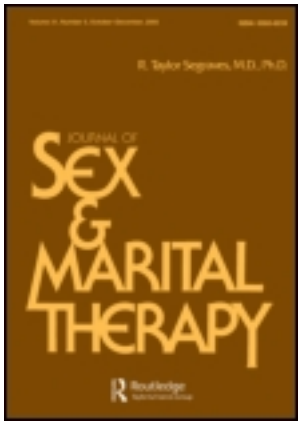

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Surviving a Gender-Variant Childhood: The Views of Transgender Adults on the Needs of Gender-Variant Children and Their Parents

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Surviving a Gender-Variant Childhood: The Views of Transgender Adults on the Needs of Gender-Variant Children and Their Parents

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Adults with gender-variant childhoods have often lived traumatic lives because of the attitudes and limited understanding that people in their environment had of the concept of gender variance. This study explores the childhoods of transgender adults with the aim to understand their gender-related difficulties as children, in order to identify their needs and the needs of their parents at that time. The authors conducted a semi-structured survey with 110 transgender adults in order to explore their retrospective childhood experiences. Responses were analyzed through content and thematic coding. Their needs most commonly identified as children were for educated authority figures; acceptance and support to discuss their gender variance; freedom of identity expression; validation; and recognition. The needs most commonly allocated to their parents were access to information, education to increase other's awareness, peer support, and access to educated professionals.

Transgender adults often report traumatic life experiences having been subjected to marginalization, discrimination, and/or abuse over the course of their lives (Grant et al., 2010; Whittle, Turner, & Al-Alami, 2007). These issues have caused transgender adults great distress and have affected their self-esteem and quality of life (Grant et al., 2010; Whittle et al., 2007). The effect of bullying, violence, and shame on transgender individuals' lives is well documented (Grant et al., 2010; Matos & Pinto-Gouveia, 2010; Nuttbrock

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et al., 2010; Whittle et al., 2007; Wyss, 2004) and has been shown to be a significant contributor to suicidal ideation (DiStefano, 2008; Roeger, Allison, Korossy-Horwood, Eckert, & Goldney, 2010). Moreover, a transgender adult identification has been shown to be correlated with cross-gender behavior in childhood (Singh et al., 2010) and childhood gender role nonconformity as an indicator of adult suicidal ideation (Plöderl & Fartacek, 2009). Therefore, understanding the childhood experiences of transgender adults in their families, social networks, and environment would help contribute to the knowledge of how to support gender-variant children and their parents with the aim of preventing the reported debilitating outcomes for transgender adults.

Gender variance is used to denote expressions of gender nonconforming dress and or behavior. The term *transgender* is the umbrella term that includes the greatest diversity of people with gender variance (Bockting, 1999; Green, 1994; Lev, 2004). *Transsexual* is a term used to describe people who seek medical intervention to change their primary and secondary sexual characteristics for the purposes of feeling congruent in mind and body and for "social fit" (Eyler, 2007, p. 16). *Puberty-delaying hormone treatment* is a medical intervention using gonadotropin-releasing hormone analogues to prevent the appearance of the secondary sexual characteristics at puberty (Olsen, Forbes, & Belzer, 2011). This intervention suppresses the production of estrogen or testosterone and is completely reversible (The Royal College of Psychiatrists Council Report CR63, 1998).

A number of needs analyses have been reported in the literature regarding transgender people's health and psychological, emotional, and medical needs, although the focus has been on their needs as adults. The narrative studies by Costa and Matzner (2007) capturing life stories included some issues that were faced by transgender people as children. However, they lack the focus necessary for an analysis of the child's needs or associated needs of their parents.

To date, only one study has provided some insight to the needs of gender-variant children and their parents, through a survey where parents of gender-variant children were asked about their experiences and the needs of themselves and of their children (Riley, Clemson, Sitharthan, & Diamond, 2011). The needs were reported in themes relating to (a) identification of the gender variance; (b) parents' responses and reactions; (c) seeking emotional support; (d) dealing with negative responses from others and concerns about safety; (e) seeking medical support; and (f) political, government, and legislative support. The findings indicated that parents identified the needs of their gender-variant children as the need to be accepted, loved, and respected in their gender expression. The parents identified their own needs as the need for access to information, parenting strategies, and emotional support. However, no previous studies have examined the needs of gender-variant children from the perspective of adults who have lived

through a gender-variant childhood. These childhood experiences of transgender adults are an untapped source of crucial data in understanding and determining the needs of gender-variant children.

The present investigation inquired about the childhood experiences of transgender adults helping to provide a further window into the difficulties and needs, met and unmet, for gender-variant children and their parents. This study progressively investigates transgender adults' understanding of their childhood with the aim of capturing their views on the needs of gender-variant children and their parents as a step toward providing their safe and comfortable passage into adulthood.

METHOD

A qualitative study using an internet survey was designed to document the childhood experiences of transgender adults retrospectively, in order to ascertain their needs as children and what they perceived were their parent's needs. The study was approved by the Human Research Ethics Committee at the University of Sydney and was advertised through targeted magazines, websites, newspapers, radio programs, and through the World Professional Association for Transgender Health's listserv and conference proceedings. Purposeful sampling was employed using (Charmaz, 2006; Patton, 2002) 10 closed questions to gather demographic information and 21 open-ended questions to obtain a reflective expanded response, enabling an appreciation of the extent and depth of participants' experiences (Huberman & Miles, 2002; Patton, 2002). This study is unique and exploratory in that we developed questions in consultation with professionals working with the transgender community, academics in the field, and transgender adults. To reduce recall bias and improve the reliability of the retrospective method, the research design used chronological ordering of multiple open-ended questions to elicit memories of a personal nature and to aid memory retrieval (Brewin, Andrews, & Gotlib, 1993). To confidently capture participants who experienced gender-variant childhoods, the survey was open to any adult identifying with the description transgender. The "Participant Information Statement" specified that participants could withdraw at any time and that submission of the survey "is an indication of [their] consent to participate in the study." The survey was also designed to allow participants to skip questions they did not wish to answer further ensuring all responses were voluntary.

The open-ended questions covered transgender adults' experiences of their gender variance as children and the reactions of their families. The survey specifically explored the effect that being gender-variant had on their friendships, their experiences at school, and on themselves throughout their life. The questionnaire also examined services, resources, or input that may

have been helpful to them or to their parents at the time and, in particular, their perspectives on what might help gender-variant children and their parents today. Last, the survey considered the effect that a gender-variant childhood had and is having on each participant, with the final question inviting any further comments.

Qualitative data were analyzed using a grounded theory (Charmaz, 2006) and reflective approaches (Grbich, 2009; Spradley, 1980) enabling content and thematic coding. The grounded theory approach bids the continuous reflection and comparison with the data to enable codes to emerge from the actions and processes within the participants' experiences (Charmaz, 2006). The codes were checked by the research team and rechecked through examination with the original data to ensure consistency within the themes. Establishment of these themes then allowed the identification of patterns and categories of needs into tables. We included frequencies of codes in the tables to provide an understanding of how often comments were made; however, qualitative research is not dependent on the number of responses, which provides one perspective, but on information richness and depth attending to meaning (Patton, 2002; van Manen, 1997).

RESULTS

Characteristics of Participants

Participants included 181 individuals who identified as *transgender adult*. We excluded individuals who only answered the demographic data because it was necessary to represent only those who provided input on the open-ended questions. This ensured that the determined needs of gender-variant children and their parents were representative of those participants presented in Table 1, yielding 110 respondents in these results.

Ninety-two participants responded to the question regarding their current level of income. The amounts are represented in Table 2 in both Australian $AUD and American $USD. At the time the data was collected in 2009 the average exchange rate was 1USD = .8 AUD.

Sexual orientation was recorded ($n = 106$) covering the spectrum including being attracted to a male-to-female transsexual person to being attracted to a female-to-male transsexual person to give participants the opportunity to identify within a wide range of sexual orientations. The range specifically included attraction to male-to-female transsexual persons, attraction to women (gynephilic), attraction to men and women (bisexual), attraction to men (androphilic), and attraction to a female-to-male transsexual persons. We provided an option for participants to identify as being attracted to men and women, with a tendency toward one or the other so that they could identify across the spectrum. Of participants, 21 (19%) identified a sexual attraction in these two areas. Figure 1 illustrates the broad range of responses.

TABLE 1. Demographics

	Born female *n* (%)	Born male *n* (%)	Born other *n* (%)	All participants *N* (%)
Age (years)				
18–25	8 (23)	1 (< 1)	1	10 (9)
26–45	17 (49)	21 (30)	1	39 (35)
46–65	10 (29)	44 (63)	3	57 (52)
66+	0 (0)	4 (6)	0	4 (4)
Total	35 (101)*	70 (100)	5	110 (100)
Country				
Australia	8 (23)	21 (30)	1	30 (27)
Canada	1 (3)	6 (9)	1	8 (7)
France	0 (0)	2 (3)	0	2 (2)
United Kingdom	4 (11)	3 (4)	0	7 (6)
Japan	0 (0)	2 (3)	0	2 (2)
Mexico	0 (0)	1 (1)	0	1 (1)
Norway	1 (3)	0 (0)	0	1 (1)
South Africa	0 (0)	2 (3)	0	2 (2)
United States	19 (54)	28 (40)	3	50 (45)
No reply	2 (6)	5 (7)	0	7 (6)
Total	35 (100)	70 (100)	5	110 (99)*
How do you describe yourself?				
Transgender	5 (14)	13 (19)	0	18 (16)
Transsexual: female-to-male[1]	20 (57)	0 (0)	1	21 (19)
Transsexual: male-to-female	0 (0)	33 (47)	1	34 (31)
Female	3 (9)	19 (27)	3	25 (23)
Male	3 (9)	2 (3)	0	5 (5)
Two-spirited	1 (3)	0 (0)	0	1 (1)
Masculine androgyne/gender queer	1 (3)	0 (0)	0	1 (1)
Androgyne	1 (3)	0 (0)	0	1 (1)
Does not identify with a gender label	1 (3)	2 (3)	0	3 (3)
No reply	0 (0)	1 (1)	0	1 (1)
Total	35 (101)*	70 (100)	5	110 (101)*
Gender identity				
Female	1 (3)	54 (77)	4	59 (54)
Male	25 (71)	2 (3)	0	27 (25)
Androgynous	4 (11)	2 (3)	1	7 (6)
Both female and male	1 (3)	12 (17)	0	13 (12)
Neither female nor male	4 (11)	0 (0)	0	4 (4)
Total	35 (99)*	70 (100)	5	110 (101)*
Education				
High school or less	6 (17)	11 (16)	1	18 (16)
Certificate	0 (0)	7 (10)	0	7 (6)
Diploma	1 (3)	3 (4)	1	5 (5)
Undergraduate degree	10 (29)	18 (26)	1	29 (26)
Postgraduate degree	18 (51)	31 (44)	2	51 (46)
Total	35 (100)	70 (100)	5	110 (99)*
Gender variance identification: age (years)				
0–5	18 (51)	30 (43)	5	53 (48)
6–12	12 (34)	37 (53)	0	49 (44)
13–18	1 (3)	1 (1)	0	2 (2)
18+	2 (6)	0 (0)	0	2 (2)
No reply	2 (6)	2 (3)	0	4 (4)
Total	35 (100)	70 (100)	5	110 (100)

(Continued on next page)

TABLE 1. Demographics *(Continued)*

	Born female *n* (%)	Born male *n* (%)	Born other *n* (%)	All participants *N* (%)
Living as preferred gender				
Full time	27 (77)	45 (64)	5	78 (71)
Part time	6 (17)	12 (17)	0	18 (16)
Occasionally	2 (6)	8 (11)	0	8 (7)
Never	0 (0)	4 (6)	0	4 (4)
No reply	0 (0)	1 (1)	0	1 (1)
Total	35 (100)	70 (99)*	5	110 (100)
Are you taking hormones?				
Yes	24 (69)	54 (77)	5	83 (75)
No	11 (31)	16 (23)	0	27 (25)
Total	35 (100)	70 (100)	5	110 (100)
If not, are you planning to take hormones in the future?				
Yes	6 (55)	8 (50)	0	14 (52)
No	5 (45)	8 (50)	0	13 (48)
Total	11 (100)	16 (100)	0	27 (100)
Have you had gender reassignment surgery?				
Yes	20 (57)	33 (47)	3	55 (50)
No	15 (43)	37 (53)	0	53 (48)
No reply	0 (0)	0 (0)	2	2 (2)
Total	35 (100)	70 (100)	5	110 (100)

Note. A proportion of participants, although placing themselves within the parameters offered, indicated their reluctance to be referred to in these terms.

[1]One person in this category also identified as intersex and transgender as well as female-to-male.

*Numbers do not add up to 100 because of rounding errors.

[a]Female-to-male transexuals are also sometimes referred to as *transmen*.

[b]Male-to-female transsexuals are also sometimes referred to as *transwomen*.

Needs of Gender-Variant Children

The following sections describe the main themes that arose as needs in participants' responses to the open-ended questions, "What do you think would have helped you as a child then?" and "What do you think would

TABLE 2. Participant's Level of Income

$AUD	$USD	Participants *n* (%)
> $120,000	> $150,000	3 (3)
$80,000–$120,000	$100,000–$150,000	15 (16)
$40,000–$80,000	$50,000–$100,000	32 (35)
< $40,000	< $50,000	32 (35)
$0*	$0*	10 (11)
92 (100)		

*Of the 10 participants who are recorded with an income of $0, five wrote $0 and identified as students (one also wrote "unemployed"), one wrote "unemployed", one wrote "housekeeper", one typed N/A, one put $0 and one wrote "ran a loss".

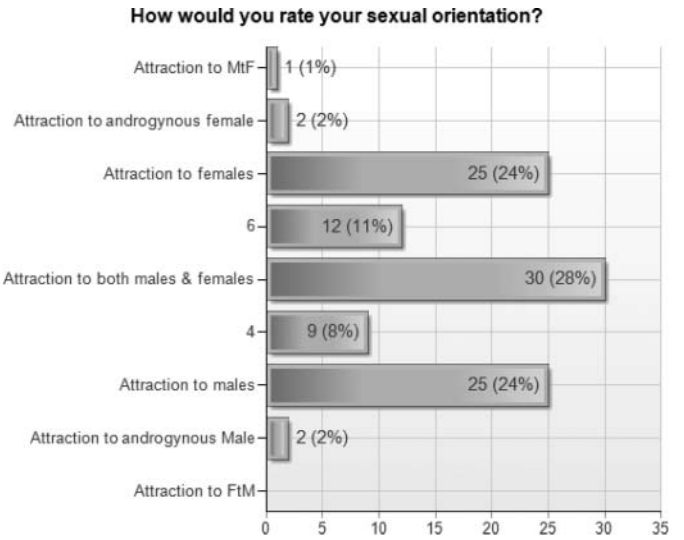

FIGURE 1. Display graph (n = 106) of sexual orientation (attractions) frequencies for each category. MtF = male to female transsexual; FtM = female to male transsexual.

help gender-variant children today?" The themes are presented in the order of the frequency (n) with which they were identified from 347 instances of suggested needs for gender-variant children. The themes and frequencies are listed in Table 3.

For Education Programs and Information About Gender Variance to be Implemented in Schools and in Society Generally

Education and up-to-date information including research was viewed as a bedrock in creating a knowledgeable and skilled environment within which to launch programs across the relevant sectors, including parenting and general education programs. This view was based on the overwhelming belief that the much needed education and information was lacking and would or could have made a difference to their parents' responses. Of particular note was the emphasis placed on education in schools, with the need for "knowledgeable school counselors," "educated teachers," programs for all children to be aware of, and supportive of, gender diversity. One participant noted that gender-variant children need "as much information as they can get that is tuned to their age and maturity level so that they can better understand who they are and what might help them to become more comfortable."

A number of participants felt that knowledge was necessary in order to set the foundation for acceptance of gender variance in children. They stated that there is not enough information explaining that "gender is not a sexual thing" and that "gender is *not* sex and is not a binary phenomenon," which

TABLE 3. Gender-Variant Children's Needs in Order of the Frequency With Which They Were Reported

Needs of gender variant children	Frequency (*n*)	%
1. For education programs and information about gender variance to be implemented in schools and in society generally	55	16
2. For parents to love and value the child and provide space for them to talk about their feelings	52	15
3. To be allowed to express and display their felt gender	41	12
4. To know that others also have similar feelings and that gender variance is a natural occurrence	28	8
5. To have their gender issues recognized and to be offered help by professionals	28	8
6. For parents to transcend their cultural heritage, familial influences, and religion to develop acceptance of gender variance in their children	26	7
7. To live in a society tolerant of diversity and accepting of gender variance	22	6
8. To be supported and understood by the school community	21	6
9. For puberty-delaying hormones to be made available where appropriate	19	5
10. To be aware of, and have access to, transgender role models	15	4
11. For schools to support gender diversity by eliminating gender stereotyping	15	4
12. To be protected—not bullied, harassed, blamed, shamed, or attacked	13	4
13. To meet other similar children	5	1
14. Other needs	8	2
Total	348	100*

*Numbers do not add up to 100 because of rounding errors.

they felt "would help break down some of the walls for many parents." This lack of knowledge was noted as a key barrier to their parents supporting them, particularly as some participants expressed that their parents did not know that transgender people existed.

For Parents to Love and Value the Child and Provide Space for Them to Talk about Their Feelings

The second most common need was the need for parents to provide an unconditional loving environment, with openness and sensitivity where the child could speak to them about their feelings and ask questions.

One participant wrote:

> I was really terrified of what my parents would think of me; I wanted the world to know, but I didn't have a safe world to tell or show, so I bottled myself up . . . not just my gender either, but my whole self.

Another participant stated, "[I was] very scared—I had never heard of anyone else having such feelings. I thought if I told anyone they might put me away in some mental institution. I dared not even tell my parents."

Others wrote of situations where the potential for a conversation was thwarted by the parents. One participant wrote:

> I found a pic in a catalogue. I felt that it would be really good to be able to dress and look like that. I took the catalogue to my mum, showed it to her, and asked her if I could have it. She said I couldn't because I was a boy and this was for girls. I buried the idea very quickly and did my best to not let anyone else know what my thoughts and feelings were.

Another participant explained:

> I learned how to hide this part of me and became very good at it. I was never caught until one day during college, while living at home, I thought my parents had left the house but my dad came back in for something. He saw me with painted toenails and my legs shaved as I ran into the bathroom. He pretended he didn't see it and we never spoke about it.

One participant expressed their need for unconditional acceptance as follows: "[Even though] I'd have been killed quite literally, if I transitioned where I grew up, either way, feeling loved and valued, no matter what, by those who cared for me is what would have helped me the most."

Among participants, 50% ($n = 55$) never attempted to share their feelings as children with their parents, while a proportion accepted unspoken limitations. For example, one participant wrote, "I never told my parents that I wished to be a boy. They allowed me to be a tomboy, and that was all I thought I could hope for."

Other examples demonstrated unexpected and negative responses received from families when an attempt to communicate was made: "I promptly came out to the family [and] received a forceful message that what I was doing was wrong" or "As a teen I told my mum I was gay and was forced to leave home." Another participant wrote about how she was treated:

> I tried to talk with my mother about my 'problem' but it was too difficult for her. I was sent to a private all-boys school. As if that would 'cure' me . . . [It was] the only time I have endured beatings . . . I was definitely not cross-dressing at school. Somehow people just knew . . . I will never get over that.

These expressed fears provide an indication of the depth of suffering children tolerated even in circumstances where there was no deliberate expression or disclosure of their gender variance.

To be Allowed to Express and Display Their Felt Gender

Many participants indicated that the lives of gender-variant children would be much easier if they were supported to express themselves as they naturally felt. One participant stated that children need "to be left to be who they are and supported rather than [being] forced into a role that scars them for life." Having to "live up to stereotypes" and being forced to "live within the gender binary" were phrases used in describing the causes of distress for gender-variant children. Others stated that children should be allowed to "properly explore their gender identities without fear of reprisals" and "express their true self [in order] to avoid a life of suffering." Another participant explained how they experienced life day to day:

> Basically I felt like my life was pretty much an act in which I walked around in a vehicle that wasn't quite right, whereby no-one could really see me or know me and I couldn't be authentic. I was depressed, anxious, desperate, alienated, but managed to act nearly all the time as if everything was fine.

To Know That Others Also have Similar Feelings and That Gender Variance is a Natural Occurrence

A recurring theme was the sense of aloneness and isolation that being gender-variant created. The need to "know that I wasn't alone, that I wasn't crazy, that I was normal" was how one respondent put it. Another participant wrote, "I was very miserable and thought I was going mad," whereas others explained, "If I had even known trans people existed, that would have given me some language to articulate what I was feeling and made me feel less of a freak" and "the knowledge that I wasn't insane and that there was a reason for what I was thinking and feeling" would have helped as a child. Others mentioned that children need to "know [that] everyone is different and understand that it is not a crime to be [one]self" and that "gender variance is a normal part of society." The lack of knowledge for some participants had a significant effect on how they appraised themselves. One participant wrote, "By the time I was 11, I'd come to the conclusion that there was just something innately wrong with me, like I was some kind of cosmic joke, and I already had depression, low self-esteem, and suicidal tendencies" whereas others explained, "I was always afraid to get close to people and thought they would hate me or kill if they knew I was a freak" and "as a child I thought transsexuals were freaks, like a good portion of the population. I didn't know it was a 'real' thing, so to speak."

To have Their Gender Issues Recognized and to be Offered Help by Professionals

There was general agreement that doctors, psychologists, psychiatrists, counselors, and other professionals need (a) to be able to recognize gender

variance, transsexualism, and transgenderism; and (b) to be capable of diagnosis, recommendations, and referrals for treatment or support. Some respondents mentioned that there should be "early intervention and access to medical professionals who specialize in gender issues" while another wrote that "medicos and psychiatrists [need to] review the literature, listen to more intersex, transex people and parents to help facilitate what the child truly wants and needs without pressure."

A few respondents were taken to professionals regarding their gender variance. One participant wrote, "The medical profession was very intolerant of gender diversity/variance . . . and did not have knowledge or understanding of the gender-variant person . . . I was told by a psych[ologist] when I was 16 yrs that I should GET OVER IT." Other participants wrote of their experience as follows: "[I was] forced to go to a therapist who was determined to make a man out of me" and "[I was] ferried from one specialist to another who were examining me for some physical manifestation of this condition."

Respondents reported that they continued to experience this lack of understanding into adulthood. One participant wrote, "Most medical professionals I have spoken to about the subject have no idea at all, and tend to want to use you as a study subject, rather than offer professional help."

For Parents to Transcend Their Cultural Heritage, Familial Influences, and Religion to Develop Acceptance of Gender Variance in Their Children

Some participants noted that their parents were unable to be open-minded enough to accept a transgender child because of their culture or beliefs. In particular, one participant wrote, "My folks were brought up with the closed mentality of gays go to hell and that boys cannot be girls and vice versa. Nothing can and will ever change their beliefs." Another stated: "Those were different times. The culture was virulently, monolithically homophobic, not to speak of transphobic, and they were a product of it." Others mentioned "old-fashioned," "bigoted," or "close-minded" with a number stating that their parents "would have never understood my gender identity issue" or "still will not speak to me." Religion was also mentioned as a barrier to parents' willingness to accept the gender diversity in their children. Some participants expressed that "religion in particular . . . imposed a strict 'binary' view of life" and that "kids' [should be able to] talk to their parents without fear of retribution or religious prosecution" and that children have a right to know that "gender isn't a religious moral imperative."

To Live in a Society That is Tolerant of Diversity and Accepting of Gender Variance

Some participants felt that if "people were just more tolerant of difference" and "society would stop denying that transsexualism exists" that their childhood would have been significantly easier to manage as "everyone else being

hung up about my gender made me worse." This lack of "societal tolerance," "open awareness of transgender issues in communities," and general "acceptance from society" of gender variance was seen as a substantial impediment to their sense of well being. Other participants wrote the following:

> [I needed] more support and welcoming attitudes from people other than my immediate family. I feel blessed to have them so accepting, but family is not everything that makes a person. I wished I could have had more acceptance in the wider social world.

> It [gender variance] was a constant source of frustration . . . [I became] increasingly conflicted . . . I feel my life has been denied me. I never realised my full potential because so much of my energies were channeled into dealing with what was then an impossible situation.

To be Supported and Understood by the School Community

School in this context was referred to as the school community of other children, parents, and staff as well as teachers or school counselors. Participants felt that not only was it important to be able to talk about their situation with their parents but also that they also needed recognition and support from school. One participant noted, "It would have helped if the school authorities recognized my rebellion for what it was—trying not to conform to the expected gender identity role just because I had a female body."

For Puberty-Delaying Hormones to be Made Available Where Appropriate

None of the participants had access to puberty-delaying hormones as adolescents, but there were a variety of suggestions for puberty-delaying hormones to be available now for children. One participant felt that "access to medical transition should be available to youth who are ready . . . it can sure make life much easier!!" Another stated:

> Blockers [puberty-delaying hormones] should be made available for our children to grant them the time they need to determine whether this is the right course for them. I felt my chance of another life was slipping away with every month that I was experiencing puberty.

One participant explained the difficulty experienced with puberty:

> I was late reaching puberty but when I did it was the worst thing ever. I didn't tell anyone I'd started menstruating so each month was going through torment trying to cope with bleeding without any sanitary towels (I couldn't bring myself to buy any). I detested my body and became more and more isolated and withdrawn.

To be Aware of, and have Access to, Transgender Role Models

Apart from role models being visible in the media or society generally, a couple of participants noted that children ought to be aware of the "wider variety of gender expressions and histories" and of gender variance in cultures. One participant felt that visible transgender role models would ensure children "see a future for themselves." One participant wrote that children might benefit from seeing "more publicity of the many successful gender-variant people living and working with a fulfilling life" with "less sensationalism in the media." One participant specified the type of connections felt would be most useful with transgender adults, stating the following:

> If parents isolate themselves from decent trans-adults their child will ask themselves if they'll still be loved as an adult . . . Meet with post everything trans-adults, help and be helped, but most importantly, be a REAL community. Don't just talk trans issues together, have them for dinner, play board games, watch movies, go out together in normal friend relationships and let the kids see some of that!

The few participants who wrote about their experiences of, or exposure to, other transgender individuals reported positive reinforcement of their self-identity: "I remember seeing a trans woman on TV when I was 4–5 years old, and thinking oh cool just like me" and "When I was about 18, I met a cross-dresser, perhaps a transsexual, for the first time. It was a wondrous experience. I had a name for what I was and I was not alone."

For Schools to Support Gender Diversity by Eliminating Gender Stereotyping

Participants expressed a general dissatisfaction regarding how children are forced into female or male roles at school. One participant felt that schools produce "differences that limit children's activities in expression, clothing, speech, friendships and desires, etc . . . Gender is oppressive for EVERYONE!" Another stated that "society [needs to] understand that gender is a continuum and not binary and that everyone has some male and some female in them, physically and mentally." One participant felt that "the binary sexual identity imposed by force at birth is the CAUSE of a trans-identity and ignores the fact that gender (brain sex) is the key element [of gender identity]."

To be Protected—Not Bullied, Harassed, Blamed, Shamed, or Attacked

Many participants described being ridiculed, teased, bullied, or attacked in some way and its overriding effect on their self-esteem and confidence. The fear of not being safe infiltrated their daily life in ways that prevented them from doing activities they would have chosen. One participant explained

that her circumstances were paralyzing: "I found myself with nothing I could do, not allowed to do what I wanted and just petrified of doing what others wanted me to do." This need to express one's self without fear was a major theme and was conveyed by another participant as follows:

> The constant fear of being beaten was difficult to live with, but by high school I discovered how I could make myself feel better: I could become the person everyone expected me to be—and I was soon playing a sport (water polo) and learning how to 'be a man'. This was, of course, when I was around other people. When I was alone, my gender issues would often overwhelm me.

One participant shared how the past still affects her today: "The prejudices and fears are still with me and I am afraid to transition because I believe it will destroy my career and I will be ostracized by society."

To Meet Other Similar Children

This was expressed in conjunction with "knowing there were others with similar feelings." Participants conveyed that being able to meet other trans-gender children would have helped reduce the feeling of isolation and that the Internet was now a way for trans-children to network with each other.

Other needs identified were as follows: for parents to receive support ($n = 4$), for parents to become advocates for their gender-variant children ($n = 3$), and for parents to be more involved with their children ($n = 1$).

Needs of Parents of Gender-Variant Children

The following describes the needs identified for parents in response to the questions, "What do you think would have helped your parents/family?" and "What do you think would help gender-variant parents today?" The themes are presented in the order of the frequency (n) with which they were mentioned from 203 instances of suggested needs for parents of gender-variant children. The themes and frequencies are listed in Table 4.

To have Access to Information

Many respondents mentioned the need for information or knowledge. This was further explained to be "not just online" but also in doctor's waiting rooms, on television, in schools, in libraries, and on the radio.

For Schools, Other Parents, and People in General to be Educated and have Awareness and Knowledge About Gender Variance

Participants emphasized that education was important for communities, parents, and schools, particularly for staff and parent-teacher organizations.

TABLE 4. Needs of Parents of Gender-Variant Children Listed in Order of Frequency

Needs of parents of gender variant children	Frequency *n*	%
1. To have access to information	72	35
2. For schools, other parents, and people in general to be educated and have awareness and knowledge about gender variance	49	24
3. To have access to other parents of gender-variant children	22	11
4. For medical professionals and therapists to be educated about gender variance	18	9
5. For society to be open-minded and accepting of gender diversity	13	6
6. To see portrayals of successful transgender people	12	6
7. To have counseling	10	5
8. Other needs	7	3
	203	100*

*Numbers do not add up to 100 because of rounding errors.

Education of the general public was also mentioned as a way of increasing tolerance of gender diversity that would make it easier for parents to support their child and "not worry what the neighbours might think."

To have Access to Other Parents of Gender-Variant Children

Having contact with other parents through the Internet or through support groups was mentioned as a necessity for parents to feel less isolated. Other benefits of support groups were for parents to have a network and to "encounter [others] with the same behaviour in their children."

For Medical Professionals and Therapists to be Educated About Gender Variance

Some participants felt that knowledgeable professionals "may have helped me/us address the underlying issues" or that their parents needed the opportunity "to discuss it [child's behaviour] with someone that understood [their situation]."

One participant wrote:

> [General practitioners need] to have training in the condition so they could inform parents, then my mum wouldn't have just waited for my gender difference to pass. People wouldn't have tried to push me to be a girl if they knew it was a medical condition.

For Society to be Open-Minded and Accepting of Gender Diversity

Suggested was the need for parents to live in a supportive culture and society. Some participants felt that "broader social acceptance" including

greater "tolerant attitudes," "without forced stereotypes" would have helped their parents' ability to support them.

To See Portrayals of Successful Transgender People

It was noted that, for parents to support their child with confidence, they needed to know about transgender people who were accomplished in employment, relationships, and life in general. This was also mentioned with a view to inform parents that "this [gender variance] is a part of the normal variety of life" and that "a child with gender reassignment can achieve virtually anything he [or] she wants."

To Have Counseling

Counseling was mentioned specifically as a support for parents to aid them in collaborating with, and advocating for, their child's self-expression.

Other Needs Identified for Parents

Other items mentioned as needs for parents were as follows: for them to have active support from religious communities ($n = 3$), for medical insurance to help with expenses ($n = 1$), for time to mourn ($n = 1$), to hear therapists and professionals speak publicly about gender-variant children's needs ($n = 1$), and for legal protection ($n = 1$).

DISCUSSION

This study was unique in that it explored adult transgender individual's experiences of their childhood with the view to determine the needs of children with gender variance and the needs of their parents.

An overwhelming number of our participants expressed that they wanted parents, families, schools, and communities to have more knowledge and awareness about gender, sex, and issues regarding gender variance. This expressed deficit not only appeared to factor into the negativity and hostility the participants faced on an ongoing basis but also appeared to hinder their family's ability for acceptance of gender variance. Participants further expressed their feelings of fear and anxiety as they were unable as children to risk the rejection of those who cared for them. Some participants who felt supported and valued as gender-variant children by their parents reported that this acceptance did not compensate for the ongoing fear of bullying and societal pressure to conform. Consequently, living in an environment of rigid stereotypes caused some participants to feel disoriented and

at times "crazy" as they craved acknowledgement and recognition of their reality. The few participants who conveyed that their experience of being able to identify, name, or recognize their feelings within a larger context found that this bestowed on them an externally validated identity that provided a *realness*. This need for recognition, validation, and acceptance supports the development of health literacy (Nutbeam, 2008) regarding gender variance across the identified sectors. Health literacy in this context would include the promotion of gender variance awareness through distribution of knowledge and education to medical providers, allied health practitioners, media, schools, consumers, and society at large (Ishikawa & Kiuchi, 2010). Application of health literacy in this way would allow greater autonomy and empowerment (Nutbeam, 2008) for the individuals and families affected by gender variance and would increase their confidence in their needs being met.

The high level of education, 84% ($n = 92$) being at a tertiary level or higher, was an outstanding aspect of this cohort. If we exclude the 18–25 and 66+ age groups, we can compare the rate of tertiary levels of education from our study with the Organization for Economic Cooperation and Development (2010) figures. The levels of tertiary education in our group of 26–65-year-olds was 87.5%, still higher than the average level of tertiary education for 25–64-year-olds in countries within the Organization for Economic Cooperation and Development, which is 30% and the levels for Australia (34%) and the United States (40%). Other studies of transgender communities have also found elevated levels of education (Clements-Nolle, Marx, & Katz, 2006; Shipherd, Green, & Abramovitz, 2010; Whittle et al., 2007). However, Xavier, Bobbin, Singer, and Budd (2005) found the tertiary level of education for transgender people of color to be 36%.

The average income of these participants appears to reflect the higher rate of education. The average income of these transgender adults in USD was $63,417 whereas the average income during 2009 in the United States of America was $51,726 (U.S. Census Bureau, 2011). The average income of this cohort in AUD was $50,784 whereas the average income during the 2009–2010 financial year in Australia was $44,096 (Australian Bureau of Statistics, 2011).

The sexual preference options chosen by the participants shown in Figure 1 are an indication that sexual attractions cover a much wider spectrum than previously thought. We have shown that given the options, transgender adults easily populate the gray areas between bisexuality and either attraction to women or attraction to men. Devor (1993) showed that female-to-male transsexuals' sexual preferences may vary from the time before they transitioned to the time after they transitioned, and that there appeared to be inconsistencies in attractions as individuals tried various sexual partners possibly as a way of coming to their own sexual understanding of themselves. Devor (1993) also provided a distinction between being attracted to a

"straight" or "gay" male or a "straight" or "lesbian" female, although this implies that one would need to know the sexual preference of the person he or she is attracted to before being able to identify his or her own sexual orientation. Grant et al. (2010) showed that separate categories of "queer/pansexual" and "asexual" and "other" provided 29% of sexual orientations in a survey of more than 7,000 transgender and gender nonconforming people. Kenagy and Bostwick (2005) also found 33% of transgender people in their study ($n = 111$) identified with a sexual orientation other than heterosexual, bisexual, or homosexual. What is clear is that options of sexual attraction to female, male, or both is limiting and does not provide for variability in attractions allowing for a "flexible sexual disposition" (Diamond, 1965, p. 167). More research is required for a greater understanding of transgender people's sexual preferences. This study aims to be supportive of all gender-variant children irrespective of their psychosocial outcome.

The needs were also analyzed with respect to the birth sex of the participants. Although, perhaps remarkably, there was no difference in the resulting needs of the two groups (5 participants identified as other; therefore, we did not assess this group), there were slightly different emphases placed on some needs. For example, the transgender adults, born female, accentuated their level of confusion as children, especially regarding how they were unable to understand why people did not see them as they saw themselves which transpired as part of the need for information and to be able to discuss their situation with caring adults. The transgender adults, born male, stressed a level of fear about how they would be treated if people knew about their feelings, which became part of the need to be accepted, loved, and supported. However, both groups mentioned both of these factors and the resulting list of needs were the same.

Although other works have identified some similar needs for gender-variant children, this research has quantified these needs. For example, Brill and Pepper's (2008) book, *The Transgender Child*, focused on transpositive approaches to gender-variant children and stressed the need for unconditional acceptance and flexibility regarding children's identity and expression. They also warned against punishment of the child and other "damaging parenting practices" (p. 76) and provided recommendations about information and meeting other families.

The need for safety for gender-variant children was also discussed by Blackburn (2004) and Wyss (2004) who showed the effect that harassment, bullying and gender-related abuse in a school environment had on transgender youth and mental health. They promoted strategies that directly responded to the needs outlined in these findings relating to education and information in schools for all children, teachers and staff, and insisted on policies that prohibited discrimination, violence or harassment against any person based on their sexual orientation (Blackburn, 2004) and gender identity or expression (Wyss, 2004).

One survey on parents conducted by Riley et al. (2011) showed that parents also identified some of the needs for gender-variant children presented here, particularly in the areas of parents' attitudes encompassing acceptance, support and advocacy. Riley et al.'s study indicates that gender-variant children and their parents' needs changed over time as familiarity and acceptance grew. The children's needs initially focused around the need to talk about their feelings and being allowed to express their gender. These needs then progressed to the needs for ongoing parental support and acceptance, protection and support from school, support from professionals, and the need to have contact with similar others. The parents' needs identified in Riley et al.'s study centered around the access to information, parenting strategies and professional and community support. Community support included support from extended family, local community, school community, other families with gender-variant children and society at large.

Limitations

The study's target audience were transgender adults enabling responses from those who were most likely to have experienced gender-variant childhoods. Although there is evidence that homosexual adults also experience gender variance as children (Zucker & Bradley, 1995), it has been shown that not all homosexual people are gender nonconforming as children and that gender nonconforming behavior increases with age for this group of people (Reiger, Linsenmeier, Gygax, & Bailey, 2008). Future investigation of the needs of children who had a homosexual outcome is warranted. Furthermore, transgender adults are not a homogeneous population (Hines, 2010; Nash, 2010), further evidenced by the self-descriptions (and caveats) shown in Table 1 highlighting the diversity within this cohort.

The demographics (Table 1) show that 49% of respondents were in the age bracket 46–65 years, indicating that the information required for memory recall was over 40 years old. Although we aimed to assist this recall in the design of the survey, it is important to remember that the retrospective method may still incur recall bias with participants current beliefs and understandings affecting their responses (Yarrow, Campbell, & Burton, 1970). Furthermore, this bias may affect the results because 53% of participants were older than 46 years of age. It is also acknowledged that the different age cohorts may represent different needs in childhood. Our analysis of this breakdown of needs generated a matrix with no remarkable skewing with zero or low numbers in each cell. In particular, the low number ($n = 10$) of 18–25-year-olds further reduced the suitability of this analysis.

The participants' emphasis on the need for education and, although currently relevant, needs to be placed in the context of the times. The ease of access to information via the internet and other popular media, including

the current vast array of TV channels and movies, were not available to at least 90% of respondents as children.

Although this study gathered international respondents, it is acknowledged that being only in English severely limited global input and consequently, the greatest participation (86%) came from the United States, Australia, Great Britain, and Canada and therefore must be viewed through this lens. Demographic questions not answered included country (6%) and age at identification of gender variance (7%). Participants' reticence to disclose their 'country' may be to either preserve anonymity or that, perhaps, their country of childhood differed from their current country of residence. It is likely that the missing replies to "age at identification of gender variance" were because they were unable to remember these details. We acknowledge that transgender people's needs are not homogenous and that variations in the needs of gender-variant children likely exist across cultures. Further research would be required to determine the diversity of the needs of gender-variant children across cultures and countries.

Some of these needs of gender-variant children appear to be representative of the needs of children with varying conditions and may therefore be used to initiate investigations for these children.

Conclusion

The aims of this study were to identify the needs of gender-variant children and their parents via information from transgender adults' experiences and views of their childhoods.

This study has explored the experiences of childhood among transgender adults. In doing so, the needs of children that emerged were most notably, for parents, school staff and other authority figures to be educated so that children do not need to hide themselves and their gender expression for fear of adversity. The participants also expressed their need as children to be able to speak about their feelings, to have their gender expression accepted, to be recognized, to be protected, to be given the opportunity to know others with similar feelings and for their parents to be open-minded, able and willing to accept their gender-variant children. We identified that the participants' parents primarily needed access to information and educated professionals, particularly in schools, counseling and medical contexts. Exposure to successful transgender people and access to parent support groups was also seen as a need to help parents become more accepting of their children's diversity. The need for family and wider support was mentioned as a need for the gender-variant children and the parents as some participants felt that even though support of their parents was necessary, it was not enough for them to live happily and safely within the broader society.

The need for health literacy was highlighted as a tool to empower individuals, in this case, parents, to respond effectively in addressing the issues with regard to their gender-variant children. In particular, allowing confidence to approach professionals for support with their own and their child's emotional, physical, and social well-being.

More research is required in the areas of sexual attractions and preferences where the results imply that a larger spectrum of preferences is necessary to capture and understand this widening area of human sexuality.

The findings of this study highlight the effect that enforced silence, coupled with the inability to identify similar feelings in others, had on the participants' self-esteem and confidence in their knowledge and understanding of themselves. In addition, it appears that living in a society where punishment is customary for lack of conformity to gender stereotypes creates a lifelong struggle and sometimes withdrawal, caused some participants great distress and effect on their self-esteem and ability to thrive.

The needs of gender-variant children and their parents identified in this study is important input to education programs that would contribute to the overall well-being of gender-variant children and support for their parents. This information also has the potential to contribute to the development of transpositive guidelines for parents and the broader community. Wider input from professionals would also be helpful in creating a more comprehensive input into the needs of gender-variant children and their parents.

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