

Parents of Youths Who Identify as Transgender: An Exploratory Study

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Abstract

The present qualitative study explores the experiences, perceptions, support systems, and coping strategies on which parents of youths who identify as transgender rely. Specifically, parental challenges and concerns about their daughter or sons' school experiences and the resulting impact on the family are identified. The ways parents cope and find support in dealing with these challenges and concerns are explored as well. Interviews were gathered from parents of youths who identify as transgender and were analyzed using the CQR method.

Keywords: transgender, gender identity, gender expression, parents, family, schools, resiliency

Parents of Youths Who Identify as Transgender: An Exploratory Study

Research from approximately the last 20 years or so suggests students who identify as transgender face many challenges in the schools. More attention is being focused on harassment policies, education about inclusivity, and training for school psychologists regarding the needs of students who identify as transgender as they navigate an environment unaccepting of nontraditional gender expression. One set of authors suggested those persons interested in promoting the healthy development of students should “focus their attention on helping educators and families to collaborate more effectively” (Pelco, Ries, Jacobson, & Melka, 2000, p. 235). A deeper understanding of the concerns and challenges that families face may help school psychologists meet the needs of their students who identify as transgender. According to Phillips (2007), positive family relationships and family support may serve as a protective factor. School psychologists are in an ideal position to facilitate such family-school partnerships, given their training in consultation, various prevention and intervention techniques, and program evaluation (Esler, Godber, & Christenson, 2002). To be effective, however, in working with families of children who identify as transgender, school psychologists must understand the concerns and challenges parents have in this regard (Lasser, Tharinger, & Cloth, 2006).

Background

According to a study by McCabe and Rubinson (2008), “graduate students [of school psychology] did not view themselves as change agents in the schools and were unlikely to act to correct a LGBT related social justice issue” (p. 483). Graduate candidates in school psychology had an overall positive attitude towards students who identify as LGBT, but lacked the skills, knowledge, and support to turn their intention into action. Perhaps, with a deeper understanding of the needs and concerns parents have, school psychologists will be able to more successfully

meet the needs of their students who identify as transgender, and will be better equipped to provide culturally competent service to students and families (Savage et al., 2006).

Unfortunately, to date, research has not focused on connecting the experiences and perceptions of parents with the struggles of the student. Further, traditional research on sexual minority youths often treated the experiences of youths who identify as transgender the same as the experiences of lesbian, gay, and bisexual (LGB) youths instead of addressing the uniqueness of their situations (McGuire, Anderson, Toomey, & Russell, 2010). The present qualitative study will explore and describe the experiences, perceptions, support systems, and coping strategies on which parents of youths who identify as transgender rely; specifically, parental challenges and concerns about the school experiences their daughter or son face and the impact of such experiences on the family will be identified. The ways parents cope and find support in dealing with these challenges and concerns will be explored, as well.

Challenges Students who Identify as Transgender Face in Schools

According to Kosciw, Greytak, Diaz, and Bartkiewicz (2009), many students who identify as LGBT report they see the school as a hostile climate. In fact, in the GLSEN school climate survey, 88.9% of the student participants reported having been verbally abused because of their known or perceived sexual orientation or gender expression. Of the students surveyed, 62.6% purported being harassed or hearing negative remarks of about their gender expression (i.e., perceived as acting too masculine or feminine) frequently or often at schools. Even aside from direct verbal attacks, nearly 39.9% of students perceived schools as an unsafe environment because of how they expressed their gender. Roughly 27% of students reported having been physically harassed (pushed or shoved) and 12.5% reported having been physically assaulted (kicked, punched, or injured with a weapon) because of their gender expression. Perhaps the

most disheartening, however, is that 62.4% of students who were harassed or assaulted did not report it to teachers or administrators, citing that they thought nothing would come from it or the abuse would get worse, and 33.8% of students who did report an incident purported that the school staff failed to take corrective action.

Overall, 30% of students surveyed in the school climate survey reported having missed a day of school because they felt unsafe (Kosciw, et al., 2009). According to Tharinger and Wells, (2000) “the actual and *feared* reactions and rejection from others, particularly parents, but also siblings, friends, peers, other family members, other adults in care and authority positions (e.g., teachers, sports leaders, counselors, spiritual guides, God), and society, in general” (p. 159) are detrimental to the development of the individual. As it seems in the Gay, Lesbian, Straight Education Network (GLSEN) school climate survey, students who identify as transgender will not only likely experience verbal harassment or even physical abuse themselves, but will often hear comments that support the notion that they are not welcome in the school environment (GLSEN, 2009). Further, the GLSEN 2009 survey posits students who experience high levels of victimization due to their gender expression are three times more likely to miss school than average student body.

The academic achievement of students who identify as transgender is also often stunted by the harsh environment in which the students learn. One report discussed how students who were perceived to live to live as an alternative gender found their "high incidence of harassment was related to increased absenteeism, decreased educational aspirations, and lower academic performance" (Greytak, Kosciw, & Diaz, 2009, p. xi). When students do not feel like they are welcome in the school climate, they often disengage from academic aspirations. Overall, two

times as many students who identify as LGBT did not plan to pursue post-secondary education as a national sample of students (Pearson, Muller, & Wilkinson, 2007).

Clearly, school psychologists (and all education professionals) must assure that students have a safe environment in which to learn, and that begins with fighting the harassment, abuse, and alienation from the school environment that students who identify as transgender face on a daily basis. As described by Henning-Stout, James, and Macintosh (2000), “Not only does harassment stand as an obstacle for the immediate victims, the presence of harassment in schools or their larger communities compromises the safety of learning environments for all children and youth” (p. 189).

Another major challenge facing students who identify as transgender and their families is the risk of students engaging in dangerous life-threatening behaviors. In a study that examined the prevalence of suicidal ideations for students who identify as transgender, Grossman and D'Augelli (2007) found almost half of their participants reported having seriously thought of committing suicide because of their transgender identity. Of those students, one quarter of them admitted to attempting a suicide because of their transgender identity, with the rest citing being transgender as the mitigating factor. Thus, it seems imperative that school psychologists begin to examine all of these factors when analyzing how to protect students who identify as transgender from risk involvement. Specifically, as Lasser, Tharinger, and Cloth (2006) describe, positive family relationships and school relationships are two possible protective factors for adolescents who identify as transgender, calling for collaboration between school and family environments to facilitate the unique needs these students present.

Overall, students who identify as transgender may find themselves at odds with, instead of nurtured by, their school environment. Not only might they fear for their safety, but they

might feel like they are not a part of the academic or social realms in the school. Feeling rejected by peers, teachers, and their curriculum, students who identify as transgender are at a very high risk for poor academic achievement as well as risky behaviors, mental health problems, or even suicide (D'Augelli, Pilkington, & Hershberger, 2002).

Challenges Faced by Families of Students who Identify as Transgender

Like other students who are sexual minorities, students who identify as transgender may face the challenge of attending school in an unwelcoming, heterosexist, and transphobic environment, and may also face challenges in their home and family life. When parents, families, or caretakers discover a child identifies as LGBT, many children may face financial rejection or even emotional or physical abuse. One study found 35% to 73% of students interviewed who identified as transgender reported "sometimes" or "often" being verbally abused by their parents because of their gender expression, while 13% to 36% reported being physically abused (i.e., slapped, punched, kicked or pushed) because of their gender expression (Grossman & Augelli, 2007). According to Lasser, Tharinger and Cloth (2006), the rejection by parents may be detrimental to the child's future development and may impair the child's perception of themselves in relation to the world, creating problems exploring and dealing with negative emotions.

However, if the family becomes accepting of the child's gender identity, children may experience an increased self-esteem and benefit from family support as a protective factor (Phillips, 2007). Phillips suggests family members undergo a set of stages similar to the sexual orientation identity development stages first outlined by Cass (1996). Overall, upon discovering the child's gender identity, it seems that family members move from an original reaction of feeling as though the child is a stranger, or feeling anger or guilt, to eventually coming to tolerate

the child's gender identity and eventually to accept it and reintegrate the child into the family. Also, assuming parents come to a place of acceptance of their child's sexual orientation or gender identity, many parents move toward advocacy. According to Phillips, factors that can help facilitate a positive outcome in the "coming out" process (defined as the process by which a child informs others about their sexual orientation or gender identity) include the parents' prior education about transgender issues, openness between family members, parents seeking exposure to the LGBT community, and having positive experiences with members of the transgender community. Also, if the "coming out" process is set up as a means to achieve further closeness with the family members, it may be seen in a more sympathetic light by the parents.

Phillips (2007) also identified other challenges and concerns that parents may face. Parents may often be concerned about the future for their child, and perhaps grieve about the future they had envisioned for their child, which may cause a withdrawal from parental roles. In addition, the "coming out" process of a child may be considered a stressor or a strengthener of the marital relationship of the parents, depending on how they deal with the situation. Overall, factors that help facilitate healthy family relationships through the "coming out" process include: prior relationships and closeness, openness between family members, accurate information about homosexuality, and religious and cultural perspectives. Of course, even a close family might have strained relationships or even begin to fall apart due to the "coming out" process of a child due to other factors, such as preconceptions about homosexuality, gender expression, and religious and cultural attitudes. However, education and exposure to the transgender community seemed an important protective factor for parents, children, and the family unit, in general.

As previously stated, the primary goal of the present study is to discover the challenges and concerns parents have in relation to their children who identify as transgender and the

schools, how such challenges impact the family, and the support systems and coping strategies upon which parents rely in dealing with such challenges and concerns. The secondary goal is to then take the results and outline the implication for the school psychologist in her or his practice. It seems clear from the aforementioned research that in order to facilitate fully the learning of students who identify as transgender in the schools, educational professionals need to increase collaboration between the home and school environments.

School and family relationships are two central protective factors for students who identify as transgender against the emotional, physical, and academic harm they may face, and the unique position and knowledge of school psychologists creates an opportunity for family-school partnerships to aid this under-served population. Considering that most school psychology graduate candidates report having felt powerless in the face of heterosexism (McCabe & Rubinson, 2008), it is important that school psychologists learn what the specific needs of students who identify as transgender are, including the needs of their families. The present study seeks to explore the missing information regarding the challenges and concerns that parents have, as well as discover support systems and coping strategies that parents have relied upon.

Research Question

What challenges and concerns do parents of youths who identify as transgender face related to the schools and, in turn, the family, and how do they cope with these challenges?

Method

Participants

Parents from across the United States who met the study criteria (i.e., having a school-aged child who identifies as transgender) were recruited to participate in this study.

Apparatus

A series of prompts was developed by the researchers to guide the interview. The purpose of the prompts was to elicit parents' perceptions about how their children's identity as transgender impacts their abilities to navigate successfully the school environment and how any challenges in doing so affect the family. Furthermore, the prompts were geared to obtain information about the support systems and coping strategies parents used to deal with some of the challenges and concerns they had related to the school experience of their children.

Procedure

Data collection. Parents of children and adolescents who identify as transgender were recruited through posted study announcements and flyers, referrals through various parent support groups (e.g., Parents, Families and Friends of Lesbians and Gays [PFLAG]), and "snow-ball" techniques (i.e., word-of-mouth, social networks). Parents who expressed interest to participate (i.e., contacted the investigators by phone or e-mail) were scheduled for an appointment over the phone. During the appointment, the researcher explained the purpose of the study, reviewed informed consent with the participants, and then obtained informed written consent from each parent participant via U.S. mail or fax. Further, the importance of confidentiality of the transcript data were discussed at length with all participants as well as their right to withdraw their participation from the study at any time. Qualitative data were collected from a total sample of seven parental units. Each parent engaged in a 40-minute audio-taped interview/conversation.

Data analysis. The qualitative data generated from this study were analyzed according to the consensual qualitative research (CQR) methodology first outlined by Hill, Thompson, and Williams (1997) and updated in 2005 (Hill, Thompson, Hess, Knox, Williams, & Ladany). The CQR methodology is based on the well-established theory techniques first purposed by Glasser

and Strauss (1967), and it relies on the thorough analysis and extrapolation of data through a systematic coding scheme to discover themes, commonalities, and explanations for the data based on the independent responses provided by the research participants.

The CQR theory is founded upon a constructivist model of learning. As such Hill et al. (2005) strongly advise establishing a diverse coding team to hedge against potential biases and a priori assumptions. In this study, the primary coding team consisted of two Ed. S. candidates (i.e., Johnson and Sikorski) and a faculty member (i.e., Savage). Given the nature of the study, it was important to highlight the multiple perspectives represented on the coding team. Specifically, the primary coding team in this study represented both the male and female perspectives, as well as gay and heterosexual perspectives respectively. A second faculty member (i.e., Woitaszewski) served as the external auditor. Based on the recommendation of Hill et al (2005), the auditor reviewed and provided feedback to the primary coding team throughout the data analysis process (e.g., creating domains, constructing core ideas, creating the cross-analysis) to verify whether the raw data were coded in the proper domains and that the domains were representative of the raw data.

Each primary coding team member independently coded the transcripts of the seven conversations pertaining to parents of youths who identify as transgender specifically. A “start - list” (Miles & Huberman, 1994) of working domains were initially used to segment the data. These domains included: (a) context; (b) intervening conditions; (c) action/interaction strategies; and (d) consequences. The domains were further refined as each team member independently coded each transcript and presented her or his data to the rest of the coding team. The coding team then engaged in dialogue to further refine the domains by reaching a consensus of domains, core-ideas, and themes. Once all the data were assigned to domains, the team then abstracted the

data for each domain in each of the transcripts. Through cross-analysis, subcategories were then established that represented the core-ideas reflected across the families of children who identified as transgender who participated in this study. The domains and subcategories that emerged from this data-analytic process are described in the results section and explicated in the discussion section.

Results

As previously stated, the data were obtained through the CQR method first outlined by Hill et al. (1997). Information from the interviewees was categorized into a start list of four main domains: context, intervening conditions, action/interaction strategies, and consequences. Each of these domains will be described further below.

Context

The domain of “context” included ecological factors affecting the interviewees in both their family and larger social context. Factors such as family openness and prior experience to transgender issues, the mother’s role as an advocate, geography, religiosity associated with the local community, and social class in terms of financial resources, race, and ethnicity were all considered.

The sample for this study was comprised of seven mothers and one grandmother ($n = 7$ respondents) of children who identify as transgender. It is important to note all participants in this study were from a white, middle-class background. Overall, six participants had home access to the Internet and four interviewees claimed to have prior experience and/or awareness of transgender individuals.

Of the interviewees, four of the participants’ children transitioned in terms of gender identification from female-to-male while three children were reported to have transitioned from

male-to-female. Of these children, five were reported “openly” out in terms of gender identity in their schools, meaning the school administration and their peers in school were aware of their gender identity. Four children were purportedly out in terms of their sexual identity with their family, meaning their entire nuclear family as well as some or all members of their extended family were aware of their sexual identity.

Overall, all participants in this study were supportive of their transgender children, which may be a significant sample bias in our population, as not all parents of transgender children are accepting of their gender identity or willing to be supportive of them in this regard. In our study, more specifically, the mothers of the children who identified as transgender played the role of the sole advocate for the child. They educated themselves, their families, and even school personnel about gender identity and their child’s needs. One mother explained, “I bought them all books. I bought one for each of the guidance counselors that were in the school and I just put myself out there . . . please, let’s learn about this together.” Some even became advocates on a public level, starting support groups or fighting for legislative changes pertinent to transgender rights. Out of our seven interviewees, six indicated the mother played a major role advocating for their child, and one indicated a grandmother played that role.

Overall, the mothers also indicated the father played a passive role or was not as involved in the life of the child. Also, participants indicated fathers had some difficulty accepting the transgender identity of their child at first. For example, one participant noted, “My husband had a very difficult time dealing with this at first. He tried to force her to behave like a boy.” Another participant stated, “I think for a father to think his son is going to grow up and be gay is somewhat of an ego [thing]... yeah, it bothers them in some way... like they’ve done something wrong or it questions their masculinity. But I think once he saw that it had nothing to do with

that, a light bulb went on in his head too.” A mother explained further: “I mean, [my husband has] just been accepting of it. I mean, of course, I’m the one that’s the activist of the two...he really doesn’t do anything. But he does accept, so I have to be happy for that. But he did mention to me though . . . if it were a male to a female he would have a problem with it.”

Religiosity. The religiosity of the region the family lived in carried direct implications for the gender identity development of the children. Overall, six of the seven participants discussed how religiosity affected the daily functions of their family. The religiosity of the region carried both positive and negative implications on the perception of the child. For example, one participant described a negative interaction with staff at a Christian preschool in which they “decided that they were no longer going to allow our child to play in the dress up are because he would put on the skirts and pretend that he was cooking and that he was he mommy. And they felt it was inappropriate.” This sentiment carried negative implications in the life of their child, and they later shared their child would often comment that she believed “God made a mistake.”

Regionally, one participant shared “It’s the Bible belt. There [are] more churches per capita than any other city in the United States, and one minister in a large church there has had international notoriety speaking against gays . . . And the main thing I keep telling the girls there is that they need to be careful because there’s people that think that they need to take it upon themselves to do bodily harm.” It is important to note not all participants had negative experiences with the religiosity of the region. One participant who had a positive experience with the religiosity of the region stated “the school we are in now is a Quaker school and they love everybody...I mean, you know, a Quaker school is the safest place for a transgender kid to be.”

Intervening Conditions

The next domain includes factors of resiliency and support for the family and child, including metacognitive abilities and personality characteristics of the child as well as family support and support from wrap around services.

Protective Factors. The personality characteristics of the student were mentioned in six out of the seven transcripts as being valuable protective factors for the child. Many of the transcripts discussed the “precocious” or “old soul” characteristics of their child. As one interviewee put it, “She looks at things differently than all of us. . . . I’ve heard every transgender has been described that way. This is an old soul. A really old soul. . . . I don’t know how else to describe it.” Another participant described her child; “she’s seven going on eighteen . . . She is a very precocious, outgoing, very happy little girl.” Yet another described her child as having “survivor skills.”

Along with these more abstract personality characteristics, some interviewees also described specific metacognitive abilities their child possessed that helped promote resiliency. For example, one interviewee described her daughter, who, at age four, said “I wish I had a button and I could be a boy when I needed to be a boy and I could push a button and be a girl when I needed to be a girl.” Another interviewee described this phenomenon: “[Child’s name] became so good at suppressing who she was that the teacher never really understood what I was talking about because she didn’t display those tendencies at school. . . . If I said her birth name she would get upset. But then when you went out in public you had to remember to say the birth name. And if you messed up she’d get mad.” By learning to switch from being who they really felt they were on the inside to who the outside world expected them to be, these children protected themselves.

Another major protective factor is having a supportive family. As previously discussed, in every one of our interviews, the child had a mother or grandmother who played a major supportive/advocate role for them (the interviewee). Additionally, two out of the seven interviewees indicated family support (from siblings, other parents, or extended family) was a major source of support and protection for both the child and the interviewee. For example, “The third child is the one that [child’s name] is closest to. He loves her no matter what. And he always has shown her unconditional love.”

Metacognitive abilities of the advocate. As previously stated, the sample in this study included an overwhelming representation from mothers who played a major advocate role for their child, including fighting school policy, creating support groups or authoring resources for other parents, or fighting to change discriminatory legislation. Because this phenomenon had such a strong presence in our sample, it is difficult to compare or consider a child who may not have a strong advocate. Therefore, the metacognitive abilities of the advocate and the efficacy needed for that advocate to fight for their child could be considered a strong protective factor for the child. Not every parent has the access to resources, knowledge, or social currency to be such a strong advocate for their child and a true pioneer for the rights of people who identify as transgender. As one mother stated, “I helped found an organization that advocates for children in these situations because I found how little there was out there for us.”

Access. Access to wrap-around services; including physicians, psychologists, social workers, other mental health professionals, and transgender specialists was a major supportive factor for the interviewees. All seven interviewees indicated they had some access to wrap around services in some ways. Many indicated their children were seeing specialists in other states, mental health professionals that specialize in gender, and medical specialists to assist with

hormone blockers and suppression of secondary sex characteristics. Others mentioned they were able to access these services due to their health insurance. Only one interviewee mentioned being held back by financial resources: “it has cost us, I mean, a hell of a [lot of] money. . . . I can’t even tell you how much money it cost, you know for therapy . . . And we would be considered wealthy, you know.”

Also, six of the seven interviewees indicated they found support through an Internet support group. They had home access to the Internet and were able to utilize the Internet to research transgender issues, connect with other families with transgender children, and access wrap-around support services. Again, because in this sample, the interviewees had access to both wrap-around services and support via the Internet, there is currently not a comparison to families who do not have this access.

Chronology. It is important to note that with a small sample size, there were wide variances in where each child was at in both chronological age and gender identity development. One case in particular involved a family who was aware when their child was only 18 months old age that “something was different.” In this case, the child was able to transition her gender identity in the first few years of school. On the other hand, another case involved a child in high school who told his parents at age 13 that he was transgender, but was not yet out at school at the time of the interview. As previously stated, overall, four of the interviewees signified that their child was “out” to their families, whereas five of the interviewees signified that their child was “out” at school, yet all desired and intended to live authentically according to their gender identity in the future. The intersections of biological development (i.e., puberty) and gender identity development created large variance in the transition and coming out process. For example, the children who were not out at school had not yet had to deal with school policy

issues. However, all interviewees reported effects on both the child and family, even if they had not yet begun the transition process.

Action/Interaction Strategies

In regards to action/interaction strategies, schools appeared to have a disconnect between school policy and practice. Participants of this study indicated three subdomains as major areas of concern with their student who identified as transgender and schools. These subdomains include school inclusionary policies, administrative support, and social issues. These subcategories are outlined below.

School policy issues. The participants of this study reported to have varied experiences with the policies of the schools their children attended. In some cases, the issues of inclusion pertained to the lack of specific transgender provisions in the school's anti-bullying policy. One participant shared their child "was bullied on a daily basis..." and "the school did not put any measures in place to protect [their child] from bullying." Another participant noted, "they [school personnel] have no training in any sensitivity in my area," and further left anti-bullying policies in place for "races, ethnic[ies], and all that...[and] took out the gay and gender identity [policies]." One participant reported having a positive experience with school policy. She stated, "our schools have a nice anti-bullying policy, so it was all documented in writing" and the school was willing to change its mission statement to be inclusive of all people. Typically, students who attended schools with vague school anti-bullying policies ended up transferring schools during their child's gender identity transition process, while students who encountered inclusive anti-bullying policies were less transitive.

Beyond anti-bullying curriculum issues, participants purported to have differing experiences with administrative support at their respective schools. Of the seven participants,

four interviewees indicated having positive experiences with school policy and administrative support. Typically, conflict arose when the student who identified as transgender wanted to attend school in accordance to her or his gender identity as opposed to her or his biological gender. An apparent caveat for school support was the willingness of the district to implement change typically depended on the parent- usually the mother- advocating for their child or providing the school with educational resources.

Participants typically indicated having experiences with their school's administration that resulted in positive outcomes. One participant described how the administration was empathetic to her situation: "I cried to the principal, who called in the assistant principal and the guidance counselor and we just cried together... And the principal's like, well why can't he just come to school dressed like a girl?" Another participant noted in terms of gender identity and pronouns, she "called [a] meeting at the beginning of third grade before school started, and told them the situation and they have been extremely supportive and we just went ahead and just flipped everything right there."

It is important to note, however, that even after initially having positive meetings with the school administration, not every participant had lasting success. Participants who had negative experiences with their respective schools identified administrative resistance and burnout as issues when dealing with difficulty related to discrimination based on their children's gender expression at school. One parent, who had an initial positive experience with the school, noted support burnout when trying to address issues of transphobia and bullying, reporting the school stated "we have bent over backwards, your child has her own bathroom, we use the girl pronoun. You know we will call these kids in and talk to them, but there's not a lot we can do" Other participants identified access to bathrooms and pronoun changes as major areas of resistance.

Specifically, one student who was presenting at school according to her gender identity noted resistance from teachers to make the pronoun change from male to female. She also experienced trauma when the school yearbook identified her yearbook picture with her given male name, which resulted in bullying and her being known as “the girl with a dick.” Another participant struggled with the school’s policy which required her son, who was biologically female, to wear a dress to the school’s graduation ceremony. When the policy was questioned by the mother, the principal took a hard stance and stated, “the rule is the rule” and was unwilling to compromise.

Administrative attitudes and beliefs also carried direct implications in the school climate. One participant described how regional religious beliefs were infused into the educational system and resulted in discrimination. After meeting with the school psychologist assigned to her child’s school, one participant was told she “was raising an amoral child and they were going to report [her] to social services.” Another participant encountered teacher resistance but the administration intervened. After explaining her child’s gender identity, the teacher stated, “she did not feel that that was right and that my husband and I were going to burn in hell and that she was not going to be part of that.” Later, she explained, “the principal wanted to fire her on the spot...[and] put her on probationary status.” When the administration demonstrated good will surrounding transgender issues, the four of the participants identified such a gesture as being a positive experience.

Social issues. In these stated domains, bullying appeared to be the most pervasive issue pertaining to youths with non-traditional gender expression and was reflected in five of the seven participant interviews. One participant shared that she pulled her child from school because “the whole gym class was teasing [their child] for being a faggot, and the teacher did nothing.” In areas of low supervision, like bathrooms, children faced more danger. A concerned mother

reported her son, “would get beat up [in] the bathroom, pushed in pee, peed on, and learn[ed] not to use the bathrooms at school.” In terms of bullying, one participant reflected on her frustration with the schools dealing “with [bullying] on an incident by incident basis instead of educating the student population.”

Transition issues. As part of the transition process, many participants noted dealing with both physical and psychological issues while their children were navigating the educational system. The most common developmental issues families faced with their child who identified as transgender was the development of secondary sex characteristics. Four of the seven participants had children who were born male and now identify as female (MTF) and three were female-to-male transitions (FTM). The transition issues faced by each family were influenced by the biological gender of the child. One participant reported her daughter “attempted to take scissors to her genitals” while in elementary school because she was not allowed to attend school as her gender identity (i.e., female). Another mother noted her daughter was afraid of developing side burns and another indicated her daughter started hormone replacement therapy so she could develop breasts. Families of girls who now identify as boys described puberty as a traumatic event for their sons. These families faced unique difficulties when addressing the issues of puberty. One mother shared her concern as a parent “when [children] get to a certain age and level of development . . . by allowing them to go on hormone replacement therapy, you’re rendering them sterile. And that’s an implication that can’t be undone.” However, another participant shared how medical intervention benefited her son. “He is on puberty blockers. That, you know, of course, decreases some potential anxiety.”

Consequences

The last domain involves consequences the family has experienced while navigating the child's gender identity. This area was broken down into consequences for the family and for the child who identifies as transgender, both in terms of individual and school consequences.

Family consequences. Every interviewee described positive consequences the family has experienced while adjusting to their child's transgender identity. They indicated the experience has brought their family closer together, sharing comments such as "we've become stronger. We've become more of a solid unit" and "we talk a lot more just about issues that we never really talked about as a family before." Although three of the interviewees signified some difficulty or inner-family conflict (with siblings or the father), all reported the experience brought the family together, overall.

Several interviewees (i.e., 5 out of the 7 transcripts) indicated the experience has made their families more accepting of others and more aware of issues of diversity. One interviewee explained, "I think we've all learned more tolerance, more acceptance and love and patience for people of all kinds." Another said, "I think we've learned so much more than we would've ever learned in a million lifetimes about respecting other people's differences."

Consequences were slightly different when considering the extended family. Only three of the interviewees signified positive consequences in their relationships with their extended families. One explained, "I live in my hometown and I think it's really helped my extended family to open their eyes that the world just isn't black and white." Another interviewee signified negative consequences for the relationship with the extended family, indicating the child's stepmother and grandfather were not accepting of her child's gender identity.

Individual Consequences. There were also significant personal consequences for the children who identify as transgender. Six out of the seven interviewees indicated positive

changes in their children as a result of the process of transition in terms of their gender identity. Many indicated their children were quiet, withdrawn, and depressed prior to making the transition, and became more talkative, lively, and happy after transitioning (or beginning the transition process). One mother explained, “The boy persona was withdrawn and quiet and shy and don’t look at me, don’t talk to me, and the girl was flamboyant and happy and outgoing and totally different . . . She went from not wanting you to look at her, to now she’s the center of attention.”

However, there were also significant negative consequences for the children who identified as transgender and were out at school. As previously stated, five of the interviewees indicated their children were out at school. Three of the interviewees indicated their children had significant academic problems in school. One interviewee explained the academic difference in her child after the child transitioned: “he starts second grade testing on a kindergarten level . . . she completes second grade testing on a fourth grade level. No other intervention.” Three interviewees also indicated they had taken their children out of school or moved to another school due to harassment or discrimination against their children in the educational setting. In fact, all three had taken their children out of school and home schooled them at some time in order to protect them. One interviewee revealed her child, “would beg me every day, please, don’t make me go to school, please! I can’t go there. Please, it’s too hard for me to pretend that I’m a boy for that long. Please, don’t make me go.” Another interviewee explained, “In fact, [he] has such a mental breakdown [he] is removed from school in February. And is home-schooled by the school district throughout the rest of third grade.”

Lastly, the children who were out at school faced significant social consequences. Four of the interviewees indicated their children experienced isolation and rejection from their peers

because of their gender expression. After facing years of bullying, harassment, and abuse, many of the interviewees signified their children had problems socializing. One explained, “she carries around a lot of anger from the years that she couldn’t be a boy, or the years that she was abused. I think she walks on egg shells waiting for something bad to happen. Always looking over her shoulder.” Another explained a similar story, “We would’ve never noticed all these defense mechanisms [she] had to deal with people. I mean [she] automatically assumed that people were jerks, you know, or were going to be mean or . . . trust was a huge issue.” Only one interviewee described positive (or at least not so negative) social consequences for her child. This child transitioned in the beginning of third grade, and the interviewee explained, “since he’d only been there for a year, once we made the switch, it just kinda fell into place for the other kids that he was a boy. I don’t know that they even know he’s transgender.”

Discussion

As previously stated, the primary goal of the present study was to discover the challenges and concerns parents have in relation to their children who identify as transgender and the schools, how such challenges impact the family, and the support systems and coping strategies upon which parents rely in dealing with such challenges and concerns. The secondary goal was to then take the results and outline the implication for the school psychologist in her or his practice.

Challenges and Concerns

One of the main challenges faced by the interviewees was access to support systems. All the interviewees in our sample were white and middle class. Most of the interviewees (6 out of 7) indicated they had home access to the Internet, and many indicated they had health insurance. They were all able to seek out wrap-around services, such as gender therapists and specialists in

medical issues children who identify as transgender may face. Many even sought out-of-state specialists and they were able to travel to see recommended specialists in the field. They all also had the social currency (i.e., being from a white, middle or upper class background) to advocate for their children in school, in the community, or even nationwide.

Although access to such support systems was not reported as a major challenge faced by the interviewees in this study, parents without this level of access may face significant challenges. Mental health and medical practitioners who have experience working with transgender populations are not necessarily easy to find or access, especially those who have experience working with children who identify as transgender. Also, parents from a culturally or linguistically diverse background or from a lower socioeconomic status may not have the social currency to effectively advocate for their children in the school system. Whereas our participants were able to move their children to a different school when they faced difficulty, or home-school their child, many parents may not have the financial resources to choose a school for their children, to move their family in order to allow their children to attend a different school, or to home-school their children (which requires someone to stay home with the children).

However, many of our interviewees indicated they faced significant challenges in gaining support from the educational system. Many of the difficulties faced by the interviewees arose from a lack of LGBT provisions in the school's anti-bullying policy. Schools with anti-bullying policies that specifically addressed LGBT students were noted as significantly more supportive to families than schools with vague anti-bullying policies. Specifically, when schools had an anti-bullying policy that explicitly addressed LGBT students, families were better able to work with the school administration and kept their children in the school, as opposed to removing them from the school to protect them from harassment. Further, even when families had positive

initial experiences with school administration, many began to face administrative resistance and burnout as students continued to face challenges in relation to their gender identity.

An additional challenge faced by the children who identified as transgender was dealing with the puberty process. As children reach puberty, the development of secondary sex characteristics presents a unique set of challenges, both in terms of physical development as well as social implications as the child's peers begin dating. Families of children who were transitioning during puberty needed to make very difficult decisions, such as using hormone blockers to suppress secondary sex characteristics (e.g., facial hair, breasts) to allow the child to continue living authentically according to their gender identity. However, hormone blockers have risks and permanent implications, such as infertility. Families have to balance serious medical risks with serious mental health risks, and those can be very difficult decisions for which families have little guidance.

Support and Coping

The mother's role as an advocate was a major source of support for the children who identified as transgender. Each of our interviewees played a significant role as an advocate for their children in terms of educating the family, educating the school, protecting their children, providing resources to the children, and gaining the support of the entire family. This role also seemed to serve as a coping strategy for the interviewee as they dealt with their concerns for their children.

Having a community of other families who have gone through similar experiences also played a significant supportive role for the interviewees in this study. Most of the interviewees in this study (6 out of 7) indicated they used the Internet as their main source of support. Online support networks helped connect parents to support systems as well as resources they were not

able to access locally. It is important to consider while this was a significant source of support for the interviewees in this study, not all families have immediate home or community access to the Internet. Considering the Internet played such a major role in connecting families to educational resources as well as support, it can be assumed that families that do not have this type of access may have significant difficulty accessing education, wrap-around services, and support.

A surprising source of support and coping was the metacognitive abilities and personality characteristics of the children and mothers themselves. Mothers described their children's ability to cope, through a type of code switching where even young children learned to suppress their gender identity in order to more closely match societal expectation (i.e., their biological gender). Although this type of suppression may have caused significant mental health problems for the child, such as depression, anxiety, self-mutilation, and even suicidal ideation, it served as a protective factor from social rejection and harassment. Personality characteristics of the child also served as a protective factor. Many of the children were described by the interviewees as having an "old soul." Interviewees noted the bravery and "survival skills" of their children.

Implications for School Psychologists

Since school psychologists are trained to provide services through a variety of mediums, they are in a unique position to be a resource for families navigating their child's gender identity development. The information provided by families in this study suggest specific implications for the practice of school psychology

School policy. School psychologists can play an integral role in advocating for effective school policy. First, school anti-harassment policies should specifically indicate protections for transgender students. Though students who identify as transgender purportedly benefit from anti-

bullying policies pertaining to LGB issues, currently “only half (54%) of transgender students reported that their school had an anti-harassment policy, and only 24% said that the school policy included specific protections based on sexual orientation, gender identity, or gender expression” (Greytak et. al., 2009, p. xiii). School psychologists can help foster a safe climate through specific policy changes, such as allowing the use of bathrooms and locker rooms in accordance with the student’s gender identity or providing gender-neutral bathrooms and locker rooms. Schools should also recognize the name and pronouns indicated by the families as appropriate to the students’ gender identity, both in every day usage and on official school records. Additionally, school psychologists can assist in preventing administrative burnout in response to the needs of students who identify as transgender by providing administrative support and creating gender safe spaces for students.

Visibility. Another medium through which school psychologists can serve students who identify as transgender is through representation in educational resources. Currently, “less than half (46%) of transgender students reported that they could find information about LGBT people, history, or events in their school library and only a third (31%) were able to access this information using the school Internet.” (Greytak et. al., 2009, p. xiii). Another medium through which school psychologists can serve is through training and curriculum. “Less than a fifth of transgender students (16%) reported that LGBT-related topics were included in their textbooks or other assigned readings, and only a tenth (11%) were exposed to an inclusive curriculum that included positive representations of LGBT people, history, or events in their classes.”

Access. Given the sources of support utilized by the participants in this study (i.e., Internet information and support groups, wrap around services) school psychologists can also assist parents by sharing local resources and information with families and making such

resources available to families who may not have home access to the Internet. School psychologists should be particularly aware of families who may not have a high level of social currency due to their race, ethnicity, language, or socioeconomic status. Additionally, school psychologists must reach out and form collaborative relationships with families as well as provide resources and empower families to advocate for the needs of their children.

Lastly, through the promotion of universal mental health and education programs embedded in the school curriculum, school psychologists can promote resiliency. Students who face discrimination because of their actual or perceived gender identity may be at risk for depression, anxiety, or suicidal behaviors. Universal mental health programming and universal screening may help identify youths who are particularly at-risk and provide targeted services to those students, as well as collaborate with their families to connect them to community resources and support.

Strengths and Limitations of the Present Study

The strengths of the present study lie within the qualitative nature of the data. Through the CQR process, the authors were able to obtain an in-depth and intimate look at the experiences and struggles of the families of youth who identify as transgender. This study's focus on the present experiences of parents allowed the authors to obtain an accurate depiction of the mother's raw perceptions and attitudes towards their student's experience navigating the educational system (i.e., bullying, systematic supports, transition issues, and coping strategies). Further, the demographics of the sample provided the authors with an opportunity to compare coping strategies and experiences of the participants across different stages of their children's gender identity transition. In terms of validity, the findings of this study were in-line with current

research on transgender issues in education, and further expands the current knowledgebase and future direction of research in this domain.

Due to the nature of qualitative research, the sample size of this present study is small ($n = 7$) and lacks generalizability to the general population. Further, our sample was homogeneous in terms of gender (female), socioeconomic status (middle to upper class), and race (Caucasian). As a result, our sample was bias towards the experiences of white, middle-class families and also in terms of the parent's acceptance of transgender issues, access to resources, and ability to advocate for their child in the educational system.

Conclusion and Direction for Future Research

When considering the direction of future research on families of students who identify as transgender, several areas stand out. Researchers who hope to expand the scope of this study are encouraged to incorporate a larger sample size to increase the generalizability of these data. Further, the demographics of future studies should to be more representative of families of transgender children in terms of race, ethnicity, socioeconomic status, family type, and gender. Future researchers are encouraged to examine the differences in support systems, access to resources, and regional attitudes of families across the stratas of privilege, race, and class. It would also be beneficial to examine how youths who identify as transgender navigate relationships and how those relationships intersect with other types of identities (i.e., heterosexuality and homosexuality).

As the populations of schools continue to become more diverse in terms of sexual orientation and gender expression, it is imperative school psychologists continue to be a support and resource for all students. School psychologists have the unique opportunity to advocate for student's needs across a variety of school mediums because of their training. In order to be a

support for students who identify as transgender, school psychologists need to be aware of and advocate for the needs of students who identify as transgender.

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