Experiences of parents of trans young people: a qualitative literature review

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Hello. I am Rachel Hubbard. I am a Professional Doctorate student at Cardiff University, just coming to the end of my fifth year of study and I am a Senior Lecturer in Social Work at the University of the West of England in Bristol. I am the mother of a trans son. My doctoral thesis will be based on interviews I conducted at the beginning of this year with parents of trans young people – from puberty to 18 years of age - in the UK.

In the more than five years since I started planning this research, the world of trans children and young people and the families who support them has changed significantly. Increased public visibility of trans people in the UK has led to a fevered atmosphere where politicians, journalists and public figures compete to show how concerned they are at the suggestion that trans children and young people exist, can understand their identity at a young age and may need medical intervention to ease distress at their changing bodies during puberty.

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A number of significant events over the last few years have had a tremendous impact on trans young people and their families.

The High Court ruling in Bell v Tavistock in December 2020, effectively halted all prescription of hormonal treatment via the Gender Identity Development Service (GIDS) run by the Tavistock and Portman NHS Trust for a significant period of time. This judgement stated that courts must decide whether such treatment is appropriate or not for those under 16 as the usual principle for young people to show they had capacity to make these decisions should not apply to this. A day later the NHS issued guidance that any such prescriptions should also go through a multi-professional panel before being agreed. Soon after, the Care Quality Commission (CQC), England's healthcare regulator (2021) published a report damning care at GIDS as inadequate and a review of young people's NHS gender healthcare was launched (the Cass Review).

The overturning of the Bell v Tavistock judgement in the Appeal Court in 2021 has not had a material effect on the accessibility of puberty blockers and cross-sex hormones for trans young people assessed to need these in the UK and the original judgement has been cited by US states who have banned trans healthcare for young people. The UK's state-run gender healthcare is already beset with years long waiting lists for children, young people and adults and private gender healthcare is expensive, inaccessible and for under 18s considered controversial, so these additional hurdles are significant. They feed into the wider public narrative that trans children and young people don't exist or are a matter of

social contagion or grooming, are at risk from gender healthcare or are unable to make decisions in relation to their bodies and has made the lives of trans children and young people and the families that support them harder.

In 2022 the UK government employed previously unused devolution statute to block Scotland from implementing reform of gender recognition law and stalled attempts to ban LGBT conversion therapy because of a disinclination to include trans people, especially trans children and youth.

So far in 2023, 16 year old trans girl Brianna Ghey was murdered in a park by two school children, government guidance for schools has been published recommending schools report to parents if children in their care are expressing diverse gender identities and draft healthcare guidance has recommended that parents accessing gender healthcare privately for under 16s are reported as child safeguarding concerns. It is difficult not to conclude that the UK is an increasingly hostile place for trans children, young people and their families.

Understanding what this experience is like for parents who are inclined to be supportive to their trans children has become a matter of great importance since these are not the voices that are most loudly heard. Hidalgo and Chen (2019) identify that the parents of gender minority youth are at risk of minority stress and trauma due to their proximity to their children's experiences and experience similar symptoms, such as poor mental health, as a result.

The interviews I conducted for my research took place post-Bell v Tavistock while the UK and wider research I found for this literature review was all conducted before, so it will be interesting to see what, if anything, has changed for my parent sample.

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My main review of the qualitative literature on supportive parents of trans children and young people took place in late 2021/early 2022 and I revisited this for this paper in May 2023. I searched for primary qualitative research in journals across health, social work, education, environmental and public health, psychology, sociology and LGBTQ journals. I searched within some key journals related to LGBT families and trans health and looked at the reference lists of relevant papers. I included studies of parents of children and young people and found 32 publications in English. 31 papers were published in peer reviewed journals and one book was published by an academic imprint. I also found three systematic reviews relating to themes including the primary and secondary support needs of parents (de Abreu at al, 2022a and 2022b) and their experiences of pathologising and affirmative care (de Bres, 2022).

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Of these 32, 14 were US-based (Alegria, 2018, Barron and Capous-Desyllas, 2017, Bhattacharya et al., 2021, Capous-Desyllas and Barron, 2017, Coolhart et al., 2017, Field and Mattson, 2016, Gray et al, 2016, Hill and Menvielle, 2009, Johnson and Benson, 2014, Kuvulanka et al., 2014 and 2019, Rahilly, 2015, Katz-Wise et al, 2017 and Schlehofer et al., 2021) and 10 were from the UK (Carlile, 2022, Davy and Cordoba, 2020, Gregor et al., 2015, Horton, 2021, 2022a, 2022b, 2022c, 2022d and 2023, Mikulak, 2022 - with one PhD

researcher responsible for 6 papers on different topics from one set of interviews). 3 were from Canada (Pullen Sansfacon et al. 2015, 2020 and 2021) with all having the same lead researcher and two presenting findings from the same trans youth study. 2 were from Italy (Frigero et al., 2021, and Lorusso and Albanesi, 2021) and Australia (Riggs et al, 2020 and Riggs and Due, 2015) and 1 was from Ireland (Neary, 2019). The majority that identified parent demographics spoke to white, middle class, middle-aged cis mothers. Although Black, Asian and minority ethnic parents, parents of diverse sexuality, other parents such as grand, step, foster or adoptive, and cis fathers were visible in a few studies, they were in a minority. Only one UK study (Davy and Cordoba, 2020) identified that they had spoken to trans parents.

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Of these 32, 18 were completed in the last 5 years representing increasing interest in parents' views on their experiences.

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Those conducting the research were often mental health, psychology and other clinicians and social workers, some of whom specialise in gender. 12 researchers identified themselves as trans, non-binary, LGBTQ+ more widely, queer or allies and many explicitly identify their research as part of their activism and cite their own or family members trans and gender diverse identities as the spark for their interest. Manning et al. (2015) suggests this 'academic activism' by parents is not uncommon. Their paper explores the experiences of a number of Canadian academics (including some whose papers are included in this literature review) who grouped together because of their common experience as parents of trans children and recognised the 'position of liminality' (p119) they occupy. Many are not trans but through their 'desire to ensure the well-being of our children, and the discrimination we face advocating for and with them, we live a commitment to our children that cannot be picked up or put down as we like' (p119).

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The majority of the studies identified used interviews as their primary method. Nearly all were semi-structured, with one using a narrative method (Gregor et al., 2015). There were two published from the same ethnographic study (Capous-Desyllas and Barron, 2017 and Barron and Capous-Desyllas, 2017), one paper focussed on one parent as a case study (Johnson and Benson, 2014) and two studies chose parent-led methods of research design and data collection in order to recognise parents' and young people's expertise in their own experience. Pullen Sansfacon et al (2015) collected data via a Participatory Action Research focus group and Carlile (2020) used the Illuminate participant/researcher method where parents, volunteers and children and young people at a family support group developed their own questions and interviewed each other.

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In analysing the papers, I found four main themes, each with multiple subthemes. The main themes were:

1. *Identity* including the child coming out and the parents' growing understanding of their diverse gender identity and the impact of this on parental and family identity
2. *Interactions* with individuals (friends and wider family) and institutions (school, health (primary and mental health *not* including gender specialist), social work, family court, media)
3. *Support seeking* whether formal therapeutic and medical, including the experiences of those seeking support in the UK either from the GIDS clinic or private medical providers, and contact with LGBTQ+ community and alternative sources of support
4. *Parental focus and perspectives* included theoretical models of parental response and understanding of child's gender, intersectionality and parental responses, the roles that parents play and their priorities and fears.

I will look at each of these themes and subthemes in more detail.

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The theme of *identity* included parents' experiences of their child coming out to them as trans and growing to understand what that means for them (Barron and Capous-Desyllas, 2017, Kuvulanka et al, 2014). Parents learning about how affirming that identity can be protective to their wellbeing (Kuvulanka et al., 2014, Pullen Sansfacon et al., 2020 and Riggs et al., 2020) or how parents want to protect their children from their presumptions of the societal impact of their child's diverse gender (Horton, 2022c). Parents talked about wanting consistency rather than ambiguity in their child's gender expression as a means of ensuring their child conforms to societal gender expectations, making them more comfortable when their child expressed stable, binary identities than more fluid, non-binary identities (Alegria, 2018, Neary, 2019 and Pullen Sansfacon et al, 2021). Parents explained their growing understanding of their child's identity and the impact of this on differing perceptions of the speed of recognition and change, meaning that children perceived parental and wider responses as slow whereas parents perceived their need to learn and respond to their child's needs for change as quick. This was explained as possibly resulting from how much work the child had done before coming out that the parent was unaware of (Pullen Sansfacon et al., 2020). Some parents talked negatively about change in terms such as being robbed of their child and their expectations of who they were (Gregor et al., 2015). Others talked about guilt for needing recognition of their own feelings required for a process of acceptance (Davy and Cordoba, 2020) and the weariness brought on by constantly needing to negotiate with others' reactions and societal gender norms (Neary, 2019, Field and Mattson, 2016, Gray et al., 2015).

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Parents' interactions with *individuals and institutions* were complex and emotionally intensive. Parents reported their interactions with individuals such as *friends and wider family* as involving navigating openness and secrecy about the child's identity out of fear of negative responses (Capous-Desyllas and Barron, 2017). Parents often felt that family and friends judged them for their child's gender and their response to it by blaming or judging them or accusing them of indulging the child's whims (Gray et al., 2015, Neary, 2019).

Parents encountered transphobic opinions and non-acceptance, including experiences of explicit stigmatisation, rejection and ostracisation (Frigero et al., 2021). Parents reported a range of responses from acceptance to hostility and reported that they used careful selection of those it was safe to share information with and in what circumstances. This included the difference between what strangers, other parents at a birthday party or sleepover, and what family and friends need to know when in regular contact with their children (Rahilly, 2015).

Social institutions such as school, healthcare, social work and the family courts if relevant, and the media including social media, all presented challenges as well as potential sources of support for parents (Barron and Capous-Desyllas, 2017). Examples of when these institutions were engaged with included seeking mental health care for children and young people struggling with dysphoria or seeking assistance to access medical transition, such as hormones, (Johnson and Benson, 2014, Lorusso and Albanesi, 2021) ensuring the child's gender is recognised and any bullying issues are addressed in schools or where social care and family courts are involved, the child's gender identity is recognised and supported. Parents often reported that primary schools were more accepting of their child than secondary schools (Capous-Desyllas and Barron, 2017, Davy and Cordoba, 2020) and religious affiliation appeared to have some interaction with how supportive an environment schools would be (Capous-Desyllas and Barron, 2017, Kuvulanka et al., 2014). Parents talked about the emotional labour of gaining recognition and support for their trans child across all institutions (Davy and Cordoba, 2020). Generic health and social services were often criticised for their lack of knowledge of the needs of trans young people and referral to social services was identified as a common threat to affirming parents (Barron and Capous-Desyllas, 2017, Capous-Desyllas and Barron, 2017, Johnson and Benson, 2014). One study involved supportive parents' contact with family courts, finding themselves torn between affirming their child and coercive ex-partners who did not support their child's identity (Kuvulanka et al., 2019).

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Parents sought support from *formal* sources, such as medical services like mental health and gender specialists and therapists, and *informal*, including LGBTQ+ organisations and charities and self-organised parents' support. Generic mental health services were often criticised for a lack of knowledge and ill-informed practice, including some employing conversion practices where parents were told to discourage their child's diverse gender expression and parents noted negative impacts on the child's mental health (Barron and Capous-Desyllas, 2017, Hill and Menvielle, 2009). Some practitioners and services were found to be supportive and knowledgeable, but this was patchy and dependent on individual practitioners (Gray et al., 2015, Kuvulanka et al., 2014, Riggs and Due, 2015). Specialist gender services were found to be difficult to access internationally.

Three researchers focussed on the UK context of state funded NHS healthcare for trans children and young people (Carlile, 2020, Horton, 2021, 2022abcd and 2023, Mikulak, 2022). Users of the *UK's GIDS service* reported serious concerns relating to getting referred, the length of the waiting list and lack of prioritisation of children and young people at risk

while waiting, the lengthy assessment process involved in accessing any form of medical intervention and the rigid treatment protocols used by the service. Those that accessed the service described the clinical practice they experienced as 'judgemental, pathological and out of date' (Horton, 2021, p5) which was attributed to being structurally stuck at a time when gender healthcare was seen as treatment for mental disorder rather than affirmation of gender variance (Horton, 2023). Parents described feeling 'largely a mix of disappointment, despair and frustration' (Mikulak, 2021, p100) with many angry and confused by how GIDS works, citing the 'never-ending test of the young person's transness' (p107) while working to a binary stereotype of transness, overseen by mainly cishet clinicians (Horton, 2022d). A number of parents sought private gender healthcare in order to alleviate their child's distress and dysphoria while either waiting or being assessed, even though the GIDS service discourages this.

Parents often sought *informal support* from within the LGBTQ+ community and alternative sources as a result of both the inaccessibility of more formal sources of support (either geographically, financially or because of long waiting lists) and their experiences of these clinics once accessed (Alegria, 2018). Organisations such as Mermaids, Gendered Intelligence and FFLAG in the UK and PFLAG in the US offer support to trans children and young people, their parents and families. This is often on a peer support basis which parents frequently reported finding useful for information and reassurance. More informal networks of parents, often online in private Facebook groups, also offer peer education and support, particularly to those who are waiting to access formal support or for those who have had negative experiences of the support offered in formal settings (Pullen Sansfacon et al., 2022). Those in contact with these types of support tend to be or become interested in supporting their child, (Gray et al., 2015, Lorusso and Albanesi, 2021) although organisations and online groups also exist of those who do not support their child's diverse gender (Mikulak, 2021).

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The final theme considers parental perspectives and responses to the experience of supporting their child's gender identity. The theoretical model of *loss and grief* as a parental response has been identified and critiqued as inadequate for a child that remains present (Pullen Sansfacon et al., 2020 and 2021, Field and Mattson, 2016, Riggs et al, 2020, Gregor et al., 2015). Suggested alternatives include acceptance theory (Davy and Cordoba, 2020), continuance (Riggs et al, 2020) and a child's gender diversity as an ontological crisis for parents as a result of societal expectations of gender and personhood (Mikulak, 2022). Parents sought ways of understanding this experience that included joy and coming to terms as a process. Parents often struggled with a *move from parent-led to child-led* understanding of identity (Neary, 2019, Horton, 2022a) as well as parents' ignorance of wider LGBTQ+ experiences, especially trans lives and possibilities (Barron and Capous-Desyllas, 2017, Rahilly, 2015, Neary, 2019). *Developmentalism* played a role in how parents understand and renegotiate with their understanding of the impacts of puberty as a physical process and a watershed in a trans young person's experience (Riggs et al., 2020, Horton, 2022b).

Intersectional perspectives were identified as having a part to play in parental responses. Parents who already held what were characterised as 'non-traditional beliefs,' such as feminism, supporting LGBT and other rights were often identified as more inclined to support their child although this was not consistent (Hill and Menvielle, 2009). For example, one lesbian parent identified themselves as 'borderline transphobic' and feeling family pressure to have a 'normal child' (Rahilly, 2015). Religiosity was often identified as a factor in more conservative beliefs that might affect the parents' response to their child although this wasn't consistent (Lorusso and Albanesi, 2021, Frigero et al., 2021, Neary, 2019, Alegria, 2018, Bhattacharya et al., 2021, Capous-Desyllas and Barron, 2017, Kuvulanka et al., 2014, Johnson and Mattson, 2014). Mothers were often more likely to be singled out for criticism and responsibility for their child's diverse gender (Neary, 2019, Frigero et al, 2021, Johnson and Benson, 2014, Kuvulanka et al., 2019) while fathers were more often slower to accept, less likely to be supportive or actively hostile to their child's diverse gender (Hill and Menvielle, 2009, Kuvulanka et al., 2019, Neary, 2019, Pullen Sansfacon et al., 2020, Riggs et al., 2020 and Riggs and Due, 2015). Ethnicity was identified as increasing complexity of responses to changing gender signifiers, such as coming into conflict in relation to strongly held views on hair in African American cultures (Capous-Desyllas and Barron, 2017) or experiencing greater hostility than white trans young people (Gray et al., 2015). The impact of class and social capital was identified in the confidence of middle-class parents negotiating for the rights of their trans children (Neary, 2019).

Parents were identified as taking on a number of *roles* in relation to their child, including educator (Davy and Cordoba, 2020, Gray et al., 2015, Johnson and Benson, 2014, Lorusso and Albanesi, 2021, Neary, 2019, Rahilly, 2015 and Schlehofer et al., 2021), advocate (Alegria, 2018, Bhattacharya et al, 2021, Davy and Cordoba, 2020, Gray et al., 2015, Hill and Menvielle, 2009, Johnson and Benson, 2014, Katz-Wise et al., 2017, Kuvulanka et al., 2014, Mikulak, 2022, Neary, 2019, Rahilly, 2015, Riggs et al., 2020 and Schlehofer et al., 2021) and activist in order to make safer space for their child to live safely and happily, as well as to visibly demonstrate their support to their child. Parents identified priorities for the future including the embracing, safety and wellbeing of their child (Horton, 2022b and 2022c) and their fears about the future included the negative impact of the child's gender identity and transition, the hostility of others and of self-inflicted harm (Pullen Sansfacon et al., 2020, Alegria, 2018). Many parents wanted a linear binary gender identity for their child (Frigero et al., 2021), for them to pass in their acquired gender (Field and Mattson, 2016), they struggled to see the future (Gregor et al., 2015) and hoped their child would no longer express a trans identity (Grey et al., 2015) or would not change their mind (Sansfacon et al., 2021). Parents who recognised the happiness and positivity of their child when their identity was affirmed made supporting the child a priority (Horton, 2022).

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Three systematic reviews of qualitative research in this area were published in 2022. They focussed on three areas: the support offered by primary and secondary support for parents (de Abreu et al, 2022a and b) and the development of research from pathologising to affirming approaches (de Bres, 2022).

The two de Abreu et al studies (2022a and b) found that current research reports both primary (the nuclear and wider family and friendships) and secondary (healthcare, schools, communities and peer groups) social networks for parents as fragile. Primary social networks are often sources of conflict where disapproval, rejection, a lack of understanding and feelings of exclusion were expressed. Regarding secondary social networks, healthcare was seen as overly medicalised and inaccessible and schools as unprepared. They contrasted the unpreparedness of professionals and institutions to welcome trans children and their families with peer groups that offered the main network of support. de Bres (2022) mapped the progression of parents, and those researching them, from pathological narratives of loss and trauma to affirming approaches that seek strength and hope in positive ways to parent gender diverse children.

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This literature review suggests that parents' experiences of supporting their trans child are complex and emotionally demanding. They are often unprepared with little understanding of trans lives and the support they seek from family and institutions is often ill-informed, pathologising and fragile. Parents desire to support their children, keep them safe and enable them to lead happy lives and they negotiate with hostility, indifference and ignorance to try to achieve this. Pathologisation remains a feature of healthcare that informs the wider social discourse, especially in the UK, and the diverse needs of parents and families have not been fully explored in a more affirmative way. Parents experience powerlessness in many contexts regarding supporting their child and find the main source of support and guidance with other parents in peer groups. Research tends to be led by clinicians with research design and topics controlled by researchers, although there are a sizeable number of academic-activist-researchers working to ensure parents' voices are heard.

As a results of these findings, I decided to approach parents for my research via informal sources of support, such as online and parent organised peer support groups, where presenting myself transparently as an insider in these spaces I might be seen as trustworthy and less intrusive (Vincent, 2018, p122). I stated my intention to prioritise less-represented groups, such as Black, Asian and minority ethnic parents, LGBTQ+ parents and cis fathers, in my recruitment materials. I based my research methodology in feminist and queer approaches where power aims to rest closer to those with lived experience and used narrative interviews and object elicitation as participant-led methods for data collection. I am considering creative methods for data analysis and presentation such as transcript poetry to both ensure the anonymity of my participants and give space to their preferred expression of their experiences. Finding parents willing to be involved in my study has been challenging. The traumatic context for parents and their trans children at present in the UK can make it feel unsafe to speak and research fatigue is a significant risk in this small and marginalised community (Vincent, 2018, p119). The need for these parents' voices to be heard remains urgent since ignorant, critical and hostile voices remain louder.

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Any questions?

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