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A QUALITATIVE STUDY OF TRANSGENDER CHILDREN WITH EARLY SOCIAL TRANSITION: PARENT PERSPECTIVES AND CLINICAL IMPLICATIONS

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Abstract

Social transition for young children is a field fraught with conflicting perspectives and limited research. This paper examines experiences of families allowing social transition for young children from the parent's perspectives and introduces practical ideas from our clinical experiences. Participants were parents of children ages 4 to 9 with gender dysphoria (n=15) in British Columbia, Canada. The children ranged in gender identity and had been under the care of the gender health clinic for a period of one to four years. Participants were self-referred the study and participated in a focus group to describe experiences allowing social transition. Results were transcribed and analyzed using constant comparison qualitative method. Five major themes emerge from this study, including positive changes in the relationship between the child and the parent/family, improvement in social relationship, parent flexibility in the relationship between the

child and the parent/family, improvement in social relationship, parent flexibility and preparation for change, and expansion of different gender roles and expressions. Findings indicate social transition for young children results in positive changes in the mood of the child and the child-caregiver relationship as well as improvement in general social relationships. Different clinical implications of permitting early social transition on social development are discussed.

K**eywords**

Transgender, Gender dysphoria, Children, Social transition, Family experiences

1. Introduction

Gender dysphoria is defined as the distress that may accompany incongruence between expressed or experienced gender and gender assigned at birth (American Psychiatric Association, 2013). Gender dysphoria often introduces unique challenges to the already complex task of parenting. Parents can have little understanding of gender dysphoria and find alternative explanations for early behaviours that do not conform to assigned gender. As development progresses, however, many children with gender dysphoria describe severe unhappiness about their physical sex characteristics and function, intense disgust with their own genitalia, and/or an acute desire to be the other sex. For other children, these characteristics may be partially expressed with different intensity (Cohen-Kettenis et al., 2006; Knudson, De Cuypere, & Bockting, 2010).

It is important to distinguish between gender non-conforming and gender dysphoric children. Gender non-conforming children may reject the stereotypic gender roles and gender expressions that are socially assigned to them, but they do not necessarily experience significant discomfort with their birth assigned sex. On the other hand, gender dysphoric children tend to experience a marked incongruence between the birth assigned sex and their affirmed gender, and this often creates significant distress, and interferes with their daily functioning. In other words, not all gender non-conforming children are dysphoric.

As the world has more understanding and acceptance of transgender people, many clinicians notice that children are beginning to disclose gender identity concerns at increasingly younger ages (Edwards-Leeper & Spack, 2012; Minter, 2012). At the Gender Health Clinic in Newton, British Columbia, children as early as 2.5 years of age have expressed that they are experiencing gender dysphoria, which is similar to ages suggested by other scholars (Coleman et

al., 2011). Unfortunately, the rigid binary gender system in our society restricts these children from freely expressing cross-sex gender roles and/or living their affirmed gender openly. They often have to repress any variant gender behaviours and deny their authentic selves. As a result, children with gender dysphoria frequently express co-occurring depression and anxiety (Cohen-Kettenis, Owen, Kaijser, Bradley, & Zucker, 2003; Wallien, Swaab, & Cohen-Kettenis, 2007; Zucker, Owen, Bradley, & Ameeriar, 2002). This necessitates early support and intervention for families of children with gender dysphoria.

Children with gender dysphoria are too young to have any medical intervention to reduce dysphoric distress. One available intervention for children is social transition, or a change in social gender role to enable exploration and consolidation of an individual's gender identity. Contrary to popular belief, social transitioning does not necessarily lead to gender reassignment surgery or medical intervention. Instead, children with gender dysphoria are permitted the freedom to explore and experiment with gender expression through appearance, name, pronoun use, and other reversible expressions of gender. A gender affirmative approach that includes social transitioning can minimize the risk of depressive symptoms, poor self-esteem, self-harm, and suicidal ideation, gestures, or attempts (Grossman & D'Augelli, 2007; Hidalgo et al., 2013).

At the present time, research on this population is extremely limited and diverse views exist on when and how to implement social transition for children with gender dysphoria, and regularly leave these decisions to parents. Some clinicians fear that social transition may put the child at risk for being ostracized, especially for children with gender dysphoria assigned male at birth. Conversely, more clinicians with an affirmative approach find this process therapeutic in helping the child to consolidate gender identity. Giving the child acceptance and support can actually help eliminate the guilt and shame of "being different".

For instance, some clinicians oppose early social transition for children with gender dysphoria, fearing it may cause different development and emotional harm to the child. This perspective insists that only severely disturbed children should become the focus of clinical intervention (Zucker, 1999). Promoting social transition is feared to limit children exploring the gender role of their birth-assigned gender. These clinicians advised parents to encourage their children to be satisfied within their birth-assigned gender and actively dissuade social transition through punishment of gender variant behaviours and reinforcement of gender stereotypical

behaviours (Pyne, 2014). This approach can be harmful as parents risk incurring shame and guilt in their children for engaging in or even experiencing the desire to engage in these behaviors. This can contribute to the development of internalized prejudice and lower self-esteem (Austin & Goodman, 2016). Additional studies corroborate that repression of gender expression can increase risk of depression, substance use disorders, unsafe sexual practices, and suicidal ideation in later life (Minter, 2012). Furthermore, this approach has been revealed to frequently fail to eliminate gender nonconforming behaviour (Bryant, 2006; Coleman et al., 2011; Hidalgo et al., 2013).

On the other hand, some clinicians emphasize that children with gender dysphoria are largely impeded by limited social support and recognition of authentic gender (Lev, 2004). This perspective points to the treatment of all gender nonconforming behaviours as pathological and disturbed. These clinicians support a gender affirmative approach, in which parents encourage their children to explore the full range of gender expression with both emotional support and safety ensuring measures (Leibowitz & Spack, 2011; Leibowitz & Telingator, 2012). Clinical intervention is promoted as a way of building resilience as well as family and community supports (Ehrensaft, 2013).

As parents are receptive to the affirmative approach, more parents are seeking social transition for their children with gender dysphoria. Often these parents have tried many alternative ways of responding, such as limit setting, punishment, bargaining, and bribing, and found these strategies unsuccessful. They also express feeling anxious, fearful, and lost through the social transition process (Wong, Gaitonde, & Young, 2012), and witness their relationship with their child deteriorate. Many parents find themselves in frequent arguments with their child with gender dysphoria over such topics as what clothes to wear to school. Because of these conflicts, many parents feel lost and choose to pursue support from psychological professionals instead.

The World Professional Association of Transgender Health provides clinical guidelines and recommendations for health professionals treating individuals with gender dysphoria (Coleman et al., 2011). These guidelines caution that gender-nonconforming behaviours do not equate gender dysphoria, as many gender non-conforming behaviours in young children do not necessarily persist into adulthood. Children with gender dysphoria, however, will experience increased distress and intensified body aversion as secondary sex characteristics develop in puberty (Cohen-Kettenis, 2001; Cohen-Kettenis & Pfäfflin, 2003; Wallien & Cohen-Kettenis, 2008). Currently, guidelines

for social transition in early childhood are limited and considered a controversial issue. Instead, standards of care suggest only that social transition in early childhood is presented as an exploration rather than an irreversible solution (Coleman et al., 2011).

An additional perspective originates from the developmental perspective. During early development, children are building foundational attachment with their parents (Egan & Perry, 2001). As mentioned before, gender dysphoria can disrupt this attachment through disagreements about clothing, pronoun use, and other aspects of gender presentation. It also can negatively impact social relationships, academic performance, and development by disrupting successful completion of other developmental tasks (Byrne, 2013; Carver, Yunger & Perry, 2003). Children with gender dysphoria also demonstrate poorer psychological health outcomes with an unsupportive home environment, including lack of supportive caretakers, differing levels of support between caretakers, and unhealthy communication patterns (Leibowitz & Telingator, 2012). Rather than developing acceptance of self, unsupported children with gender dysphoria then develop the belief that their gender identity is a part of themselves that they have to repress or hide and their desire for transition is something 'bad' that needs to be changed. Consequently, they feel shame and guilt as many find cross-gender ideation difficult to change.

Alternatively, an affirmative approach is supporting families in developing a plan prior to social transition in which the family can better respond to potential risk, affirm caregiver-child attachment, and increase resilience for the child. Social transition for children with gender dysphoria necessitates a carefully implemented procedure with support from a team of professionals and specialist clinicians. The care team usually consists of school staff, clinical health and mental health professionals, and family members. Clinicians assess a child's needs and developmental stage in order to provide parents of children with gender dysphoria with the pros and cons of affirming gender expression, a step-by-step process for implementing social transition, and how to advocate on behalf of their child. After initial assessment, clinicians and the care team will continue to monitor the child's desire to continue with social transition. Parents are encouraged to keep an open mind and to proceed cautiously so as not to make any conclusions about a child's gender identity until later stages of development. Most importantly, parents support awareness that their child can change, modify, or desist social transition entirely and revert at any time with full parental support. Children with gender dysphoria who have parents supportive of

social transition will experience a message of acceptance regardless of difference. Research has confirmed that children with gender dysphoria supported by their families have significantly higher social support, self-esteem, and overall health in adulthood (Minter, 2012).

Amid great controversy and limited research on social transition, the purpose for this study is to understand in greater depth the experience of children with gender dysphoria in social transition at an early age. There are two research questions for this study. First, from the parent's perspective, what are their experiences since supporting their child in social transition? Secondly, what are the changes that parents have noticed since the implementation of social transition?

2. Method

2.1 Participants

Participants were parents of children with gender dysphoria (n=15) in British Columbia (B.C.), Canada. Of the parents who participated, three were single-parent households and the remainder were two-parent households. Two parents were a same sex couple. The ages of the parents ranged from age 30 to late 40s, and all had 12 years of education or higher. Six parents lived within the city of Victoria, B.C., six lived within the suburbs of B.C., and three lived in small rural areas in B.C. The children of the participants ranged in gender identity: six were affirmed females and four were affirmed males. All children with gender dysphoria completed an assessment with a gender specialist to confirm presence of gender dysphoria and had received the recommendation that social transition was appropriate for the child. A care team was formed to provide ongoing monitoring of the child during social transition. Additionally, all children were between the ages of 4 to 9 years of age and had been under the care of the gender health clinic for a period of one to four years.

2.2 Procedures

Participants were self-referred to this study, expressing concerns related to raising a child with gender dysphoria. They were informed about the purpose of the research and their rights as participants. Given this study is qualitative; data were collected through a focus group. Each participant was asked and given an opportunity to respond to specific questions related to their experiences supporting social transition and changes they have observed in the family. The results were transcribed and a qualitative analysis was conducted to observe themes in the responses. The

data analysis process used constant comparison qualitative method (Glasser, 1992) to identify salient themes and domains that were relevant to the research questions.

3. Results

Experiences of supporting social transition emerge as five major themes, including positive changes in the child's mood, positive changes in the relationship between the child and the parent/family, improvement in social relationship, parent flexibility and preparation for change, and expansion of different gender roles and expressions. Each major theme and additional subthemes are described below.

3.1 Positive changes in the child's mood

One of the salient themes is an overall positive shift in the mood of the child with gender dysphoria. All fifteen parents reported that they noticed their child feeling happier since they allowed their child to begin social transition. They expressed an overall improvement in the mental health of their child with gender dysphoria and they also noticed that their child was less anxious and depressed. They pointed out that their child was more willing to do things that were fearful to them in the past. They also noticed less sadness, and instead reported that their child was more active and more outgoing.

> *"In the beginning when K was really young, K was an extremely unhappy child. Very depressed, temper tantrums constantly. And when we formally transitioned him from a boy to a girl, K became less anxious, happy beyond belief like it was a completely different child… I was like I never heard my child laugh until K was allowed to be a girl." (A2)*

Finally, parents indicated their child appeared to feel more self-confident. All parents shared that they noticed a confidence boost in their child. They described that the child was self-assured and more willing to engage in new social situations.

> *"And now it just seems like, who she is on the outside matches who she is on the inside. It's a lot more confident. I think a lot of people have been saying there's a lot more confidence there." (A14)*

3.2 Positive changes in the parent and child relationship

The second salient theme involved changes to the parent-child relationship. All fifteen parents reported that the relationship with their child has improved since before beginning social

transition. Thirteen of fifteen parents pointed out that the fights at home were gone, especially in the morning before leaving home to school. They noticed that their child was more willing to go to school and there were fewer arguments, such as on choices of clothing.

> *"I missed the signs. As a father, I can go back as far as I can remember. I'm just thinking we could have done this a long time ago. And now we're just catching up and everything is much better between us, we are closer, but the transition has been fantastic. And I'm just thinking maybe I should have looked at the signs a bit earlier. That's more or less a fault of mine, not necessarily for my daughter." (A13)*

Parents also reported more pleasurable family moments since beginning social transition. Fourteen out of fifteen parents disclosed that there were more positive family interactions overall. This happens not only between the parent and the child. Some parents noticed improvement of relationships between siblings.

> *"I think she is closer with everybody in the family. In a sense that she's not so withdrawn. She is more present and that made a big difference in everybody's relationship. Our relationships are getting stronger since the transition." (A10)*

3.3 Improvement in social relationships

The third theme expressed involved the child's relationships with others. All parents noticed positive changes in their child's social interaction and social relationships. They described them as more outgoing and more socially engaged with their peers.

> *"Huge decrease in anxiety. Before his social transition, he was a really anxious kid. I was actually watching a lot of signs for autism and that's kind of all gone, it's all disappeared… way more outgoing. Love being a social butterfly. We sometimes joked like he found it so much easier to handle the transition than we were." (A5)*

Parents also reported an increased willingness to participate in new activities. As a child's anxiety decreases and the child feels more confident about who he or she is, parents witnessed their child as more willing to participate in activities with others that the child had refused to do in the past.

> *"Now she talks about playing chase and tag with the boys and the girls and the older kids. She's interacting more with other kids at recess." (A14)*

3.4 Parent flexibility and preparation for change

Increased flexibility to change was also reported throughout the social transition. All parents admitted that they were more amenable to changes and more flexible in adjusting if their child showed signs of reverting back to the birth assigned gender.

> *"For a long time, we thought 'it's a phase'… but I think we are fluid in this. Yeah, there is nothing permanent about a social transition. It's supporting your child for where they are right now, that's how I explain it to people. There is where she is at and where she would like, and that's how we are supporting her. If she chooses to change, and transition into a male, then so be it. We'll deal with it if it comes up." (A3)*

However, parents also reported being prepared for changes to the child's identity and ensuring consistency in their child's identity. Thirteen parents shared that they asked about their child's desire to revert back to their birth assigned gender regularly.

> *"We checked it frequently in the beginning, we now check it infrequently. Recently, on our trip over Christmas, I asked this again. She's like, 'Why do you keep asking me these silly questions? I'm a girl and I'm happy and why don't ask J (her sister) these questions?' [laughing] That's a good question." (A11)*

Overall, parents reported that they adopted the policy of letting the child lead and they follow. They have learned not to get ahead of their child in the transition process but, rather, are watchful for any signs of distress.

3.5 Expansion of different gender roles and expressions

The final theme that emerged was the child's willingness to experiment with different gender roles and gender expressions. Twelve of fifteen parents pointed out that they found their child became more open to experiment with different cross-gender activities and roles. This was something they had refused to do in the past, particularly before the social transition. This change came as a surprise to some parents; however, they reported feeling pleased to see their children trying other cross-gender activities.

> *"He is much more comfortable and he's constantly living out loud. Since coming out, he feels okay to play with other kids who play with dolls, and feels okay if my friends know that I play with dolls, and that's really been a big one. It's all been positive and also really interesting to see him try to work stuff through… it's not easy." (A9)*

3.6 Additional findings

In addition to the five themes described above, some additional interesting findings emerged from the focus group related to body dysphoria. Four of the parents shared that their child was less body dysphoric after social transition, but that the child still wanted to be identified his or her affirmed gender.

> *"S used to hide her penis, stick it between her legs and ran across the hallway to go to the bathroom. And this was before the transition. Now, she is not feeling as negative about her body. So she doesn't hide her penis anymore. She's a lot more comfortable with it." (A10)*

Additionally, all parents reported that their child was feeling anxious overall. However, four out of the fifteen parents reported that their child continued to experience some situational anxiety, especially in places where his or her assigned gender may be at risk of being uncovered.

> *"She is still anxious about peeing at school that kids would look under the stall or through the cracks. So they bring her in at the big recess with no other kids… because she was holding it in all day, had accidents, and not talking about it. She was anxious about whether the kids would find out. This makes me sad." (A11)*

4. Discussion and Clinical Implications

This study examined experiences of families allowing social transition for young children with significant gender dysphoria from both the child and the parent's perspectives. As mentioned earlier, it is important to distinguish between gender non-conforming and gender dysphoric children. While, gender non-confirming children may long for cross-gender roles and gender expressions, they do not necessarily experience significant discomfort with their natal sex. On the contrary, gender dysphoric children tend to experience a marked incongruence between the natal sex and their affirmed gender, and this often creates significant distress, and interferes with their daily functioning. According to Cohen-Kettenis (2001), the greater severity of dysphoric distress, the more likely children with gender dysphoria persist with social transition through adolescence and adulthood.

Themes that emerged in this study indicate that early social transition can have some positive developmental benefits for the child with gender dysphoria. The results suggest that a child with gender dysphoria who is supported in an early social transition may experience a

positive shift in mood and reduction of symptoms of depression and anxiety. Although an increase in mental health and wellbeing is anticipated for children who have early social transition, some children with gender dysphoria may also be experiencing a concurrent developmental or mental health disorder. If this is the case, we recommend a multidisciplinary team approach is essential for assessment and monitoring of these symptoms as well as immediate response to additional needs.

As we know, social relationships are important for psychosocial development outside of gender identity consolidation. Many children with gender dysphoria avoid social activities because of their sense of gender incongruence. However, as a child's anxiety and depression decreases due to social transition, many can benefit from participating in different social interactions and activities, such as sports teams. Not only this process will enable them to interact with other children of the same affirmed gender, but this is also part of developmental needs that was previously avoided due to the child's gender incongruence. To ensure the consistency of safety and support of the child, it is important to inform facilitators and coaches for these activities early on before enrolling the child. This usually yields better support and sensitivity and they can be prepared and be able handle different social challenges if that may arise.

As the results indicate that parents and the family as a whole can also benefit from their child's social transition through the process of building a closer caregiver-child relationship. Once the child is allowed to live in the affirmed gender, the child appears to feel more confident to meet other developmental tasks. Parents are encouraged to facilitate the child to meet these developmental tasks as other cisgender children do. If parents need guidance for this process, a gender specialist can also benefit a family in offering advice with concrete strategies individualized for the family's situation.

Themes also indicate an increase in flexibility for both parents and children with gender dysphoria who socially transition at an early age. Parents who work collaboratively with specialists and other professionals appear to be better informed and more flexible with social transition. These parents expressed more flexibility and openness to change than some scholars have concluded. Results suggest that parents are more willing and prepared to accommodate and modify the transition plan by checking with their child on a regular basis. They often implement the standards of care recommended by the care team and are comfortable following the child's lead on social transition.

Some researchers have expressed concerns and caution that permitting children to live in their affirmed gender role would result in a lost opportunity to explore the gender role associated with their birth assigned gender. In contrast, results of this study indicate that once children are permitted to live in their affirmed gender with the support of a care team and parents, children appear to be more willing to explore different gender roles and gender expressions. Consequently, with the parent's support, the child feels less pressure to prove or to convince their affirmed gender to others. Instead, they are more confident and give themselves permission and freedom to explore a wider range of gender roles and expressions without fear of being questioned about their authentic gender. For example, a child with a male affirmed gender may now feel safe playing with toys that are stereotypical for females. Some parents may perceive these changes as expression of a labile gender identity and may question the validity of their child's affirmed gender or a sign of regret. To the contrary, this actually is an indication of healthy development. These changes reflect the child is feeling safe, comfortable, and supportive enough to explore different gender roles and expressions, especially with those that are deemed to be unacceptable associated with their affirmed gender.

Gender transition is a long-term process that involves varying levels of anxiety in response to a multitude of developmental challenges. The study results support social transition for children with gender dysphoria with the support of a care team. Furthermore, the care team is recommended to be fluid and flexible in developing a care plan for children based on developmental needs and continue monitoring progress in order to modify the care plan when needed.

5. Limitations and Future Research

There are several limitations for this study. This study contains a small sample which contained biases in that all individuals had access family support, social support, and proper care by experienced professionals within the field. Furthermore, children with gender dysphoria in this study had experienced a relatively short social transition journey compared to the rest of adolescent development. As a result, caution should be taken in generalizing results to other children with gender dysphoria and their families. However, this study provides salient themes for further research for social transition for young children with gender dysphoria. Future research

would further investigate social adjustment of children with gender dysphoria through social transition and adaptation to the age related developmental tasks.

6. Conclusion

This study explored parental perspectives of social transition for young children with gender dysphoria. Experiences of supporting social transition emerged as five major themes, including positive changes in the relationship between the child and the parent/family, improvement in social relationship, parent flexibility in the relationship between the child and the parent/family, improvement in social relationship, parent flexibility and preparation for change, and expansion of different gender roles and expressions. Findings indicated social transition for young children results in positive changes in the mood of the child and the child-caregiver relationship as well as improvement in general social relationships.

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