BREAKING GENDER BARRIERS: STORIES OF FOUR TRANSCHILDREN AND
THEIR FAMILIES

A thesis submitted in partial fulfilment of the requirements
For the degree of Master of Arts
in Sociology

By

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August 2014
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ACKNOWLEDGEMENTS

I would first like to thank my partner, Ashley, for sticking by me through this long, arduous process. You came into my life at the beginning of this new journey of mine and supported me every step of the way. You not only supported me but believed in me, listened to me vent and picked me up when I was down. You have had to endure listening to everything sociology for over two years, while often being alone in everyday life because of my time and dedication through this process. There are a million things you have done for me to make this process and project possible, and I can’t thank you enough.

I would like to thank my mother for being there for me when I decided to leave one career and start over again at 35 years of age. More importantly thank you for the lessons you have taught me throughout my life—you initiated my sociological imagination. It is because of you that I am so passionate about being an activist for oppressed and marginalized groups. Thank you for always being my biggest fan.

To the families that agreed to be a part of this incredible learning experience, I am immensely grateful to you, without you, this project would not have been possible. Thank you for allowing me to come into your homes and intrude on your busy lives. Thank you for trusting me with the most valuable people in your lives—your children. Your unwavering support for them is admirable considering the many youth that do not receive any support from their families because of their gender variance.

I would like to thank Dr. Laura Desfor Edles, Dr. Kay Kei-ho Pih, Dr. David Boyns, and Dr. Appelrouth for all the knowledge and/or support they have given me. Without you, I would not be the sociologist I am today.
I would like to thank my thesis committee members, Dr. Lori Campbell and Dr. Moshoula Capous-Desyllas for your time and input. Your valuable insight has no doubt enhanced my project, and I am eternally grateful. I thank both of you for your continued support when I needed to extend this process through the summer. Even though you were both out of the state, you still took the time to provide critical and essential insight. Dr. Campbell, thank you for being the first to say yes to being a part of my committee, and for your critical eye that has undoubtedly raised the level of my writing skills. Dr. Moshoula, thank you a million times over for your encouraging words throughout this whole process—sometimes a “pat on the back” is needed and you provided it.

Finally, I would like to thank my thesis chair, Dr. Karen Morgaine, for believing in this project right from the beginning. Thank you for encouraging me to go forward even when others were telling me it was not possible—because of the population I wanted to do research with. I would also like to thank you for fueling my love of qualitative research, which led me to the amazing experience I had completing this project.
DEDICATION

This project is dedicated to the four brave children—Elena, Isabel, Kayla, and Ana—that made this long arduous process worth every second. You are the epitome of what it means to be “your authentic self.”
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ABSTRACT

BREAKING GENDER BARRIERS: STORIES OF FOUR TRANSCIDCHILDREN AND THEIR FAMILIES

By

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Masters of Arts in Sociology

This study provides an in-depth understanding of the lived experiences of four prepubescent transgender children (male to female), and their families. It aims to provide a space for these children and their families’ voices to be heard, in a society with a pre-established ideology about the expectations of anatomically born males and females. Using the meshing of case study and ethnographic techniques including, observations, interviews, and journaling, this study is an exploratory-descriptive analysis illuminating the strengths and challenges that this community faces.
1. INTRODUCTION

Many societies, including the United States, have a binary classification of gender and gender roles. As a consequence, anything other than the binary is commonly seen as unacceptable, deviant, or taboo. According to Grossman and D’augelli (2006), because “nearly all people are classified as male or female, those who express characteristics ordinarily attributed to the other gender are stigmatized and seen often as social deviants. Inconsistency in the presentation between biological sex and gender expression is usually not tolerated by others…” and because of this they become targeted for “discrimination and victimization” (p. 112). The transgender community, specifically, experiences higher levels of “discrimination and victimization than LGB populations because they violate norms related to both sexuality and gender” (Clements, Marx and Katz 2006:64).

In the United States, the concept of gender has consistently been a topic of much discussion, in particular gender-variant individuals. Gender-variant children, more specifically, are the topic of much debate amongst those in academia, the health profession, the legal field, religious institutions, and society in general. Recently, there has also been public controversy, via media exposure (i.e. CNN, Oprah, Dr. Phil, People Magazine, 20/20 and various documentaries), over parents “allowing” their prepubescent children to live as the opposite sex from what they were born or “fluidly.” The controversy has developed into arguments of what is “right and wrong” and what is “normal and abnormal.” Moreover, many question a child’s ability to “know” that their bodies do not coincide with their feelings; while others question whether children are being socially taught to “do gender” a particular way.
With a conscientious investigation into their world, I explored and described the realities of four gender affirming families, from their individual perspectives. While this study focuses on the experience of the child, I also provide the opportunity for parents and siblings to describe what life is like raising or living with a transgender child. The experiences of parents are important to understand because parental decisions to support a transgender child may be questioned or ridiculed by others. Siblings also struggle with living with a transgender sibling and thus, I argue that the experiences of the siblings are also crucial to understanding the families experience as a whole. This study provides an in-depth understanding of the complexities faced by transgender children and their families living in a culture with rigid binary gender norms and expectations. It also provides an understanding of how the children’s relationships and social experiences influence their understanding of the meaning of their gender identity. To provide this understanding, it is my epistemological standpoint that first-hand knowledge provides a more in-depth vision of the lived experiences of transgender children and their families. Optimistically, such research involving both the child and immediate family’s perspective may provide for a more fluid understanding of gender, thus leading to greater acceptance and decreased judgment within our society.

Presenting Issue

As with many “non-normative” people, there is variation in the opinions and attitudes of how individuals perceive transgender youth and how to support them. Transgender youth and their families face a variety of obstacles, including resistance and discrimination from

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1 The term “affirm” “allows recognition of the fact that these children have never identified as the gender assigned to them at birth and are therefore not moving from one gender to another, but into an affirmation of the gender they have always known themselves to be” (Vanderburgh 2009:136).
the healthcare profession, the mental health profession, the school system, their peers, and even their own family members (Brill and Pepper 2008; Edward-Leeper and Spack 2012; Ehrensaft 2011; Giordano 2013; Grossman and D’Augelli 2006; Kane 2006; Minter 2012; Pardo 2008; Winter 2010). In fact, it has been noted that transgender adolescents present challenges that may be more complex than the challenges faced in families where their children “come out” as gay, lesbian, or bisexual (Cooper 2009; Grossman and D’augelli 2006). In addition to being a “challenge” to their families, expression of gender-variant behavior presents a seemingly larger challenge for the child due to their age. Most societies do not view children as having the “know how” or the “wherewithal” to make sound decisions, therefore parents make decisions for them. When you add the fact that the child is transgender this only marginalizes them further and puts them in danger of being victimized and/or discriminated against. In a discussion about transgender children being raised in a “hostile environment” (an environment that is not supportive of the child’s identity claims), Mallon and DeCrescenzo (2006) maintain that children will often respond to this “with symptoms of depression, anxiety, fear, anger, self-mutilation, low self-esteem, and suicidal ideation” (p. 217). In fact, there are many disheartening stories of children who are wanting to “transition”—period during which a person begins to live as the gender they identify with—but do not have a supportive family, harming themselves, attempting suicide, and committing suicide.

Sociologically, there is limited research that focuses on prepubescent transgender children. This is due to the fact: that this subject is a relatively new field of study, lack of access to the small population, and enhanced sensitivity towards researching this population. Although I am aware of the sensitive nature of the subject and the population,
this should not deter sociologists from studying, in a responsible manner, this or any other sensitive population. In fact, research seems even more necessary because this population is marginalized due to their gender-variant nature and their age group. Furthermore, it is my position, that children are “active agents in constructing culture with influence on the history of society” (Lahman 2008:284). Lahman (2008) states, “at one time educational ethnographers were primarily interested in studying cultural transmission to children. Today the emphasis of study includes a sense of reciprocity that acknowledges the child’s active role in acquiring culture” (p. 283). In other words, children’s perspectives should be accounted for when conducting vital research about them; this means providing them with a “space” to have a voice.

Furthermore, the concept of transitioning for prepubescent children is a “social process” because they are in fact socially transitioning (Vanderburgh 2009). In other words, if transgender children are going to seek medical care to modify their bodies, or take puberty blockers, this does not occur until the onset of puberty. Therefore, prior to this stage, their transition entails the social aspects of their lives, including possible changes in gender roles and expressions. Thus all the more reason this population is suited for sociological study.

Purpose of Research
By meshing case study and ethnographic methods, the purpose of this interpretive study is to: 1) explore and describe how prepubescent, transgender children experience the social world as active agents, and 2) explore and describe the dynamics of a family raising a transgender child. Furthermore, because the ideologies regarding gender reinforce the marginalization of transgender youth and the meaning of what is “normal,” this study
aims to provide insight into the conceivable complexities of life in a society that widely rejects the notion of gender variance. As such, I seek to understand the lived experiences of gender variant children and their families in a society that associates their genitalia from birth with only one of the binary gender categories—male or female—and in turn set expectations based on these categories.
2. LITERATURE REVIEW

Due to the varied meaning of key concepts and terms, it is important to define them.\(^2\) Notwithstanding, it should be noted that labeling people can perpetuate the restriction of a gender-fluid identity (Schilt et al. 2008). However, the reality is, there are in fact terms in academia, the medical and mental health professions, and within the transgender community, therefore this research will be better understood using certain terminology. Although it is impossible to provide definitions and meanings from all perspectives, I define the terminology below that is central to this study.

**Terminology and Meaning**

The terms *gender* and *sex* have been used in a variety of ways with a variety of different meanings. From a sociological perspective, *gender identity* generally refers to how one identifies—“a person’s internalized, deeply felt sense of being male, female, both, or neither”—no matter what sex they were born (Brill and Pepper 2008:4). *Gender expression* is an externalized way of expressing our gender, which communicates our gender to others, such as clothing, hairstyles, voice, mannerisms, how we play, our social interactions and the roles we take on (Beemyn N.d.; Brill and Pepper 2008). *Gender roles* refers to “sets of expectations and other ideas about how females and males are supposed to think, feel, appear and behave in relation to others” (Johnson 2000:280). *Sex* generally refers to ones’ biological differences, although some sociologists would argue that sex is also “a socially constructed set of ideas…” (ibid:279). *Sexuality*, in general, refers to one’s sexual orientation, in other words preference or attraction to another person; while *sexual identity* is “how one thinks of oneself anatomically, based on

\(^2\) It should also be noted that terminology can also vary based on race or ethnicity, age, region, and other such variables.
internal experience as opposed to external norms, expectations or actual physiology…distinct from gender identity” (Winter 2010: 181).

Transgender (also known as gender non-conforming, gender-variant and gender non-normative) is an “umbrella” term for all gender non-conforming individuals whose gender identity and/or expression does not match the sex they were born (Beemyn N.d.; Edwards-Leeper and Spack 2012; Giordano 2013; Nagoshi and Brzuzy 2010). Similarly, Green (2010) maintains that “…the category ‘transgender’ reconceives the basic elements of gender….and promotes a much wider range of identifications and embodiments,” including one’s sexual identity (p. 324). Although the term transsexual can fall under the umbrella term as well, it is generally defined as those individuals who want to or do take steps to transition to the opposite sex, such as hormonal treatment and sex reassignment. Gender fluid is also used to express a more flexible range of gender expression (Beemyn N.d.; Brill and Pepper 2008).

Until recently, the mental health profession used the term Gender Identity Disorder (GID) to define those who experience incongruence between their anatomical sex and who they feel they really are (The American Psychiatric Association’s, [1994] 2000). Recently the diagnostic manual has been changed to define transgender youth as having gender dysphoria which is defined as “discomfort with one’s biological sex and/or the gender role assigned to it” (Edward-Leeper and Spack 2012:322).

Some recent terminology has been introduced as a way of changing the language of how we discuss gender and sexuality in order to change the way society “normalizes” and “pathologizes” these concepts. Such terms include male-affirmed and female affirmed, which “allows recognition of the fact that these children have never identified
as the gender assigned to them at birth and are therefore not moving from one gender to another, but into an affirmation of the gender they have always known themselves to be” (Vanderburgh 2009:136). In addition, the terms cisgender and cissexual are being used as a “complement” to transgender and transsexual (Winter 2010). These terms are intended to debase heteronormative and heterosexist terminology.

For purposes of this research, gender or gender identity will be used as defined above, but not without the understanding that biological/physiological factors play a part in this development. The term transgender, gender non-conforming, gender variant, or trans-youth/child will be used to refer to those whose gender identity does not align with the sex they were born.

**Sociological Lenses**
The literature describes multiple child-development theories in relation to: the development of gender identity, the implications of the different theories, and the changing meaning of gender. This is sociologically relevant because there is a great deal of discussion about nature versus nurture regarding the development of gender identity; in other words, the difference between biology and social environment. No weight was given to how much is nature and how much is nurture however; the social aspects of gender will be the primary focus. Sociologically speaking, our gender includes expectations and roles that are constructed through interaction with others (i.e. the family, school, religious institutions, etc.). While one’s gender identity is informed via the interrelation between mind, body, lived experience, and social variables such as race, class, culture, and religion. Thus, this study is informed by the following three paradigms: social constructivism, symbolic interactionism and transgender theory.
Social Constructivism. According to Berger and Luckmann (1966) identity “is maintained, modified, or even reshaped by social relations. The social processes involved in both the formation and the maintenance of identity are determined by the social structure” (p. 173). This is demonstrated within the American culture via our heteronormative ideology, which Schilt and Westbrook (2009) explain as a “suite of cultural, legal, and institutional practices that maintain normative assumptions that there are two and only two genders, that gender reflects biological sex, and that only sexual attraction between these “opposite” genders is natural or acceptable” (p. 441). Consequently, individuals who do not fit the assumptions pose a threat to this ideology and challenge the cultural norms of our society (ibid). The institutions of family, religion, education and government have been central to shaping gender role expectations. To a great extent, gender is a social construct and in an essential way construed around the cues (positive and negative reinforcements) provided by these institutions and the significant within them (Giordano 2013).

Symbolic Interactionism. The basic premise of symbolic interactionism is: 1) “human beings act toward things on the basis of the meanings that the things have for them” 2) “the meaning of such things are derived from, or arises out of, the social interaction that one has with one’s fellows” and 3) “these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters” (Blumer 1969 [from Edles and Appelrouth 2011:183]). In other words, an individual’s behaviors, in their interactions with others—in different social settings—are influenced by their perception of themselves via the perception of the other. According to Turner (2013):
most recent work on identity processes has converged with more recent theorizing on the sociology of emotions for the obvious reason that people put their identities on the line during interaction; thus, depending upon whether individuals succeed in verifying or fail in getting others to verify an identity or identities, the emotions that are aroused will shape the subsequent flow of the interaction and, over time, the structure of a person’s identity system. (P. 332)

Consequently, transgender children’s identity is highly reliant on those with whom they interact, in affirming their identity and there are consequences should others not “verify” their identities (Brill and Pepper 2008).

**Transgender Theory.** In critiquing feminist theory for being too essentialist and queer theory for its “purely social constructivist assumptions,” Nagoshi and Brzuzy (2010) maintain that transgender theory’s “idea of [a] fluid, embodied, and social and self-constructed social identity can inform an understanding of intersectional oppressed identities” (p. 437). This approach considers “the different embodied experiences and different social oppressions that are associated with having multiple social identities as well as the narratives of lived experiences through which individuals understand and negotiate these identities” (ibid:437). This allows for an individuals’ agency in “knowing” what they feel and deciding who they are within a rigid gendered system of expectations. This theory provides a deeper understanding of the complexity of one’s identity, in that it accounts for the interrelationship of one’s construction of gender through their daily interactions and their physical body.

**Gender Development**

It is generally agreed upon that gender identity begins forming around 2-3 years of age (Brill and Ryan N.d.; Brill and Pepper 2008; Ehrensaft 2011; Giordano 2013; Kane 2006; Mallon and DeCrescenzo 2006; Solomon 2012). Brill and Pepper (2008) maintain that:
…gender identity emerges around the same time as a child learns to speak….As it is developmentally appropriate for all toddlers and young children to assert their gender identity, a transgender toddler or young child will likewise naturally continue to assert their gender identity….it is common for children who are transgender to try to let their parents know this when they are very, very young. It may take a number of years for parents to understand the depth of what their child is really expressing…..And all parents reasonably assume that the “confusion” must be a phase. Over time, parents of transgender children come to recognize that this “phase” is not changing. (P. 16-17)

Although at such young ages children do not commonly comprehend the meaning of what it means to be a masculine or feminine, they are able to express their gender identification via the gendering of toys and certain clothes for example (Brill and Pepper 2008; Ehrensaft 2011). More specifically, common indicators of a child’s gender identity are expressed via “three early behaviors,” including, “what underwear the child selects; what swimsuits the child prefers; and how the child urinates” (Solomon 2012:616).

Kennedy and Hellen (2010) conducted a survey, using 121 transgender adults, regarding their memories of childhood, and one of the questions was about “the first time they could remember feeling that their gender identity was at variance with that assigned at birth” (p. 28). Their results showed that the majority of participants indicated age five, and overall 76% were fully aware of their gender variance prior to leaving primary school. These authors compare their findings with Kessler and McKenna’s findings that, “children start to understand gender identity between ages 3 and 4…;” and Intons-Peterson’s findings “that most children are aware of gender constancy at around 3 years and 9 months…” (ibid:28).

However, the theory behind gender development in children varies, in some instances, greatly. One of the biggest questions in discussing gender non-conforming individuals is whether one is born “that way” or one learns/chooses to be “that way.” The
former suggests two different viewpoints, but both are consistent with an essentialist perspective. The latter is consistent with a social constructivist point of view, wherein people are born anatomically male or female but their gender identity, expression, and sexuality is constructed via social processes. This section will address some of the complexities via three different child-gender development theories.

The Social Paradigm. From the time we are born we are given an assignment of sex based on our genitalia—either boy or girl. Based on this sex assignment, we are raised accordingly—our gender identity and roles are internalized via socialization. In other words, we are being constructed by our cultures’ social normative binary categories and roles. Gilman (1898) noted this theory of construction early on, when she said:

One of the first things we force upon the child’s dawning consciousness is the fact that he is a boy or that she is a girl, and that, therefore, each must regard everything from a different point of view. They must be dressed differently, not on account of their personal needs, which are exactly similar at this period, but so that neither they, nor any one beholding them, may for a moment forget the distinction of sex. (from Edles and Appelrouth 2010:259)

Similarly, Gagne and Tewksbury (1999), maintain, that the self is not:

…born into a body of its own choosing. Rather than simply providing the vehicle by which the self can interact with society, the body is an essential aspect of the self, due to the social meanings assigned to it, the ways that other social actors react to and interact with the embodied individual, and the meanings social actors ascribe to their own bodies. (P. 61)

In other words, our bodies are ascribed expectations based on the meanings our society has placed on our genitals. Gagne and Tewksbury (1999) do maintain, that we have agency over our identity, but not without influence from the discourse of our society.

3 After culling the literature, Giordano’s (2013) discussion of some of the models of gender development appear to be a reoccurring theme and therefore this review will focus on said models.

4 This review will not encompass intersex children at this time.
Much of how we construct our identities, in general, is through socialization/social learning and interacting, and for some, this includes our gender. Kane (2006) maintains “parents begin gendering their children from their very first awareness of those children…” (p. 149). The same is true for transgender children, in fact, Gagne and Tewksbury (1999), interviewed 65 male-to-female individuals and found that “social expectations about gender were generally communicated to the child by parents, siblings, peers, educators, or other adults” (p. 67). Gender “social construction,” “sex role socialization,” or “style of behavior,” are reinforced and sometimes even held accountable for “doing gender” within the limits of our heteronormative society (Brill and Pepper 2008; Gagne and Tewksbury 1998; Kane 2006; Schilt and Westbrook 2009). They are held accountable via “multiple methods of positive and negative reinforcement, including legal, religious, and cultural practices, to enforce adherence to these gender roles” (Nagoshi and Brzuzy 2010:433).

Although most parents socialize their children within the “normative” binary gender categories, the constructionist point of view would also mean that parents may socialize their children to be transgender. Although not necessarily in a conscious manner, for example, Ehrensaft (2011) discusses a book by Zucker and Bradley in which she indicates they pathologize the mother by concluding that because the mother has “anxiety regarding men and masculinity, and that it was probably very difficult for her to tolerate any signs of masculinity” in her son, she was supporting and reinforcing his feminine behavior (p. 46). In other words, they suggest she was socially constructing her child to go against the normative way of “doing” gender by supporting her son’s “feminine” behavior.
The Biological Paradigm. The antithesis of the social paradigm can take two different directions as previously noted. Early belief argued that, “those who were born male are supposed to act masculine and be sexually attracted to women, whereas those who were born female are supposed to act feminine and be sexually attracted to men” (Nagoshi and Bzruzy 2010:433). Later ideology maintained that, where normative gender differentiation did “not occur as expected, it is possible that some biological alterations may have occurred…” (Giordano 2013:35). In other words, either, children are “naturally” born the way they were meant to “do” gender,” or one is born with biological “alterations,” thus creating the gender variance—both essentialist perspectives are present today. In explaining the biological perspective of child gender-development, Giordano (2011) says from this perspective:

Gender role is innate and biologically determined….The preference for different toys and activities, observed in very young girls and boys, is an indication of this. The differences are also physical: male babies are generally bigger; boys often sleep less and cry more, and are generally more active, whereas girls start talking earlier than boys and so on. (P. 34)

From this assertion, it would be, for many, “unnatural” to live as other than what one was born as, or pathologized because of the lack of conformity to one’s respective gender.

Then there are those that have suggested a biological perspective with a completely different meaning, one that does not purport unnaturalness or some sort of pathology. Brill and Pepper (2008) maintain:

… it is most commonly understood that gender identity is formed in the brain. Some theories point to environmental influences, others to prenatal hormonal influence, but most agree that it is most likely determined before we are born. From this perspective, the brain is a gendered organ, and gender identity is not a conscious decision. People do not choose to feel like a boy or a girl, or like both, or neither. They simply are who they are. From this perspective, transgender people and all people whose gender identity does not align with their anatomical sex are simply born this way. (P. 14)
In other words, being transgender is thought to be biologically driven and not socially caused. Similarly, Ehrensaft (2011) indicates there has been research “that the core of our gender identity lies not between our legs but between our ears—in the physiology of our brains and in the working of our minds…” (p. 33). Although she continues by saying that “gender is not dictated by our chromosomes, hormone receptors, or genitalia…,” she also maintains that it is in fact “influenced by biology” (ibid:34). Winters (2010) also subscribes to physiological factors to explain “why gender, sexual identity and sexual orientation are not tied strictly to one’s genitals or chromosomal sex” (p. 45).

Those in psychology also support that gender is developed in the mind prior to birth. Therefore, “there are both biological and psychological developments that occur in individuals prior to any social condition or other outside influences” (Winter 2010:21). In other words, our minds are developing before we are even aware of the social dynamics around us. The suggestion is that the mind is “pre-wired” to be male or female—masculine or feminine, and therefore one is born this way. Thus suggesting that, one could be born of one anatomical sex and have the mind of the opposite sex (Winter 2010).

**Biosocial Paradigm.** The final perspective, takes into account both the social influences and the biological influences of a child’s gender-development. Thus, without denying that there are some aspects of biology/physiology involved, individuals who take this perspective also include the different social dynamics mentioned above (i.e., social construction). Ehrensaft (2011) states, “gender is born, yet gender is also made. Gender is an interweaving of nature and nurture” (p. 36). Many agree with Ehrensaft, that gender identity is not just determined by one aspect, instead there are a multitude of factors
(Giordano 2013; Winter 2010; Zucker and Bradley 2004). In other words, gender development is a complex process that is the result of both biological and social factors, as well as individual preferences.

**Implications of these Paradigms**

Like with many paradigms, the above discussed paradigms are not without criticism. This section will address some of these criticisms that stem from the implications each perspective carries.

**Social and Biological Paradigm Implications.** Two issues arise depending on how one subscribes to the social paradigm that one’s gender is socially constructed. If one approaches this paradigm from the stance that being transgender is socially constructed then generally it’s seen as a “dysfunction” within the family or “caused” by a trauma that has occurred to the child, thus pathologizing the child and/or the child’s family. On the other hand, a socially constructed heteronormative viewpoint would view children as being constructed via their anatomical sex; thus leaving space for only two ways of “being” (Schilt and Westbrook 2009: Vanderburgh 2009). This could then lead to individuals hiding their true selves and/or hating themselves for not fitting into the binary.

Implications also arise from the other end of the spectrum—the biological paradigm. From an essentialist heteronormative viewpoint, individuals are born with their “correct” anatomy and respective normative identities. Therefore, if one is born with the assigned sex of a male and demonstrates behavior to the contrary, they will be made to feel abnormal. In contrast, “if someone’s social identity is understood as being fixed or essential within a person, it can validate and justify sex, racial, class, and other
differences as being “natural.” ….“ (Nagoshi and Brzuzy2010:432). This however, does not take away the stigma of being a “disorder” because one who is transgender, whether biologically or socially “caused” is not the normative in this society.

The Mental Health Profession. One of the most debated issues regarding the mental health profession is the diagnosis of gender variant persons because for many in the community, this implies that they are not “normal,”—that they have a mental illness. Until this year, a child who identified as the opposite gender from what they were born could be diagnosed with Gender Identity Disorder—GID (The American Psychiatric Association’s, [1994] 2000). A child was diagnosed with this disorder if they had, “A) A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex) and “B) persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex” (ibid:2000).

Winter (2010) suggests that “gender variance is not, in and of itself, necessarily a disorder.” Instead, she suggests that society is responsible for the creation of the “disorder” due to their lack of acceptance of gender diversity. Moreover, by gender variance being medicalized and labeled, the profession is perpetuating and upholding the belief that transgender people are mentally ill. However, some in the transgender community support the diagnosis because it allows them to get medical treatment, but this does not mean that they agree that they have a mental illness. Incidentally, having conducted qualitative research with transgender persons, Monro (2000) found that:

Pathologization is contentious within the trans communities, as access to treatment is necessary but the price for this in terms of self-determination has historically been a heavy one. Participants argue for gender dysphoria to be seen as a condition which may require treatment, including access to counseling, but which is not in itself a mental pathology. (P. 41)

See pg. 24 for a discussion of the new diagnosis—Gender Dysphoria
Until recently, it was prevalent for mental health professionals to practice “corrective” therapy for children with a GID. Although no longer prevalent, reparative therapy still exists. For example, Vanderburgh (2009) explains that clinicians practicing this therapy assume that being “trans is matter of behavior and not core identity, and therefore children cannot innately be trans” (p. 141). He says, that “the clinical focus, then, becomes helping the child actualize various aspects of themselves while retaining their original gender assignment and role” (ibid:140). Thus, “Instead of putting the focus on the systems that will not allow gender variant children to develop in their own natural way, ‘treatment’ approaches usually focused on the child's ‘maladaptive’ gender identity, and attempts are frequently targeted on ‘corrective’ action” (Mallon and DeCrescenzo 2006:218). Moreover, within the corrective therapy community, it is prevalent to “blame” the parents—especially the mothers. According to Ehrensaft (2011):

> Several studies have examined the levels of psychopathology in the mothers of children who have received a diagnosis of childhood GID. Such factors as overprotectiveness, marital discord, lack of enjoyment in the child, and prior contact with mental health professionals have been identified as potential ‘risk’ factors for a child’s GID (ibid:47).

**Redefining Gender**

The biosocial paradigm appears to have implications that may support the redefining of gender identity. Although not explicitly stated in all the literature, it is implicit in much of it via the discussion of a belief that biology, psychology and social dynamics take part in the development of ones’ gender identity. Therefore, if society can understand that one’s gender identity is formed via biologically/physiologically, psychologically and

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6 Reparative therapy or conversion therapy is a school of thought that argues “that we already have sufficient scientific evidence to demonstrate that it would be best for children to accept the gender assigned to them at birth, and that treatment that is designed to curb children’s cross-gender identification demonstrates good results...” (Ehrensaft 2011:7)
socially, this could change the way society traditionally views the binary gender identities and roles (Ehrensaft 2011; Giordano 2013; Brill and Pepper 2008; Nagoshi 2010).

As a starting point to understanding transgender youth, we need to “unlearn” what we have learned about gender and reform our own beliefs and perceptions about what it means to be a girl or a boy (Brill and Pepper 2008; Ehrensaft 2011; Giordano 2013). In order to do this we must carefully examine what is presently known about gender. Brill and Pepper (2008) state:

Once we become educated about the current thinking around gender itself, the next step is to release ourselves from our inherited beliefs, and thus allow ourselves to see the beautiful spectrum that gender really is. This learning and unlearning is important for all— not just parents with gender-variant children. (P. xv)

Part of this “unlearning” process involves understanding that the binary is not inherently the norm; instead it has been constructed as such. One must understand “that the way each of us experiences our own gender and our own gender variance is, in fact, normal and natural. Normal is not the same as conforming” (Girschick 2008:x). Conforming is related to our gender normative belief system of what it means to be feminine and masculine.

Why We Need to Redefine Our Definition of Gender? Many in society would ask “why we have a need to redefine gender?” in fact; many people will reject this notion. Mallon and DeCrescenzo (2006) argue that a more important question is, “Why are gender variant children so disturbing to people, especially to parents and in some cases to child welfare professionals?” (p. 223). It is because of the latter question that we need to answer the former. I argue the reason we need to redefine gender is because there are parents and professionals who find transgender children “disturbing.” This is because of our societies heteronormative ideology, and should we allow this ideology to continue,
trans-people will continue to “form one of the most oppressed groups within Western society, socially excluded via cultural and institutional structures” (Monro 2000:34). Therefore one reason to redefine gender is to prevent parents and professionals from perpetuating discrimination and oppression of a population.

If children are forced to comply with social stereotypes, and lack of acceptance towards transyouth continues, Mallon and DeCrescenzo maintain:

…behavioral problems that can lead to depression and other serious mental health issues, caused not by their gender variant nature, but by society's (and often their own parents') nonacceptance of them” and “over time, the pervasive societal stigmatization and pathologization of transyouth allows the low self-esteem of these young people to grow into the internalized self-hatred of many transgendered adults. (P. 219-23)

Additionally, transgender youth who experience rejection and capricious caring, from most of their parents, schoolmates, teachers, and communities, have to continually fight feelings of indignity and worthlessness (Grossman and D’augelli 2006). Similarly, Gagne and Tewksbury (1999) found—after conducting interviews with male-to-female adult transgender persons about their childhood—that:

Through interactions with parents, siblings, friends, educators, and others, their experiential understandings of themselves as feminine boys, or boys who preferred and found comfort in social interaction with girls, collided with popular wisdom and the pressure to become masculine boys. Learning that they were somehow ‘wrong,’ these individuals internalized a deep sense of shame…. (P. 78)

In contrast, these individuals reported feeling “….most happy when they could freely ‘be themselves’ or enact what they perceived as authentic selves, free of the constraining influences of popular wisdom about sex and gender” (ibid:68). Hence another reason to redefine gender or more importantly to redefine what is “normative,” is to promote transyouth health and happiness. In the next section I address what changes can be made so that gender variant children can develop in a healthy, happy way.
Promoting the Health and Happiness of Transyouth

Although not as pervasive as it was even ten to twenty years ago, parents with gender variant children must navigate within a heteronormative society. Ryan et al., (2010) conducted a study in which they looked at the protective factors of parental support and found that “family acceptance predicts greater self-esteem, social support, and general health status; it also protects against depression, substance abuse, and suicidal ideation and behaviors” (p. 205). Therefore, a child’s health and happiness begins at home.

Transyouth Families. Brill and Pepper (2008) maintain that parents need to understand that they “cannot control the actual inner experience of their child. If the child has a cross-gender identity, it won’t change just because the parents don’t accept it” (p. 16). Winter (2010) agrees, stating, “an approach of total parental control can be counter-productive in the long run” and although this generally applies to all children, she says it “is especially true in a situation involving a gender-variant child” (p. 125). Instead, it is imperative that parents are supportive of their children at a time of much confusion, especially considering the potential implications that could happen should they choose not to be supportive.

For some families, supporting their children is an incredibly difficult task and not because they don’t love their children. Instead, the difficulty stems from reasons such as a family’s religious beliefs, wherein being transgender is unnatural according to God and therefore a “sin.” Expressing to one’s child that God will castigate them because of their gender expression increases their risk of suicide, depression and health problems (Brill and Pepper 2008). Encouraging your child to pray away their core identity, is using religion against them, and “because religion is an important part of family life, religious

7 The meaning of health as used here includes mental, psychological and physical.
condemnation takes away an important source of solace and support for children of religious backgrounds” (ibid:82-3).

Clinical psychologist Diane Ehrensaft (2011) maintains that it takes “courage” to support a gender non-conforming child, she says:

It takes courage to let your little girl swim in bathing trunks and no top because she’s on her way to being a boy. It takes courage to let your little boy not only sign up for a ballet class but show up in a tutu under the shocked and disapproving gaze of the other parents. It takes courage to survive the shock that might run through you as you confront the hard road your child may face in going against the gender grain. (P. 70)

This courage exemplifies what supportive parents are, and do, and this is a necessary requirement to prevent future mental and social instabilities. This support does however require thoughtful decision making prior to the social transition of a child. Parents must take into account not only the transchild’s wants and needs, but also the family as a whole and safety considerations. Although acceptance of a child’s developing non-conforming gender identity is crucial for their mental and social stability, it is important to remain open to the potential fluidness with which children may be experiencing their gender identity (Brill and Pepper 2008; Edwards-Leeper and Spack 2012; Ehrensaft 2011). In other words, should a child initially maintain that she is no longer a female and instead affirm their male identity; families must be open to the potential changing of identities, such as wanting to return to their female identity or simply wanting to remain female but express themselves as a male. Parents must be careful to not pressure their child into fitting into the binary, because their child may, in fact not be either male or female.

Seeking the help of someone in the mental health profession is common for parents with transgender children; therefore it is imperative that they choose a
professional with the most up-to-date knowledge on transgender children, preferably one that specializes in this area. The proceeding section discusses the current status of the mental health profession as it relates to families with gender variant children.

The Mental Health Profession. The American Psychiatric Association has changed the diagnosis of trans-youth from GID (as discussed above) to “gender dysphoria,” which is defined as “a marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration…” (American Psychiatric Association’s, 2013). Many in mental health profession have made, and are making, great strides toward improving their services to families with transgender youth. According to Winter (2010) “most therapists trained in gender issues recommend that” parents “NOT prohibit outright a child’s display of transgender behavior at home…” (p. 124). Incidentally, in August of 2008, The American Psychological Association made a major statement in support of the transgender community. In the statement they “call upon psychologists in their professional roles” to provide, support and recognize such things as:

…appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals; support efforts to provide safe and secure educational environments, at all levels of education, as well as foster care environments and juvenile justice programs, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free from discrimination, harassment, violence, and abuse; support the creation of scientific and educational resources that inform public discussion about gender identity and gender expression to promote public policy development, and societal and familial attitudes and behaviors that affirm the dignity and rights of all individuals regardless of gender identity or gender expression; recognize the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments… (APA 2008)
In a similar manner, The World Professional Association for Transgender Health, Inc. (WPATH) issued a statement in May of 2010 that stated the following:

The WPATH Board of Directors strongly urges the de-psychopathologisation of gender variance worldwide. The expression of gender characteristics, including identities that are not stereotypically associated with one’s assigned sex at birth is a common and culturally-diverse human phenomenon which should not be judged as inherently pathological or negative. The psychopathologisation of gender characteristics and identities reinforces or can prompt stigma, making prejudice and discrimination more likely, rendering transgender and transsexual people more vulnerable to social and legal marginalisation and exclusion, and increasing risks to mental and physical well-being. WPATH urges governmental and medical professional organizations to review their policies and practices to eliminate stigma toward gender-variant people.

In September of 2012, the People of California proposed Senate Bill No. 1172; the bill was enacted to address “sexual orientation change efforts,” however the bill also declared the following:

The American Psychoanalytic Association issued a position statement in June 2012 on attempts to change sexual orientation, gender, identity, or gender expression, and in it the association states: “As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice. Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes. (California Legislative Information)

Statements from major associations and State governments, urging the mental health profession to change how gender variance is viewed and treated are important given the number of families that seek the help of mental health professionals. Of course there is debate regarding issues around the mental health profession as it pertains to the diagnosis of Gender Dysphoria as mentioned earlier. However, families are going to continue to seek out professional help with or without this diagnosis; therefore the continued
encouragement of associations and the government alike, and continued education on the part of the mental health professionals who work with transgender youth and their families, can potentially lessen the discrimination and oppression towards and against them.

_The School Environment._ Another important aspect of transgender youth health and happiness, is their school environment. Gender-variant children are being bullied, harassed and discriminated against in the school environment (GLSEN 2005, 2011, and 2012; Grant et al. 2011; Grossman and D’ augelli 2006; Horn and Romeo 2010; Lombardi 2002; McGuire 2010; Pardo 2008; Ryan and Rivers 2003; Talburt 2004). At school, gender-variant youth face significantly greater rates of verbal and physical abuse, academic disappointment, “and psychological trauma than do their heterosexual counterparts” (Spitz 2012:2). In fact Pardo and Schantz (2008) maintain that:

Results from the 2005 National School Climate Survey of 1,732 gay, lesbian, bisexual, and transgender (GLBT) youth indicate that 75% of youth hear homophobic remarks often or frequently at school. Nineteen percent report hearing similar comments from school teachers or staff (Kosciw & Diaz, 2006). In the same survey, 17% reported physical harassment and 12% reported being physically assaulted because of their gender expression. (P. 1)

Similarly, The National Gay and Lesbian Task Force and the National Center for Transgender Equality found that:

Those who expressed a transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%); harassment was so severe that it led almost one-sixth (15%) to leave a school in K-12 settings or in higher education. Respondents who have been harassed and abused by teachers in K-12 settings showed dramatically worse health and other outcomes than those who did not experience such abuse. Peer harassment and abuse also had highly damaging effects. (Grant et al. 2011:3)

McGuire et al. (2010) examined the harassment of transgender youth as well as school strategies employed to reduce harassment and individuals’ responses to
harassment. They found that school harassment was pervasive and negatively associated with feeling safe. In contrast, “when schools took action to reduce harassment, students reported greater connections to school personnel,” and through these greater connections, a sense of safety developed (ibid:1175).

The school environment contributes greatly to the healthy development of transgender children. As such, there are many organizations, including the ones mentioned above, that are assiduously working to provide schools with the best practices to ensure the safety and respect of transgender and gender nonconforming children. Researchers, activists and parents believe the schools should be held accountable for such development and progress while at school (Horn and Romeo 2010; McGuire et al. 2010; and Pardo 2008). There are organizations fighting for laws to be put in place in all schools K-12 to ensure a positive and safe environment. Some schools have implemented anti-bullying policies, restroom accommodations, dress code alternatives, sport integration policies, ongoing communication with supportive parents and training of all personnel (GLSEN and The National Center for Transgender Equality 2013; Assembly Bill No. 1266 2013). However, there are no universal, nationwide laws regarding school policies with respect to transgender children. Kennedy and Helen (2010) recommend that at minimum, “schools introduce children to the concept of transgender people, so that transgender children are able to feel they are not alone and that their gender identity is as valid as any other” (p. 41).

The Medical Realm. There are medical options, which youth and their families can consider, in order to improve health and happiness. According to Olson, Forbes, and Belzer (2011), “Transgender adolescents are an underserved and poorly researched
population that has very specific medical and mental health needs. Primary care physicians are in a unique and powerful position to promote health and positive outcomes for transgender youth” (p. 171). Due to the increasing visibility of trans-youth issues, some children’s hospitals have developed a transgender clinic specializing in their specific needs (Minter 2012).

At the present time, trans-youth must have a mental health diagnosis of gender dysphoria, as well as wait until the onset of puberty—between Tanner stages II and III—in order to obtain any medical procedures (Edwards-Leeper and Spack 2012; Giordano 2013; Olson, Forbes, and Belzer 2011). 8 9 It is not uncommon however, for parents to be in contact with a physician prior to the onset of puberty; in fact, physicians are often the first people that they will reach out to for help (Minter 2012). This is not only because parents are seeking advice, but also because there is a crucial time period/developmental stage for trans-youth wherein medical care is needed should the youth decide to transition medically. If and when, the child and the families do decide to obtain medical care,

the primary individual treatment goal is assessing the patient to determine the severity of his or her gender dysphoria, and determining over time and with careful evaluation how to proceed with medical interventions that will result in the patient feeling comfortable in his or her body and capable of living as a psychological and physically healthy individual (Edwards-Leeper and Spack 2012: 334).

Timely intervention, along with mental health treatment is encouraged by those in the medical field, in order to achieve gender/body congruence that can minimize negative

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8 Tanner stages are a way of measuring biologic (puberty) developmental transitions (see Giordano 2013).

9 At this stage the medical procedures consist of puberty blockers and cross-sex hormones—as discussed by Olson, Forbes and Belzer 2011; and Edwards-Leeper and Spack 2012 (see reference page for full citation).
health outcomes and maximize positive futures for the youth (Edwards-Leeper and Spack 2012; Giordano 2013; Olson et al. 2011).
3. METHODOLOGY

As evidenced by the review of the literature, studies regarding transgendered children—especially those in the prepubescent stages—are still in a nascent stage of development. With little known about transgendered children and their experiences, this research is constructed using a descriptive and exploratory approach. By combining case study and ethnographic methods, the intent of this study is to provide an in-depth and comparative depiction of the lives and perspectives of four transgendered children and their families.

Research Design

While case study and ethnographic methods are often viewed as independent approaches, they share many of the same data collection techniques. In this vein, Denzin and Lincoln (2005) argue, “Qualitative research is inherently multi-method in focus…the use of multiple methods, or triangulation, reflects an attempt to secure an in-depth understanding of the phenomenon in question” (p. 5). The merging of both case study and ethnographic methods has allowed me to make use of multiple data sources (including observations, journal writings, semi-structured interviews, and recurrent unstructured interviews), while continuing to ground data collection and analysis within a broader understanding of individual participants as both unique cases and members of a broader culture-sharing group.\footnote{Creswell (2007) defines a cultural-sharing group as one that has “shared and learned patterns of values, behaviors, beliefs, and language” (p. 68).} This study aims to not only illuminate the experiences of transgender children, but also to understand their experiences from the perspective of their families; as well as to illuminate the families’ experiences. Tracy (2010) refers to this as multivocality, or the “multiple and varied voices in the qualitative report and analysis” (p. 844). Thus, the interviewing of more than one family with a transgender
child, the interviewing of the transchild, along with my interpretation of these interviews—as well as my own in-person observations—will provide a multi-layered perspective and an account of their lived experiences.

**Data Collection**

The data collection process consisted of recruiting participants, choosing my data sources, and collecting the actual data. My sample was purposeful and opportunity based due to the criterion and the difficulty of gaining access to my population.

*Recruitment.* In July of 2013, I began looking for an organization that I could volunteer for, learn from, and network with. This led me to an organization that focused on the issues of transgender youth, which I will refer to as “The Transgender Group,” for anonymity purposes. I emailed the director (my first gatekeeper) and fully disclosed what my intentions and purposes were. After some continued email discussion, the director agreed to allow me to volunteer with administrative type matters, and invited me to the next meeting. Essentially, I was to assist them at their once a month meetings, in setting up the chairs for “group,” signing in members for data collection purposes of their own, and guiding people to the correct group. In August of 2013, at the first meeting I attended, I met my second gatekeeper, Don, who was the co-director of sorts, of the organization. We conversed after the meeting and I explained to him what my intentions and purposes were and he showed interest in my project immediately.

I had asked Don at the September (2013) meeting if I could make an announcement to the group in October about my research project, and he asked me to
send him information detailing what exactly my project was about.\textsuperscript{11} He emailed me back about a week later indicating that he found my project to be of importance, and that he and his family would be willing to participate, and to prepare a one page document explaining my project, the criterion to participate, and my contact information—to present to the group at the next meeting. After obtaining a letter of permission to recruit from the organization, at the October (2013) meeting, I made an announcement to a group of approximately 20-25 parents (see appendices A & B).\textsuperscript{12} After the meeting, I had two more parents (mothers) approach me and state that they would be willing to participate in my project, and then a month later the fourth and final parent (mother) contacted me by email, indicating that she too, wanted to be part of the project.\textsuperscript{13}

\textit{Participants.} In the end, I chose to only include the first four families that signed up, because of the amount of time and depth that was needed in order to gain trust, conduct at least 12 visits per house, interview all family members, and write up the findings. Each family was comprised of differing components allowing for some diversity in family form, and provided for varying narratives of their journeys thus far and their journeys still to come. Table 1 provides basic demographic data about the participants; following this is a brief description of each family. For anonymity purposes,\textsuperscript{12}

\textsuperscript{11} Although I had not received IRB permission yet, I was simply informing the group about my intended research project, while fully disclosing that formal research would not begin until IRB approval.

\textsuperscript{12} This was after Don had made an announcement, giving a little bit of information about me and my project—during the meeting—and that he would be participating

\textsuperscript{13} It was made clear during the announcement that the children had the right to decide for themselves if they wanted to participate, thus the parents were encouraged to speak with their children about this project before making any decisions. Furthermore, parents were told that before I obtained parental consent I would need to obtain assent from the minor.
all participants either chose their pseudonyms or were assigned pseudonyms (they were
given the choice).

Table 1. Family Composition and Demographics

<table>
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<tr>
<th>FAMILY MEMBER</th>
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<th>FAMILY 2</th>
<th>FAMILY 3</th>
<th>FAMILY 4</th>
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<td>Kayla (Kalen)*</td>
<td>Ana (Jacobie)*</td>
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*These are pseudonyms for the children’s name prior to their transition

A Portrait of the Families. **Family One: Emilia-mom, Elena (Johnny)-transchild, Alex-sibling, Michael-dad.** When I first met Emilia, at The Transgender Group, she was
eager to participate in my project, and I could tell by the way she spoke and the questions
she asked, that she was versed in the topic of gender non-conforming children, and the
process of research. She told me she has an MSW (Master in Social Work), with
emphasis in child development and psychotherapy, with kids who have experienced
trauma. As it turns out, this was an incredible advantage for me in many ways. First, she
understood qualitative research and essentially what that meant as far as the data I would be interested in gathering. Secondly, her willingness to answer questions that I had about child development was especially helpful. Later I discovered that Emilia is not just the mother and supporter of her gender variant child but an activist for transgender children in general.

Elena was 5 ½ years old when I met her; she had on a dress, was holding a doll, and was seemingly a “typical” little girl. From the beginning Elena was somewhat wary of me and although she became increasingly comfortable, I never really attained the level of bond that I did with the other kids. Alex, her brother, was 8 ½ years old, appeared to be quite reflective and mature for his age. Because Emilia is a single mom and pressed for time, the family was always on a strict schedule. Their mom and dad are divorced, and mom has physical custody. Dad is a serious guy, who works in the insurance business, and partakes in the kids’ lives on a weekly basis.

*Family Two: Amy-mom, Isabel (Jacob)-transchild, Robert-dad.* When I first met Amy, at The Transgender Group, she also seemed eager to participate in my project. I got the sense that she was still in the learning process about having a gender variant child, but could tell she loved her daughter very much, and wanted to support her in any way possible. Isabel was 5 ½ years old when I met her; she too, had a dress on, plus a cape, who also was a seemingly “typical” little girl. Isabel was a little wary of me at first as well, but it didn’t take long for our bond to grow. It was clear that Amy and Isabel were “two peas in a pod.” Isabel’s mom and dad are also divorced, and mom has sole custody. Dad is a “laid back” guy, works in construction, and partakes in Isabel’s life.
Family Three: Janet-mom, Kayla (Kalen)-transchild. When Janet first contacted me through email, she said they would be “honored” to participate in my project. Janet is married, but assumes most of the caretaking, and is the primary one involved in making decisions regarding Kayla’s gender variance wants and needs. Janet is very active in learning about the transgender community, as to ensure Kayla’s health and happiness. Kayla was 7 ½ years old when I met her, and she was wearing black leggings with her new dress, and a headband with a lace bow that matched the lace trimmings on her dress. She is an articulate, spunky, “typical” little girl, who is incredibly active. Kayla warmed up to me from the first visit, and we have developed a strong bond. Her parents are still married but dad chose not to partake in this study.

Family Four: Don-dad, Ana (Jacobie)-transchild, Jeremiah-sibling, Justin-dad. As mentioned, I met Don at the first transgender group meeting I attended, and I could tell by the way he spoke and the questions he asked, that like Emilia, he was versed in the topic of gender non-conforming children. He and his partner wanted to sign up as a way of advocating, anonymously, for their child. They are a unique family in that they are a White, gay married couple who have adopted two African American children. Don does take on the primary caretaking of the kids on a day to day basis, because Justin travels a lot for work, but Don and Justin make decisions together regarding Ana’s gender variance. They are both incredibly loving parents who have taken on some great challenges and know a lot about discrimination—from not only Ana’s gender variance, but also being a gay couple, and being White parents of two African American children. Later I discovered that Don and Justin are dutifully involved in the LGBT community in various ways.
I met Ana when she was 8 ½ years old; she had long braids, and was also a seemingly “typical” little girl. Like the other little girls, but maybe more so, Ana is cautious and suspicious of those not in her circle. I liken this to the fact that her parents, like the others, are extremely protective of their children, and the issues of privacy and disclosure are serious matters for them. However, Ana warmed up to me fairly quickly and our bond continues to grow as time goes by. She was adopted by Don and Justin at four months of age, as Jacobie—a baby boy. Her brother Jeremiah is 6 years old and was adopted at the age of four by Don and Justin. Incidentally, Ana and Jeremiah are biological brother and sister. Jeremiah is a friendly little boy, thus it didn’t take much time for him to warm up to me.

**Ethical Considerations**

Before moving on, it’s important to address the ethical consideration of doing research that involves children; this is due to the high level of controversy, and the validity and reliability of conducting such research about children and with children.

One of Lahman’s (2008) suggested principles to take into consideration when working with children includes “ethical consideration.” Although she is specifically discussing principles for working with children, ethical considerations are important for all subjects, regardless of age. As a researcher I was committed to framing my work ethically at every step of the process, this included: 1) assuring each of them that they may withdraw their participation at any time 2) *respecting* those that participated, such as their space (i.e. leaving if they needed me to), pace (i.e. slowing down any step of the process, and/or accommodating schedules) and boundaries (listening to their needs) 3) the use of appropriate language—based on age, cultural, and educational level 4) providing resources for counseling or support groups (see appendix C) 5) remembering to
listen and learn 6) being observant of the participants’ facial expressions, body language and tone in their voice, to inform me of the potential feelings of confusion, discomfort and/or embarrassment, thus alerting me to “check-in” with their desire to continue, take a break and/or change my procedures 7) working with my participants to validate the findings and 8) lastly (but definitely not least), obtaining and sustaining the trust of all those involved.

Informed consent. Adult consent was initially obtained verbally and held in abeyance until assent of the child was obtained. Assent was obtained during my first visit with the families, and because they were younger than 9 years of age I obtained verbal consent—with the parent—by explaining, in age appropriate language, what the project was about (see appendix D). Once these two matters were resolved the adult consent was formally obtained, as well as parental consent for the transchild and siblings (see appendices E-G).

The Researcher

As a qualitative researcher, my study cannot be understood without positioning myself in it and being aware of my preexisting assumptions and my politics regarding gender identity. (Creswell 2007; Denzin and Lincoln 2011 [4th ed]; Thomas 1993; Tracy 2010). Although, I am committed to allowing my data tell the story as opposed to imbuing my subjective ideas, I am well aware that in fact my subjectivity influences every part of this research. However, I’m inclined to agree with Mauthner and Doucet (2003) who maintain, “It may be more useful to think in terms of ‘degrees of reflexivity,’ with some influences being easier to identify and articulate at the time of our work while others may
take time, distance, and detachment from the research” (p. 425). Therefore, I can discuss what I have assessed as having influenced me along this process at this moment in time.

My journey—and I say journey because it has indeed been one—for this research began from watching two compelling, and sociologically relevant documentaries in a close time span. One was on 20/20, entitled “My Secret Life,” and the other was on Our America with Lisa Ling, entitled “Transgender child: A Parent’s Difficult Choice.” What I distinctly remember is how the two little girls’ (trans-girls) (one named Jazz and the other Hailey) parent’s supported them. I was impressed and somewhat surprised that they were being supportive. I suppose my surprise stems from living in a society that has stigmatized or for that matter chosen to not recognize any gender other than male and female. I came upon these documentaries during my time in graduate school, a time when I was thinking of research I could do that would potentially “give voice” to oppressed or marginalized groups. I continued to come across magazine articles, news stories and additional documentaries, where the recurring discussion was criticism regarding the children’s “know how” and judgment upon the parents for “allowing” their children to take agency regarding their gender identity.

Children are often not given a voice based on our societies understanding that one is not an adult until 18 years of age; hence the assumption that they lack the ability to make decisions. This would include their ability to be active agents in proclaiming what gender they identify with or for that matter not identify with. Furthermore, transgender persons in general are highly discriminated against, as discussed in the introduction.

Therefore, as a member myself, of an historically oppressed community—the Lesbian, Gay, Bisexual, and Transgender (LGBT) community—I find it imperative to not
only explore the culture of transgender individuals and their families but also to address the inequality they face in society and use my research to advocate on behalf of them. I do not take the position that, as sociologists we should be distanced from our subjects or topic when conducting research. This is a sensitive topic and my goal was to gain their trust, which cannot be accomplished by distancing myself.

Once I decided to go ahead with my proposal to conduct research of this nature, I immediately began seeking resources—other than academic books and journal articles—where I could learn as much as possible. This included me calling around to different departments at my college, which led me to a student activist, who also is an affirmed female—all our conversations were extremely informative. This also included a search of the internet for different organizations that potentially attended to or did attend to the transgender community. This was not an easy task in it of itself; even more difficult was the fact that I was some random graduate student asking to volunteer in some manner, although fully disclosing my intentions other than to help.

The first organization I ended up at was a support group for transgender persons. This group was composed of mostly adults, middle aged and up primarily, but I knew I could learn a lot from them, thus I began attending their open meetings every Wednesday for about 3 months. I did in fact learn a lot from them—things that could only be learned by talking with people that have experienced gender variance and transphobia. Their stories fueled my feelings about my chosen topic. I once sat in on a trans-adult group meeting and a father came in, in attempts to learn more about what his bio-son was experiencing. It turned out that his son was gender variant and when asked “what is it that bothers you so much?” His response was, “you want my honest answer—it’s just weird.”
This has stuck in my mind ever since, and made me realize that much more, how important the stories of transgender children and their families are.

I also networked with the L.A. Gay and Lesbian Center, doing volunteer work—while I kept an “open ear” for potential learning and networking opportunities. I contacted a few other organizations, which is how I found “The Transgender Group.” Once I began to learn about the families, and talk with the parents, at The Transgender Group, my compassion and drive to illuminate and support this community, via this study, grew exponentially. Although some were simply there for the support, many wanted to be involved in some form of activism, to shed light on their experiences, in hopes of “normalizing” their children and their own decisions to support them. However, some do not want to put their children at risk of being bullied or physically harmed by outwardly engaging in activism. Therefore, projects such as mine, that can provide them with anonymity, but at the same time inform the public via their stories, were looked upon as a positive method to do so. Without this sense of acceptance, I would not have been able to stand before them and make an announcement that I wanted to “study” their families’ experiences. This was an awkward position to be in considering I am not transgender, nor do I have a child; but I hoped that by approaching them as the “teachers” I thought they could be regarding this phenomena, they would see that I only had the best intentions in mind—thankfully they did.

Data Sources
The following data sources were used in this study: observations (recorded through field notes), in-person semi and unstructured interviews, journaling by participants, and additional information provided by participants (i.e., clarification conversations, follow-
up questions and/or updated information) via email, phone messages, phone conversations, and text messages) (see Table 2 for data collection specifics).

**Observations.** The objective here was to understand the child and families’ daily experiences in an in-depth manner—individually and collectively, and within and between the families—and capture meaningful interactions. Emerson, Fretz, and Shaw (2011) write that, “…field researchers are deeply concerned about the quality of the relationships they develop with the people they seek to know and understand. In valuing more natural, open experiences of others’ worlds and activities, field researchers seek to keep writing from intruding into and affecting these relationships” (p. 23). With that in mind—some activities were chosen based on convenience, while others were chosen purposefully, and still others I was invited to. All provided an experience of immersion in the daily rhythms of the participants lives, and a “detailed, closer-to-the-moment record of” the lived experience (ibid:21).

Over a period of approximately 5 months, I spent many hours observing the families and participating in their daily activities. I would play with the kids at their house, eat dinner or lunch at the house, and/or go out to dinner or lunch. I observed: dance classes, cheerleading practices, tennis practices. I went to: the park, the beach, “Sky Zone,” “Color Me Mine,” a parade, birthday parties, a transgender ally meeting, school festivals, parent/teacher conferences, the swimming pool, the zoo, group meetings with the parents at The Transgender Group, and observed the kids on the playground at these meetings. An important aspect to participant-observations was the recurrent, informal conversations that occurred between all involved, some of which were noted in
my field notes, while others simply allowed for a more thorough understanding, and/or were opportunities for trust building.

These observations—generally recorded after the activity upon returning home in the form of field notes and memos—were crucial to this study and were the main form of data collected. The field notes and memos allowed me to not only record an account of the observations, but also to clarify, interpret, or verify these moments. The varied modes of observations used helped to elucidate these families lived experiences, by allowing me to immerse myself into the family, which provided deeper insight, and space for trust building.

*Interviews.* The objective here was to procure a clear narrative regarding: the advent of the children’s gender non-conforming behavior, and what meanings the participants attached to their experiences. According to Thomas (1993), “…one of the greatest skills of an ethnographic interviewer is the ability to be prepared to identify and pursue follow-up questions. In fact, the danger of beginning an interview with a list of questions ‘written in stone’ is that the list becomes a crutch that hobbles the researcher in pursuing data” (p. 40). Next to observations, interviews were the next crucial component to the study, as these were able to answer specifics—the who, what, when, why, and how.

Semi-structured interviews, using open ended questions, were conducted with all parents, with the exception of Family three’s father who chose not to participate. All semi-structured interviews with the adults were audio-recorded and in person, so as to gather not just words, but emotion and non-verbal communication as well (Onwuegubuzie, Leech, and Collins 2010). This type of interview allowed participants to answer
questions, such as, “what do you remember about the beginning of your child’s gender non-conforming behaviors,” in a non-directive manner so as to allow them to recall whatever they found significant when thinking back in time, with minimum guidance from myself (Sells, Smith, and Newfield 1997). Moreover, these interviews allowed me to explore the lived experiences of individual and shared meanings, as well as to illuminate the phenomena in question—gender non-conformity.

In-person, unstructured, interviews were conducted with the primary care givers on different occasions and two of the secondary caregivers on different occasions (see table 2 for details). These interviews allowed for clarification and follow-up questions once the semi-structured interviews were analyzed.

In-person, semi-structured interviews were conducted with the children that were 8-12 years of age. This meant for Family One, the sibling was included, and for Family Four, the transchild was included. According to Docherty and Sandelowski (1999), children 6 years and older have been found to possess “the cognitive and language abilities to be interviewed” (p.179). However, they also maintain that researchers should take the time to clarify the purpose of the interview, and what the child’s part in it means. With this in mind, as well as the fact that I was able to gain an increased level of trust and rapport with them by conducting three visits prior to the interview with the sibling in Family One, and six visits prior to the interview with the transchild in Family Four, the short interviews were conducted. Although the interviews were ephemeral in nature, due

\[14\] For purposes of this study, the primary caregivers are Emilia-Family 1, Amy-Family 2, Janet-Family 3, and Don-Family 4. The first two were chosen due to physical custody of the children, the third one was chosen based on lack of father participation in study, and the last one was chosen based on who the children are with the most—these were the primary contacts during the entire study. The secondary caregivers are Michael-Family 1, Robert-Family 2, and Justin-Family 4.
to the attention span of each child, they were not insignificant. Although not insignificant, no additional semi-structured interviews were conducted with the children, so as to enhance our unstructured time together. There was however, one in-person unstructured interview conducted—with the presence of mom—with the sibling in Family One. This was due to concerns I had with how this sibling and the transchild were feeling about the project.

In-person unstructured interviews were conducted with the children that were under the age of 8. With this age it is advised that researchers provide more “direction” in order to grasp their experiences more accurately (Docherty and Sandelowski 1999:180). According to Docherty and Sandelowski (1999), “direction refers to altering the type of questions and manner of questioning to assist children, not to leading them into researcher–defined directions” (p. 180). With this in mind, as well as the fact that I was able to gain an increased level of trust and rapport with them by conducting four visits prior to the interview with the transchild in Family One, three visits prior to the interview with the transchild in Family Two, and two visits prior to the interview with the transchild in Family Three, the short interviews were conducted. Although these interviews were also ephemeral in nature due to the attention span of each child, they were not insignificant. Although not insignificant, no additional semi-structured interviews were conducted with them, so as to enhance our unstructured time together. There was however, a second unstructured interview conducted with transchild in Family One, due to the fact that my first attempt was of no avail. Although, this interview was short-lived as well, it was informative nonetheless. In addition, a third and final in-person
unstructured interview was conducted, with the same child and with the presence of mom, due to concerns I had with how she and her sibling were feeling about the project.

Journal Entries. The purpose of this data source was to obtain information from participants that allowed them to be more reflective in describing their experiences and thoughts. Deacon (2000) states, “one of the greatest benefits of writing exercises is that research participants actually give the researcher their stories and words in exact form…..On the downside, participants must be willing and able to write down their stories and take the time to develop them” (p. 102).

The primary caregivers were instructed to maintain journals for the following purposes: 1) to document any questions that participants would rather answer by writing 2) to process afterthoughts of an interview previously conducted 3) to share other thoughts, experiences, feelings, etc. and/or 4) to write down questions for me. However, I was not able to obtain the level of journaling initially planned, but I was able to procure significant data from the entries they did send—via email—some prompted, others not.

Other Correspondence. This consisted of clarification conversations, follow-up questions and/or updated information as well as unprompted information by participants through email, text, phone calls, and voice messages. This was not a source of data that I anticipated but it was indeed useful.
Table 2. Data Sources and Collection

<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>FAMILY 1</th>
<th>FAMILY 2</th>
<th>FAMILY 3</th>
<th>FAMILY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Observations</td>
<td>15 visits for a total of 42 hrs 5min</td>
<td>12 visits for a total of 41 hrs 25 min</td>
<td>12 visits for a total of 30 hrs 25 min</td>
<td>13 visits for a total of 32 hrs 45 min</td>
</tr>
<tr>
<td>Observations</td>
<td>3 for a total of 2 hrs</td>
<td>2 for a total of 1 hr 10 min</td>
<td>2 for a total of 1 hr 10 min</td>
<td>2 for a total of 1 hr</td>
</tr>
<tr>
<td>Semi-Structured Interviews (mom)</td>
<td>3 for a total of 3 hrs 53 min 15 min</td>
<td>1 for a total of 2 hrs 15 min</td>
<td>1 for a total of 2 hr 30 min</td>
<td>N/A</td>
</tr>
<tr>
<td>Semi-Structured Interviews (dad)</td>
<td>1 for a total of 45 min</td>
<td>1 for a total of 1 hr 30 min</td>
<td>N/A</td>
<td>1 for a total of 2 hrs (D)</td>
</tr>
<tr>
<td>Semi-Structured Interview (trans-child)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1 for a total of 1 hr 30 (J)</td>
</tr>
<tr>
<td>Semi-Structured Interviews (sibling)</td>
<td>1 for a total of 20 min</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>In-person, Unstructured Interviews (mom)</td>
<td>3 for a total of 2 hr 30 min</td>
<td>2 for a total of 5 hrs</td>
<td>1 for a total of 1 hr</td>
<td>N/A</td>
</tr>
<tr>
<td>In-person, Unstructured Interviews (dad)</td>
<td>1 for a total of 30 min</td>
<td>4 for a total of 3 hrs</td>
<td>N/A</td>
<td>3 for a total of 3 hrs (D only)</td>
</tr>
<tr>
<td>In-person, Unstructured Interviews (trans-child)</td>
<td>2 for a total of 35 min</td>
<td>1 for a total of 30 min</td>
<td>1 for a total of 1 hr</td>
<td>N/A</td>
</tr>
<tr>
<td>In-person, Unstructured Interviews (sibling)</td>
<td>yes (hrs in P.O.)</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Clarification conversations, followup questions and/or updated information; or unprompted given information by participants+A4 through email, text, phone calls, and voice messages*</td>
<td>2 emails; 1 voice message; 5 phone calls; 2 text messages**</td>
<td>3 emails; 4 phone calls; 1 text message**</td>
<td>7 emails**</td>
<td>3 emails; 1 phone call**</td>
</tr>
<tr>
<td>Journal Entries (mom)</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>Journal Entries (dad)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>2 (J only)</td>
</tr>
</tbody>
</table>

*1 email, text, phone call or voice message represents a conversation—not just a 1x incident.

Data Analysis

Common to case study analysis is the use of cross-case analysis, which is essentially an analysis that involves an examination of more than one case, allowing for more robust findings (Yin 2014). Yin (2014) maintains that this “technique does not differ from other research syntheses—aggregating findings across a series of individual studies” (p. 134). He suggests using a “word table,” to present the data, if one has a modest amount of
cases. Common to ethnographic analysis is the use of constant comparative analysis, wherein “a researcher is interested in utilizing an entire dataset to identify underlying themes…” (Leech and Onwuegbuzie 2007:565). Sells, Smith, and Newfield (1997) suggest that, “the data—behaviors or events that are observed or described by informants—serve as indicators of a concept that the researcher derives and categorizes (codes)” (p. 175). Therefore, a word table was created using the behaviors or events that were observed and/or described by the participants. This table was reviewed, and then constructed into figures in order to display the central themes and subthemes.

The process began by color-coding the entire dataset, of approximately 266 pages of material (observations, field notes, interviews, and journal entries), line by line—in order to allow the themes to emerge from the data. After going through the data multiple times, I then “member checked”—a process of improving credibility—before continuing to develop initial codes, in order to clarify, and verify that I understood all that was transcribed or observed, correctly (Lincoln and Guba 1985; Leech and Onwuegbuzie 2007).15 This coding of the data led to an initial 36 tentative coded categories, which were organized into a word table to display the data from the individual cases (see appendix O). Further analysis revealed that 20 of these tentative categories were collapsed amongst 14 subthemes (see table 3); while two became 2 of the 4 central themes (see figures 1-4).

15 Member checking refers to a researcher submitting “materials relevant to an investigation for checking by the people who were the source of those materials” (Bryman 2004:1)
<table>
<thead>
<tr>
<th>14 SUBTHEMES</th>
<th>THE 4 CENTRAL THEMES</th>
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<tbody>
<tr>
<td></td>
<td>Institutional Strengths and Challenges</td>
</tr>
<tr>
<td>School</td>
<td></td>
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<tr>
<td>Religion</td>
<td></td>
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<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Community: Daily interaction; judgments/bad experiences with others</td>
<td>Societal Strengths and Challenges</td>
</tr>
<tr>
<td>Fear, Safety, Worry</td>
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<tr>
<td>Privacy and Disclosure</td>
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<tr>
<td>Support Network</td>
<td></td>
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<tr>
<td>The Unknown</td>
<td></td>
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<tr>
<td>Preparedness: Controlling the situation; activism; logical thinking; lessons</td>
<td></td>
</tr>
<tr>
<td>The Future</td>
<td></td>
</tr>
<tr>
<td>Trans-Child Indicators/Signifiers: Language/cognitive ability; mixed messages; cues of identity</td>
<td>Gender Expression</td>
</tr>
<tr>
<td>The Transition: Binary/fluidity; boy reference</td>
<td></td>
</tr>
<tr>
<td>Activities: Play/Interaction</td>
<td></td>
</tr>
<tr>
<td>Negative experiences</td>
<td></td>
</tr>
<tr>
<td>Parents feelings/emotions (mom and dad); what parents want/don't want for their child; race/ethnicity:sexuality references; genital references; family; siblings</td>
<td>These tentative coded categories are collapsed amongst more than one of the 14 subthemes.</td>
</tr>
</tbody>
</table>
**Issues of Credibility, Transferability, Dependability, and Confirmability.**

Credibility was achieved through: 1) prolonged engagement and observations, in which Lincoln and Guba (1985) describe as providing “scope” and “depth,” respectively 2) triangulation—the use of multiple data sources, and methods and 3) **multivocality**—the “multiple and varied voices in the qualitative report and analysis” (Tracy 2010:844). In addition the findings were shared with the participants for member checking (see note 16), in conjunction with seeking the opinion and constructive criticism of my thesis committee. Creswell (2007) describes the latter aspect to attaining credibility as “consensual validation” (p. 204).

Transferability, according to Guba and Lincoln (1985), and Shenton (2004) fundamentally would only be known when “potential appliers,” found the same—with relation to this study—thematic lived experiences amongst others of the population. They continue by saying “the responsibility of the original investigator ends in providing sufficient descriptive data to make such similarity judgments possible” (ibid:298). Tracy (2010) agrees, and further states, researchers should “create reports that invite transferability by gathering direct testimony, providing rich description, and writing accessibly and, invitationally” (pg. 845). Thus, by providing in-depth descriptive data with sufficient detail, other researchers can begin to assess the extent to which the findings are transferable to others in this population.

Dependability was achieved by: 1) obtaining approval of my research proposal, from the Institutional Review Board 2) my thesis committee examining the methods and findings of the research study 3) thoroughly outlining the research design, including the ways in which I gathered and analyzed data 4) transcribing, verbatim, the semi-structured
interviews and recording all observations, all of which were analyzed using the iterative process—moving between collecting the data and coding it—to account for changes throughout the data collection process.

Confirmability was achieved by: 1) my thesis committee examining the methods and findings of the research study 2) storing of the records such as, field notes, interviews, coding process 3) utilizing triangulation—the use of multiple data sources, and methods and 4) providing a researcher reflective account in the report itself.
4. FINDINGS

The composition of each family and the genesis of their stories convey an array of complexity of the group as a whole. Individually, the families were at different junctures in their lives, including where they were in the post-transition stage (i.e., one child was, to some extent, still in the transition process). One of the purposes of this study was to give these families a platform to voice themselves; therefore, I did provide this space for them. Each family has their own unique narrative that is deserving of mention, however they also have many commonalities, demonstrating the cultural-sharing group that they in fact are. Therefore, by employing the individual family narratives, this section describes and explains these commonalities in a more in-depth manner. Using the four central themes as a guide—Gender Expression, The Unknown, Societal Strengths and Challenges, and Institutional Strengths and Challenges—this process will allow the reader to appreciate the differences and similarities between each family. At the end I will then discuss separately the conversations and time I had with the children—trans-kids and siblings—and discuss what I found (learned) from my time with them.

Gender Expression (see Figure 1)

As a reminder, gender expression is defined by many as the manner in which “we externalize our gender….It encompasses everything that communicates our gender to others: clothing, hairstyles, mannerisms, how we speak, how we play, and our social interactions and roles” (Brill and Pepper 2008:4-5). Gender expression is a central theme due to the social significant nature it has on the children. Their transition encompasses only social matters until the onset of puberty, therefore the way they “present” or express, is central to their identity. What I have found is that it is not enough for these children to
simply identify with being female to themselves. Although this is a part of it, it’s more complex than this and it involves a multifarious of personal idiosyncrasies. This process merely begins with how they are feeling internally, and whether this is known by the child in their pre-verbal stage of development is still a matter of debate. For most of these children, their process began as soon as they had the verbal and cognitive abilities to discern their wants and needs.

All four transchildren displayed *indicators or signifiers* that were in line with gender non-conforming behavior, early in their lives. So much so that the parents were able to recognize that their child was not behaving in a manner congruent with their bio-gender. Once recognized as such, and a decision to support their children was made, all experienced some level of *social transition*. Relevant to the children’s gender indicators/signifiers, and their social transitions are aspects of their play *activity* and other activity, as well as who they interact with when doing such activities. Moreover, from the genesis of the parents’ apperception of the situation through the transition, there have been unpleasant *experiences*, that are distinctly related to these children’s non-conforming gender expression.
Figure 1. Gender Expression and four subthemes

Transchild Indicators/Signifiers. During the first semi-structured interviews with the primary and secondary caregivers, they were asked to begin by telling me when they first recalled their children expressing gender-variant behavior. In Family One, Emilia recalled the following as indicators or signifiers of Elena’s gender variance:

It was right around Elena’s third birthday, she might have just turned three and we were in Target and I don’t remember why we were in the kids clothing section…but we were in the boys section and Elena had just you know, she was diaper free…we had to pay attention, if she said she had to go that meant probably we should run. So she said she had to go and so I grab her hand and we’re gonna go tearing across the whole store to get to the restroom and so we go through the girls section and all of a sudden she stops in her tracks and she sees this dress, it’s like a cotton Dora dress on top with lace on the bottom and it has this picture of Dora the Explorer, who’s she’s never watched, so it wasn’t a Dora thing. She says, “aaawweeee mommy look, it’s beautiful,” and she holds the dress by the skirt and she’s just, she’s just looking at it [Emilia tears up at this point] and she says “can I have this dress?”

16 The findings will primarily be from my interviews and informal discussions, between me and the primary caregivers, and the children, as well as their journal entries—along with my observations. However, if there is contradictory information, information that was not discovered from the primary caregiver, and/or other significant statements, then the secondary caregiver’s interview will be used.
She continued to explain that she didn’t see the harm, of then Johnny, getting the dress because her other son, Alex, also went through a period of “dressing-up.” However, she did recognize that there was something “different” about Elena’s desire for this dress. For Elena, mom says “it was a transformative experience….it was the attachment to how she saw herself….she wore that dress, wanted to wear it every day!” From that day forward it was a slow progression into the little girl she is today, but by no means was this progression linear and uncomplicated. Prior to moms’ full understanding of the situation, and acceptance, Elena yearned for long hair—she did not like going to the barber. She would cry when she’d go to her dad’s because he would make her change out of her “girl clothes” before they went anywhere, and then cry and scream that she wanted to wear her skirt. She was introverted in school, and having temper tantrums that seemed beyond that of her developmental stage, to which mom stated, “underneath was a self-loathing and hatred for Johnny.” Another matter of importance to Emilia, was that Elena, “for the past two years was not pursuing academics, you know her identity development was such a major part of her preschool experience, there wasn’t much room for other stuff.” However, as she began expressing more, not only did she begin smiling more, but she also improved academically, evidenced by developmental academic tests Elena has taken in school.

However, prior to the transition, but with awareness from mom that something was indeed different—and then eventual acceptance by mom—mixed messages were being conveyed to Elena, due to her father not being quite ready for the transition to occur. According to Emilia, she would have allowed the transition to happen earlier than they did, but it was her thought process that if she moved on with the transition without
Michael’s approval, she says, “then what am I projecting—your opinion is valueless, which I actually thought, but then what am I showing my kids—your dad’s opinion means nothing.” Thus, Elena was allowed to wear dresses and skirts over her clothes to preschool but still not as an affirmed girl. Michael, Isabel’s dad, was not happy about this situation and wanted Emilia to get rid of the dresses. Mom said, “Michael was really pissed and until, I mean almost for two years, you know around her dad she just wouldn’t wear it [the dress or skirt].” With dad, Elena was allowed to wear what she wanted in the car but then, Emilia says, “when they’d go any place, she had to take the skirt off…” In addition, because Michael was not accepting what was occurring, there were at least two occasions that Emilia discussed with me, where she asked that Elena wear gender conforming clothes. One occasion was to Elena’s brothers’ soccer game, where she was asked to wear sports clothes—meaning no dresses. The other occasion was to a Halloween festival at her siblings’ school, where she was asked to wear “boy” costume. These were very difficult years for Elena, according to Emilia, because she could not understand why she was not allowed to wear her skirts or dresses all the time, or why she had to wear a “boy costume” instead of a “girl costume;” she was too young to comprehend the full complexity of what was transpiring. This was not an easy time for Emilia either—having to make these decisions that she knew would likely disappoint Elena—she said she felt like a “hypocrite.”

Due to the fact that “mixed messages” were being conveyed, Elena was inadvertently living gender fluid. Recognizing this, Emilia said, “I’m so socialized into the binary, you know, it was rough being fluid those years.” Emilia said that essentially for “almost two years she was looking gender fluid, she looked like a little boy with a
skirt.” She went on to say, “living gender fluid, wasn’t gonna be sustainable, it was gonna break all four of us….the whole idea of can you be fluid—no cause it didn’t meet her needs.” In other words, it was also not what Elena wanted. Living fluidly was calling more attention to Elena than mom wanted. Emilia recalls a moment when Elena was living gender fluid, she said after they bought Elena’s first dress, they went to pick up Alex, and all the parents were staring because essentially Elena “was a boy in a dress….she looked like a three year old cross-dresser.”

For Family Two, Amy said she “didn’t think much about it [in regards to her differing expressions] until there was a lot more dressing up going on.” She recalled the following indicators or signifiers of Isabel’s gender variance:

I knew something was different about Jacob when he was very young. He was never interested in his toys. EVER! So when I first noticed that Jacob wasn’t a typical boy was…right around a year old, he always held his pinky up, he was a delicate eater….and I’d pick flowers and give him flowers, he’d stick’em in his hair and he’d also go in my closet and put on shoes….when he was older and able, he was always wanting to play dress-up. If we went to the like K-Mart or to Toys R Us, he was drawn to the pink isles, he was not interested in his toys….He was drawn to girls, wanted to be friends with girls,….he never connected with boys….you know like when he could talk he would ask me, “when can I wear your dress?” or “can I wear mascara mama?” Loves to watch me put on makeup….there was a lot more dressing up going on. I think really when I started to notice things, was when he was three, they had a lot of pictures at the preschool of different kids in the room [on the wall] for that year and Jacob was dressed in a dress, you know dressed in a really bright, soft, fluffy dress with a scarf….he is happy when people mistake him for a girl….he at this point was saying “am I a boy or a girl?”

For Isabel, this was the beginning of her slow progression into the little girl she is today, and like Family One, this was not a simple progression. Prior to mom’s full understanding, and acceptance, Isabel began to get angry and started being mean to their cat. She was having (and still was when I met them, to some extent) temper tantrums that according to mom were and are beyond that of her developmental stage. She would hate
when her mom would cut her hair. She’d cry when mom made her take off a t-shirt that she used as a dress, and when she was made to join karate. Additionally, she is uncomfortable with the discussion of her being transgender because she simply sees herself as “just a girl.” When mom decided to follow the instructions of what I would consider to be a reparative therapist, Amy took all the dress-up and “girl toys” away, to which Amy says, Isabel “was very sad.” Similar to Elena’s lack of academic progress prior to feeling affirmed, Isabel is still somewhat more concerned about her gender identity than pursuing academic progress. Since she has been allowed to express as the gender she feels, she has been a lot happier according to mom, and mom thinks this will help with her academic progress as well.

However, like Elena, Isabel was receiving mixed messages from her parents as well. Her parents were not on the same page when Isabel began expressing girl mannerisms. Amy explained it like this, “we were going back and forth, I was blaming him and then you know we’d go back and forth…there was conflict about him letting her play with Barbie dolls and then the conflict switched, you know that I was letting her…you know what I mean?” Initially, it was okay at home (mom was even buying her dresses and dolls, and dad was buying dolls) or at school, but not in public, because mom “wanted him to know that dress-up was just play.” When the behavior increased, Amy looked to the Christian preschool to refer her to a therapist, who told Amy to “get rid of the dress-up” at home. She wanted Isabel to know that she could wear certain things for dress-up at school but that she couldn’t wear it out and “he couldn’t grasp that,” she said.

Furthermore, Amy, like Emilia, felt that trying to allow Isabel to wear more feminine things without allowing her to affirm “made things worse,” bringing unwanted
and often hostile attention. Thus, like Elena, Isabel was inadvertently living gender-fluid. She went on to say, “the kids would come up to me and they’d say, “why does Jacob like girl stuff, why does Jacob like dollies”…. More importantly, Isabel did not want to live gender fluid.

*For Family Four,* dad noticed, also around the age of three, but like the other parents, didn’t think much of it at first. In addition to wearing pieces of material on her head to simulate long hair and socializing “in a way congruent with her female peers,” he recalled the following indicators or signifiers of Ana’s gender variance:

Halloween when Jacobie was three was rough because I had dressed him as a football player and he didn’t wanna be a football player, he wanted to be a princess….we had known for a long time because we had princess dresses around you know [for dress-up]….it was the princess dresses that our kid wanted to play with the most….Jacobie’s self-portraits were in high heels and princess dresses…. [began] lashing out to where then verbally became ‘noooo don’t say that, I’m not your son!’

For Jacobie, this was the beginning of her slow progression into the little girl she is today, and like the others this progression was by no means uncomplicated. Prior to dad’s full understanding, and acceptance, Jacobie was very depressed in preschool, and she began fighting with her friends and talking back to adults, but dad said “once we did transition—happy, completely happy all the time!”

Prior to being “happy all the time,” and similar to Elena and Isabel, Ana was receiving mixed messages from her parents. Don explained that they wanted to let their child wear “whatever he wanted at home, but explained [to Ana] that we all have to wear our uniforms out of the house.” Don was finding what was transpiring at the time to be “very sort of threatening thing that happened to” them, and he “wanted it to go away…” Although Ana was getting mixed messages, she never really went through living in a more fluid manner. This is likely because as said, she was only allowed to do certain
behaviors at home and once Don and Justin realized what was occurring they fully transitioned.

*Family three’s* story is slightly different in some ways, in that it took mom longer to recognize and accept what was transpiring, and Kayla was not signaling (verbally) to her mom—in the strong manner that the other three children did—that she wanted to be a girl. She remembered that Kayla began to love dresses around the age of 3, but it was around Kayla’s last year in preschool—around 4 years old—that she categorically recalls “Kalen wearing a lot more dresses and things.” She recalled the following indicators or signifiers of Kayla’s gender variance:

Kalen began to show signs of unhappiness; he was surrounded by boy’s toys and boring colored clothes….He developed a love for the color pink, playing with dolls and wearing dresses….he gravitated to girl stuff, he didn’t like boy toys at all. We’d took him to Target, he’d always go to the girl section you know….I can remember him just always playing with girls….by the end of first grade, Kalen was getting tired of wearing t-shirts, he wanted to wear the same kind of clothes that his other girl friends were wearing….every time he drew the family, she’d always have long hair and a triangle boy with like a skirt…and it bothers her when dad corrects others for using feminine pronouns…

Janet said that it never dawned on her that it was something more than dress-up fun for her, and that she “didn’t know enough to understand what all that meant.” She recalls her becoming increasingly dissatisfied with wearing “boy clothes,” and wanting to grow her hair out. When they finally began to embrace Kayla, Janet said, “Kalen was happy.”

Part of Kayla’s mixed messages came from home, and parts came from and still continue to come from the dissimilitude between what she’s allowed to do at home versus the schools’ inflexible policies. Similar to the others, Janet recalled her thinking at the time, saying “at home it was fine, nobody cares,” but she “didn’t feel the public should see it” [referring to Kayla wearing a dress]. In addition to this thinking, Janet would tell people she knew that “Kay is a boy who likes girl things.” Although Kayla was becoming
more and more girly as mom describes, there were and are still places that she was not allowed to go dressed as she wanted—in a manner congruent with that of other girls—one of these places is school.

Due to the fact that “mixed messages” were being conveyed, Kayla, like Elena and Isabel, was inadvertently living gender fluid, and still is to some extent. Living fluidly has at times been confusing for Kayla; Janet explained there was a time when:

Kay was having a hard time at school because boys and girls were lining up—boys and girls—he didn’t like that…the only reason why I found out though is I walked in the class one morning and he started to cry and I said why are you crying, ‘cause I don’t know which line to stand in’….and then I guess Kalen felt that there’s these two buckets that you put your lunches in, it didn’t matter what bucket you put’em in, but he felt that is was a boy bucket versus a girl bucket, he didn’t know which bucket to put his lunch in!

Additionally, Kayla was having issues using the boys’ bathroom at school because the other boys thought she was a girl, and instead of allowing her to use the girls’ bathroom, Kayla has to use a “special” bathroom. To potentially confuse things more for her, her parent’s friends and their kids continued—and some still do—to call her Kalen, even though Kayla wanted to go by Kay. What is distinctive about Kayla is that she has yet to convey that she is indeed a girl, according to Janet. Although she gravitates towards girl things, presents as a girl, and has the mannerisms of a girl, she has never explicitly verbalized that she is a girl. However, recent additional indicators that Kayla desires to be an affirmed female, include Kayla asking to be enrolled in summer camp as Kayla, and that she would like the photographs on the wall of her as a boy, taken down.

Living gender-fluid was not the only time in these families lives that they’ve experienced difficulties; at the start of the transition, and still today, there are difficulties they encounter.
The Social Transition. For most, the transition included such things as “allowing” the “dress-up” to become permanent, allowing them to grow their hair out, changing pronouns, choosing a new name, talking with the school about these changes and additional matters, such as using the restroom congruent with their child’s presenting gender. Although one child was living somewhat gender fluid, it did not appear that any of the children wanted to live gender fluid.

It should be noted that this was not an easy matter for the parents. The process, from the genesis of the parents recognition through the transition, and still now, has produced an array of emotions. By allowing their children to practice agency over their gender identity, the parents realized they had to unselfishly put their own issues, with having a gender variant child, aside, and this was not an easy task for any of them.

For Elena, mom decided to “give her permission to transition step by step,” towards the end of her preschool years, this included, getting rid of all the rest of the boy clothes, not cutting her hair short anymore, and pronoun changes—but not her then name of Johnny. Dad by this time had been getting help in order to understand what was transpiring. Emilia explained that Elena had “been waiting for two years and now he’d [dad] had the support and at certain points if I would talk to him about certain aspects of this is what’s proving to be really important to her or we’re gonna do this….but he caught up to me by summer.” At that time it was then decided to enroll her in Kindergarten as a girl and with a girl name.

In choosing a name, they allowed Elena to choose from a list of five names that came from a larger list that Elena had initially gave them—which included “names of fairies off of movies.” Emilia said, “so the whole name change thing….what we did is,
we talked about it as a family, like this is gonna happen and we’re gonna do the marble jar”—this was a method for the family to get the name and pronoun correct. Consequently, mom found it extremely difficult to change Elena’s name, and explained that she went through a grieving process because of it.

Elena was extremely conscientious about her appearance; I remember her looking in a long mirror at times, which was on the wall, and sort of posing in different directions to make sure she was happy with what she was looking at. Elena wore skirts and dresses almost every time I saw her, even to go to bed; she also would not wear tennis shoes because they were not “girly” enough for her. However, she now will wear them, but they must look girly, and in fact they are silvery with hot pink trimming. She has a lot of hot pink things; I remember going over to their house once and she was lying on the couch with her hot pink mermaid costume on, with a hot pink blanket, and a hot pink pillow. Needless to say, she loves pink—her bike is also pink and her bedroom consists of hot pink, white and zebra printed decorations. Her closet is filled with girl clothes, and she wants her ears pierced, which they plan to do at the end of summer this year.

When I first met her, her hair was an extremely sensitive issue because it was not yet to the length she wished it to be and it was extremely curly, thus making the length appear shorter than someone with the same amount of straight hair. Emilia said that she was having daily tantrums regarding her hair getting done a specific way. Even before I observed one of those extreme tantrums she was quite intense in asking her mom to do her hair when I was around, and insisting it was done in a very specific way. She would get very anxious and agitated when she didn’t feel that it was this specific way. She wanted straight hair, in fact on one visit when we went to the park, she would run back
and forth between the water fountain and the play area, wetting her hair so that it would look straight. Then there was the one extreme incident I observed, which occurred after our visit to the park. Her mom told her and her brother to get ready, because their grandparents were going to pick them up. Elena was in the bathroom and told mom she was ready for her to do her hair; mom went in to do it and Elena was not happy with how Emilia was doing it, so Elena began to get agitated and mom told her, “hold still, hold still.” From there Elena’s frustration went from a 1-10, with 10 being the most agitated; mom then left the bathroom and told her, “when you calm down then I’ll come back.” This only agitated Elena more and she proceeded to slam the door several times and between each time she would yell out, “JUST DO IT, JUST DO IT,” and mom would say “when you calm down.” In response to mom continuing to say this she would say, “NO JUST COME IN AND DO IT!” At one point mom said “come out here and sit with me,” and still Elena was very demanding, highly emotional, loud, and continuing to open and slam the door, and then Elena yelled out, “I’M UGLY, EVERYBODY HATES ME!” This is not the first time that mom had told me she was saying things like this about her appearance. Emilia needed to focus her attention on Elena without the worry of having company over, so she asked me nicely if we could end our visit—I obliged of course.

For some reason, she wanted her bangs in her face, over her eyes. Mom hypothesized that this was her way of feeling like her hair was long. Although I’m not sure why she did this, because Elena would not say, she is now able to wear her hair completely pulled back, and is not having the tantrums that she was having over her hair, which is a major change of events according to mom.
For Isabel, the preschool before kindergarten was quite accepting of Isabel’s gender expression, in fact, Amy says, “This is really when our transition started.” Although Amy was still conflicted, she was getting support from The Transgender Group, a supportive therapist, and educating herself, which allowed her to understand and accept what was transpiring. Amy started allowing Isabel to wear dresses to the preschool mentioned, Amy said:

It’s been a journey as far as like the clothes go…every time I go to the thrift store or something and get some you know shirts or….and I found that she really doesn’t wanna wear anything but dresses, so there’s no point in getting shirts and shorts. I mean I bought shorts, I bought tights, not tights, leggings, she doesn’t want anything to do with that, she wants only dresses and she’ll wear leggings underneath her dresses.

Isabel had already started telling people to call her “Isabel,” which mom was not aware of, but when Isabel started telling her mom to do the same, Amy went and spoke with the principal and the principal said, “oh yeah, she’s already Isabel here.” Although that’s not the name Amy would’ve chosen, she let her keep it. Robert, Amy said, “was pissed and he didn’t want anything to do with it….and I said just come to one of these meetings [The Transgender Group] and he did, and then he started coming too.” Together, before kindergarten started, they agreed to allow her to present as a girl when school began, including growing her hair out.

Isabel, like Elena, is conscientious about her appearance, but particularly about what she is wearing. Amy even says that she wanted to wear two dresses at the same time at one point in her life. Amy wrote in her journal entry:

What she wears or how she does her hair doesn’t determine if she is pretty or not. For that matter it doesn’t determine her level of ‘girliness’ or make people like her more either. She however, believes in her heart it does. If she doesn’t look ‘girly’ enough, or ‘pretty’ enough then she isn’t a girl. If she isn’t looking like a girl she refuses to be seen! She has to be a girl and everyone must know this without a shadow of a doubt.
She wore skirts and dresses almost every time I saw her, even to go to bed, and she also would not wear tennis shoes because they were not “girly” enough for her. She loves to accessorize her outfits with scarfs, different color tights, fun hats, or hair items, and purses. It is extremely important to her that everything she has on represents that she is a girl, including her pierced ears—that she had pierced about a year ago. She makes a conscience effort to decide what she is wearing for the day, and she loved showing me when she would get new clothes. Her bedroom is decorated in a fairy theme, with stereotypical girl toys throughout the room, and her closet is filled with only girl clothes.

For Ana, dad says, “she “transitioned” just before kindergarten, this included: a) a new name b) her choice of clothes c) longer hair and d) female pronouns.” This also meant that Ana would use the girls restroom, Don said. Furthermore, Don says, “Our daughter did not decide to be a girl—she decided to be honest about her identity. Big difference.”

The way they progressed to this point was from following the suggestion of their therapist, who recommended that when they went on vacation to take the “opportunity to do a little experiment.” She suggested they do this by taking “a suitcase—half the suitcase boy clothes, half the suitcase girl clothes.” Don continued to explain:

This was the turning point for us when we realized we gotta transition back at home….and so what happened was, we left all the boys clothes there [referring to where they went on vacation too]. I remember actually leaving them at a gas station…we left the boy behind because when we came back we immediately started thinking about names…

This happened towards the end of preschool and they took that time to experiment with a few names “and the one that finally worked was Ana,” Don said. In fact, they made it symbolic by celebrating with having a “name day,” he said, “it was her name day, it was like the day we switched over and no hassle about clothes anymore…”

Although, Ana’s parents have both told me that when she was younger her appearance was extremely important, she was not as obsessive about her appearance when I met her. Indeed she presents as a girl, but it did not seem as exaggerated as the other little girls. However, she had been asking to get her ears pierced since she was three years old, and recently that request was fulfilled. She also likes to have long braided extensions in her hair as opposed to her natural short hair. Her room is filled with dolls, stuffed animals, and an array of toys (stereotypical girls and boys toys); she also has a pink bike, and her closet is filled with primarily typical girl clothes.

Kayla’s transition has not been as deliberate as the others, but still there have been some decisive changes, including an email Janet sent me recently, affirming Kayla’s gender by saying, “I see Kay as my daughter…” Looking back, Mom says, once they decided to embrace Kayla’s gender variance more, they began getting rid of her boy clothes, replacing them with girl clothes. Kayla also began a “collection of Barbie dolls, Disney Princess dresses, and pink shoes.” Janet said they “gave in and even had his room painted pink,” with a mural of a princess castle. She further explained that:

On the last day of first grade I asked Kalen what he wanted to do to celebrate and he said he wanted to go to the store named Justice, a girls clothing store, and buy some clothes. I didn’t think twice about taking him there. Up until now, I had never let Kalen go clothes shopping with me; I was always buying on line or going to the store alone.

This was a sort of and inconspicuous process, in that—other than addressing the school directly just before second grade—“everything just started to turn more girly,” starting from around age 3 to 4, mom says. Part of this slow process was how Kayla’s name came about. According to mom, last year, after Kayla saw a counselor, the counselor shared with her (Janet) that Kayla didn’t want her name, but instead wanted a girl name. Janet
says that she tried to first explain to Kayla that Kalen was a girl’s name too. However, Kayla did not accept this, thus they “tried out” different names but it was becoming a difficult process because she would be one name at home and then another at school. Finally, mom asked her “what about Kayla,” feeling that Kay could be short for Kayla or Kalen, which would then allow her to use this nickname at home and school (Janet did have to ask if the school would at least start calling her Kay if not Kayla, and they agreed). However, because the school will not allow her to grow her hair long, pierce her ears, or where dresses, her transition was not yet completed.

Janet describes Kayla as “a kind, gentle, funny, smart, happy, and most of all, proud of who he is and isn’t afraid of being different.” I would just add that she is vibrant, energetic, and seemingly confident with herself. Kayla is definitely into being fashionable, she often changed multiple times when I was around, but she does not obsess about it. She also likes to accessorize by carrying purses, wearing fun headbands, and painting her nails. Her room is painted pink, with a mural of a princess castle on one of the walls. It is surrounded with girl toys, and her closet is full of girl clothes.

Activities. The children’s play, activities, and interaction were important aspects of their gender indicators/signifiers, and their social transitions. Elena likes to play fairies, she carries around dolls or Barbie’s, watches mermaid shows, and plays mermaid in the bathtub in her mermaid costume. Elena’s friends are primarily girls; therefore her playdates are generally with girls. She generally plays with girls at school, and her last birthday party was only girls. She attends a dance class every week, in which she wears dance attire consistent with that of the other little girls in her class (i.e., leotard, tights and a skirt), and where all her interactions are with other little girls. She also attends a
cheerleading class, in which she wears cheerleading attire consistent with that of the other little girls in her class (i.e., pleated skirt, and a matching top), and where all her interactions are with other little girls. Elena also partakes in Ballet Folklorico (a Mexican cultural dance) at her school, in which she wears attire consistent with the other little girls in the group (i.e., long pleated skirt, and top). Most recently she has been participating in the “running club” at school.

Elena and I together: played at the park, played hide and seek at the house, I would read to her, watched mermaid shows, played with dolls, and played mermaid in the bathtub—her in the bathtub with her mermaid costume on and me sitting on the side on a stool. I observed her: playing at the Transgender Group, at dance class, at school doing Ballet Fulklorico, and cheerleading practice, which she loves; at her first cheerleading event she said, “It was the best day of my life.”

Isabel loves Barbie’s—she has a Barbie drawer, Barbie playhouse and Barbie cars. She loves: fairy books and Disney Princess books, making fairies and fairy houses, and playing with her little girl cousins. She also likes to put on fashion shows, and play hide-and-seek. In addition, most of her friends are girls, which mean her playdates are with girls—this was supported by observing her fairy, tea-party themed birthday party with only girls. When Amy and Robert were attempting to “fix” her, they made her join karate, but she did not like it. She is now in dance class, in which she wears dance attire consistent with that of the other little girls in her class (i.e., leotard, tights and a skirt), and where all her interactions are with other little girls.

Isabel and I together: played with Barbie’s numerous times, hide and go seek, built a fairy house, I read to her out of a Disney Princess book, colored purses, she
painted my nails and did my hair, watched Barbie, princess, and fairy movies, as well as watched how to make fairies and fairy houses on *YouTube*, and “hung out” by the pool. She is highly imaginative and loves playing “make believe” where fairies and princesses are the main “actors.” She also enjoyed playing “fashion show” with me, where she would change and accessorize multiple times and then walk down the hallway like a runway model. Similar to the other little girls, she loved singing the song from the movie “Frozen,” and equally loves the dolls from that movie. I observed Isabel at The Transgender Group, her dance class, her school fairy-festival, and at her fairy tea-party for her birthday.

*Kayla* has many interests, she’s enjoys doing dance routines via a video game; she likes Barbie’s and other dolls; watches several shows on Disney and the Family Channel, that are targeted towards young girls. In addition, her best friend is a girl and the majority of her friends are girls—this was supported by observing her last birthday party, where more than half of the kids were girls. She plays piano and the violin. She takes painting, sewing, and theatre classes; horseback and ice skating lessons, and is learning how to surf this summer—in which she is enrolling stealth. She has previously taken ballet and karate but chose not to do those anymore.

Kayla and I together: played with Barbie’s, put Lego houses together, watched her favorite shows, made bracelets, painted nails, drew pictures, went horseback riding, “hung out” at the beach, marched in a parade, and went out to lunches by ourselves on occasion. In addition, I observed Kayla at a school music performance, playing at the Transgender Group, and at her video game birthday party.

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Stealth refers to the decision of the families to not share their child’s gender variance with others—living as an affirmed girl.
Ana is a talkative little girl, who has a lot of boy “crushes.” She enjoys playing video games that include girl avatars. She also likes dancing, running, swimming, reading her fairy books, and playing outside with her brother. Her “sleepovers” are with girls; her best friend is a girl, as are most of her friends. She is part of the student counsel at her elementary school, as well.

Ana and I together: jumped on trampolines, painted figurines, “hung out” at the swimming pool, went to the zoo, played hide and seek, and played at the park. I observed her at her school renaissance festival, and playing at the Transgender Group.

At various levels, such activities as playdates or events such as birthday parties, and/or sleepovers, add a layer of accountability and worry for all the parents. They question whether they need or should tell the family whose child is playing with theirs, who to trust, and all the “what if’s” that the parents contemplate when making activity type decisions for their transchildren. Elena’s mom explains that there is an added level of awareness needed when thinking about these types of activities. She told me one story about how they went to a birthday party and through conversation with parents there, found out the family hosting the party was Mormon. She said in her head she immediately began to panic about the kids finding out about Elena through play or some other way. Needless to say, she takes into consideration her own comfort level, and understanding of Elena’s wants and needs when making decisions about playdates, sleepover, and the like.

Isabel’s mom explains the somewhat paranoid state she gets, of Isabel being with other little kids and their mothers, who are not aware of Isabel’s gender variance, she says:
I’m not super comfortable with playdates yet, I don’t know how to do that. A lot of moms come from very, very, very nice families, I don’t know if I want to go over there. Like one time I was at my friend’s house and there was some moms there, it was just people we didn’t really know and this little two year old was following Isabel around and she comes out and she goes “he’s trying to follow me to the bathroom, and that’s inappropriate right mommy, cause I’m transgender,” and I’m like, let’s go to the bathroom, nobody heard but it was like you don’t have to tell everybody.

Kayla’s mom is uncomfortable with the idea of setting up a playdate without divulging Kayla’s bio-gender. She explained a situation where she and Kayla ran into another little girl with her mom, at Subway, that went to the same daycare program as Kayla. They had small talk that made Janet uncomfortable because the other mom said something to the extent of “this is your daughter,” and Janet said “yes this is my daughter,” and then she explains:

And it just bothered me to say….I don’t know why it’s just like I’m not telling the truth….then the next day, at the end of the day, it was probably the afternoon, they gave us their phone number and this and that and would love a play date, and I just….I’m like I can’t have a playdate without them knowing the truth…..

When I asked mom what was she so nervous about, she said:

If they come over and she finds out and tells her mom and then her mom says….I don’t know what they’ll say, I don’t know, I’ve never lied, I’ve always told people who Kay is, he’s my son, he’s my son who loves to be a girl and they’re fine with that, no one’s questioned it or said no we can’t have a playdate….we haven’t talked again [in reference to that mom and little girl], I don’t have to see her ever again. But it was just the feeling that I was feeling just talking to her, I just felt like I was talking about someone who’s….I don’t know.

Ana had a playdate at her house in which she revealed that she “used to be a boy,” but the little girl did not believe her. This led me to ask Don if he had to divulge this information to parents prior to any playdates, his response was,

Not before playdates at my house, and not if it’s just a couple hours after school at their house, but she doesn’t go on sleepovers unless we know the family, unless we’ve had a chance to talk to them about it, cause I wouldn’t want an overnight sort of thing to happen or safety, medical whatever.
He went on to explain that some friendships are fleeting and so he’s “not about to share a bunch of information with somebody, become really close and then have the kids hate each other, and then have to deal with that, so we’re all cautious.”

**Negative Experiences.** Although transitioning allowed the children to align their internal feelings with their external lives, it has not been without angst and obstacles for the family members—in different ways. For *Elena*, there were incidents at school with kids that knew Elena when she was Johnny, in which they would say things like, “I know your name is Johnny and you are a boy,” or “I know you are a boy and you have a penis.” There was another story about one of her siblings’ friends teasing her on the playground, saying “you’re not a girl, you’re a boy.” Recently they were at a party and there was a little boy who said to Elena, “I know you’re a boy.”

*Isabel*, in the early stages, never had playdates, kids did not want to interact with her because she was “different,” and even the teachers were distant from her, according to mom. Recently, Isabel was interacting with a friend at school and then proceeded to show this little girl her penis. Since then, that girl has been telling Isabel, “I know you’re a boy,” and telling others that Isabel is a boy. Sadly, Amy stated that because of incidents such as these, “she has been hurt already and she’s only six.”

For *Kayla*, mom explained “there was an incident when a new kindergartner had gone to the boy’s restroom and saw Kalen and wanted to know why a girl was in the boy’s restroom.” This led to a series of parental phone calls. At other times in kindergarten and first grade, that mom could recall, kids were asking him often, “if he was a boy or a girl.” More seriously, someone reported the family to DCFS (Department of Children and Family Services), and according to mom it was for sending her “son to
school in a dress because [she] wanted a daughter and [she] got a son, so [she] forced him to wear girl clothes,” amongst two other charges. Janet explained DCFS interaction with Kayla:

...asking him questions; you know at one point she had to take him in a room and talk to him by himself and say you know ‘do you take a bath, do your parents take a bath, do they touch you,’ you know those kinds of things. I think most of it rolled off but I just thought you know that’s tough for a 6 year old having to deal with this, not even 7 yet.

Janet took it in stride and said, “The only thing I can say is, I believe everything happens for a reason!”

Ana’s family also had to endure a report to DCFS because of “one of the parents in the school,” saying that they “were forcing [their] little boy to wear girls clothes.” Don said it was “mortifying,” and that the social worker they sent out was inexperienced. In fact, what happened is, Don ended up educating this social worker about transgender children. For Don, although it was a highly unpleasant experience, he was extremely familiar with DCFS because he is “a contractor to DCFS,” he says. Therefore, he was confident nothing would come of it but he was indeed, furious and hurt.

In addition to this incident, when Ana was about 5, Don walked in Ana’s room to find her with scissors on her penis, about to try and cut it off, and she said to him, “I don’t want it anymore.” They handled this situation by taking Ana to the doctor they consult with on a regular basis—since then she has not tried that again.

The Unknown (see Figure 2)

The unknown encompasses the thought processes of the families, from the genesis of the parents’ apperception of the situation through the transition to the present. Specifically, how they reconciled what was transpiring, and how they prepared for what was transpiring, how they stay prepared, and how they ponder about their children’s future.
None of the families were inclined to assume their child was transgender simply by the behavior they were exhibiting at the onset. Half of the parents were not even familiar with the word “transgender,” yet alone had the ability to understand what was transpiring. In addition, once they did have an understanding of the situation, they questioned their decisions at every step.

Figure 2. The Unknown and three subthemes

The Unfamiliar. All families either thought or were told, at some point, that what their child was experiencing was a phase or simply “normal” developmental play. Individually, some simply could not reconcile what they were observing happen with reality. The intensity and duration of these assumptions or expectations was different for each family; *Families One, Two, and Four* experienced this primarily prior to the “official transition,” while *Family Three* appeared to still be experiencing this, to some degree, at the time of my interview with mom.

Emilia, in *Family One*, had a friend who would say “nooo, you know, he’s probably going to grow out of it,” or “maybe this is what it looks like when, you know,
little gay boys, when their parents support them and maybe, you know, that’s what it is.”

Michael, Elena’s father said “we thought it was just a phase and we were hoping it was a phase and we thought that all kids go through phases….playing dress-up.”

Amy, in Family Two, stated “I talked to our pediatrician, a church counselor, his preschool teacher, a therapist, a close friend at work and numerous girlfriends and everyone said the same thing—Amy, it’s just a phase, it will pass, don’t make a big deal about it….you just can’t support it.” Robert, the father, explained that he thought “he’s just a little kid, it’s alright and so I didn’t…and then I told my sister, what do you think, is this okay? And she’s like—yeah I mean he doesn’t know anything, he just likes nice colors….” He continued to explain that, in the beginning, when Amy was telling him that she didn’t think Isabel’s behavior was normal, he would just say “this is totally normal Amy….this is fine Amy, I don’t think there’s anything to worry about.” He continued by telling me that he didn’t

know if [he] was in denial, or what it was but [that he] was not accepting it, he said I was refusing, I’m like I don’t think…I was just not, I wasn’t, I don’t know, not ready or I don’t know, I wasn’t thinking that, that was my case [referring to his child being gender variant] to be honest with you.

In Family Four, Don explained how they never thought that the gender variant behavior they were observing in Ana would develop into a “gender identity situation.” Justin, Ana’s other dad, said they were “just seeing it as she wants to wear costumes, we weren’t seeing it as an identity issue.” Essentially, they too were seeing Ana’s behavior as typical child’s play.

For Family Three, I found that mom was still in a state of confusion and/or conflict about what had been transpiring for about three years when I met them. When she first started observing the gender variant behavior, she said:
We can remember asking the teachers each year if it was normal for a boy to play with girl toys and on dress up days seem to always be in a dress. They always reassured us that it was normal for kids to try different things at this age and to let them explore their imagination. It’s a phase. He’s fine! Just let Kalen be Kalen.

She continued by saying she just thought it was typical child behavior, “a natural thing,” and said, “I think society tells you that you know this is what kids go through at this age…..” Janet felt that “maybe by kindergarten or first grade, he’d find that he loves sports and he wanted to do….be with boys.” By the time our interview occurred she seemed to have shifted toward the belief that Kayla was simply going to be gay, she said, “I don’t feel she’s gonna actually want to eventually have surgery, that’s what I feel….she has a penis and she’s fine with her penis….I still think she’s just gonna be gay….she’s my son who like girl things.” Although she was verbalizing such, she was also making conflicting statements that would reveal her trying to reconcile with the idea that maybe Kayla is a girl—just a girl. Then she would make straightforward statements such as, “I see Kay as my daughter,” as mentioned above. Not only has she affirmed it to me but to the school as well.

Lastly, part of the unfamiliar, includes the parents’ angst regarding not being familiar with what the early indicators of their children’s behavior meant, not knowing they were struggling with their identity. Most expressed regret of not knowing sooner, and sadness for their child’s inner struggle. Emilia was emotional (crying) when discussing Elena’s pre-verbal stages, and said she wonders “what was she not able to say those first years….she might have been struggling and I didn’t catch it.” Her tears she said were because she could’ve had “an unhappy kid” and not even have known.

Amy and Robert have expressed guilty feelings for not understanding what was occurring and for fighting against what was occurring because of this lack of awareness.
When I asked Isabel’s dad what his feelings were about her feeling sad prior to transitioning, he said “it was taking away from her joy and it makes me sad, but I didn’t know, you know.” He also said he felt “guilty” and “beat” his self-up “a little bit.”

*Janet* felt regret for not transitioning Kayla earlier, she said, “because it’s harder now… I think we’ve just put ourselves in a really tough spot at this age and what we are going through.” Janet wonders if she “screwed up,” and feels she did not “take the cues at 3, 4 years old and say let’s be the girl who you are and nobody needs to know and let’s move forward, like a lot of people have done.”

*Preparedness.* All the parents prepared in various ways for what was transpiring; they continue to remain vigilant about current situations, and continue to prepare for their child’s future. To start with, once they understood something was “different” about their child, they conducted research, educating themselves about the possibilities of what was occurring. Second, they all sought out counseling, and some have continued their therapy (parents, transchildren, and siblings—individually and collectively). Third, they all have had consultations or informal conversations with a well-known gender doctor, and continue to do so as needed. Fourth, they are proactive in speaking to the necessary people, ahead of time for certain activities or events (i.e. school officials, camp directors, dance instructors, other parents, etc.). Fifth, all the families maintain a certain level of communication, regarding their child’s gender variance, with their child in order to ensure they are safe, answer any questions, and provide guidance. Lastly, all but Family Three has what’s called a “safe-packet,” which essentially is a folder with letters from doctors and counselors, indicating that their child has been seen by them and has been diagnosed with what is now characterized as “Gender Dysphoria.” The packet also
contains self-portraits completed by the transchild—all the children’s self-portraits are of them as girls—and any other supporting documents.

Part of being prepared meant trying to control certain situations by being proactive, and preventing and/or confronting a situation. Emilia recalled a situation where she ran into someone she had not seen in a while and who did not know about Elena’s transition. After telling this person that Elena had transitioned, the lady became uncomfortable and Emilia felt the need to tell her, “since you didn’t know us before and for her coming in [referring to her going into kindergarten] most people I hope just know she’s a little girl, if anyone asks, say she’s a girl.” Emilia explained to me the message she was sending was, “…so I’m saying don’t talk about my kid with other people.” Don recalled a similar story where he had to call and communicate with a parent of a child that went to school with Ana, regarding him discussing Ana’s gender variance with other parents. Don also explained how in the beginning he was definitely trying to prevent or control any potential situations regarding Ana’s gender variance (he still does to an extent), he said:

Well so I go overboard a little bit you know try to control the message….I became the PTA president and was very involved with the school….the truth is I wanted to have my eyes and ears at school. I wanted to hear what people were saying. I wanted to preempt any worries by getting to know everybody…

Most of all, he says, “I just hope that we will have adequately prepared her in the art of disclosure and the science of defending herself emotionally and physically.”

They were all proactive in that they would give material to the schools to educate them about what the policies and/or best practices were regarding transgender children. Some of them were more straightforward about it, like Amy, who told the principle “do you know what the laws are…she’s gonna use whatever bathroom she’s comfortable
using…here’s what we’re gonna do, she’s gonna be called Isabel, and she’s gonna wear dresses, and her anonymity is going to be kept.”

The Future. As a whole, they expressed their contemplation about what will come with the onset of puberty, and what this is going to mean for their gender variant child. They consider such issues as the potential need for puberty blockers, and then cross-sex hormones. Individually, they have different concerns, such as how they will afford these procedures if necessary, will it be the right thing to do, and what if their child regrets any of these decisions?

Additional common future concerns are related to when the children get into their “tween” and teenage years. Emilia says, in regards to physical violence, that she’s “worried about that for when she’s older, I’m worried about that for when she’s a teenager, when she’s grown-up.” Similarly, Amy indicated she was scared for Isabel to become a “tween,” but more specifically when she becomes a “tween and starts liking boys.” Isabel’s father worries about rejection, he worries about how her sexual life is going to be, specifically, that she’s going to fall in love with a boy, this boy finds out she is transgender, and rejects her because of it.

Kayla’s mom looks to the future, and says “Kay is only eight years old; we have so much to go through in the next ten years.” She also posed the question, “so realistically who will Kalen end up with as far as a partner in the future,” thus like Amy and Robert, she’s concerned about how Kayla’s gender variance will affect her “love life.” She went on to say that she worries about Kayla dating a guy, them finding out, and then, she says, “he comes back and cuts her penis off…”
Ana’s dad, also worries about rejection, and has similar worries to Emilia and Amy, in that, he says:

While I know it is still a bit early, my fears are turning to how she will fare when she begins to date boys…I wonder how she will navigate this and whether she will have any Crying Game experiences—rejection when the target of her affection learns of her anatomical reality…or worse, violence in that moment of reckoning…  

His daughter is in fact the oldest out of the four transchildren, and the only one who currently has “crushes” on boys, which likely heightens his more immediate feelings regarding the future. He explained that right now he can protect her because Ana is open and communicative with them, and because she lives with them, so they are part of her “bubble” right now. However, he says, “her childhood is gonna end….so maybe that’s every parents fear, is that they can’t keep their kids safe forever and they can’t keep them protected or safe or happy, like they can’t immediately control that for the kid.” Thus, as she grows she will become more independent, and this scares him.

**Societal Strengths and Challenges (see Figure 3)**

As a result of their own socialization, there is an awareness the parents possess regarding societies views of gender variant children and the parents who support them. The parents’ awareness is heightened by their experiences within their smaller communities—experiences unique to a family with a gender variant child. By the discussions of safety, disclosure, and their daily interactions, it was clear that these parents are concerned about the lack of acceptance in society—on a wider scale and in their more immediate surroundings. They are aware this lack of acceptance is not just towards the transchild but towards them as well, for affirming their child’s gender identity. The parents’ are also

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18 “The Crying Game” is a movie in which a bio-male becomes attracted to a transgender woman unknowingly.
cognizant of the judgments being made about them and their children. However, they are also mindful that society is far more accepting in some respects. They know that not that long ago, there was zero support for this specific phenomena. They are clearly thankful for the support that they have found, including this project.

Figure 3. Societal Strengths and Challenges and four subthemes

Community. The families all had ambiguous thoughts and feelings about whether society is improving their view of gender variant people in general. One thing that was consistent was that they all got the sense that society blames the parents in some way for their child’s gender variance. Realistically, or unreasonably—depending on who is measuring—they are “on guard” with those around them and have a level of mistrust for those not in their inner circle—inner circle being those that are clearly supportive and affirm their child and their decisions for their child. I found that this cautious behavior was realistic considering some of the experiences they’ve had with others. Overall, Ana’s dad summed up a general view in the trans-community, when he said, “people who are fine with the gay thing don’t know what to do with the gender thing.” In other words
even those that are seemingly “progressive,” have a difficult time understanding those in the transgender community.

In fact Emilia, from Family One, would also say that being gay in our society is more acceptable than being “trans.” She explained, “isn’t a lot easier if you have a child who gets to engage in the world ‘straight’ so if I was gonna pick—straight-gay-trans—so if I was gonna pick for my child, trans would be at the bottom of the list.” She continues to explain that fitting into the binary is also more accepting than living gender fluid, she maintains that “if you’re presenting in something that doesn’t fit into the binary….I think it’ just easier [referring to being either girl or boy] because she’s of this society…”

Michael, Elena’s father, would agree with Emilia that society has a hard time accepting the “in-between,” he says that he thinks it will be best if Elena follows through with all relevant medical procedures when she’s older, because it is his opinion that life will be easier for her. He reveals his ambiguity over society’s progress or lack of when he says:

Overall society wise, I think things are changing and because of the legal factor, people are afraid of getting sued. But when it comes down to individual people I think there still is a lot of stigma and there’s a lot of discrimination and there’s so much judgment….but now there’s more of an acceptance because I guess people are more educated. I think the uninformed, uneducated people are the ones that I really worry about.

Emilia describes her frustration with those in the community, by saying, “I don’t like people looking at me like [she made a judgmental face]….there’s like an energy level….like I got a lot, I mean I’ve gotten a lot of nasty energy over the….and that hurts.”

She discussed a few times when she felt this negative energy from random interactions she’s had with others. In one such interaction, she said:

Last week I was sitting there doing homework right up by the school….this mom comes up, who I even had forgotten that I know and she’s like talking and she said ‘how are you guy doing,’ like in the tone of voice of after you know, you know someone just died or you just recovered from measles, and I’m like we’re
doing fine, how are you doing….so I feel a little bit just like blazing like you know get over it people.

Another time occurred at Elena’s siblings soccer game, Emilia explained, “we just had all eyes of the soccer team families and you know people had different responses, but some people I could tell just had like pity or whatever or like ‘oh my gosh’ or I’m sure there was tons of judgment too….” Michael agrees that there is so much judgment; he says people think “you’re basically forcing your kid to be that way or you’re allowing it…”

Amy, from Family Two, feels that “we as a society are closed-minded and someone’s sexual preference or presentation is not anyone’s business but their own.” She also expressed her dislike of people staring at her, like her neighbors who knew she moved in with a little boy and now is presenting as a little girl. When asked what she thought people were afraid of, Amy wrote:

I don’t know exactly what people are afraid of; I think it’s the unknown. They label people who are Trans as ‘sick’ or ‘demented,’ it’s pathetic! I think also parents are afraid that its ‘contagious’ in some way, like their kids will be subjected to it and start being trans or gay too, it is really bizarre.

Isabel’s father, Robert explained how his own friends told him that he “needed to do something about it”—essentially holding the parents responsible for the gender variance.

Janet, from Family Three, is an extremely optimistic person and likes to think positively rather than think about the lack of acceptance from others. She said, “Nobody’s ever said ‘no’ to us, that we can’t do something because of it. So we’ve kinda lived a….I think that’s where it put us now, we’re kinda true to ourselves.” It is her thinking that because she has been open about Kayla’s gender variance that “everyone has been accepting.” However, it was apparent that she is in fact cognizant that not everyone is accepting because she made comments like, “I don’t want anyone making fun of you [she was making this statement as if she was talking to Kayla] or ridiculing you
because you’re different,” in reference to Kayla wearing a dress to a school event. She is also aware that the school has not been fully supportive, in fact the principle told her, “Well you know you do have choices as a parent.” She said she thought to herself, “I knew exactly how she felt just by that remark because I do have choices, but so does my child and you’re never gonna get that.” In addition to this, the report to DCFS, accusing her of forcing her child to wear girl clothes was an indication of such lack of acceptance. She has said that:

When some people see or hear something that is different from what they know, they can be quick to judge and feel the need to blame someone or something for the difference. These are the people that are closed minded and become afraid because they don't understand and are unwilling to learn and make dumb comments and statements….they just don’t understand, they think it’s the parents fault.

Recently, Janet saw a few friends that she had not seen in a while and they asked her how her son was doing, and she said, “Oh you mean my son that is now my daughter?” Again, although they had questions, she felt by being open about Kayla’s gender variance they were “so positive” towards her.

Don, from Family Four, explains that his own experience as a gay man has informed him, to an extent, about the lack of acceptance towards the LGBT community in general. Similar to Amy, he explains the disapproval of parents supporting their gender variant child and the uneasiness people have with gender variant children, like this:

Parents of Ana’s peers suspect it is “catchy.” Most would never admit that, but I have heard it described as a ‘slippery slope.’ If a child is not instructed on clear boundaries and roles, they will ‘drift’ and be more open to letting go of their current gender identity or comfort….I liken it to the right wing’s concern that everyone will become gay if they see positive role models.

Thus, Don definitely felt under “scrutiny,” in the early stages, not only because he was affirming his child’s gender, but because he felt they were looked at as gay parents with a
“gender confused” child—and still does to an extent. As evidence of this, he said some of the parents at Ana’s school “had been complaining and trying to get our kid out of that class.…” The fact that his family also had to endure a report to DCFS—by a parent from Ana’s school—further demonstrates the scrutiny that he was feeling. Not only does he feel scrutiny from the general public but he’s had experiences with his own friends. Similar to what Michael and Robert explained, Don’s friend said to him “kids need to be told what to do….kids need guidance, you don’t let a kid tell you, who’s who and what’s what.” This was from a friend he had known since college, and Don said, it totally “blindsided” him.

_Fear, Worry, Safety._ As one could imagine, these parents are especially protective of their children. Although, I’m sure most parents are protective of their children, these parents have the added layer of having a transchild, which has added a complexity of fears and/or worries, including the safety of their child. Part of these fears and worries also include, the “unknown future,” as discussed above, but it is not just the future that causes them fear and worry, but the now—the present. I remember early on Don said to me, “we are really protective of our kids!” This is understandable considering they have already experienced a level of judgment and rejection, as well as, heard, read and seen on television, the discrimination that occurs, and the bullying and/or violence that there children may be subjected to. These fears and worries started at the genesis of their children’s gender-variant behavior, moved into the present, and are projected into the future.

_Emilia_ says it breaks her heart that her kids “have to learn this type of resilience,” in regards to the bullying and rejection specific to this matter. She went on to say, “I’m
constantly manufacturing strength and love and conviction from my own human depths to convince myself and my kids that I can protect them….but I’m not always sure about that.” This is because she knows she cannot be there for her kids at all times. At one of our visits to the park, she became panicked when she saw Elena hanging upside down on the “monkey bars.” Although Elena had shorts on underneath her skirt, mom still worries that someone will see “a bulge.” This incident led to a discussion about how she worries about others finding out and “outing” her. The thought that “words gonna get out like that Elena has a penis,” is one of Emilia’s current fears. Fears like these are related to the reason Emilia said “trans would be at the bottom of the list.” She is fully aware of the discrimination, harassment and violence that occurs in the trans-community. It made her very emotional to talk about the thought of her child being discriminated against or the victim of violence. She recalled the Matthew Shepard incident close to Laramie, Wyoming—a college student who was beaten and tied to post to die, all because he was gay (The Matthew Shepard Foundation). When I told her that I felt there was a slightly deeper worry when you are raising a transchild, she said “no, it’s not slight, it’s a lot…like there’s this other level of vigilance that you need to have and you’re not even sure what you need to be afraid of.…”

For Amy, at the onset of what was transpiring, she wrote “I am scared, I don’t think I can do this, I am so afraid….what will happen when he is in school? The kids will be mean….he will never be safe; someone could hurt him because he likes to wear girl stuff.” Although these specific feelings are not as intense anymore, they are still present. Similar to Emilia, Amy is heartbroken when thinking about the possibility of Isabel being “hated or hurt physically,” she says. After watching a movie entitled Dallas Buyers Club,
she said “it hurts to think that my baby will be looked at by others with disgust, be judged for who she is….It hit me that she will be the subject of jokes and laughter as well…."

Relatedly, she watched a documentary entitled Valentine Road, and was horrified—as any parent would be—at the fact that a trans-kid was shot, in school, by another kid in his class, and the school handled it in an insensitive manner.

For Janet, she says, “you’re worried about how, yeah how society’s gonna take it and if somebody’s gonna beat the shit out of him one day because of who he is, you know.” Part of the reason she feels compelled to divulge Kayla’s gender variance, is because she worries that if she does not tell people, then they will find out and potentially hate her for it and in turn ruin her child’s friendship with someone. Although Kayla does not live primarily stealth, there are times and/or places, like recently for summer camp, that mom has expressed worry about others “outing” Kayla.

Don said he worries “a lot about what other people think…but [he’s] learned to deflect and not be so concerned about what people think all the time.” Nonetheless his biggest fear is Ana’s bio-gender being discovered and because of this, being harmed “emotionally or physically.” He also worries about any continued rejection she may experience as he has seen friends “come and go” because of Ana’s gender variance. He worries about the psychological ramifications of the rejection she’s already experienced.

Privacy and Disclosure. An aspect of managing societal discrimination and preempting any fears depends to a certain extent on the “art of disclosure,” as Don stated. Emilia wishes for Elena to be stealth and explains to her children, that discussions of the body are private. This starts at home, with her requiring her children to respect each other’s privacy, when changing, or using the restroom; and teaches the kids that, “we
keep our private parts to ourselves.” Mom has Elena wear shorts underneath all her skirts and dresses, and if she’s going to wear a bathing suit, she wears bottoms that have the skirt around them. In addition, an older trans-kid has shown Elena how to “tuck” her penis, in order for it to be inconspicuous while wearing certain articles of clothing.19

Amy, in reference to an incident that was discussed above, about Isabel exposing herself at school to a friend, wrote, “it was so shocking to me she did this, we had gone over and over it. I never imagined in a million years she would show her penis to ANYONE! EVER!” In reference to her saying “we had gone over and over it,” she is speaking of the fact that she has told Isabel numerous times that our genitals are private. Not only has she explained to Isabel that her genitals are private, she has also attempted to instill in her that she should not share her gender variance without a trusted adult. Amy explains it like this to Isabel, “it’s like showing your underwear and we just don’t show people our underwear,” and that “we just don’t share everything with people.” However, recently Isabel has expressed that she doesn’t want anybody to know, and Amy thinks this is because of the incident that occurred. Isabel is also aware of how to tuck her penis.

Although Janet is the most forthcoming regarding her daughter, she has also discussed “tucking” with her daughter, which would be an indication of the importance of privacy to her. Other comments she has made which are indications that privacy is important to her, is when she said:

I just don’t want it popping up so I’d rather her wear like a….they have the bathing suits with the skirt you know like a skort kind of thing. The other day he had his leggings on and the shirt was kind of short and I looked at her, I could see his package and I’m like Kay you gotta wear little bit longer shirt.

19 To “tuck,” is something that female to males may practice, in order to hide the presence of their genitals.
*Don* wonders, “Around the topic of disclosure,” how Ana will “navigate this” as she gets older. As for now, he writes “Increasingly, Ana is not interested in talking explicitly about her transition or anything before she became Ana,” and they “do not disclose Ana’s situation to most people.” Don sums up the topic of who “needs to know” in this way:

Family, close friends, teachers, school administrators, child care providers, etc., those who help us to keep Ana safe. They are the first line of support, with ‘ears to the ground.’ We need them to be sensitive to possible bullying from other kids, notice if Ana feels isolated or somehow ‘compromised.’ They also might be in the position to deal with emergency responders if Ana needs medical attention and we are not immediately available.

Ana is also made to wear bathing suit bottoms with the skirt around it, and she is also aware of the act of tucking. In addition, the variable of race leads to more complex issues of disclosing. For example, Ana’s hairstylist—who is African American—does not know, even though Ana has been going to the same one for two years and when she goes, she is with this person for about five hours (due to the complexity of the hairstyle). Don explains the reason for this is because they are worried that the hairstylist would reject Ana, he wrote:

Around the issue of cultural belonging, hair is very important. I could see [hairstylist name] and other AfAm people feeling like they need to rescue our black kids from a bad situation (a la calling CPS—done by an AfAm mother from our preschool). Also, “giving” our child a female hairstyle may feel like a betrayal if [hairstylist name] feels we are forcing this on Ana. It’s complicated!

Before moving on, part of the “activities” the children are a part of includes summer camp, which means all the families have to account for where they feel their child will be safest and then disclose—should they choose to—with the appropriate staff, their child’s gender variance. *Families’ One, Two, and Three* feel that it is necessary to disclose in case an incident arises, their children have support to turn to; however, *Family*
Three decided that this summer Kayla would attend two of her camp session’s stealth. The first camp session Janet decided herself to enroll Kayla stealth—seemingly because she knows that this is what Kayla wants. Indeed Kayla does because she asked to be enrolled stealth in the second session.

For Family One, her decision to disclose presented some obstacles this year, which Emilia described as a “humbling” experience. This year Emilia had to change her camp because Elena is older. This meant Emilia was going to have to disclose Elena’s gender variance because she was going to request that Elena be able to change somewhere private when changing into her swimsuit. Instead of getting the cooperation she received at Elena’s last camp, the director told Emilia she would have to talk to her superior, and then asked Emilia what anatomy Elena had, and if she has had a sex change. The director told Emilia that the camp has had gender variant teenagers, which led Emilia to ask, well what bathroom do they use?” To which the director replied, “I don’t know, maybe they didn’t use it.” Emilia explained to the director that the point of AB1266 was “to make sure they’re not discriminated against.” The director did contact the executive director, who spoke to the executive committee, who eventually developed new camp policies for such children. Although happy about this development, this was a stressful waiting process for Emilia, one that she had not encountered until then. When asked what the experience illuminated for her, she said:

I’m entitled as a white cisgender straight woman. I have often had easy paths carved for me and I don’t have to explain my existence in a store or any public place. I often have received non-direct or direct endorsement of my ability to participate. As Elena’s agent—having the sense of peering eyes with power to decide over personal issues in public places—I feel stripped of that privilege, having to fight for equal rights….emotionally it stripped me of power and made me feel vulnerable and physically nauseous.
Family Four chooses to not disclose for the same reason they have not disclosed to the hairstylist. Don said, “the truth is, a lot of the people at the camp are African American,” and because there is the added layer of race involved—the parent’s being White and the children being African American—the “bond” between them and the staff developed in a slow manner, but did develop, which for them is significant. Therefore, they fear that disclosing Ana’s gender variance could lead to a change in judgment against them.

Support Network. Significant to these families, is surrounding themselves with a support network. They are all a part of The Transgender Group—some more active than others—where they can connect with others that are also on this journey. In addition, they only surround themselves by family and friends that are supportive. It is clear in their tone how important this is when they discuss a friend, a family member, a school official, or any other person that has shown or expressed support for their families—including their therapists. Due to the fact that they are “on guard” with others outside their circle, they are grateful when someone new comes into their lives that are supportive of them.

Emilia and Amy both feel The Transgender Group was not only helpful for them but really helped Elena and Amy’s fathers, and the fathers concurred. Robert, Isabel’s dad, said, “it’s very helpful to me to see all the parents letting their kids dressing up like a girl and doing the things that they’re doing, you know it’s like for me it’s like okay I’m not alone you know, I mean people are doing it.” Janet had similar feelings, she said, “I remember just sitting there [referring to The Transgender Group] and listening to all of the parents and couldn’t believe I finally found others just like us and they were going through the same things we were going through.” In a similar vein, Don explained, “The
Transgender Group is so important, Ana knows those kids, and while they may not be her best friends, they are her peers and they get it.”

**Institutional Strengths and Challenges (Figure 4.)**

While trying to maintain a “bubble” of support for their children, there have been realms of the institutional domains of society that have made this process more difficult in some ways, and enlightening and enriching in other ways—for both parents and children.

**Figure 4. Institutional Strengths and Challenges, and three subthemes**

_School._ School has perhaps been the most influential, in that it has presented both challenges and enhanced support, in different ways for all of the families. For example, in *Elena’s* preschool years, mom says:

That was like the most accepting place ever, you know. I mean that it is a progressive enriched, you know, in terms of child development and little kids should have androgynous moments because that’s the age where we society will actually tolerate it, so yeah there’s little boys fighting over purses and stuff.
However, when Elena went into kindergarten—a different school—she had fully transitioned and enrolled stealth, mom had different feelings regarding the school, she said:

The first day of kindergarten, I left her in the classroom and I walked away going what the fuck did I just do, and then I’m walking away and I’m balling and the principle is waving and “how did it go?” And you know he’s got the big “A” for ally cause he’s been forced….the whole day I’m like, it’s like I just let my child….I’m like byyyeee have fun jumping out of airplanes, like you know there’s so many things that could happen and it’s like are you kidding me this leap of faith that I’m supposed to like trust and I’m sending her off to public schools and…. 

Isabel’s preschool experience was not as accepting as Elena’s; they moved where they are now at the end of 2012 and they went through two Christian preschools that did not accept Isabel’s gender expressing behavior. One school took dress-up away because of Isabel, and at both of the schools, the staff was not engaging her. They eventually ended up in a preschool that was accepting but they had to change schools for kindergarten. As kindergarten was approaching Amy applied for one school that “embraced diversity,” but didn’t get accepted until the week before school started. In the mean time she had to contact another school where she went and met with the principal, and that did not go well. First, the principal set up a meeting with Amy and when Amy arrived, someone from the school board was there as well—the principal failed to tell her that this person would be there. It was intimidating for Amy, and she was taken aback about how blunt he was—essentially about not be willing to support Isabel. The principal was too worried about what the other parents would think about Isabel using the girls’ restroom, even though they wouldn’t have even known Isabel was gender variant unless someone told them. Lucky for Isabel, Amy received a phone call—a week before kindergarten was to start—from the school that “embraced diversity,” and they were able
to enroll Isabel. Although she has had incidents there, she has more friends than she ever
had and the teachers are more engaging and accepting, according to Amy.

*Kayla* attends a Christian private school, unlike the others. This school has indeed
been the least supportive, although they have made “baby steps” towards “tolerating”
more of her gender variant wants and needs. It is school policy that boys are not allowed
to grow their hair long, nor are they allowed to have their ears pierced, and although it is
not in the school policy that boys can’t wear dresses, Kayla wore a “skort” once and they
panicked—this lead to an intense phone call from the principal. When Janet first
contacted me, the first matter she brought to my attention was what had been transpiring
between them and the school. She sent me correspondence—that had been occurring
since the summer of 2013 via email—between her and the school, and a letter that she
had just given the school board; the following is a piece of that letter:

What Kalen would like and we are hoping the school will accommodate is to go
by the name Kay (nickname for Kalen), use a restroom that doesn’t make anyone
including him feel uncomfortable and to be able to continue to dress the way he
has (possibly wear dresses in the near future) and most of all grow his hair out.

That was in November of 2013, in which she attached the “California Safe Schools
Coalition Model School District Policies” for “transgender and gender nonconforming
students,” and she gave them a copy of the book “Transgender Child.” Then in March of
this year, the following emails were exchanged between her and the principal:

*Janet:* ….Kay would really like to grow her hair out a little longer; is there
ANYTHING we can do to get this approved?….it sounds little to us, but it’s huge
for Kay, please help us….P.S. any updates from the school board?”

*Principal:* I’m afraid that the School Board is not willing to change policy on the
dress code mid-year, but they will be working on the updated parent handbook for
the coming school year, I’ll let you know when that is prepared.

*Janet:* If we move forward working with our doctor from “the hospital” and the
Transgender Law Center in legally changing Kay’s name and gender on her birth
certificate—could she grow out her hair? I’m worried that policy may not be written in our favor. Kay already dresses as a girl and uses a separate bathroom—she just wants to grow her hair out.

Principal: Janet—it’s very difficult for me to speak for the Board. I’m wondering if Kay could just be patient and wait until summer for a decision.

Janet: …she has fully transgendered as our daughter except at school and she deserves to be happy…

In July of this year, they sent an email stating:

Thanks you for your patience. The school board has given careful consideration to all of the First Lutheran School policies, and has decided that no changes will be made at this time. What this will mean is that Kay will be required to follow our dress code for boys……Please let me know if you have any further questions, or if you would like to meet with Pastor [name] and school administration.

This topic understandably brings Janet much conflict within herself. She contemplates changing schools all the time—and she is in fact in touch with public schools just in case she decides to remove Kayla—but she genuinely feels that this school is academically challenging, thus enhancing Kayla’s education. In addition, Kayla has a lot of friends at this school and they all accept her for who she is according to mom. Unlike Elena and Isabel, Kayla has not had as many negative incidents at school with her peers.

Unlike Janet, Don’s experience with school administrators has been fairly positive, he said, “the school had a long tradition of embracing and teaching diversity.” However, the school was indeed anxious when Don and Justin told them that Ana would be enrolling in kindergarten as an affirmed girl; he said, “They had never done it before, they took so much fire!” The “fire” the school took was from the other parents, and Don’s experience with some of those other parents has not been positive, but for the most part, Ana’s experience with her peers has been positive.

Religion. All but family four is religious to some extent, and/or have been in contact with religious friends or family members that have not exactly been supportive,
but all have reconciled their feelings regarding what the bible, and their friends and family say. *Emilia, Elena, and Alex* have attended the same Christian church since before Elena transitioned; they do not attend regularly but they do indeed attend. Elena’s father, Michael, says, “I don’t go to church a lot but yeah I grew up in the Baptist environment.” He has not told his mother because he says, “mom is super religious, she’s a Baptist and she goes to church like Monday, Fridays, Sundays, she’s been a member of the choir for forty years.” He strongly feels that she will say that affirming Elena’s gender identity is “against God’s nature.”

Amy, out of all the parents, seemed to struggle the most—especially when she began to really notice something was different with Isabel—with respect to reconciling her beliefs with her love for her daughter and need to support her. She was raised Mormon but said she is “against Mormons,” and went through a stage of being “agnostic.” She said she quit going to church and that she felt like she “failed Isabel by raising her by what [she] thought was by God’s standards.” For example she sent Isabel to those Christian preschools because she thought they would teach Isabel good values, when in fact, those schools did not embrace Isabel. Amy also had a friend tell her that affirming Isabel’s gender identity “is a sin” and that “what she is doing is wrong” and he prays “that Isabel will stop sinning.” Amy does not think Isabel’s gender variance is a “sin,” rather she believes that God loves everybody and says that, “if he [God] were here he would be with the marginalized people.” She also says that she prays “that God puts the right people in the path she [Isabel] follows.” Isabel’s father, Robert, said he is Catholic but later went on to say that he is “more like a spiritual guy.” He says, he does not “go by the bible always,” rather he “goes by [his] relationship that [he] has with
God.” For Robert, “Isabel is a blessing and [he] believes that he [God] knows what he’s doing and whatever his plan is for Isabel…it’s a good one!” Robert’s says it’s difficult for his mom to understand and she tells him she is “still praying” that Isabel will go back to being “normal.” His response to this is “I’m gonna pray for you to get acceptance!”

Janet’s family believes in God but they are not extremely religious, although she does talk about having “faith,” and things happening for a reason. One incident that stuck out to her was the following:

To this day, I’ve only had one person ask me if I go to church and pray. They asked me if I pray for Kalen to be a boy. I told them that I pray every day for Kalen to be happy and safe. Some people will never understand and those people will never be a part of our life. God has given us a special child….we are blessed!

Medical. Medically, most clinics, hospitals, doctors, and the like do not practice any form of gender identity care. Furthermore, most insurance companies will not cover the needed medical treatments that could ensure a happy, healthy developing child. These families have educated themselves and continue to do so, on the potential medical needs of their children related to their gender identity. Emilia and Michael are both in agreement that if Elena chooses to want puberty blockers and then cross-sex hormones, they will support her. In fact Emilia changed insurance plans not that long ago, in order to ensure that Elena will be covered if she does choose this route. Beyond this, both parents have also expressed their support of Elena if she wants to have other related trans-medical procedures performed, at the age appropriate time.

Amy is very worried about being able to cover Isabel’s potential medical needs because she does not have insurance that will cover this. In addition, because Elena has in fact expressed, more than once, that she does not want her penis, she indeed worries even more. Elena’s dad, Robert, indicated that he and Amy had discussed supporting whatever
Isabel wanted to do when she is 18, at least emotionally. However, Amy said, although they did discuss Isabel receiving cross-sex hormones when she turns 18, Robert is fully aware that she is planning on following through with hormone blockers at the appropriate time, if Isabel wants this.

*Don* and *Justin* have open and honest conversations with Ana regarding the topic of hormone blockers and cross-sex hormones, and about her body in general, especially because she often has questions. Recently she asked her dad Justin, if she “could have a vagina when she turns 10;” hence the open and honest conversations. When I spoke to Justin about the diagnosis of “Gender Dysphoria,” this led into a conversation about medical treatment, he said:

If you’re gonna need medical treatment you need some sort of medical terminology…because frankly we’re lucky to be a family that if needed, can afford for medical treatment without insurance coverage. Most people could not and if the medical community started looking at it as a cosmetic procedure then it won’t be covered. I do think …in my opinion it is a medical condition…to me the medical condition is a disharmony between your physical body and your gender identity. And so whatever the medical profession can do to harmonize those two, it should be treated as a medical condition. This is not a mental health condition, it’s a physical health condition…there’s nothing wrong with their mental health it’s that their physical body is not conforming to their mental. A lot of what holds back progress [in the medical field] is a lack of academic research in a number of areas regarding trans-folks.

Although *Janet* has said, she didn’t think Kayla would go through with “changing her body,” she remains open-minded about the possibility of Kayla wanting to follow through with medical treatment and heeds the advice of the doctor that periodically attends The Transgender Group meetings. This is what she recently wrote:

After the last family meeting I attended that Dr. [name] was in—she said it was never too early to start discussing puberty, changing of the body, blockers, etc. and that we should always assure our children that no matter what changes happen, we can fix them. The more we talk about it, the more normal it is and they won’t freak out one day.
The Transchildren and their Siblings

In all likelihood nobody would know that these transchildren were anything but the little girls they will tell you they are. Some may say these kids are hyper-feminized in that they ensure that they are presenting in a manner that represents nothing but “girly.” They all possess a “spunkiness” about them, an assurance of who they are—and for that matter who they are not. The two now 6 year-olds had only been affirmed for less than a year when I met them; the now 8-year old was living slightly more fluid; and the now 9 year-old has been living an affirmed life for approximately four years. The two siblings, who are boys, are aware of their sister’s gender variance, but as one is 9 years old now and the other is 6 years old (still), developmentally they are at different levels of understanding the meaning of the situation.

Elena (and her brother Alex). Prior to “interviewing” Elena, I asked mom what Elena understood about her gender identity. Mom said that they “tell her that she is a beautiful girl whose parents didn’t know right away that she was a girl.” Elena herself generally only refers to herself as a girl but she has said to others that she is a “transformer.”

The first time I made a visit to the house, mom and I sat down with her and Alex to discuss what my intentions were. I remember I said to them that I was there to find out how Elena taught her mom and dad that she was a little girl and that by her teaching me she would be teaching other mommies and daddies about girls like her. At that time she simply said to me “I just taught them.” The first time I actually sat down to talk with Elena in a more “formal” manner, she was not yet six and I had made four visits with family. I took a bracelet making kit, with the idea that we would make bracelets while we
talked (doing an activity that didn’t require too much attention was suggested to me by mom and other therapist friends of mine). Elena was aware that I was going to be talking to her that night about how she taught her parents she was a girl, as I didn’t want her to feel I was trying to “trick” her. However, as I began probing, she said to me “can we just make bracelets and not talk!” She was extremely reserved, and understandably so.

Therefore, instead of focusing on that specific topic, I asked her if she wanted to be a cheerleader (this was prior to her beginning cheerleading), and if she liked basketball, she said, “Yes” to cheerleading and that she “hated basketball.” I asked her if boys cheerlead, and she said “No.” She then proceeded to say that “girls are not strong, and that only boys can be strong;” then I said “well how about smart, can girls be smart?” Elena said, “No, girls just complain about their hair and shop.” It’s not clear how she came to these opinions because her mom is an independent, educated woman.

There were three more visits prior to the second time I spoke with Elena one on one. I began by reminding her why I was there—as we played with blocks—then asked her if she could tell me how she taught her mom and dad that she was a girl. She eventually answered, saying, it was when “I was a baby, before I could talk.” She also explained to me that her dad was “bad,” because he didn’t listen to her “mommy about how [she] wanted to wear girl clothes.” She proceeded to tell me she wanted “boobies” like the mermaids she watches on television.

Prior to interviewing Elena’s brother, Alex, he was not yet nine and I had made three visits with the family. Elena’s brother, Alex, is quite intuitive and fully aware of his sister’s gender variance, and appears to be quite accepting of her. However, it is not his first choice to discuss his sister’s gender variance. In fact he told me until I came that
“everything was normal” and that it wasn’t talked about. However, Emilia had told me that they spoke about it on several occasions; thus I think the reason he said that was because as he said “it was an inconvenience,” due to the fact that he wanted to be playing. Nonetheless, he did tell that he understood what the word transgender meant and that “it’s okay to be transgender.” Furthermore, I have observed them play many times and Alex appears to really enjoy playing with his sister. They have typical sibling annoyances with one another, especially Alex because he is getting older, but definitely enjoys his time with his sister. On other occasions, I was able to informally ask him questions like “what does he do when Elena is having tantrums and how they make him feel;” and “if he liked The Transgender Group?” He has said that he hates when she has tantrums and that usually he just retreats outside until she is finished, and as far as the group is concerned, he says they are “okay.” I’ve seen him at the groups before playing with the other children in a typical manner that children play; therefore he appears comfortable there.

Mom has told me two notable stories that are evidence of Alex’s ambiguous feelings throughout the process, one was at Halloween time, Alex’s school was having a festival and the kids were going to attend in a costume. Elena was not in the same school as Alex at the time but people knew Alex had a “little brother.” Mom explained the story:

Alex was always so supportive of his sister and you know like, like the very first time when we picked….when she had her first dress on, and we went to pick him up from kindergarten and he comes out and he looks at me like this [made a confused facial expression]. I just leaned down and whispered to him ‘it’s important to him.’ And so he’s just been taking I think my cues on it….it’s just not that complicated for him….Alex said “mom I really don’t want Elena wearing that costume to my school….I thought about it and I was like I’m gonna pick him because he’s in the system right now, you know!”
The second story had to do with an incident that happened at school, in which Emilia explained that another kid said to Alex, “no wonder you’re so creepy, your brother pretends to be a girl;” to which Alex replied, “I’ve always had a sister.” He then waited to tell his mom until that night, Emilia wrote:

My beautiful boy, who rarely gets a moment alone with mom, waited till he was in the bath and Elena was doing homework, to ask to talk to me. He said he knew he had to wait to find a time he could talk to me alone….when I asked him what he wanted me to do, he suggested telling [name], he said just tell her so she can keep an eye on that kid….These stories reflect not only his feelings of social awkwardness about the matter, but also is a sign of support for his sister.

*Isabel.* By the time I sat down to speak with Isabel in a more “formal” manner, she was not yet six and I had made three visits with the family. I first asked her if she remembered why I had come into their lives; her response was, “because you love me!” An incredibly endearing little girl, I told her, “yes I do love you, and that’s why I want to teach others about little girls who had to teach their mommies and daddies that they were a girl and not a boy.” As we played Barbie’s, I asked her if she knew what the word “transgender” meant; she said it mean “transforming.” I also asked about the placard above her bed that spelled “Jacob;” she said she “doesn’t like the name but likes how there’s animals all over it.” When I asked her how she taught her mom and dad about her being a girl, she explained that her teacher said she could wear a dress and she told her mom this. She was suggesting that because the teacher validated her choice to dress as she chooses, she felt her mom would also then give her approval. She went on to say, she also “just told [her] mom that [she] wanted to wear girl clothes and not boy clothes.” When I asked her what boy clothes were, she said “shorts and shirts.” Isabel also explained that it was her mom who taught her “daddy.” On another visit I made to her
house she explained to me that one of her stuffed bears was transgender; when I asked her how she knew that, she said, “I don’t know.”

Kayla. Prior to sitting down and talking with Kayla, she was not yet eight and I had made two visits with the family. Kayla knew we were going to have “girl time,” to talk about her “liking girl things,” as her mom says. As we drew pictures together, we had the following conversation:

Me: Do you consider yourself to be a boy or a girl?

Kayla: Both…..sometimes I feel like a boy and sometimes I feel like a girl….only sometimes I feel like a boy and most of the time I feel like a girl.

Me: What would you say to others if they asked you?

Kayla: The people that know me I tell them I’m a boy who likes girl things and to strangers I tell them I’m a girl.

Me: Why would you do that with strangers?

Kayla: That’s what my mom told me to say.

Me: Name three things that make you a girl.

Kayla: Clothes, headbands, fake earrings….I want to get my ears pierced but my mom won’t let me [this is because of the school].

Me: What makes you a boy?

Kayla: My hair….I wish I could grow my hair out but there’s stupid rules [this is in reference to her school].

Me: Do you like your school?

Kayla: Yes.

Me: Why don’t you like wearing boy stuff?

Kayla: Cause they are boring and dull, girl stuff is fun.”

Me: Do you care about being called “he” or “she?”

Kayla: No….My dad calls me Kalen
Me: How do you feel about that?

Kayla: I don’t care….my mom has been trying to say “she.”

During a visit had with her once, we were pretending to be on the phone together and she was a clothing business owner and I was the customer. She said that if you bought a shirt and a skirt you would get a free dress, but for the boys—they get a tuxedo.

I said why can’t the boys get a dress too and she said (in an obvious tone) “because they are boys.”

In another visit, Kayla wanted to show me her books about gender variant kids, and one of them has an illustration of a school and is explaining that the character has a hard time in a school, and she said to me, “I hate me school’s stupid rules, I can’t wait to go to a school where I can grow my hair.”

Ana (and her brother Jeremiah). Prior to interviewing Ana, she was not yet nine and I had made six visits with the family. When I initially made contact with Ana, her fathers had already spoken with her about me making visits to their house, but when I obtained assent, she told me that her therapist was helping her write a book about her life and she could “teach” me—I assume this meant about her being transgender. Later when I interviewed Ana, she said the things that make her a girl are “pink, Barbie’s, and shoes.” During our discussion Ana tried on long-haired wigs she had and “modeled” them for me—her favorite was a long blonde wig—and said she wanted to be a model. She was not as comfortable as I thought she was going to be discussing the specific topic of being transgender. I assume this is likely due to what one of her father’s said regarding how she views her identity, and that is as an affirmed girl, thus there would be no need to discuss anything other than that fact. Therefore, I ended the conversation about being
transgender and we simply let her talk about what she wanted to talk about. She went on to talk to me about the boy she had a crush on, which was actually a recurring conversation between her and I.

During another visit I referred to her dog—Shaggy—as a boy and she corrected me and said “she’s transgender,” when in fact he is a male dog. When I asked her how she knew that, she told me that their other boy dog, Chester—who she views as the male dog he is—told her. At the swimming pool once, she told another girl at the pool that she wanted to live in Italy because you don’t have to wear a bra there; this was interesting because she likes to wear bras now. During this same visit she told me that some of the kids tell her she’s ugly, but she knows that she is not. I assured her she was not, but she didn’t or wouldn’t go into further details—this made me think that perhaps she is more conscious about her appearance than I originally understood.

I decided not to sit down and talk with Jeremiah but I did spend a lot of time with him and observing them play together, and he loves playing with his sister, and is “giving” with her. I did ask Don what he understands about Ana being transgender, and he said they told him that Ana’s his sister, “but she has a penis.” He has been confronted by peers regarding Ana, and he just says “she’s a girl.” Justin explained that Jeremiah has said it’s important for him to stand up for his sister, thus showing that he has an awareness of others not understanding.
5. DISCUSSION
What these findings demonstrate is indeed an in-depth and comparative depiction of the lives and perspectives of four transgender children and their families. The findings reveal the nuances of the individual family experiences (in some cases within the same family) and the meanings attached to them. They also highlight the thematic commonalities amongst all the families.

What Does This All Mean?
The theme of “Gender Expression,” reveals that collectively, the children began to exhibit what society considers to be gender non-normative behaviors around the age of 2 to 3 years of age. This is in-line with what the literature indicates is the developmental age of the beginnings of gender formation (Brill and Ryan N.d.; Brill and Pepper 2008; Ehrensaft 2011; Giordano 2013; Kane 2006; Mallon and DeCrescenzo 2006; Solomon 2012). Collectively all of the children took a special liking to “dress-up” in preschool. Although one of the children did not verbally express her desire to be referred to as a girl, as early on as the other three children, they all became progressively persistent about the things they wanted and how they wanted to present. Collectively, all the children went through a fluid stage of living, which was difficult for all the families. For three of the families, once they sought out answers, their children quickly went from living fluidly to willingly living in the constraints of the binary; whereas for one of the families, their child is currently transitioning (willingly) into the constraints of the binary. From what I’ve learned and observed it appeared to be the result of the child’s own avail. The children are the ones that asked for girl clothes in the clothing stores or girl toys in the toy stores, not the parents.
At some point the children developed desires of a “typical” feminine gender identity, such as developing the love for pink objects. Also revealing, is that, collectively the children: play with other girls, wear “girly” underwear, wear bikini bathing suits with ruffles—but prefer to wear ones without ruffles, use the girls’ restroom and all sit to urinate. However, in regard to the latter, some will never stand to urinate while others will when they are in a hurry. Collectively, they have stereotypical ideals about what it means to be a girl (i.e., their names, long hair, dresses, ears pierced, liking the color pink, and the like). Additionally, they all have a love for mermaids, fairies, princesses and Barbie’s—characters and toys considered feminine.

Collectively, the parents feel a sense of “blame” by society, for “allowing” their children to practice agency by expressing themselves as the gender in which they identify with. Individually, they experienced this “blame” in different forms. For example, two of the families had DCFS reports filed on them, and collectively they experienced blame from their friends, family, and the community. In addition, the transchildren, collectively, experienced negative incidents related to their gender variance.

The theme of “The Unknown” revealed that all the families had difficulty grasping that their child’s behavior was consistent with what is considered to be gender variant behavior, and this was not because they had progressive ideas of fluid gender identities. Within each family, there were different levels of knowledge regarding transgender persons, in general, but collectively their knowledge about prepubescent transchildren was little to none initially. In the beginning most were not comfortable with the level of expression their children wanted to present. While not being explicit, some of the reasons for their discomfort included: their own gender-normative beliefs, religious
beliefs, worry about how they would be perceived by others, and/or a combination of factors.

In addition, the unknown clearly introduced issues between the realms of the public and the private, amongst the families collectively. Individually, they managed their comfort of these realms in different ways. However, collectively all the families at one point only allowed the gender-variant behavior at home, despite their child’s desire to present as a girl outside the home. In two of the families, the parents were at odds with how to proceed. For example the father in *Family One* did not approve of the gender variant behavior, whereas the mother was ready to simply support what was needed for their child. While in *Family Two*, both parents were blaming one another, instead of addressing what was transpiring, which led to one parent feeling that if they allowed the behavior to continue they would be supporting unacceptable gendered behavior. Thus, counseling was sought to understand how to “fix” their child; this resulted in the removal of all belongings that represented what society has constructed as “feminine.” Incidentally, this was also evidence that there are still reparative therapists in our society, even though this is not accepted by The American Psychological Association (2008) or The American Psychiatric Association (2013). At any rate, due to the persistence the children were demonstrating and the parents’ lack of knowledge with what was transpiring, the parents engaged in research about their child’s behavior, and eventually they all sought counseling for their children.

This theme also revealed that preparing was a necessary component due to the unknown. Collectively they prepared in a similar manner, with the exception of one family, who did not have a “safe-packet.” Although, collectively they do their best to
prepare for the future, it is clear they are worried about the unknown of their children’s future because of the normative expectations society places on biologically born males and females.

The theme of “Societal Strengths and Challenges,” reveals that their daily lives require a diverse range of social accountability, from coping with the judgments of others to having to explain their child’s affirmed gender to certain people and/or under particular circumstances. All families have experienced feelings of fear, safety, and/or worry—in a rational manner— not only because they’ve experienced their own feelings of being judged and have endured uncomfortable interactions with others but also because of the horrible things they’ve read about, seen on television, and/or hear from others, regarding the discrimination and victimization of transchildren, teenagers, and adults.

Collectively the families must consider who needs to know versus being stealth; *Families One, Two, and Four* are extremely discreet about who knows and live primarily stealth, while *Family Three* is definitely cautious but not as discreet and are not primarily stealth. This caution is because if “outed,” they may find themselves having to account to DCFS about their child’s identity, or worse their children could be the subject of discrimination and/or physical harm. Collectively the families have faced people in the community, who for example, they had not seen in a while and thus have to explain why their child is a girl now (this is how the public generally understands the process). Having to explain this alone is an example of having to account for “breaking” the gender expectations associated with their child’s genitals. In public the children must be conscientious about their genitals, being sure to cover up via tucking, for example,
otherwise they may be subject to being bullied and/or seen not as the affirmed girl they are. Although *Family Three’s* openness and their ability to live somewhat gender fluid have prevented some of these situations from happening, they are by no means exempt from judgment. Emilia summed up the complexity of such societal matters when she stated that there’s another level of vigilance that all the families must have.

Despite these complexities, subsumed under this central theme is a collective awareness of the support available to them. Although some of the parents within each family experienced questioning from some of their family and friends, they have now surrounded themselves with only people that affirm their children’s identity and support their decision to support their children. In addition, they were all able to find The Transgender Group, which has provided them with a great deal of support. Subsequently, Emilia has since been able to open up another support group in another city, after learning from the group. In addition, Emilia has produced—with the help of others—a “Best Practices” handbook for the school district her children are in, which will educate the staff on the best practices to use when supporting the transgender children that attend their schools. This is a major level of activism on her behalf, and will only add to the support network available to families with gender variant children. This will also add to the education of school staff, which is extremely beneficial considering they are considered to be a primary part of these children’s socialization process at this stage in their lives.

The theme of “Institutional Strengths and Challenges,” revealed how these families navigate in three major social structures of our society. First, our education system is considered to be, as already mentioned, a primary agent of socialization for
children in grade school, and yet most of the schools these families attended were not equipped with the tools essential for supporting these children. Although currently three of the schools are seemingly supportive—as a result of policy or acceptance—this does not discount the fact that the lack of diversity education, among the staff and students, increases parents’ level of worry and fear. On the other hand, one of the schools did demonstrate direct support for one of the families. In an effort to assure a gender “normative” classroom for their children, parents requested the school to remove *Family Four’s* child from their children’s classroom, the school refused. Thus, a reflection of the potential direction our society could be headed toward—schools that embrace/accept a diverse range of “doing gender.”

The second major institutional structure, religion, presented real challenges for one of the families initially. The parents wanted to raise their child “by God’s standards,” therefore they sought out the help of their pastor who referred them to a therapist, not to help support the child but to “fix” her. In addition they enrolled their child into a Christian preschool, believing that this would teach their child good values. This is evidence of the influence of the institution of a belief system—one that has traditional expectations about gender roles and ideals about masculinity and femininity. Despite this institutional influence, these were ideals the family found unsuitable and potentially harmful for their situation. Further evidence of the institutional influence of a belief system is illustrated by the fact that one of the fathers would not divulge his child’s gender variance to his own mother, thus decreasing his support network. One family however, has had positive experiences with their Christian church, thus, again a reflection of the potential direction our society could be headed for—religious communities that
embrace and accept a diverse range of “doing gender.” Overall, the parents who identified as being religious were able to reconcile their beliefs as a “blessing,” instead of a “sin.”

As an example of how these institutions can intersect was shown with one of the families whose child attended two different Christian preschools and another family’s child who currently attends a Christian elementary school—neither family had a positive experience with these schools. The private schools are not required to follow the new AB1266 policies that public schools are required to implement. Thus, discounting the gender variant children that attend their schools, and continuing the construct of what it means to be masculine and feminine by setting policies for dress, hair, and the like. The conflicting messages and feelings the families experience because of this is immense. Furthermore, having to explain to their children why they could not go to school as the girl they are only heightened the parents’ angst.

The last institutional structure—that of the medical field—clearly demonstrates the class differences between the families, as well as the slow progress of the medical fields work with gender variant children and their families. One of the families would likely be able to afford the expensive care of hormone blockers and cross-sex hormone treatments even if their insurance would not cover it—but in fact they do have insurance that will cover these treatments, although to what extent they are not yet aware of. Two of the families have medical insurance that will likely cover at least some of the treatment; however, I’m not sure that without insurance help they would be able to afford the treatments. Finally, one of the families is insured under the “Patient Protection and Affordable Care Act” (also known as Obamacare), which would not cover the medical
treatments. This family has the least amount of annual income, which would not be enough to cover treatments without major savings or help from others.

My time with the transchildren revealed that their idea of being a girl revolves around socially constructed notions of femininity. They were not happy about any barriers that prevented them from presenting as a girl, and were (and continue to be) active agents of their identity. Three of them verbalized they were a girl and even expressed wanting breasts and/or the removal of their penis. Although one of them did not verbalize that she was a girl, all her wants and actions were congruent with that of a girl.

The children unfortunately are learning that their gender identity is not in-line with their anatomical bodies—as society has prescribed at least—and the potential damage this may cause is still unknown. They have had to learn they are “different” in various ways and will learn what the meaning of this as they grow. The parents can only “hope that [they] have adequately prepared [them] in the art of disclosure and the science of defending [themselves] emotionally and physically,” as Don so eloquently put it.

**Limitations, Challenges, and Future Research**

While the depth and breadth of data collected helped ensure the integrity of patterns identified, there remain a number of limitations to this study. Firstly, due to the in-depth nature, and time constraint of this study, a smaller number of families were involved, posing potential restrictions when attempting to “generalize” results. However, Flyvbjerg (2006) maintains, that “it would be incorrect to conclude that one cannot generalize from a single case” (p. 225). Furthermore, he insists, even if the “knowledge cannot be formally generalized [it] does not mean that it cannot enter into the collective process of
knowledge accumulation in a given field or in a society.” (ibid:227). Due to the limitations of previous research—specifically, the limited amount of research addressing transgendered youth—this study was intentionally descriptive exploration. As such my intent was not necessarily to produce generalizations, but to describe and understand the experiences of an understudied group. Once a general body of knowledge has been constructed, attempts can be made to formulate research capable of producing generalizable results.

Secondly, one challenge to this research study was the ability of the sampled age group to be reflective about their gender identity, posing potential credibility restrictions. My time with the children was of utmost importance, in order to ensure reliable interpretations of observable data. Additionally, the children had a hard time staying focused, and with the two younger children communication was difficult, which potentially was the result of their developmental stage and/or comfort level with me. Although, substantial bonds were made with all, additional time may have allowed a greater amount of trust building and comfort level, which may have allowed the children to express themselves more thoroughly.

Thirdly, the sample population was limited to male to female transgender children, which does not account for the variation amongst transgender children, including, female to male children, and children that do not fit into the binary. I purposefully chose to focus on one specific population in order to provide a more detailed account; adding in additional variables (i.e. types of transgendered children) would have compounded an already complex dynamic. More extensive future research can resolve this matter by being more inclusive in an attempt to account for variations observed
across transgendered populations. Additionally, although the four families that did participate varied in race, age, sexuality, marital status, and socioeconomic status, a larger number of families could account for a wider diversity of perspectives.

Finally, it is well documented, that there is a high rate of discrimination, victimization, and attempted suicide/suicide in the teen to adult transgender community (Clements-Nolle, Marx, and Katz 2006). Therefore, longitudinal research could also provide a comparison of experiences between individuals that transition much later in life and children that transition early in life, and answer questions such as, does transitioning as a gender-variant child benefit their future development? Longitudinal research of transchildren could also provide insight into the processes of the social dynamics experienced from the onset of gender variance thru their adult years, and answer questions such as, what social differences are seen in transgender people that are supported into their adulthood versus those that do not have a support network.
6. CONCLUSION

All three guiding theories—constructivist, interactionist, and transgender—were useful for interpreting the findings of this research. The children’s construction of what it means to be seen as a girl is likely driven by their peers, the media, their parents, and elements of their surrounding environment/culture. Their stories illustrate how families affirming their gender variant children challenge the normative constructions of gender identity. Not only have they challenged these constructions by socially transitioning to what is seen as the female sex, they have challenged the construction of the gender binary categories, by living fluidly at one point in their lives. However, because of the internalized notion that gender includes two categories only, living “in-between” was met with negativity by their community—more so than living as a girl with a penis.

The children’s daily interactions also inform their ideas of what it means to be seen and “perform” as a girl. According to Turner (2013), “people put their identities on the line during interaction; thus, depending upon whether individuals succeed in verifying or fail in getting others to verify an identity or identities, the emotions that are aroused will shape the subsequent flow of the interaction and, over time, the structure of a person’s identity system” (p. 332). That said, their daily interactions revealed that living fluidly was not going to produce the positive affirmations that the families want for their children. Moreover, this may account for some of the hyper-feminine behavior displayed by the two youngest children, as well as the oldest child when she was their age. The need to feel and look like a girl and be accepted by society as such, is extremely important to these children, which may explain the intensity they put into presenting as such. What is revealing is that the older child “grew out” of this hyper-feminine expression, perhaps due
to her developed confidence as she’s aged. Only time will tell if the two youngest children will develop the same confidence.

Finally, transgender theory informs our ability to look beyond the binary categories of male-female and accept a more fluid identity, and, to understand that gender identity includes our bodily experiences. As such, Hakeem (2010) suggest, we look beyond the binary, stating, “Deconstruction of gender rigidity allows trans-gendered patients to consider themselves as individuals and in relation to society, outside the context of a binary gendered framework” (p. 147). Therefore, if the gender framework allowed for more than the binary, then perhaps the struggles the families and their children go through would be reduced. Understanding those “transgressing”—the idea that one is “not necessarily physically transitioning from one gender category to the other”—requires the understanding that identity development is related to the construction of self, our daily interactions, as well as understanding there is a “sense of identity that comes from a body that continues to exist as a seeming self between the social performances of gendered behaviors.” Thus, there is “continuity between the body and the mind” (p. 435-6). For example, if we consider the children that have expressed wanting breasts and/or the removal of their penis, Nagoshi and Brzuzy (2010) would explain this as having “bodily experiences,” which may be unconscious but in fact, “essential for informing one’s identity” (p. 436).

This study was not meant to prove any particular preconceived notions about these families, but rather, it was meant to explore and describe the lived realities of these families. It is not a question of “how can a child know,” instead it is a matter of “what is the child’s reality?” Furthermore, it is not a question of “why are these families affirming
their child’s identity,” but rather “how can they support these realities,” which in turn creates new realities for the family. The individual narratives of these four families provided the opportunity to understand how these families navigate in a society that finds gender variant persons “unnatural,” or “others” them. Their narratives also provide insight into what society can do to support these families.

There is obvious attention needed in the community. Society needs to understand that in the context of gender variant children, many may be perfectly comfortable with their bodies but still have interest in presenting in a non-normative manner at times. Other gender variant children might reject their bodies or eventually transition, without rejecting traditional expressions of their biological gender. And still others will make a complete social transition into the construction of the opposite sex. Parents of gender-fluid children argue that gender is a “spectrum,” rather than two opposing categories, neither of which any real boy or girl precisely fits. In other words, there are not just two gender categories ascribed with two ways of being—there are a multitude of gender identities and many ways of being.

There is also obvious attention needed in the schools, the medical field, and the mental health profession to address the angst these families and potential other families with transchildren face. Based on the fact that much socialization occurs during a child’s primary school years, it would seemingly benefit them to be exposed to gender diversity in the schools. Although a child’s socialization begins at home, children spend many hours at school observing, learning, and developing their identity. Thus, if children are only observing and learning two restricted ways of being, this could potentially hinder their identity development or make them question if they are “normal” or not.
The needed attention in the medical and mental health professions has also been noted by medical and mental health professionals themselves (Clements-Nolle et al. 2006; Ehrensaft 2011; Grossman and D’augelli 2006; Olson et al. 2011). This begins with their education; learning the needs of this population and how to best support them. Gender variant persons are a newer “phenomena” for these fields, thus specialists are needed at the present time. I remember two of the parent’s telling me that when they were searching for mental health providers, they made it clear that they didn’t want to be educating them, but there were very few they didn’t have to do this with. Although the American Psychiatric Association has taken steps in attending to the pathologization of the transgender population, the professionals as a whole have not attended to obtaining more training. Therefore, for the children’s health and happiness it is imperative that this profession obtains the skills needed to support them. Similarly, the medical profession needs more specialists and research to address the needs and wants of the transgender community. Olson et al. maintain, “It is very important for primary care physicians to examine their own feelings, attitudes, and beliefs about gender-variant persons and consider how these affect their work with youth” (2011:176).

Due to their conviction of knowing what is right for them; and refusing to allow the normative gender rules dictate their lives, these children and their families are active agents, forcing the normative structures of our society to redefine gender. They are activists—whether knowingly or not.
References


Spitz, Tracy L. 2012. “California Gay Straight Alliance Advisors’ Perceptions of School Climate Towards LGBTQQ Youth.” Master’s Thesis, Department of Psychology, California State University, Northridge.


Appendix A: Organization Approval Letter for Recruitment

October 13, 2013

California State University, Northridge
Standing Advisory Committee for the Protection of Human Subjects
18111 Nordhoff Street
Northridge, CA 91330-8232

Dear Committee Members:

Cecillia Barron has permission to recruit participants for the project entitled, “The Social Dynamics of Transgender Youth and Their Families,” at the Transforming Family support group meetings, at times we designate. I have reviewed the project and am aware of all the activities involved in the project including: recurrent interviews, observation, and journaling.

Signed,

John Ireland
Parent Facilitator
john@TransformingFamily.org
(213) 840-3593
Appendix B: Organization Announcement Sheet

Cecillia Barron 661-877-5528
cecillia.barron.94@my.csun.edu
Faculty Advisor: Karen Morgaine Ph.D. (818) 677-5904 karen.morgaine@csun.edu
College and Department: Cal State University, Northridge—Department of Sociology
(818) 677-3591

To the Transforming Family Friends:
The purpose of this research study is to explore and describe what life is like for your
transgender child (who has not reached puberty yet) and to understand how their
experiences and relationships to others as transgender children have affected them. This
study will also explore and describe the complexities of a family raising a transgender
child. In other words, this study seeks to answer the following question: “what is life like
for gender variant children and their families in a society that associates their genitalia
from birth with only one of the two gender categories—male or female—and in turn, set
expectations based on these categories?”

I would love nothing more than for your family and child to contribute to my research. I
do not proclaim, as an academic, to be the “end all and know all,” therefore it is my
opinion that your account of this matter is the most important part of my research!! It is
important for those in academia and the public to understand from a first-hand
perspective, rather than just reading what “professionals” have to say about the subject.

You may participate in this study if you are a:
Prepubescent child, ages 4-12 (this includes those on puberty blockers) being raised in
the United States, with an affirmed (or affirming) gender identity that does not conform
to their biological sex, 4-12 years of age, are in school at least part-time and speak
English.

The immediate families of the transgender child (this includes: parents/guardians,
siblings and other family members living in the house) who speak English.

Please let me know if you would like to contribute to this study after your meeting
or on your own time within the next couple of weeks, at the above phone number or
email.
Appendix C: Resources

Transforming Family
855-543-7436
Mandy @ TransformingFamily.org

TransYouth Family Allies
888-462-8932
info@imatyfa.org

Children’s Hospital L.A.: The Center for Transyouth Health and Development
Health & Development
323-361-5372
5000 Sunset Blvd. 4th Floor
LA, CA 90027

LA Gay & Lesbian Center Transgender Services
323-993-7669
trans-support@lagaycenter.org

PFLAG Help line for transgender
818-985-9319

Trevor Lifeline for LGBT Q Youth 1-866-488-7386

TransFamily
Transgender-Helpline/ for on-line discussion groups
216-691-4357
Appendix D: Script of the Assent for the Children Less Than 9 Years of Age

(Note that what will be said will also depend on how much the parents have told them-how much they know about their gender “differences,” etc.)

Have your parents told you why I’m going to be hanging around? So you understand that I want you to tell me about how your parents did not know you were a boy or a girl and you taught them that you were the other or neither (if applicable)? Are you okay with that? Are you okay with me hanging out with you and your family every week for a little while so that I can get to know you? I want you to know that at any time you can tell me that you don’t feel like talking or seeing me a certain day or at all. If you ever don’t feel okay with me, you can tell your mom or dad!
Appendix E: Consent for the Parent or Guardian of a Transgender Child

California State University, Northridge
CONSENT TO ACT AS A HUMAN RESEARCH PARTICIPANT

Transgender Children and their Families

You are being asked to participate in a research study. “The Social Dynamics of Transgender Children and their Families,” a study conducted by Cecillia Barron as part of the requirements for the M.A. degree in Sociology. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to allow your child to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM

Researcher:
Cecillia Barron
Department of Sociology
18111 Nordhoff St.
Northridge, CA 91330-8318
661-877-5528
Cecillia.barron.94@my.cusn.edu

Faculty Advisor:
Karen Morgaine, Ph.D.
Department of Sociology
18111 Nordhoff St.
Northridge, CA 91330-8318
(818) 677-5904
karen.morgaine@csun.edu

PURPOSE OF STUDY

The purpose of this research study is to explore and describe what life is like for a transgender child, who has not reached puberty yet, by understanding how their experiences and relationships to others have affected them. This study will also explore and describe the complexities of a family raising a transgender child.

SUBJECTS

Inclusion Requirements
You are eligible to participate in this study if you are:

- The parent or guardian of a gender-variant or transgender child, between the ages 4-12, that has not reached puberty or is on puberty blockers, and speaks English.

Time Commitment
If you are a parent/guardian, the following is the ideal time commitment:
When you add the below procedures, including: first meeting (.30 min. - 1 hr.), initial semi-structure interview (1-3 hrs.), additional semi-structured and unstructured interviews (12-35 hrs.), potential journal discussions (0-10 hrs.), the one journal assignment (.30 min. – 1 hr.), and the potential observation period (0-24 hrs.), over the approximate three month period, this is a total of 13 hrs. and 30 min. to 74 hrs. of your time.

**PROCEDURES**

The following procedures will occur:

*If you are a parent/guardian, the following are the expected procedural components for at least one parent but if two parents are available, both are encouraged to participate:*

- A review of the adult consent form, parent or guardian consent form will be conducted and signatures obtained. This should take no longer than 30 min. to 1 hr. at a location you choose.
- An initial semi-structured interview will be conducted and will last approximately 1-2 hrs. at a location you choose.
- Over a period of approximately three months, semi-structured interviews (this will include the “initial semi-structured interview”), will be conducted at least 1x a month, for approximately 1-3 hours, at a location chosen by you. Additionally, unstructured interviews will be conducted at least 3x a month at a location chosen by you—all lasting approximately 1-3 hrs. Over the approximate three month period this will add up to 12 interviews for a total of 12-36 hrs.
- Journal writing will be used for: 1) questions that you would rather answer by writing, and/or 2) afterthoughts of an interview previously conducted, and/or 3) sharing other thoughts, experiences, feelings, etc., and/or 4) writing down questions you may have for me. I will give you the journal at the initial semi-structured interview. Then at the following unstructured interview I will collect the pages from the journal, and read and copy them. At the following unstructured interview, the pages will be returned and a discussion of that entry will take place—if you choose or if I cannot understand something (be it spelling or meaning)—and the same process will occur every week for approximately 3 months. These discussions could last approximately 30 min to 1 hr. This is a total of 2 potential journal discussions in the first month for a total of 0-2 hrs. that month; and a total of 4 potential journal discussions the last two months respectively, for a total of 0-4 hrs. these months respectively. Over the approximate three month period this will add up to 10 entries and potential journal discussions for a total of 0-10 hrs. of discussion.
- The same journals will be used for an “assignment,” in which I will ask you to look at a picture of your child previous to the transition and after transition; then write down their thoughts regarding this change. I will ask for this sometime during the second month and will collect it approximately 1 week after I have given you the assignment. I will return it and we will have a discussion at the following, unstructured interview time, that will last approximately 30 min. to 1 hr.
• An estimated time of 24 hours added for potential observation over the approximate three month period.

RISKS AND DISCOMFORTS
This study involves no more than minimal risks. The possible risks and/or discomforts associated with the procedures described in this study include: A feeling of discomfort or embarrassment about answering certain questions and maybe a feeling of confusion about my intentions. Below are the ways in which I will minimize this risk:

Minimizing the Risks
As a researcher I am committed to framing my work ethically in every step of the process, this includes: 1) assuring you that it is perfectly okay to withdraw your participation at any time, 2) respecting you as well as your space, time and boundaries, 3) providing you with contacts for counseling or support groups (Note that all but one of the services are free and the other--Children’s Hospital L.A.: The Center for Transyouth Health and Development Health & Development-- is at your own expense), 4) Listening and learning, 5) working with you to validate the findings, and, 6) lastly (but definitely not least), obtaining and sustaining your trust.

BENEFITS
Subject Benefits
The possible benefits you may experience from the procedures described in this study will potentially include a “voice” for you and your family to tell your stories and communicate your needs, as well as a chance to educate society, instead of others trying to educate you and your family about what’s best for you. A sense of empowerment in the form of providing knowledge to society may also be considered a benefit for you.

Benefits to Others or Society
It is the hope that this study can inform society of the complexities that have been forced upon families with gender-variant children and the children themselves. Through this teaching it is the hope that more individuals will develop a sense of compassion which in turn breeds acceptance; and potential allies that can advocate on these families behalf. Alternatively, this study may inform society of the healthy families that are maintained even with a gender-variant child and that they are able to advocate on behalf of themselves.

ALTERNATIVES TO PARTICIPATION
Aside from some flexibility with the procedural components the only other alternative to participation in this study is not to participate.

COMPENSATION, COSTS AND REIMBURSEMENT
Compensation for Participation
You will not be paid for your participation in this research study.
Costs
There is no financial cost to you for participation in this study.

WITHDRAWAL OR TERMINATION FROM THE STUDY AND CONSEQUENCES
You are free to withdraw from this study at any time. **If you decide to withdraw from this study you should notify the research team immediately.** The research team may also end your participation in this study if you do not follow instructions, miss scheduled visits, or if your safety and welfare are at risk.

CONFIDENTIALITY

*Subject Identifiable Data and Storage*
All identifiable information that will be collected about you will be removed and replaced with a code and/or pseudonym. Identifiable data, which will include names, addresses and phone numbers will be entered and saved on an excel spreadsheet, which will be stored on a USB Flash-Drive, which will remain secured in a safe, that only I will have access to.

*Subject De-identifiable Data and Storage*
All de-identifiable data will be stored on a laptop computer that is password protected. If the de-identifiable data is tangible (i.e., on paper) this will be secured in a locked file cabinet.

The audio recordings will also be stored in a safe when not being used (transcriptions will remain on a laptop computer that is password protected).

*Data Access*
The researcher named on the first page of this form will be the only person to have access to your study records. The Faculty Advisor, Karen Morgaine, also named on the first page of this form, will only have access to de-identifiable data. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law.

Publications and/or presentations that result from this study will not include identifiable information about you.

*Data Retention*
After the study is complete, the identifiable data on the USB Flash-Drive will be maintained for 6 years in a secured safe. The de-identifiable data will be transferred from my laptop to a USB Flash-Drive, and along with the tangible de-identifiable data, will be maintained for 6 years in a locked file cabinet.

**IF YOU HAVE QUESTIONS**
If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form.

If you have concerns or complaints about the research study, research team, or questions about your rights as a research participant, please contact Research and Sponsored Projects, 18111 Nordhoff Street, California State University, Northridge, Northridge, CA 91330-8232, or phone 818-677-2901.
VOLUNTARY PARTICIPATION STATEMENT
You should not sign this form unless you have read it and been given a copy of it to keep. Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

I agree to participate in the study.

___ I agree to be audio recorded
___ I do not wish to be audio recorded

___________________________________________________ ____________________
Participant Signature Date

___________________________________________________
Printed Name of Participant

___________________________________________________ ____________________
Researcher Signature Date

___________________________________________________
Printed Name of Researcher
Appendix F: Consent by Parent/Guardian for their Transgender Child to Participate

California State University, Northridge
PARENT OR GUARDIAN CONSENT FOR CHILD PARTICIPATION IN RESEARCH

Transgender Children and their Families

You are being asked to consent for your child to participate in a research study. “The Social Dynamics of Transgender Youth and their Families,” a study conducted by Cecillia Barron as part of the requirements for the M.A degree in Sociology. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to allow your child to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM
Researcher:
Cecillia Barron
Department of Sociology
18111 Nordhoff St.
Northridge, CA 91330-8318
661-877-5528
Cecillia.barron.94@my.cusn.edu

Faculty Advisor:
Karen Morgaine, Ph.D.
Department of Sociology
18111 Nordhoff St.
Northridge, CA 91330-8318
(818) 677-5904
karen.morgaine@csun.edu

PURPOSE OF STUDY
The purpose of this research study is to explore and describe what life is like for a transgender child, who has not reached puberty yet, by understanding how their experiences and relationships to others as a transgender child have affected them. This study will also explore and describe the complexities of a family raising a transgender child.

SUBJECTS
Inclusion Requirements
Your child is eligible to participate in this study if he/she:
- Is gender-variant, transgender, gender-fluid, FTM, MTF, male-affirmed, female-affirmed or any other related identification and has not gone through puberty yet
(this includes those on puberty blockers); 4-12 years of age and; is going to school at least part-time, and speaks English.

Time Commitment
*If your child is transgender or gender non-conforming, the following is the ideal time commitment:*

When you add the first meeting (.30 min. - 1 hr.), establishing a rapport (0-3 hrs.), initial semi-structure interview (1 hr.), additional semi-structured and unstructured interviews (11 hrs.), potential journal discussions (0-10 hrs.), and potential observation period (0-24 hrs.), over the approximate three month period, this is a total of 13 hrs. and 30 min. to 50 hrs. of your child’s time.

PROCEDURES
The following procedures will occur:
*If your child is transgender, the following are the expected procedural components:*

- At the first meeting, with you (the parent(s)): 1) a review of the assent form for those 9-12 years of age will be conducted and signatures obtained with you present and/or, 2) for those under the age of 9, a verbal explanation will be given, with you present and a verbal agreement of participation will be obtained. This should take no more than 30 min. and take place at a location you choose.

- A period of gaining trust and establishing rapport may need to occur previous to any “formal research” taking place. This could simply be by spending time with your family and or child for a couple of days (not necessarily consecutive days) without doing anything formal with them. This will be decided with you (the parent(s)), but this is a potential 2 days for a total of 0-3 hours each of the days.

- An initial semi-structured interview will be conducted for any participant 8-12 years of age. An initial unstructured interview (possibly during play) will be conducted for any participant under the age of 8. All will be conducted at a location you choose and last approximately 1 hr. You may choose to be in the same room or not.

- Over a period of approximately three months, semi-structured interviews will be conducted at least 1x a month (this includes the “initial semi-structured interview) for those 8-12 years of age. Unstructured interviews will be conducted at least 3x a month for those 8-12 years of age and 4x a month for those under the age of 8—all lasting approximately 1 hr. Over the approximate three-month period this adds up to 12 interviews for a total of 12 hours. All will be conducted at a location you choose. Whether you are in the same room or not during these interviews will be decided as a group (parent-child-researcher).

- Journal writing will potentially be used with 8-12 year olds for: 1) questions that they would rather answer by writing, and/or 2) writing down afterthoughts of an interview previously conducted, and/or 3) sharing other thoughts, experiences, feelings, etc., and/or 4) writing down any questions they may have for me. These
are not for you (the parent) to view (unless there is something of imminent concern or your child wants to share it with you) therefore, you will be asked not to look at them. I will give your child the journal at the initial semi-structured interview. Then at the following unstructured interview I will collect the pages from the journal, and read and copy them. At the following unstructured interview, the pages will be returned and a discussion of that entry will take place—if your child chooses or if I cannot understand something (be it spelling or meaning)—and the same process will occur every week for approximately 3 months. This should last approximately 30 min to 1 hr. This is a total of 2 potential journal discussions in the first month for a total of 0-2 hrs. that month; and a total of 4 potential journal discussions the last two months respectively, for a total of 0-4 hrs. these months respectively. Over the approximate three-month period this will add up to 10 potential journal discussions for a total of 0-10 hrs. of discussion.

- Journal art may also be used, instead of or in conjunction with the above procedure, in the same journal, for any age child that wants to express their thoughts, experiences, and/or feelings in an artistic format. The 8-12 year old children will be asked to write down an explanation of what they draw and those under the age of 8 will be asked to explain, verbally, what the drawing was about. These are not for you (the parent) to view (unless there is something of imminent concern or your child wants to share it with you) therefore, you will be asked not to look at them. The same procedures as the above journaling procedures apply as well as the same potential number of discussions and hours.

**RISKS AND DISCOMFORTS**

This study involves no more than minimal risks. The possible risks and/or discomforts associated with the procedures described in this study include: A feeling of discomfort or embarrassment about answering certain questions and maybe a feeling of confusion about my intentions. Below are the ways in which I will minimize this risk:

**Minimizing the Risks**

As a researcher I am committed to framing my work ethically in every step of the process, this includes: 1) assuring you that it is perfectly okay to withdraw your child’s participation at any time, 2) respecting you and your child, as well as your space, time and boundaries, 3) providing you with contacts for counseling or support groups (Note that all but one of the services are free and the other—*Children’s Hospital L.A.: The Center for Transyouth Health and Development Health & Development is at your own expense), 4) Listening and learning, 5) working with you and your child to validate the findings, and 6) lastly (but definitely not least), obtaining and sustaining you and your family’s trust.

**BENEFITS**

**Subject Benefits**

The possible benefits your child may experience from the procedures described in this study will potentially include a “voice” for your child to tell their stories and communicate their needs; a chance to educate society instead of others trying to educate
them about what’s best for them, and a sense of empowerment in the form of providing knowledge to society.

**Benefits to Others or Society**

It is the hope that this study can inform society of the complexities that have been forced upon families with gender-variant children and the children themselves due to the rigid gender role expectations of biologically born males and females. Through this teaching it is the hope that more individuals will develop a sense of compassion which in turn breeds acceptance; and potential allies that can advocate on these families behalf. Alternatively, this study may inform society of the healthy families that are maintained even with a gender-variant child and that they are able to advocate on behalf of themselves.

**ALTERNATIVES TO PARTICIPATION**

Aside from some flexibility with the procedural components the only other alternative to participation in this study is not to participate.

**COMPENSATION, COSTS AND REIMBURSEMENT**

**Compensation for Participation**

Your child will not be paid for your participation in this research study.

**Costs**

There is no cost to you for your child’s participation in this study.

**WITHDRAWAL OR TERMINATION FROM THE STUDY AND CONSEQUENCES**

You are free to withdraw your child from this study at any time. If you decide to withdraw your child from this study you should notify the research team immediately. The research team may also end your child’s participation in this study if he/she does not follow instructions, misses scheduled visits, or if his/her safety and welfare are at risk.

**CONFIDENTIALITY**

**Subject Identifiable Data and Storage**

All identifiable information that will be collected about you will be removed and replaced with a code and/or pseudonym. Identifiable data, which will include names, addresses and phone numbers will be entered and saved on an excel spreadsheet, which will be stored on a USB Flash-Drive, which will remain secured in a safe, that only I will have access to.

**Subject De-identifiable Data and Storage**

All de-identifiable data will be stored on a laptop computer that is password protected. If the de-identifiable data is tangible (i.e., on paper) this will be secured in a locked file cabinet.

The audio recordings will also be stored in a safe when not being used (transcriptions will remain on a laptop computer that is password protected).
**Data Access**
The researcher named on the first page of this form will be the only person to have access to your study records. The Faculty Advisor, Karen Morgaine, also named on the first page of this form, will only have access to de-identifiable data. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law. Publications and/or presentations that result from this study will not include identifiable information about you.

**Data Retention**
After the study is complete, the identifiable data on the USB Flash-Drive will be maintained for 6 years in a secured safe. The de-identifiable data will be transferred from my laptop to a USB Flash-Drive, and along with the tangible de-identifiable data, will be maintained for 6 years in a locked file cabinet.

**IF YOU HAVE QUESTIONS**
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**VOLUNTARY PARTICIPATION STATEMENT**
You should not sign this form unless you have read it and been given a copy of it to keep. **Participation in this study is voluntary.** Your child may refuse to answer any question or discontinue his/her involvement at any time without penalty or loss of benefits to which you and your child might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

**Child or Adolescent**
If your child is 9 years of age or older he/she will be provided with an assent form that explains the study in language understandable to a child. A member of the research team will also read the form to your child and answer any questions your child may have. Your child will be asked to sign the form only if he/she agrees to be in the study. If your child does not wish to be in the study he/she will not be asked to sign the form. In addition, if after signing the assent form your child changes his/her mind your child is free to discontinue his/her participation at any time.

If your child is younger than 9 years then an assent form will not be provided, but a member of the research team will explain the study to your child and ask your child whether or not he/she wishes to participate. If your child declines to participate then your
child will not be included in the study. Additionally, if your child says yes and declines later your child will be withdrawn from the study at his/her request.

I agree to allow my child to participate in the study.

___ My child may be audio recorded.
___ My child may not be audio recorded.

___________________________________________________  __________________
Parent or Guardian Signature                              Date

___________________________________________________
Printed Name of Parent or Guardian

___________________________________________________  __________________
Researcher Signature                                     Date

___________________________________________________
Printed Name of Researcher
Appendix G: Consent by Parent/Guardian for their Transgender Child’s Sibling to Participate

California State University, Northridge

PARENT OR GUARDIAN CONSENT FOR CHILD PARTICIPATION IN RESEARCH

Transgender Children and their Families

You are being asked to consent for your child to participate in a research study. “The Social Dynamics of Transgender Youth and their Families,” a study conducted by Cecillia Barron as part of the requirements for the M.A degree in Sociology. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to allow your child to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM

Researcher:
Cecillia Barron
Department of Sociology
18111 Nordhoff St.
Northridge, CA 91330-8318
661-877-5528
Cecillia.barron.94@my.cusn.edu

Faculty Advisor:
Karen Morgaine, Ph.D.
Department of Sociology
18111 Nordhoff St.
Northridge, CA 91330-8318
(818) 677-5904
karen.morgaine@csun.edu

PURPOSE OF STUDY
The purpose of this research study is to explore and describe what life is like for a transgender child, who has not reached puberty yet, by understanding how their experiences and relationships to others as a transgender child have affected them. This study will also explore and describe the complexities of a family raising a transgender child.

SUBJECTS

Inclusion Requirements
Your child is eligible to participate in this study if he/she:

- Is a sibling(s) of your gender-variant child (as stated above), and speaks English.
**Time Commitment**

*If your child is a sibling of the transgendered child, the following is the ideal time commitment:*

When you add the first meeting (.30 min. - 1 hr.), establishing a rapport (0- 3 hrs.), initial semi-structure interview (1 hr.), additional semi-structured and unstructured interviews (5 hrs.), potential journal discussions (0-6 hrs.), and potential observation period (0-24 hrs.), over the approximate three month period, this is a total of 6 hrs. and 30 min. to 40 hrs. of the participants time.

**PROCEDURES**

*If the child is a sibling, the following are the expected procedural components:*

- At the first meeting, with you (the parent(s)): 1) a review of the parent/guardian consent for child participation form and/or, 2) assent form for those 9-12 years of age, will be conducted and signatures obtained, 3) for those 13-17 a review of the adolescent assent form will be conducted and signatures obtained, and 4) for those younger than 9 years old, a verbal explanation will be given, using age appropriate language, and a verbal agreement of participation will be obtained. This will be completed at a location chosen by the parent(s) and will take approximately 30 min to 1 hr.

- A period of gaining trust and establishing rapport may need to occur previous to any “formal research” taking place. This could simply be by spending time with your family and or child for a couple of days (not necessarily consecutive days) without doing anything formal with them. This will be decided with you (the parent(s)), but this is a potential 2 days for a total of 0-3 hours each of the days.

- An initial semi-structured interview will be conducted for any child 8-12 years of age. And an initial unstructured interview (possible during play) will be conducted for any child under the age of 8. All will be conducted at a location chosen by you and will take approximately 1 hr. You may choose to be in the same room or not.

- Over a period of approximately three months, semi-structured interviews will be conducted at least 1x a month (this includes the “initial semi-structured interview) for those 8-12 years of age. Unstructured interviews will be conducted at least 1x a month for those 8-12 years of age and 2x a month for those under the age of 8—all lasting approximately 1 hr. Over the approximate three-month period this will add up to 6 interviews for a total of 6 hours. All will be conducted at a location chosen by you. Whether you are in the same room or not during these interviews will be decided as a group (parent-child-myself).

- Journaling will be an optional procedure for your child thus if they choose to participate, then the same procedures will be used as stated under the procedures for the transgender child. The only difference will be that potential journal discussions will only occur 2x a month over the approximate three months for a total of 0-6 hrs. of potential discussion.
• An estimated time of 24 hours added for potential observation over the approximate three month period.

**RISKS AND DISCOMFORTS**
This study involves no more than minimal risks. The possible risks and/or discomforts associated with the procedures described in this study include: A feeling of discomfort or embarrassment about answering certain questions and maybe a feeling of confusion about my intentions. Below are the ways in which I will minimize this risk:

*Minimizing the Risks*
As a researcher I am committed to framing my work ethically in every step of the process, this includes: 1) assuring you that it is perfectly okay to withdraw your child’s participation at any time, 2) respecting you and your child, as well as your space, time and boundaries, 3) providing you with contacts for counseling or support groups (Note that all but one of the services are free and the other--*Children’s Hospital L.A.: The Center for Transyouth Health and Development Health & Development is at your own expense), 4) Listening and learning, 5) working with you and your child to validate the findings, and 6) lastly (but definitely not least), obtaining and sustaining you and your family’s trust.

**BENEFITS**

*Subject Benefits*
The possible benefits your child may experience from the procedures described in this study will potentially include a “voice” for your child to tell their stories and communicate their needs; a chance to educate society instead of others trying to educate them about what’s best for them, and a sense of empowerment in the form of providing knowledge to society.

*Benefits to Others or Society*
It is the hope that this study can inform society of the complexities that have been forced upon families with gender-variant children and the children themselves due to the rigid gender role expectations of biologically born males and females. Through this teaching it is the hope that more individuals will develop a sense of compassion which in turn breeds acceptance; and potential allies that can advocate on these families behalf. Alternatively, this study may inform society of the healthy families that are maintained even with a gender-variant child and that they are able to advocate on behalf of themselves.

**ALTERNATIVES TO PARTICIPATION**
Aside from some flexibility with the procedural components the only other alternative to participation in this study is not to participate.

**COMPENSATION, COSTS AND REIMBURSEMENT**

*Compensation for Participation*
Your child will not be paid for your participation in this research study.

*Costs*
There is no cost to you for your child’s participation in this study.
WITHDRAWAL OR TERMINATION FROM THE STUDY AND CONSEQUENCES
You are free to withdraw your child from this study at any time. If you decide to withdraw your child from this study you should notify the research team immediately. The research team may also end your child’s participation in this study if he/she does not follow instructions, misses scheduled visits, or if his/her safety and welfare are at risk.

CONFIDENTIALITY
Subject Identifiable Data and Storage
All identifiable information that will be collected about you will be removed and replaced with a code and/or pseudonym. Identifiable data, which will include names, addresses and phone numbers will be entered and saved on an excel spreadsheet, which will be stored on a USB Flash-Drive, which will remain secured in a safe, that only I will have access to.

Subject De-Identifiable Data and Storage
All de-identifiable data will be stored on a laptop computer that is password protected. If the de-identifiable data is tangible (i.e., on paper) this will be secured in a locked file cabinet.
The audio recordings will also be stored in a safe when not being used (transcriptions will remain on a laptop computer that is password protected).

Data Access
The researcher named on the first page of this form will be the only person to have access to your study records. The Faculty Advisor, Karen Morgaine, also named on the first page of this form, will only have access to de-identifiable data. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law. Publications and/or presentations that result from this study will not include identifiable information about you.

Data Retention
After the study is complete, the identifiable data on the USB Flash-Drive will be maintained for 6 years in a secured safe. The de-identifiable data will be transferred from my laptop to a USB Flash-Drive, and along with the tangible de-identifiable data, will be maintained for 6 years in a locked file cabinet.

IF YOU HAVE QUESTIONS
If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form.

If you have concerns or complaints about the research study, research team, or questions about your child’s rights as a research participant, please contact Research and Sponsored
VOLUNTARY PARTICIPATION STATEMENT
You should not sign this form unless you have read it and been given a copy of it to keep. **Participation in this study is voluntary.** Your child may refuse to answer any question or discontinue his/her involvement at any time without penalty or loss of benefits to which you and your child might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

**Child or Adolescent**
If your child is 9 years of age or older he/she will be provided with an assent form that explains the study in language understandable to a child. A member of the research team will also read the form to your child and answer any questions your child may have. Your child will be asked to sign the form only if he/she agrees to be in the study. If your child does not wish to be in the study he/she will not be asked to sign the form. In addition, if after signing the assent form your child changes his/her mind your child is free to discontinue his/her participation at any time.
If your child is younger than 9 years then an assent form will not be provided, but a member of the research team will explain the study to your child and ask your child whether or not he/she wishes to participate. If your child declines to participate then your child will not be included in the study. Additionally, if your child says yes and declines later your child will be withdrawn from the study at his/her request.

*I agree to allow my child to participate in the study.*

___ My child may be audio recorded
___ My child may not be audio recorded

___________________________________________________  __________________
Parent or Guardian Signature                                      Date

___________________________________________________
Printed Name of Parent or Guardian

___________________________________________________  __________________
Researcher Signature                                              Date

___________________________________________________
Printed Name of Researcher
Appendix O: Word Table

INITIAL CODES

Family 1

Gender Expression
Shy wears dresses and slacks on the daily; she likes to make with good clothes—pretty and fashionable; she prefers bikinis (email); always saw Elena in a dress during visits; her room decor is hot pink and white/black; almost everyone says mom wants her hair long; she has a girl name; uses the pronoun "she" (field notes); she wears bras (email)

Kailah would like to go by the same name Kay (interview with Kailah); sex reassignment is being (email) make anyone including him feel uncomfortable; possibly wear dresses in the near future and most of all over her heart. She developed love for the color pink, playing with dolls and dressing in dresses (letter to the school); Kailah, likes girls underwear; she lives with two 1.2 piece and one piece of grip batting runs; parsing string down most of the time; uses girls restroom; NO WAY DOB SHE WANT HAIR ON HER FACE (email); Kay’s exes to pick and representative of us; justly–there is a princess castle painted on the wall; she wears clothes that would be viewed as girly by the public (child notes)

Fear, Safety, Worry
This worried someone will eat her; because of discrimination and because of harassment and because of violence (Interview w/mom); there is still a lot of stigma and there’s a lot of discrimination… (interview w/dad)

just don’t want Kayla to ever be a “mother”; you’re worried about how society’s gonna treat her and how society’s gonna treat her one day because of who he is… she goes out with some gay cause they think she’s a girl and then that day something will happen and he’s gonna get her because of they’re so scared; I can’t imagine being there and knowing I was wrong (interview w/mom)

The Unknown

She thinks she wants to be the but this here; she say she feel she’s not sure about her identity development was such a classroom and I walked away going what the fuck is this? (interview w/mom)

Fear, Safety, Worry

There was something wrong (as discussing her early feelings) (journal entry); my biggest fear is that, where her sexual life and that she could be… when they talk about that body changes and puberty and all that stuff it’s pretty scary; she’s scared because I don’t like to discuss (no discussion about being rejected by someone (interview w/child))

Trans CHILD

Elena was tall, straight and also revealed that she think kids hate her because she is different (journal entry); she’s running… unwritten with a self leaning and hurt for Johnny (not mentioned); as she started expressing more she’s really started, you see her standing more at school, (interview w/dad)

When said Elena’s temperament have got real bad, bashful/gett fear/uncontrollable with the topic of being transgender; she said I’m missing more and she’s that girl (fears); you never feel comforted. Have never connected with boys (interview w/child)

Logical Thinking/Reference to Study

So many things that we can’t measure; research on trans kids who transition is important… (email)

Remember thinking I would love to be part of this research; I would love to help parents in the future to know that the choice we’re making now to raise our gender non-conforming children is a great thing (journal entry)

Support Networks

The group is totally valuable… (interview w/primary); my brother and sister were supportive… we went to a parenting gathering over at the Children’s Hospital (referring to The Transgender Group interview w/child); both parents have attended The Transgender Group (interview w/dad); both parents have attended The Transgender Group interview, etc. (email); For the most part Ana is in the household (email); For the most part Ana is in the household (email)

Primacy Parental Feelings/Emotions

Having a really hard time to figure out’s… there’s a lot of anxiety for all of us, I need support and help for the missed moments her for her (next message)

Was very excited; each time the topic of transitioning is raised with him, it’s clear how much he is excited and eager to explore his identity, but it’s also clear he is still not sure about his feelings for the future (journal entry)

We would love to help him and be prepared for the challenges he may face as he transitions (journal entry)

What Parents Want or Don’t Want for Their Kids

Siblings Issues

School References

The first day of Kindergarten I felt her in the classroom and I decided away what the heck did I do… ultimately development was such a major part of preschool experience (interview entry)

Know that the school; I know that it was not environment her for was, I was looking for a school that I found… and they talked about embracing intersex (journal entry); once worried about growing up as a boy she’s (phone call interview)

Mom has had an ongoing issue with the school, because it is a private school they don’t have to abide by the All 266 policy to include gay last year. Therefore, she is fighting to keep Kaila who she, who learned them. This far as she is not allowed to grow her hair because it is not policy and technically she can wear dresses but there had been an ordinance when she wore it short so she hair (field notes)

She uses the girl restroom, she resides in a way consistent with her female peers… (journal entry); Ana prefers bikinis without wrinkles; she only wants frictionunderware; and the unrestricted string down (that’s partially because dad has made this rule for the household) (email); For the most part Ana is in funding that would be recognized as girly by the public; she wears bra on many occasions, men garments; someone long hair, has a girl name; and she’s the person she “(child notes)

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Judgments From Others/Experiences w/Them

- I’ve grown toa lot of mana energy over the... interview w/secondary)

- My poppy was saying at me... he’s not even... interview w/mom)

- Someone else to mean to me... child services on me... he was telling me... interview w/mom)

- Someone else to mean to me... child services on me... he was telling me... interview w/mom)

- Someone else to mean to me... child services on me... he was telling me... interview w/mom)

- Someone else to mean to me... child services on me... he was telling me... interview w/mom)

Secondary Parent

- Feelings/Emotions

- Struggle inside... I really don’t think about it... interview w/secondary)

- I keep myself distracted... interview w/secondary)

- Wise and talented thing... I was so happy... interview w/secondary)

- I was crying... I was crying... interview w/secondary)

- I don’t have time for... interview w/mom)

- Someone else to mean to me... child services on me... he was telling me... interview w/mom)

Lessons

- (in filling) I’m respecting the whole idea of... interview w/secondary)

- I didn’t feel... I don’t... interview w/secondary)

- I told her... I told her... interview w/secondary)

- I’ve learned to be... I’ve learned to be... interview w/secondary)

- I introduced... I introduced... interview w/secondary)

- I’d like you to remember... you... interview w/secondary)

Incidents w/Trans-Child

- One of Alice’s friends saw Elena a few days ago... she was talking... interview w/mom)

- She was going... She was going... interview w/secondary)

- She was talking about being... interview w/secondary)

- She had to tell the... interview w/secondary)

- She was wearing... interview w/secondary)

- She was wearing... interview w/secondary)

- She was wearing... interview w/secondary)

- She was wearing... interview w/secondary)

Types of Play/Play w/other girls

- Pushing people to play... interview w/secondary)

- She made bracelets... interview w/secondary)

- She made bracelets... interview w/secondary)

- She was socialized... interview w/secondary)

- She was socialized... interview w/secondary)

- She said that... interview w/secondary)

Boy References

- Pictures of Elena... interview w/mom)

- In the beginning of my... interview w/mom)

- Someone else to mean to me... interview w/secondary)

- Someone else to mean to me... interview w/secondary)

Activities

- Dance, cheerleading, ballet costumes, running clubs... interview w/secondary)

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- Dance, cheerleading, ballet costumes, running clubs... interview w/secondary)

Privacy/Disclosure

- I want that to be secret... interview w/secondary)

- Elena was a very shy person... interview w/secondary)

- She told me... Anger, interview w/secondary)

- She told me... interview w/secondary)

- She told me... interview w/secondary)

Issues of the Binary

- Short hair... interview w/secondary)

- Eric looked at Elena... interview w/secondary)

- She asked him... interview w/secondary)

- I told them... interview w/secondary)

- I told them... interview w/secondary)

Admissions

- I’m so much like the... interview w/secondary)

- I’ll think... interview w/secondary)

- I think less... interview w/secondary)

- I think less... interview w/secondary)

Granta Talk

- She knew how to hide her penis... interview w/secondary)

- The story of the... interview w/secondary)

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The Social Transition

Daily Interaction

Religion

It’s a Phase/Denial

Ability

Language/Cognitive

Case of Identity

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Family
Future References

I'm not worried about physical violence—I'm worried about that for when she's older. I'm worried about that for when she's a teenager, when she's grown up. I'm worried, yes, but I'm totally worried about the future too (interview with mom)

Sexuality References

I just always knew it was something different (interview with mom) if reference to her friend saying that maybe Elena was going to be gay (interview with mom)

Medical Matters

Elena has been diagnosed with GID by a therapist and had a diagnosis by the pediatrician and a well-known Dr. in the field; they have changed medical insurance in order to have coverage for future puberty blockers

Culture/Ethnicity/Race

She could wear it in the car but face which they got from Elena being with dad (interview with mom); in the beginning she was allowed to wear the dresses with mom but not dad (interview with mom)

Mixed Messages

Well so I go overboard a little bit you know... (interview with primary); I didn't feel the public should see it, at home it's fine, nobody cares... (interview with primary)

Control Situation

I don't know what the laws are... (interview with mom); she's gonna be called Isabel, and she's gonna wear dresses and be a girl at home but not in public (field notes)

Community/Society/Environment

We as a society are closed minded and someone's sexual preference or presentation is not anyone's business... (journal entry)

Sexuality References

Yeah things are changing... (interview with dad); in the beginning she was allowed to wear the dresses with mom but not dad (field notes)

Medical Matters

Because I know things were gonna change in the future and I needed someone to be on our side and to help us through those changes whatever they're gonna be (interview with mom); Kay is only 8 years old, we have so much to go through the next 10 years... (journal entry)

Culture/Ethnicity/Race

Yeah... I don't have time to community build; she just knows she's gonna be called Isabel and she's gonna wear dresses, her anonymity is gonna be kept (interview with mom)

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