers	12
Transgender peers provide information and advice	13

I know that they can relate to
It's good to kind of have a talk about it
It's good to talk to people with different opinions
If I have any questions and stuff like that I can always go to him

Opportunities to talk at support group	14
Platform for discussions during support group	14

It's all kind of people talking
Sometimes there'll be a theme and you talk

		about that
Helpful to discuss topics	14	It is quite productive I think
Group activities at support group	14	Sometimes there'll be like activities to do
Space provided	14	There's also a chill out corner
Provides youth club for likeminded peers	14	It's pretty much just like a youth club
Therapeutic support received		
Therapist input	10	I did go to a therapist for a bit
CAMHS support	15	There's also CAMHS
Private therapy	15	I was lucky enough to go to a private therapist
CAMHS refer to Tavistock	15	At CAMHS they just referred me to Tavistock and then just like discharged me
Tavistock waiting list	12	Well I've been waiting for, you know, ages
Lack of therapeutic support		
Therapist lack experience	10	I was the first trans person she had ever like talked to
Therapist lack knowledge	10	She didn't know too much
Therapist adds to stress	10	I also didn't find it very relaxed and I just ended up stressing more
Therapy unproductive	10	I just didn't find it very productive
Medical decisions		
Decision to go on hormone blockers	13	I am kind of thinking about it but I'm not sure how
Importance of hormones	13	The top of my priorities is to try and get on testosterone as soon as possible

Appendix 9: IPA stage 6

Bold = superordinate theme, normal text = subordinate theme, *normal text in italics = cluster theme*

<u>Theme</u>	<u>Adam</u>	<u>Ben</u>	<u>Callum</u>	<u>Daniel</u>
Understanding gender				
Complexity of gender				
<i>Defining gender</i>	p1	p1	p1	p1
<i>Influences on gender</i>	p1	p2, p3	p2	p1
<i>Changing perspective on gender</i>	p1-2, p17	p1		p16
Exploring own gender				
<i>Gender non-conformity</i>	p3-4	p3		p4
<i>Experiencing gender dysphoria</i>	p3		p3, p8	p4, p9
<i>Coming to understand themselves and transgender</i>	p4	p2, p3-4, p5	p3	p15
Complexities of transitioning				
Coming out and positive reactions from friends	p5	p4	p4	p4, p6, p19-20
Negative peer reactions	p9	p6, p7, p18		p13
Parental denial and acceptance process	p5-6	p5	p4-5	p7
Social transition process	p7, p10, p16	p5, p18	p6	p6
Medical decisions	p13	p16	p12	
School related experiences				
Negative school experiences	p4	p9	p8	p8, p18, p19
Good practices in school	p7, p8, p9, p18	p10	p6, p7, p8	p20
Support networks				
Support groups	p11	p12	p13	p15, p17
Negative experiences of therapeutic support	p10	p15, p16	p11	p23, p25
Further support needed	p17-18	p12, p14, p15		p21, p26