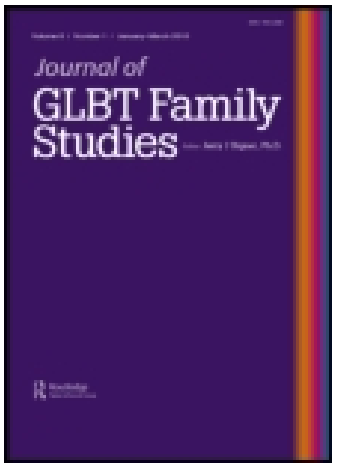

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Child, Family, and Community Transformations: Findings from Interviews with Mothers of Transgender Girls

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The present study represents findings from interviews with five mothers, each of whom had a transgender child. All of the transgender children were natal/biological males between the ages of 8 and 11 years old and had socially transitioned to living as girls. Ehrensaft's (2012) notion of the "true gender self" was integrated with an ecological perspective to examine multiple interacting contexts, including family, neighborhood, and school, in which the participants lived. An overarching theme of "transformation" (or lack thereof) was used to organize the findings in relation to the transgender children, their families, and their communities. Changes in relation to the children's demeanor and well-being before and after their social transitions (e.g., from shy and depressed to happy and well-adjusted), the parents' and other family members' feelings and reactions to the children's gender identities and expressions over time (e.g., health care professionals and school staff learning along with and from the families), and the responses of others in the community (e.g., lack of knowledgeable health care professionals and school personnel) are discussed. Findings have implications for practice and future research.

KEYWORDS transgender children, GLBTQ family issues, parenting, qualitative research

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INTRODUCTION

Physical and mental health care professionals have reported a significant rise in referrals related to gender nonconformity and transgender identities among children (Malpas, 2011; Meyer, 2012). Indeed, children may receive clinical diagnoses—previously Gender Identity Disorder (GID) of Childhood, now Gender Dysphoria (GD)—for such behavior and identities (Drescher & Byne, 2012). The view of gender variance as pathological stems from a cultural understanding of gender as a binary concept, such that to be "normal," individuals' biological sex must align with their psychological sense of being male or female (Winter et al., 2009). Yet, a growing number of clinicians do not view these children's gender variance as a disorder and encourage parents to affirm their children's gender identities and expressions (e.g., Ehrensaft, 2012). Parents, however, may face resistance from others, including relatives, schools, and other community members (Brill & Pepper, 2008; Drescher & Byne, 2012). Little scientific research has focused on these families' experiences as they seek to affirm their children's expressions and inner senses of their gender, although such research would increase understanding of the challenges these families face and, thus, the services and supports that they may need (Riley, Sitharthan, Clemson, & Diamond, 2011). The present study addresses this gap in the literature and represents the pilot phase of a longitudinal study of families with transgender and gender-nonconforming children. Five mothers describe their experiences of coming to terms with—and eventually supporting and accepting—their male-bodied children's transgender identities in a society that is not always forgiving of gender transgressions (Pascoe, 2007). Prior to describing the study, we share our theoretical framework and provide a brief review of the literature.

An Integrated "True Gender Self" And Ecological Theoretical Perspective

Ehrensaft (2012) asserts that a person's "true gender self" (p. 341) is not determined by anatomy but, rather, is influenced by a complex combination of both internal and external processes. The true gender self is a person's inner sense of being female, male, or some other gender identification. Individuals—including children—are the experts of their own true gender selves. If one wants to know the true gender self of a child, Ehrensaft suggests providing a safe environment, and then listening to the child. If children feel safe to express their true gender selves, they eventually will. If they do not, they will create a "false gender self" (Ehrensaft, 2012, p. 342) to present to the outside world, which eventually may be detrimental to their well-being.

According to an ecological perspective (Bronfenbrenner, 1988), children's development occurs within multiple interacting contexts, such as family, neighborhood, and school. Due to cultural and familial norms that are often resistant to gender transgressions (Pascoe, 2007), children are taught from an early age what is socially acceptable and unacceptable for boys and for girls. For example, a son may be punished by his parents for trying on his mother's high-heeled shoes. Parents may be influenced by extended family, school personnel, and health care providers to either support or suppress their children's true gender selves. A pediatrician, for example, might recommend disallowing a natal male to wear or play with anything deemed to be "for girls." An ecological perspective urges scholars to examine both personal and contextual variables that impact children's development (Bronfenbrenner, 1988). Thus, we are interested in understanding the experiences of parents with transgender and gender-nonconforming children and how the various contexts in which they live facilitate or inhibit their affirmation of their children's gender identities and expressions (i.e., the children's true gender selves).

Transgender And Gender-Nonconforming Youth And Their Families

Terminology use in reference to transgender and gender-nonconforming youth varies. We use *transgender* to refer to individuals whose gender identities do not match their assigned birth gender (Brill & Pepper, 2008). *Gender nonconformity* refers to behaviors and interests (e.g., choices in games, clothing) that fall outside what is considered normal for a person's assigned biological sex and represent more than a brief, passing curiosity (Brill & Pepper, 2008).

Some transgender and gender-nonconforming youth experience *gender dysphoria*: "distress with current physical sex characteristics (including anticipated pubertal changes for youth) and/or ascribed gender role that is incongruent with persistent gender identity" (Ehrbar, Winters, & Gorton, 2009, p. 6). Such distress may lead to a clinical diagnosis of GD, which is controversial for a number of reasons, including uncertainty regarding whether the distress that many transgender and gender-nonconforming individuals experience is inherent to their condition or due to the negative reactions they receive from family and society (Bartlett, Vasey, & Bukowski, 2000). Indeed, transgender and gender-nonconforming youth experience high rates of verbal and physical victimization both at home (Grossman, D'Augelli, & Salter, 2011) and at school (Greytak, Kosciw, & Diaz, 2009). Yet, one clinical approach to treating these children is to attempt to alter their gender identity and expression to match their biological sex (Zucker, Wood, Singh, & Bradley, 2012), rather than target the abusive behaviors of family members and peers.

Currently, however, several leading clinicians (e.g., Lev, 2004; Malpas, 2011; Menvielle, 2012) advise parents to be supportive of their transgender and gender-nonconforming children, and to follow the children's lead as they figure out how to express their true gender selves (Ehrensaft, 2012). Transgender and gender-nonconforming adolescents appear to have an elevated risk for negative outcomes, such as depression and suicidal ideation (Grossman & D'Augelli, 2007; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Toomey, Ryan, Diaz, Card, & Russell, 2010), and family members—especially parents—are deemed to play a critical role in the well-being of these youth. More specifically, research indicates that family acceptance has a strong positive influence on transgender youth's emotional and behavioral health, including self-esteem, substance use, and suicidal ideation (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Much of the anxiety and distress that transgender and gender-nonconforming children exhibit is reported to dissipate immediately after the children are allowed to socially transition (i.e., present their true gender selves to the outside world; Ehrensaft, 2012). Thus, parents, who have the power to control how their young children express gender through clothing, hairstyles, etc., may mitigate the potential negative outcomes for transgender and gender-nonconforming children through affirmation of their children's gender identities and expressions (Ehrensaft, 2012).

Very little research has examined the experiences of parents who seek to affirm the gender identities and expressions of their transgender and gender-nonconforming children. The majority of the literature in this regard consists of reports from clinicians based on clinical samples and focused primarily on parent-child relationships (e.g., Rosenberg, 2002; Wren, 2002). Hill and Menvielle (2009) conducted telephone interviews with 42 parents (of 31 gender-nonconforming children ages 4 to 17 years old) who had been involved with an affirmative intervention program. Although some of the parents quickly accepted their children's gender nonconformity, others struggled. Some thought that their children's gender nonconformity was "just a phase." Others tried to "police" their children's gender-related behavior, sometimes following the advice of a therapist or doctor. Many of the parents feared for their children's future safety and well-being, while some shared concerns about their children ultimately identifying as transgender. Finally, many of the parents said that having a gender-nonconforming child had taught them important life lessons and contributed to their own personal growth.

These parents' "paths to acceptance" (Hill & Menvielle, 2009, p. 254) illustrate Lev's (2004) four stages of family acceptance, which have been adapted by Lev and Alie (2012) specifically for therapeutic work with parents and their gender-nonconforming children. The stages include the following: (1) *discovery and disclosure* of the child's gender nonconformity; (2) *turmoil* experienced between family members; (3) *negotiation* among

family members about adjustments to be made once the child's gender nonconformity is understood as more than "just a phase;" and, last, (4) *finding balance*, which is accomplished when the child's gender nonconformity is no longer a secret and the child is integrated back into the family as her or his "true gender self."

Very few studies involving parents of transgender and gender-nonconforming children have been based on community samples; Riley and colleagues' (2011) primarily Australian sample is a recent exception. Their Internet survey of 31 parents with gender-nonconforming children, ages 6 to 25 years old, revealed that the parents' needs changed over time and were influenced by factors such as the parents' level of knowledge of transgender issues and the child's age. Soon after becoming aware of their children's gender nonconformity, parents needed access to basic, research-based information. Later, professional and peer support and parenting advice were needed, as was advocacy and medical information as their children approached puberty. More studies are needed that document parents' experiences as they aim to affirm their transgender and gender-nonconforming children's gender identities and expressions. Such research could increase understanding of the challenges these families face and lead to improved resources and supports, which could ultimately foster the well-being of transgender and gender-nonconforming children.

PURPOSE OF STUDY

We aimed to address the above-identified gaps in the literature through the present study, which represents the pilot phase of a larger longitudinal study of families with transgender and gender-nonconforming children. Through in-depth interviews, five mothers with transgender daughters, ages 8 to 11 years old, described their experiences before, during, and after their children's social transitions (i.e., time period during which the child outwardly changes gender through, for example, name, hairstyle, and clothing changes; Brill & Pepper, 2008). We sought to answer the following research questions: (1) How do parents with transgender and gender-nonconforming children come to know and understand their children's gender identities and expressions? (2) How do these parents and other family members feel about the children's gender identities and expressions, and how have those feelings changed over time? (3) How have the contexts (e.g., extended families, neighborhoods, schools) in which these families live had an impact on these families' experiences? Finally, we aimed to build upon a literature that has primarily focused on older transgender and gender-nonconforming individuals (e.g., Brown et al., 2013; Dietert & Dentice, 2013) and illuminate areas of potential future inquiry.

METHOD

Participants

The sample consisted of five mothers, each of whom had one transgender child. Three were the biological parents of their children, and two were adoptive parents. See Table 1 for a summary of family contexts at the time of the interviews. All participants resided in the United States; three were from the Midwest, and one each was from the West and the South. All mothers identified as heterosexual and White or Caucasian and were between the ages of 34 and 55 ($M = 43.8$ years). Two participants held graduate degrees, two held undergraduate degrees, and one completed high school.

TABLE 1 Summary of Participants' Family Contexts ($N = 5$)

Mother's Name and Age	Name and Age of Target Child	Family Context
Anne 55	Nicole 10	Anne and her husband had 2 adopted children ages 13 and 10 years old. Even though Nicole was "always over the top female expressive" from "the very moment she could express," it was not until she turned 7 and "had the words" to say "Mommy, I am a girl," that Anne and her husband understood that Nicole was transgender. Nicole fully socially transitioned to living as a girl by age 8.
Christine 50	Maya 11	Christine was divorced with 9 children between the ages of 32 and 7 years old. The four youngest children were living with her. Maya was adopted at 4 years old and began telling her parents she was a girl soon after. Maya fully socially transitioned by age 10.
Jennifer 42	Lilly 9	Jennifer and her husband had 3 children between the ages of 13 and 6 years old. Although Lilly exhibited gender-nonconforming behavior "as early as birth," Jennifer thought Lilly was a boy until Lilly told her she "had a girl heart, brain, and soul" at age 4. Lilly fully socially transitioned to living as a girl by age 8.
Lauren 38	Emma 9	Lauren was divorced and lived with her 2 children, ages 16 and 9 years old. Since she was 2 years old, Emma always told her parents, "I'm not a boy. I'm a girl." At age 3, Lauren realized Emma might be transgender. Emma fully socially transitioned at age 7.
Nora 34	Claire 8	Nora was divorced and remarried and lived with her second husband and 3 children who were between the ages of 15 and 8 years old. From age 2, Claire identified with female cartoon characters and at age 4 expressed, "I want to be a girl." When Claire was 5 years old, Nora began to realize that Claire was transgender. Claire fully socially transitioned to living as a girl at age 7.

Note. Participants and their children were assigned pseudonyms to protect their identities.

Participants' children were between 8 and 11 years old ($M = 9.4$ years). All of the children were biological males. Four were White/Caucasian, while one of the adopted children was Black/African-American. A clinical diagnosis of GID for the child was not required for participation; inclusion was based on the parent's appraisal of the child as transgender or gender nonconforming. Four children had a clinical diagnosis of GID; the fifth child's therapist reportedly said that the child "meets all the criteria" for GID but did not want to "label her" at such a young age. All of the children had socially transitioned and were living as girls.

Procedure

This study was initiated by a mother of a transgender child who wanted a researcher to conduct a study on families such as hers. The mother contacted several university programs and was referred to a national gay, lesbian, bisexual, transgender, and queer (GLBTQ) organization to help her identify potentially interested scholars. The staff of the GLBTQ organization forwarded the mother's request to the first author, who was a longtime volunteer for the organization. The first author contacted the mother in March 2008. After several e-mail exchanges and telephone calls, the first author decided to launch a longitudinal study on families with transgender and gender-nonconforming children. An advisory board for the study was created consisting of a parent of a transgender child, a transgender-affirmative clinician, an advocate for transgender individuals, and a veteran researcher in the field of GLBTQ youth and family. After significant time was spent assessing the gaps in the literature and the needs of families with transgender children, the pilot phase was launched in September 2010 and data collection concluded in December 2010.

Participants were recruited through the social and professional networks of the study's advisory board members. The advisory board members shared study information with potential participants, who then contacted the first author. Participants were mailed consent forms, which were signed and returned prior to participation in the study. In-depth, one-on-one telephone interviews were conducted (by one of the first two authors) with each participant. Each interview was digitally recorded and lasted approximately 60 minutes and was transcribed verbatim. As a token of appreciation, participants received a $25 gift card to one of three retail stores of their choice.

In July 2013, the researchers performed a member check (Creswell, 1998) by e-mailing a draft of their research findings to participants, primarily to ascertain whether or not participants felt comfortable with the degree to which their identities had been masked. All of the participants verified that their identities had been sufficiently concealed. One participant clarified details of her story, including the timing of her child's social transition (by

age 8 rather than 9) and who had diagnosed her child with bipolar disorder (hospital staff rather than the child's psychiatrist).

Data Analysis

The researchers took notes during and after each interview to highlight similarities and differences in experiences across interviews. The researchers then read through each interview transcript and engaged in open coding, the first step in an inductive thematic analysis (Braun & Clarke, 2006). For example, a mother spoke about how at first she did not understand her child's transgender identity, but, over time, she became an outspoken advocate for her child; one of the researchers made note: "Change from lack of knowledge to vocal advocate." Another participant spoke about how she at first mourned the loss of her son, but eventually was able to celebrate her child for who she really was; the researcher noted: "Change from sorrow to celebration." After each of the researchers engaged in open coding separately, they came together to discuss and verify the validity of the codes and to organize them under more abstract and inclusive themes. A theme that subsumed the two open codes described was "Family Transformations."

FINDINGS

Our data analysis yielded findings in relation to changes in the children's demeanor and well-being before and after their social transitions, the parents' and other family members' feelings and reactions to their children's gender identities and expressions over time, and the responses of others in the community. An overarching theme of "transformation" was used to help organize these findings. See Figure 1 for a summary and illustration of the findings.

Child's Transformation: "She was given wings."

The Process of Social Transition

Prior to the mothers being interviewed, their transgender children had socially transitioned and were living as girls. The children had, for example, changed their "boy" names to "girl" names and wore "girl" clothes and hairstyles. Transitioning socially was often a stepwise, systematic process. Typically, changes were "tried out" first at home; then, after insistence by the children, the parents began to allow the children to transition in public, as safely as possible. Parents were often hesitant to move forward with the public transition due to their concerns regarding the physical and emotional safety of their children and worries about how others might

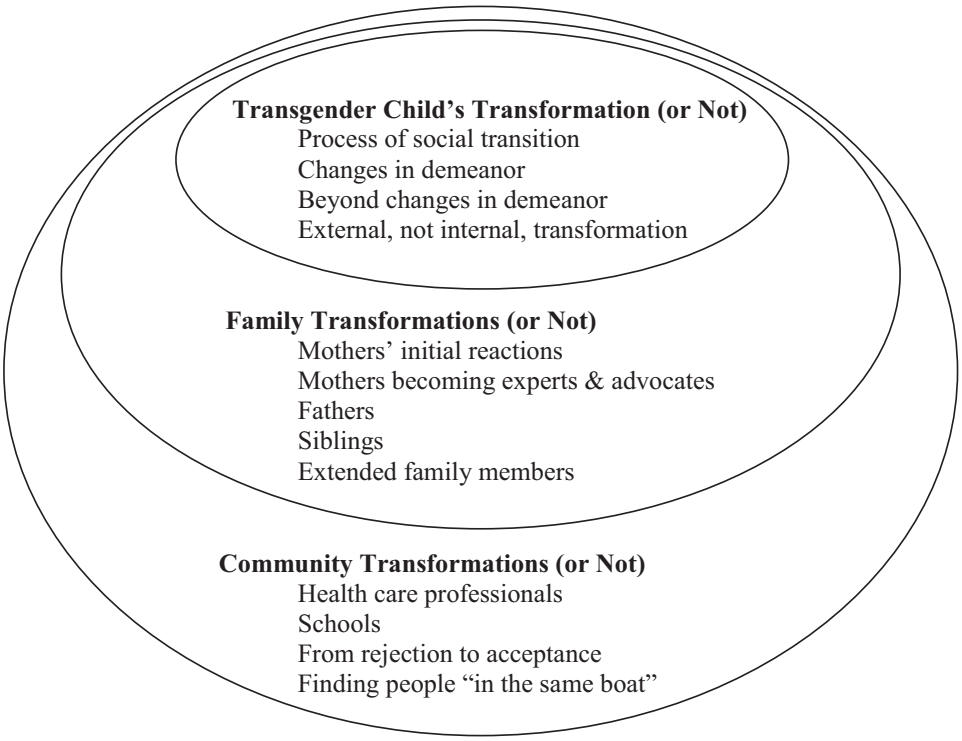

FIGURE 1 Illustration of findings: Transformations of child, family, and community.

react. The public transition sometimes started with the family traveling to a different part of town where it was unlikely anyone they knew would see them, and the child was allowed to try out wearing a dress in public. Parents spoke with their children about other people's potentially negative reactions and how to respond and process such reactions. Eventually, the children transitioned to living fully as girls, both inside and outside the home. Jennifer, mother of 9-year-old Lilly, wanted others to realize that although it may have seemed that allowing Lilly to transition was a hasty decision, she and her family had been contemplating the issue for a long time—years, in fact: "We've been dealing with this in our house for six and a half years, this is not new . . ..This is not something that happens over night." Although all 5 children exhibited gender nonconformity for nearly all of their lives, their social transitions took place when they were between the ages of 7 and 10 years old.

Beyond Appearance: Changes in Demeanor

All five of the mothers described striking changes in their children—beyond expression of gender—after their children's social transitions. All of the

children exhibited changes in regard to their demeanor, such as being happier and more confident and outgoing. For example, Christine described her 11-year-old daughter, Maya, as being "a much happier child since she's transitioned .... She just carries herself differently, with a confidence." Christine noted that other people commented on this change, as Maya previously tried to be "invisible" in social situations: "She's just a whole new person ... she was just trying to be invisible before .... She used to, like, hide, you know, and just not want to be seen."

Similarly, the change for Jennifer's child was in relation to her public persona. According to Jennifer, Lilly was always allowed to express her true gender self at home, which was "all pink and all Barbie and all musical all the time," while she "pretended" to be a boy at school. Lilly's teachers described her as a "very quiet and shy" boy at school, which surprised Jennifer: "It took me aback at first ... because I've never met [that boy] ... she's always been herself [at home] and always happy." Jennifer now describes Lilly as "completely vibrant ... all the time instead of just at home." Lilly had put on her false gender self (Ehrensaft, 2012) for the public; thus, her transformation involved expression of her true gender self in all contexts of her life.

Beyond Changes in Demeanor

Transformations for three children went beyond changes in demeanor and meant profound conversions in other areas of their lives. Lauren described the change in her 9-year-old daughter, Emma's, friendships and participation at school as "night and day":

> She hated, *hated* school, and she didn't have a lot of friends .... Now she's just so outgoing ... and [after transition] she immediately started doing [well at] school and participating, and I mean the change was unbelievable.

Nora described her 8-year-old daughter, Claire, as formerly "very quiet" and "insecure." When Claire was seven years old, she "talked about how she wanted to cut herself with knives." According to Nora, since Claire's social transition, Claire has not spoken about wanting to hurt herself: "She is who she is. I have never in my life seen a happier kid." A similarly striking change was described by Anne, whose 10-year-old daughter, Nicole, had been extremely depressed and angry:

> I had the sense of a child who had been given wings when we allowed her to be herself at home and then slowly transition. She's really starting to show a real happiness, and the anger is really, finally—every month it's decreasing more and more.

Nicole's social transition was not a "magic pill," however, in that she had a "full-blown breakdown" two years after her family accepted her transgender identity and allowed her to begin living as a girl. According to Anne, Nicole's breakdown, which included suicidal behaviors, was due to several factors that came together as a "perfect storm." These factors included the bullying and emotional isolation that Nicole experienced from her community in response to her social transition; the fact that Nicole's hormones had "kicked in," so "her testosterone was raging"; and a news report about the murder of a transgender person, which resulted in Nicole thinking that "she wasn't going to be able to live to be an adult, because somebody was going to murder her." Anne recalled that "intense" time in their lives:

> She would say things like, you know, she hated herself, she wanted to just kill herself …. She was so out of control … she was trying to hang herself from a tree, she tried to jump in front of a car …. It was just so intense, you couldn't leave her alone for three minutes, because she would be trying to do herself harm.

Nicole ended up in a psychiatric hospital and was diagnosed with bipolar disorder. The doctors said at that point that Nicole would likely "have to be institutionalized for much of her life."

Nicole's prognosis—and, indeed, her diagnosis—changed after she began taking puberty-blocking hormones and also experienced broader social acceptance. Nicole started on Lupron, a puberty-suppression medication, within a month of her hospitalization. Her family had also recently moved to a more affirming community, where she no longer was isolated for being transgender and where her gender identity was outwardly celebrated. Soon after these changes, Nicole began to improve dramatically, and her bipolar diagnosis was removed. At the time of her interview, Anne attributed Nicole's recovery primarily to the positive and affirming social climate of their new community. During the member check roughly three years post-interview, Anne added that the medical suppression of puberty was also "critical to her recovery" and that Nicole "is now doing very well and her issues are only those of a normal middle school girl."

Both Nicole and Emma may have experienced the "strangulation" (Ehrensaft, 2012, p. 343) of the true gender self by the false gender self, manifesting in self-harming thoughts and behaviors. For some children such as Nicole, however, acknowledgment and acceptance of their true gender selves by themselves and their families may not be enough to mitigate extreme rejection on the part of others in their communities or the physiological changes that coincide with the onset of puberty. Indeed, both social acceptance and appropriate medical intervention seemed to be important contributors to Nicole's positive transformation—and one interpretation could be that Nicole's bipolar disorder improved once she had both of these.

Alternatively, perhaps Nicole was never bipolar, but her struggle to express her true gender self in an extremely hostile community environment, accompanied with the onset of puberty, caused her to act out in ways that mimicked bipolar disorder (Lev, 2004). Untangling these issues would aid clinicians as they assist other transgender and gender-nonconforming children with similar challenges.

An External, *Not* an Internal, Transformation of the Child

Although the previously described changes in the children were profound, all of the mothers emphasized that after social transition, their daughters were merely expressing externally who they always were on the inside. The mothers recalled seeing very early signs of their children's true gender selves. Jennifer said that Lilly exhibited gender-nonconforming behavior "as early as birth":

> She just showed up that way .... It's the things she was attracted to in terms of, you know, cartoons and movies and toys and people and outfits and colors and more of, you know, a talker and hugger than rough and tumble.

Anne said that she "could tell a hundred stories about her [daughter, Nicole's] expression being female from basically the very moment she could express, all the way back to eighteen months," and that Nicole "was very clear that she had always been a girl from the beginning and never felt any differently." Even though it took these mothers years to understand that their children were transgender, they purported that their daughters' true gender selves were always present. Some of the mothers asserted that it was they, as parents, who had to undergo the true transformation.

Family Transformations

Mothers' Initial Reactions

All of the mothers said they were initially uninformed about transgender identities and gender nonconformity—especially in children. Although Lauren "just thought [gender nonconformity] was a phase" for her child, the other four mothers said they had presumed that the gender-nonconforming behavior they saw from their young children signaled a non-heterosexual sexual orientation. Jennifer shared her thinking and that of her family when her daughter, Lilly, was very young: "It's stereotypical, I know, but we assumed that she was a gay male .... We didn't know anything about gender variance at the time, and so just made those assumptions until she was able to tell us otherwise." At four years old, Lilly told her parents "that she had

a girl heart, brain, and soul," which was when they knew that they were "dealing with something far different than her being gay. It was a whole different ball game at that point."

Once the mothers understood that their children were likely transgender and that the gender nonconformity was more than "just a phase," they had several reactions, including shock, relief, worry, and overwhelming grief. While three mothers, like Anne, said, "At first it was complete and total shock," Christine said that she and her family "were just like, 'Oh, this makes so much sense"' and that "it was [a] relief, just knowing, you know, just having a name for what was going on." Despite this relief, all of the mothers spoke about being worried for their children, especially in regard to their safety. Christine explained that she wanted to "allow her [daughter] to be who she wanted to be without . . . being a social target." Three mothers also discussed feelings of loss—loss of their sons. Lauren described this deeply felt, yet complex, emotion: "It feels almost like mourning a child, because we missed the boy, even though she never acted like a boy." Nora said she went through six months of "severe depression," while Jennifer struggled with the fact that "fixing" this issue for her child was beyond her control:

> I remember . . . sobbing unabashedly . . .. The realization that your child might be born in the wrong body then becomes this: Where do they go? Where is a safe place if you're not comfortable in your own skin? . . . And that was really hard as a parent to have something that you can't fix, and you can't make better for them.

All of these mothers went through a trying period during which they realized what having a transgender child might mean for their children, themselves, and their families.

Mothers Becoming Experts and Advocates

Despite the difficulty they experienced, all of the mothers' transformations represented a process of movement from being uneducated about transgender issues to being "experts." In some cases, the knowledge they gained—most often from the Internet—made them aware of the suicide risk among transgender teenagers who lack familial and social acceptance (Grossman & D'Augelli, 2007). This knowledge helped some mothers move more quickly toward acceptance. After Nora heard her child talk about how sad she was and about harming herself, Nora did some Internet research and then thought,

> My kid wants to wear a dress, and she doesn't want to cut herself—I'll be totally fine with that . . .. It's like, would you rather have an alive daughter or a dead son? . . . You know, you hear statistics, and I didn't feel like my kid being a statistic.

In most cases, the mothers' self-education led them to be ardent advocates for their children. Jennifer said, "I had done all of the research, and I felt . . . armed to take on the world and to explain her and defend her." Two of the mothers participated in formal activism by joining transgender advocacy groups and taking on leadership roles. In Nora's case, her ex-husband (the child's father) refused to accept or address their daughter as "she" and still called her "by her boy name." Nora took her ex-husband to court and did everything she could "to try and protect her [daughter] to not be hurt at his house." These mothers, then, acted as advocates for their children both outside and, sometimes, within the children's own homes.

Fathers

Although Nora's ex-husband did not accept his child as transgender, the fathers in the other four families eventually did. According to all five of the mothers, the children's fathers took longer than they did to understand and accept their children's true gender selves. Anne described her husband's process in contrast to her own: "He had to spend a lot of energy researching for a much longer time and asking a lot more questions and had a lot more doubts. And he took, you know, two or three months longer than I did." Christine said that her ex-husband still struggled with understanding, but that he did make an effort:

> [He] just chose to ignore it for a really long time and not deal with it at all. And . . . was the last one to switch the pronouns, and one of the last ones to quit calling her by her other name . . .. He's accepted it . . .. I don't think he totally understands it . . . but he's trying. He's definitely trying.

Jennifer purported that her husband's struggle had to do with his gendered notions of his responsibilities as a father and as the protector of his family:

> It took him a little longer when it went completely public. That was a harder step for him . . .. And then when you talk about the male, you know, "I'm supposed to provide and protect my family" kind of thing, I think that's difficult, because you're sending her out into the world and you aren't able to be everywhere and defend her against everything. So, I think that's kind of a vulnerable position for dads . . . in particular.

Although the mothers led the way for their families in terms of accepting their children's transgender identities, most of the fathers also underwent transformations in this regard.

Siblings

Three mothers explicitly spoke to the reactions of their transgender children's siblings, while two mothers alluded to sibling experience as part of the larger family's "coming to terms with it" (Lauren and Nora). The three mothers who explicitly spoke to sibling reactions described them as mostly positive, but each pointed to one sibling in particular who initially struggled with the transition. Christine discussed her 9-year-old son, as, at first, reacting negatively:

> He was the one who initially said, "I don't like that she's doing this, I don't like, you know, that she's changing her name, and I don't like that she says she's a girl," you know, and basically just saying, "I don't like that I'm losing my brother."

Some siblings—similar to their parents—may experience a sense of loss. Christine then noted that her son grew to realize that his sibling was still the same person, making the transition easier to accept: "He's come to see . . . nothing's really changed as far as their relationship. They still wrestle around, and they still do all the goofy things they did together before."

Likewise, Jennifer described her two sons' reactions as "pretty great" in general, but as different initially. On the one hand, Jennifer described her 6-year-old son's positive reaction: "It's really all he's ever known. He doesn't have any, really, hang-ups or issues with it." On the other hand, Jennifer's 13-year-old son, Jared, initially struggled with the idea of losing a brother:

> For him, it was kind of tough thinking that he would have this sibling, that they would have this bond. And they don't, because he's very sports oriented and very active, and she's very much more, you know, artistic and creative.

Thus, age of these siblings and, perhaps, their conceptualizations of what it means to have a brother or sister played a role in siblings' reactions.

Jennifer also said Jared expressed a desire for his sibling to "wait" until adulthood to transition, when it would have less of an immediate impact on his day-to-day life: "The complaints have really been: 'It's really inconvenient for my childhood."' As Jared learned more about transgender children, Jennifer said he grew to understand and advocate for his sister:

> As he's met more gender variant kids and has been involved in some of the PFLAG [Parents, Families, and Friends of Lesbian and Gays; http://www.pflag.org] activities that we participate in as a family, his knowledge base has grown. And he'll come back to me and say, "I look at it completely differently now," or "I learned new things," or "I now know what she goes through a little more." And so I think he's growing

> in appreciation of her journey, and it's making him such a better ally . . . to all differences, all diversity.

Likewise, Anne spoke about how her oldest (13-year-old) daughter, Ashley, initially experienced "a lot of fear" in regard to other people's reactions to her sister Nicole's social transition—but later became an ally: "[Ashley] looks back, and she's really angry at everything that happened . . .. She wants to go back and fight back against the people, you know, who gave her [sister] a hard time." Siblings, too, may be significantly affected by the social transition and may undergo important transformations as they travel on this "journey" with their transgender siblings and families.

Extended Families

Four mothers discussed the reactions of their extended family members, such as the children's aunts, uncles, cousins, and grandparents. For the most part, extended families expressed initial hesitation or resistance but eventually accepted the children's transitions. Anne and Jennifer faced the least resistance from their families. When asked about the reactions of extended family members, Jennifer said, "They're great. Some of them certainly have been a little slower to come around than others but never rude and never mean and never took it out on Lilly." Lauren, on the other hand, felt that her extended family questioned her parenting and blamed her for Emma being transgender:

> People in my family . . . were in complete denial and didn't want it [social transition] to happen . . .. My mom and dad and my sister and everyone was like . . ., "No, don't do that . . . [you are] going to ruin her [Emma's] life."

The "turning point" for Lauren's family was after social transition, when they saw Emma's transformation and could not deny the positive changes they saw:

> Everyone saw Emma at this Memorial Day weekend family reunion we have, and my mom was just like, just saw how happy she was and that was really the turning point for everyone . . .. I remember my uncle saying, "I guess it must be meant to be, because now look at her, she's just this totally different child."

Hence, the child's transformation can have an influence on family members' transformations.

The most striking reactions from extended family were reported by Nora. On the one hand, her family of origin and that of her new husband

were very accepting and "completely warm and welcoming." Nora's brother, whom she described as a "manly man," surprised her the most, as he ended up being the "most accepting, on-board person out of everybody." Nora's ex-husband, however, was not accepting—and neither was his extended family: "My ex-husband and his family have been to the point of just belligerent, horrible, and evil. They've called child protective services on me." Thus, while extended families were a source of support for participants, they were also sources of strong resistance, blame, and self-doubt for some mothers.

Community Transformations

The reactions from various people and institutions in participants' communities ranged from supportive to hostile. Christine had the most positive experiences with others in her community in response to her child's transgender identity and social transition: "We are one of the very lucky few. We have support at school, we have support in our community. She [Maya] has been supported everywhere." However, even Christine faced some community-related challenges, namely the lack of knowledge among health care providers.

Health Care Professionals

Although one mother reported good experiences with the health care professionals she consulted regarding her child's gender nonconformity, four mothers said they interacted with health care professionals who were uneducated about gender nonconformity and transgender identities in children. As a result, some of these mothers said they received flawed counsel. Early in their journey, Christine took Maya to a psychologist, who gave what Christine described as "some pretty poor advice": "He was trying to get us to change the behaviors that Maya was exhibiting." After following this psychologist's advice for a "very short amount of time," Christine said they had "a very sad little child on [their] hands." They then found a gender therapist who was "working out very nicely," but they had to drive three hours to see this specialist. Meanwhile, Jennifer said that her children's pediatrician insisted that Lilly's gender nonconformity was a phase; when Lilly was five years old, Jennifer "finally . . . demanded a referral." Both Christine and Jennifer said they consulted therapists who told them they thought their children had GID but then "didn't want to touch it" and "sent [them] packing." Before Nora found therapists who specialized in gender issues, she had an interaction with a therapist who seemed to blame her for her child's gender nonconformity:

> He thought her behavior was absolutely changeable and that I really needed to get a hold of what was going on with her and take all of her

> girl things away .... I flat out looked at him, and I said, "Just because my kid plays with Barbies does not mean I'm making him gay." And he was like, "You're allowed to disagree with me." And I said, "Well, I am."

Even though Nora was also uninformed at that point regarding transgender identities in children, she instinctively felt that stifling her child's gender expression would be detrimental.

The mothers did not always speak negatively about health care professionals who lacked knowledge about transgender identities in children—*if* those professionals were open to learning. Christine spoke highly of her family's pediatrician who, although "she didn't know very much" about transgender issues, had sought out information since meeting Christine's daughter. These mothers provided evidence of the potential for health care professionals to undergo significant transformations in their understanding as they witness the positive changes in the children upon social transition. Anne, whose child had previously been diagnosed with bipolar disorder, shared the reaction of her child's psychiatrist: "The psychiatrist looked at her, us, and said, 'I never imagined that this was even possible that a child could get to this point after being where your child was last [year].'" Indeed, even "experts" have much to learn from these families.

Schools

Three mothers spoke to challenges they faced with teachers and administrators at their children's schools. When Lauren informed the school of Emma's social transition, the initial reaction was not positive: "We had to go meet with the superintendent .... [He] said that he wasn't comfortable with me making them be a part of this 'deception.'" The school principal called social services to inform them of what was happening and to, perhaps, "cover themselves," as Lauren purported. Despite this initial reaction, Lauren described Emma's school as "great" and mostly supportive, even though they required Emma to use the nurse's bathroom rather than the girls' bathroom. Lauren felt this restriction kept Emma "segregated" and was "a reminder to her [Emma] all the time" that she was not fully accepted at the school as any other girl.

Two mothers had their children switch schools because of the hostility they encountered. Jennifer's child went to a private religious school where "in the beginning everybody completely supported" her—until "the hierarchy" of the religious institution "got wind of it." At that point, Jennifer said her child's teacher cut off all communication with her. When Jennifer spoke with the principal about this breakdown in communication, the principal told her that the staff had been advised to distance themselves from Jennifer's family and "this situation."

Similarly, when Anne approached her child Nicole's gymnastics school about allowing Nicole to begin using some of the girls' equipment, "the response from the gym was, 'Our lawyers have advised us not to speak with you."' Around the same time, Nicole was starting to get "really badly bullied" at her elementary school by her peers. The school administrators stopped the bullying, but when Anne began conversations with the school district to see what accommodations they could make for Nicole, who was beginning to transition, the response was, essentially, none:

> The school district basically came back and said, "Well, we don't have a gender-neutral bathroom." So, Nicole would have to go and dress female and go to the boys' bathroom .... So, we pulled out of that space.

After homeschooling Nicole for the rest of the school year, Anne and her husband tried to have Nicole attend another school in their district. A group of parents, however, tried to "prevent [them] from entering the school" by contacting the media and "making up all kinds of stories." The school district reacted with paralysis, rather than trying to educate the community:

> The school district was so afraid, they reacted by not wanting me to come into the school at all. They wanted me to stay away ... they didn't allow me into any conversations whatsoever with the staff. They didn't permit me any opportunity to have a conversation with the community. They didn't take any opportunity to educate the children in any way, so everybody was left to their own kind of thinking, and it just didn't work.

For Anne's family, it seemed that the schools and others in their community would not undergo positive transformations regarding acceptance of Nicole expressing her true gender self. Thus, Anne—as well as Jennifer—transformed their own experiences of community acceptance by moving their families to different, more accepting communities.

Finding Community: From Rejection to Acceptance

Of all the participants, Anne and Jennifer described the biggest struggles with their communities, which ultimately led them to move their families to new homes in different neighborhoods and towns. Jennifer said that her original community's intolerance of her transgender child carried over to her other children: "Jared [her oldest son] started getting passed up on, you know, baseball teams, and the birthday party invitations evaporated, and it was just bad." In the end, Jennifer described things as getting "pretty ugly," as people judged Jennifer's and her husband's parenting decisions in regard to allowing their child to express her true gender self. Ultimately, Jennifer said, "We just knew that we needed to get out." And they did. "We moved from that school

and moved neighborhoods and school districts and denominations . . . and it's been amazing ever since."

Anne described the original community in which her family lived as "conservative," and her perceptions of that conservatism increased when her child, Nicole, expressed her gender:

> We lived in a . . . very, very conservative area—more conservative than I even knew . . .. And Nicole was, you know . . . getting the message, not from us, but from those around her that it wasn't okay to be herself.

Once it was "clear that it was not going well" for Nicole at school, Anne's husband immediately started to look for a new job in a more "liberal area." They then also looked for a school that would be open to accommodating Nicole's gender identity and expression. The response of the new school they found was vastly different from what they had experienced previously:

> We worked with the school . . . we were able to have conversations with the parents . . . the principal had a very brief conversation with the students so that everybody in Nicole's environment knew, and everybody got that the adults were accepting.

Both Jennifer's and Anne's families found acceptance in their new communities—not only in the schools, but in other places as well, such as religious communities, which had profound impacts on their lives. Anne shared her family's experience with church:

> We also found a Unitarian Universalist church. We've never gone to church that much before, but we found this community, and Nicole's been able to stand up in front of that community, and . . . tell them who she is. And, you know, just say, "This is who I am and thank you for accepting me" and have the whole church stand up and cheer for her. So, she's been very, very affirmed in who she is, and it's a completely different experience.

Anne and Jennifer were able to change their community contexts, which allowed for greater acceptance of their children beyond the family.

Finding "People Who Are in the Same Boat"

Four mothers talked about how their communities expanded as they found other families with transgender children, most often via the Internet. Online support groups, as well as in-person summer camps and conferences, specifically for families with transgender and gender-nonconforming children were cited as critical to these mothers when it came to finding support,

information, and community. Anne stated, "A saving grace for us was the TransYouth Family Advocates [now TransYouth Family Allies (http://www.imatyfa.org)] that were out there and available for parents . . . (to) say: 'Yeah, my kid's like this, yeah, mine's like this, mine's like this too.'" Lauren echoed the comfort that can come from discovering the universality of experience: "It's very nice to know that they're going through the exact same thing, and it is the exact same thing everywhere." Anne went on to explain how connecting with other parents of transgender children provides a type of support that she could not get from her friends: "Friends can't—even friends that want to understand, you know, it takes time for them to grasp it. And so, it really takes that community of people who are in the same boat to be supportive." Thus, experiences of community both constricted and expanded in various ways for these mothers as they did their best to provide safe and loving environments for their children to be and express their true gender selves.

DISCUSSION

This pilot study adds to a scarce literature on the experiences of parents aiming to affirm their transgender and gender-nonconforming children's true gender selves (Ehrensaft, 2012). Five mothers described the transformations that they witnessed and experienced in their transgender daughters, themselves, other family members, and their communities. Findings provide insight into these parents' lives and those of their families, and suggest ways in which support can be better provided, as well as areas of inquiry for future investigation.

Children Changing (or Not)

All of the mothers described significant changes in their children well beyond the obvious external changes (e.g., clothing, hairstyle) related to social transition. Some participants described profound changes in the children's peer relationships and mental health. These positive transformations came about when the children were able to—and allowed to—express their true gender selves (Ehrensaft, 2012) at home, at school, and within their communities. Great variation existed among the children in regard to their well-being before, during, and after their social transitions. Factors, such as degree of familial and societal acceptance and access to appropriate medical treatments upon entering puberty, should be further explored to better understand the influences on transgender and gender-nonconforming children's mental health.

Mothers Changing

Perhaps not surprisingly, given that mothers continue to serve as primary psychological caregivers in the United States, all of our participants were mothers. According to the mothers, the people in the children's lives—including the mothers themselves—often underwent bigger transformations than the transgender children. Similar to Hill and Menvielle (2009), the mothers described themselves as initially uninformed about transgender issues and had reactions ranging from shock to relief to intense grief. Such findings point to the need for improved parental access to information about transgender identities and gender nonconformity in children (Riley et al., 2011). Eventually, all of the mothers educated themselves and became ardent advocates and protectors of their children (Pepper, 2012). This process took place over time, reflecting the stages of familial acceptance described by Lev (2004) and the move from crisis to empowerment described by Brill and Pepper (2008). Other parents with transgender and gender-nonconforming children have also reported that their feelings changed from shame to pride (Menvielle, 2012).

The mothers' acceptance of their children's transgender identities represents a study limitation, as the majority of transgender and gender-nonconforming youth likely experience rejection from their parents (Dietert & Dentice, 2013; Ryan et al., 2010). Parents who affirm their children's true gender selves are probably more likely to volunteer to participate in a study such as ours. Although a limitation, this also provided an opportunity to explore the experiences of this understudied group related to allowing their children to transition at relatively young ages.

Fathers, Siblings, and Other Family Members Changing (or Not)

The positive transformations exhibited by the children often had an influence on the transformations of others around them, including fathers, siblings, and extended family members. Seeing how happy the children were when allowed to "be themselves" was sometimes the impetus for change in family members' attitudes toward the child's transition. Most of the mothers reported family members' eventual acceptance; however, some fathers, siblings, and extended family members had an especially difficult time. Familial acceptance is a complex notion, given that family members are not always "on the same page" in this regard (Menvielle, 2012) and familial relationships likely change over time.

Most of the fathers of the children in our study took longer than the mothers but eventually accepted the children's gender variance. Hill and Menvielle (2009) reported that some of the fathers in their study were accepting; however, most were described as uninvolved parents, or as having disapproved of or ignored the child's gender nonconformity. Given

the paucity of research on fathers of transgender and gender-nonconforming children, future studies could include fathers to explore whether they may have different experiences than mothers related to parenting, as has been suggested by our findings and previous work. Also of interest is whether and how the experiences of mothers and fathers might differ depending upon whether their transgender children are natal males or natal females. The "loss" of a daughter as opposed to a son may hold different meaning for some mothers and some fathers (Pearlman, 2012).

We found that siblings also sometimes underwent their own transformations as their assumed-to-be brothers transitioned to their sisters. Siblings' ages may play a role in their reaction to their transgender siblings' transitions, in that younger children may have an easier time adjusting to the change, while older children may experience a "loss." Menvielle (2012) noted that school-age siblings may also suffer socially when their sibling transitions, which may contribute to their resistance. Investigations into the experiences of siblings of transgender children are lacking in the social science literature and are critically needed. Siblings could have unique needs that parents, teachers, and clinicians could better meet (Brill & Pepper, 2008). Furthermore, siblings may also serve as strong sources of support for transgender youth.

The role that family members play in supporting one another as transgender and gender-nonconforming children are allowed to express their true gender selves is in need of further investigation. Family members' negative attitudes had a strong influence on some of the mothers in this study who reportedly felt blamed, judged, and conflicted. Furthermore, some gender-nonconforming children will refuse to identify as either girls or boys and, instead, will don their own "gender creativity" through labels such as "genderqueer" (Ehrensaft, 2012, p. 348). How families respond to such a rejection of the gender binary is of interest, as the challenges these children and their families face might be unique from families with transgender children.

Communities Changing (or Not)

Participants experienced a range of responses on the part of their communities in regard to their children's gender nonconformity and transgender identities. Lack of knowledge among health care providers and school personnel was identified as a challenge (Brill & Pepper, 2008; Menvielle, 2012). As such, some of these families had to drive long distances and even move residences to access qualified professionals and live in more open and accepting communities. Some participants encountered mental health professionals whose advice went against these parents' instincts to provide their children with support and acceptance, as well as school personnel who had never accommodated a gender-nonconforming child and refused to work with the parents to best meet the children's needs. These findings indicate the urgent need for formalized training in regard to best practices

for providing services to transgender and gender-nonconforming children and their families (Brown et al., 2013; Coleman et al., 2011). Of great concern are families with transgender and gender-nonconforming children who face resistance in their communities but do not have the means to access or find the critical support and services they need. The stories of our study participants speak to the power and influence of contexts beyond the family on children's development and well-being (Bronfenbrenner, 1988).

Finally, finding community amongst other parents of transgender and gender-nonconforming children was critical for these mothers, as has been previously documented (Brill & Pepper, 2008; Hill & Menvielle, 2009; Riley et al., 2011). Thus, continued and expanded funding for such support groups and organizations is warranted. Furthermore, health care professionals and school personnel should identify such online and in-person resources to be passed along to families who are just beginning to grapple with such issues.

Conclusion

This study explored the experiences of five mothers of transgender girls. By moving beyond parent-child relationships and examining how multiple contexts, including extended families and communities, influenced parents' and children's experiences, our findings make a unique contribution to the empirical literature on families with transgender children. The importance of social acceptance—in addition to familial acceptance—was illustrated. Future areas of inquiry were suggested, including the experiences and roles of fathers and siblings, and the need for better understanding of how children's struggle to express their gender nonconformity and transgender identities in sometimes hostile environments might result in children receiving misdiagnoses of mental health conditions from clinicians (Lev, 2004).

Our findings suggest that reconstruction of current cultural notions of gender that do not provide "room" for gender nonconformity would ease challenges facing families with transgender children (Winter et al., 2009). For example, if gender variance were no longer considered pathological or deviant, then clinical approaches that advise discouragement of gender nonconformity and school policies that restrict students' expression of their transgender identities would likely disappear. Such change could come about by hearing and respecting the perspectives of parents of transgender and gender-nonconforming children. Certainly, researchers, physical and mental health care professionals, school personnel, and others have much to learn from these parents, who are pioneers in their fight to provide their children with the opportunity to be their true gender selves in all aspects of their lives.

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