

SOPHIE RAZZEL BSc Hons

TRANSGENDER CHILDHOODS: THE EXPERIENCES OF TRANSGENDER
AND/OR GENDER DIVERSE YOUNG PEOPLE AND THEIR FAMILIES.

Section A: What are the gender-related experiences of transgender and/or
gender diverse young people in schools? A systematic review and qualitative
synthesis

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Section B: A grounded theory of the process of social transition in a family
context from the perspective of transgender and/or gender diverse young
people and their parents

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Alhamdulillah.

To the families who participated, I cannot thank you enough. The joy of connecting with you and the privilege of hearing all that you shared sustained this work. Thank you for what you have given.

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H, A, R, J, & B- thank you for being such light.

To the Transcestors, thank you.

And to all young people, 'Gen Z', thank you for the hope.

Summary of Major Research Project

Section A:

This is a thematic synthesis of 15 studies, exploring the gender-related experiences of transgender and/or gender diverse young people in schools. Four interrelated overarching themes were identified, highlighting a breadth of school-based experiences and the impact of these upon the wellbeing of transgender and/or gender diverse young people. Review findings are considered within the contexts of relevant theory, including cisnormativity, gender minority stress, and school belonging. Research and clinical implications are also discussed, including consideration of school-based interventions to increase inclusivity and wellbeing.

Section B:

This is an empirical paper, using grounded theory methodology to explore the social transition of young people within the family context. Nine individual semi-structured interviews took place with participants from four UK families, all recruited through the UK Gender Identity Development Service (GIDS). The developed theory suggested that social transition of young people within the family context was a young person-led family resilience process, through which families worked through multiple adaptive subprocesses, towards the young person experiencing greater acceptance and belonging. This began within the family context and then occurred outside of the family. Findings are discussed including limitations, suggested future research, and suggested clinical and educational applications.

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Abstract

Transgender and/or gender diverse young people commonly experience discrimination in schools, yet research has also highlighted the potential for schools to be affirming, inclusive environments. This review aimed to further explore the role of schools in the lives of GDYP, examining transgender and/ or gender diverse young peoples' gender-related experiences through a systematic and critical review of the extant literature. Systematic searches were carried out using seven databases. Following quality appraisal, a thematic synthesis was conducted on 15 papers. Four interrelated overarching themes were identified, capturing a breadth of school-based experiences: Cultures of cisnormativity; Transphobia and microaggressions; Navigating social transition; Navigating education: What can help? Review findings are considered within the contexts of relevant psychological theory, including cisnormativity, gender minority stress, and school belonging. Research and clinical implications are considered, including suggestions for school intervention and developments to increase inclusivity.

Keyword(s): transgender, gender diverse, school, mental health

Introduction

In many western societies, gender diverse young people (GDYP) have become increasingly visible (Meyer & Leonardi, 2018). There has been a recent substantial increase in public discourse on the lives and rights of GDYP, as well as significant increases in the number of young people seeking support regarding their gender identity (Pang et al., 2022; Kaltiala et al., 2019). Despite this context, academic research on the needs and experiences of GDYP has been recognised as slow to develop (Office for National Statistics, 2017; Meyer & Leonardi, 2018; Horton, 2020).

Research conducted so far has highlighted that discrimination is a common experience for GDYP, with frequent victimisation, bullying, and high levels of harassment in schools (Human Rights Campaign, 2018; Children's Rights Alliance for England, 2016; Faulkner, 2015). Increased harassment has also been found to be associated with lower educational attainment for GDYP (Greytak et al., 2009). Additionally, GDYP experience a significantly increased risk of numerous negative health outcomes when compared to their cisgender (non-gender diverse) peers, including increased rates of depression (Reisner et al., 2015), self-harm, and attempted suicide (Connolly et al., 2016; Reisner et al., 2015; Clark et al., 2014). Some GDYP are also diagnosed with gender dysphoria, a diagnostic term for experiencing distress related to one's gender identity (American Psychiatric Association, 2022; Turban, 2022).

Whilst some GDYP do experience mental health difficulties, it has also been recognised that gender diverse identities have been historically pathologized (Toomey, 2021; Hyde et al., 2019; Horton, 2020). Horton (2022a) highlighted that mental health difficulties are not intrinsic to being gender diverse and that not all GDYP experience gender dysphoria and/or difficulties with mental health. More recent research has elucidated positive mental health experiences for many GDYP (Horton, 2022a). For example, improved mental health

outcomes have been reported in GDYP who are affirmed in their gender identity (Horton, 2022a; Olson et al., 2016). Attending a school that is inclusive of gender diversity, sometimes referred to as *trans-inclusive*, also appears to be associated with more positive mental health, with both qualitative and quantitative findings supporting this (Horton, 2020; McGuire et al., 2010). This review will therefore explore the role that schools play for GDYP. An open view will be taken that schools can be both problematic places for young people, but also places in which they can flourish.

A Note on Language

The term *gender diverse* (GD) is used throughout this thesis, alongside the term *trans* (short for transgender). GD refers to individuals whose gender identity, role and/or expression is different from that which is culturally expected for them, based on the gender they were assigned at birth (American Psychiatric Association, 2015). This includes trans and/or non-binary individuals, along with a range of other gender identities and expressions. The corresponding term *cisgender* is used to describe individuals whose identified gender corresponds with that which they were assigned at birth (Bauer et al., 2009). *Social transition* is also used, referring to the social changes a GD person may make, such as changing name, pronouns, or clothing, but not including physical transition (Mermaids, 2023).

It is important to note that there are significant limitations and complexities in selecting a term to describe a diverse group of people. Whilst GD has been chosen here in the hope of being as inclusive as possible of a wide range of identities, the author acknowledges these complexities and the importance of self-determination in language choice. Additionally, a range of search terms are used to reflect the breadth of terminology in existing research. Whilst this was deemed necessary to capture relevant literature, it is acknowledged that some individuals may have complex relationships with these and other terms and that, historically,

the transgender population has been subjected to ethically and methodologically flawed research practices (Vincent, 2018).

Schools and Belonging

The role schools can play in the mental health of young people has been widely recognised in broader research and reflected in policy and the development of mental health support in schools (e.g., Department for Education, 2018; NHS England, 2022). Baumeister and Leary's (1995) *belonging hypothesis*, has often been applied in understanding the role of schools in wellbeing. The hypothesis proposes that all humans have a pervasive drive to experience belonging, and that meeting this need is essential in maintaining positive mental health. Schools, an immediate social context for many young people, have been recognised as a place in which a young person's need for belonging can be met, and the construct of *school belonging* has been widely studied (Palikara et al., 2021). Across several studies, support has been found for the belonging hypothesis; higher levels of school belonging are associated with more positive mental health outcomes (Wagle et al., 2018; Heck et al., 2014).

Research has also demonstrated that school belonging can act as a buffer against negative impacts of victimization experienced by LGBTQ+ young people (Hatchel et al., 2019). Hatchel et al., (2019) investigated the relevance of school belonging for GDYP. Findings were in-line with other research on the belonging hypothesis; higher levels of school belonging were associated with fewer mental health difficulties. Additionally, school belonging appeared to have a mediating role in the relationship between victimization experiences and mental health difficulties (Hatchel et al., 2019).

Gender Minority Stress

Due to the high rates of discrimination experienced by GDYP in schools (Human Rights Campaign, 2018; Children's Rights Alliance for England, 2016), the *minority stress model* has also been applied (Meyer, 2003; Horton, 2022a). Based on research conducted

with adults of minoritised sexualities, Meyer's (2003) model proposes that the significant health disparities experienced by these adults is a result of minority stressors. These can include both direct experiences (distal stressors), and indirect effects (proximal stressors). The model also highlighted protective aspects of minoritized identities, such as associated social support and prominence of the marginalised identity.

Research has often conflated gender identities with sexual identities, including by describing research samples as LGBTQ+, one of several acronyms used to collectively refer to people with minoritized sexual and/or gender identities (Staples et al., 2018; Mermaids, 2023). Important distinctions between gender and sexual identity have been highlighted, as well as the related need to study the experiences of GD people separately (Hendricks & Testa, 2012). Aligned with this, Hendricks and Testa (2012) adapted the minority stress model, identifying transphobia, non-disclosure of gender identity, and non-affirmation of gender identity as key stressors. The adapted *gender minority stress* (GMS) model has been applied in understanding the experiences of GD adults (Horton 2022a; Tan et al., 2019).

Toomey (2021) highlighted that GDYP have unique developmental needs and experiences that are likely to play a role in the health impacts of GMS. These may include interactions between minority stress experiences and processes of identity development in adolescence (Toomey, 2021). It has also been highlighted that GDYP often communicate their gender identity in early childhood and therefore commonly experience it being questioned. Toomey (2021) proposed that this repeated questioning from others about gender identity might act as a further source of GMS (Toomey, 2021; Faulkner, 2015).

Given the unique aspects impacting GDYP, Toomey (2021) proposed a further adapted GMS model. Additions include recognition that some experiences of gender dysphoria stem from experiencing interpersonal non-affirmation. In line with the previous models, the premise of the adapted GMS model is that the health disparities experienced by

GDYP are a result of GMS experiences, such as the harassment, victimisation, and exclusion commonly experienced by GDYP in schools (Toomey et al., 2021; Greytak et al., 2009; Hatchel et al., 2019). Figure 1 provides a diagrammatic representation of this model, which has been adapted from Toomey (2021) and integrates other earlier-suggested components, as well as the role of *cisnormativity* (as described in the following section) (Meyer, 2003; Hendricks & Testa, 2012; Faulkner, 2015).

Cisnormativity

The lens of cisnormativity has also been identified as particularly relevant to the experiences of GDYP in schools. Cisnormativity has been defined as the privileging of cisgender identities, involving the assumptions that physical sex characteristics determine gender, and that gender is largely binary (Ehrensaft et al., 2018; Frohard-Doulent, 2016). Cisnormativity is theorized to operate at cultural and organisational levels, and its assumptions have been described as the belief system underpinning others' difficult responses to gender diversity, and therefore GMS experiences (Frohard-Doulent, 2016; Toomey, 2021).

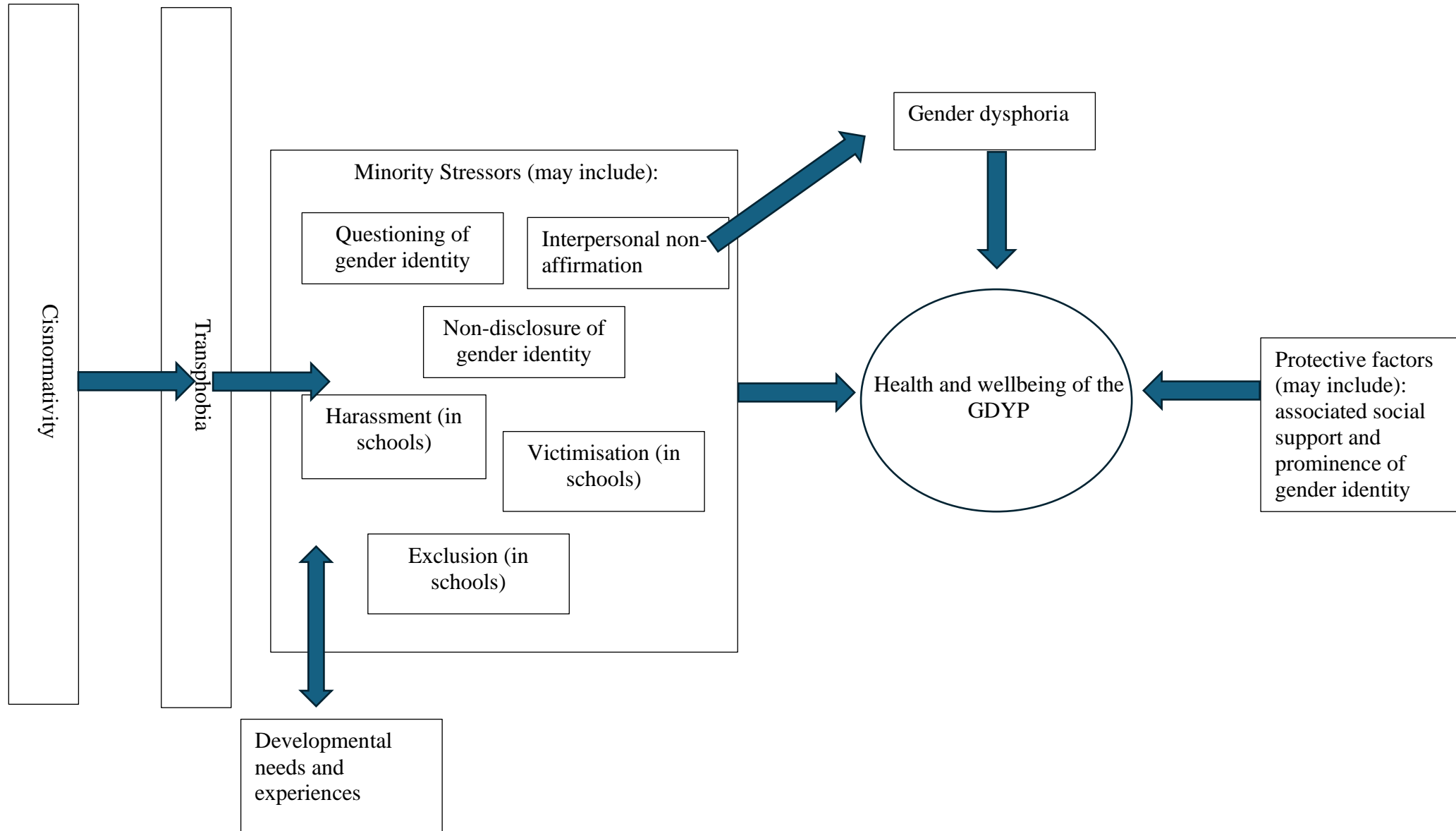
There are some minor variations in existing definitions of cisnormativity (e.g. Ehrensaft et al., 2018; Frohard-Doulent, 2016; Toomey, 2021). In this thesis, and in drawing together commonalities of existing definitions, the current author defines cisnormativity as: the assumption that people do or should have a gender identity that aligns with what is expected based on their physical sex characteristics, and that those who do not are therefore deviant from the "norm". This results in these individuals not being afforded the same rights and privileges as people whose gender identity does align with what is expected.

Several authors have highlighted the prevalence of cisnormativity in psychological research, and it has also been argued that past research on GDYP can be seen as particularly cisnormative and pathologizing (Staples et al., 2018; Ansara & Heggarty, 2014; Horton,

2020). Studies have also highlighted the ways in which cisnormativity appears to operate within schools, including through uniforms and segregation of facilities and activities, based on binary-sex characteristics (Frohard-Doulent, 2016). Findings have indicated that cisnormativity shapes the ways in which school staff respond to GD students, impacting school experiences (Frohard-Doulent, 2016). Cisnormative school environments have also been suggested to contribute to prejudice and stigmatization of GDYP (McBride & Neary, 2021).

Figure 1.

Diagram of GMS Model (Adapted from Toomey, 2021)



The Voices of GDYP

It has been argued that research privileging the voices of GDYP remains limited, and that the voices of pre-teenage GDYP have been particularly absent in research on school-based experiences (Faulkner, 2015; Goffnet & Pacey, 2020). Much of the existing research instead focuses on the experiences of older GDYP, and adults' accounts have often been used as proxies (Horton, 2022a; Faulkner, 2015). Aligned with this, several authors have highlighted the need to centre GDYP in research, as experts on their experiences (Goffnet & Pacey, 2020; Bower-Brown et al., 2021). This is arguably particularly important, given the suggestion that past psychological research has been pathologizing of GDYP (Ansara & Heggarty, 2014; Staples et al., 2018).

Existing Reviews

Given the previous lack of research on GDYP and more recent acceleration in this, the mental health disparities experienced by GDYP, and the indicated role of schools in mental wellbeing, it would likely be helpful to draw together understanding developed so far. Addressing this, Horton (2020) conducted a scoping review of studies on the school-based experiences of GDYP. Findings indicated that the mental health of GDYP is impacted by pathologization of their identities, dominance of victim narratives, discrimination, violence, and cisnormativity. Horton (2020) therefore emphasised the importance of affirming school environments, which appeared to be associated with improved mental health and sense of belonging. In suggesting future directions, Horton (2020) noted that existing research lacked representation of non-binary and gender-fluid GDYP, as well as not adequately attending to the impacts of intersecting identities.

More recent reviews have been conducted; however, these have included samples of secondary-school aged GDYP only. Mackie et al. (2021) conducted a scoping review of the quantitative research and highlighted a range of risk and protective factors that impact the

mental health of GDYP in secondary schools. McBride et al. (2020) also conducted a scoping review including studies of all designs, and concluded that school experiences were reflective of broader structural inequalities and, particularly, cisnormativity.

Allen-Biddell and Bond (2022) argued that the previous reviews offer an extensive overview but, in their breadth, do not fully capture the voice of GDYP. Addressing this, Allen-Biddell and Bond (2022) conducted a review that only included studies of mixed, quantitative with a qualitative component, or qualitative design. Findings again highlighted a range of secondary school-based experiences, organised around themes of cisnormativity, language, relationships, identity, and transphobia.

Rationale

As previously discussed, an updated systematic review that captures the self-reported experiences of GDYP would likely be a helpful addition to the literature. Whilst Allen-Biddell and Bond (2022) have sought to provide this, only secondary school experiences were included. As GDYP are now making their identities known at younger ages, and as many young people are in school beyond age 16, a review including a wider range of ages would be helpful (Horton, 2020; Lev, 2004). Allen-Biddell and Bond (2022) also highlighted that some studies may have been missed, because the review search terms may not have adequately captured the breadth of terms used to describe GDYP. Additionally, only studies published between 2013 and 2019 were included, and several relevant studies have since been published. Taken together, these shortcomings support the need for another review.

Aims

The aim of this review, therefore, is to systematically review the existing literature on the self-reported gender-related experiences of GDYP in primary, secondary, and sixth-form equivalent schools. Due to the breadth of terminology that can describe this population, a broad range of search terms will be used. Included papers will be summarised and appraised

for quality. Experiences of GDYP, as self-reported in the included papers, will then be synthesised. This review will aim to answer the primary question: What are the self-reported gender-related experiences of GDYP in educational settings? Guiding sub-questions are:

- What aspects of school do GDYP experience as supportive of their wellbeing?
- What aspects of school do GDYP experience as unhelpful and/or hindering to their wellbeing?

The review will also aim to explore the implications of the research findings and offer relevant recommendations, both in terms of supporting the wellbeing of GDYP in schools and in furthering the evidence base.

Qualitative accounts are suggested to be the most appropriate method to explore lived experiences and are recognised as well-suited to exploring the experiences and perceptions of children (Schelbe et al., 2015). Given the questions of this review, and the intention to centre the voices of GDYP, studies with qualitative, mixed-methodology and quantitative designs with a qualitative component only will therefore be reviewed. This is also in line with Allen-Biddell and Bond's (2022) review.

Method

Method of Analysis

Thematic synthesis is one of several possible methods for conducting a systematic review of qualitative findings. Developed for the purpose of addressing review questions on lived experiences and perspectives, the method has also been applied in reviewing research conducted with children (Thomas & Harden, 2008; Thomas et al., 2003). As these characteristics and applications are aligned with the aims and questions of the current review, thematic synthesis was selected. The process defined by Thomas and Harden (2008) was followed: study selection; quality appraisal; extracting the data; thematic synthesis.

Study Selection

Search Strategy

The literature search was conducted between 18.12.2022 and 31.12.2022. Due to limited existing publications and to therefore maximise results, seven electronic databases were searched: PsycInfo; Applied Social Sciences Index and Abstracts (ASSIA); British Education Index (BEI); CINAHL Complete; ERIC; MEDLINE (Ovid), and Child Development and Adolescent Studies. Searches were first run separately and then combined using the “AND” operation, further maximizing results. An initial search had also included a fourth search of terms related to “experienc*” and “perception”. However, as this narrowed the search considerably, it was removed. The resulting final three searches and terms are displayed in Table 1. Definitions of the acronyms used are presented in Table 2. Background reading had indicated that the International Journal of Transgender Health was particularly relevant, and so this was also hand-searched, with keywords “school” and “education”. Reference lists and cited by lists of included papers were also searched by hand.

Search Terms. To identify the review search terms, LGBTQ+ glossaries were consulted, and preliminary searches were conducted on google scholar. These steps were important in preventing relevant papers being missed, given the breadth of language used to describe GDYP. As research has often grouped GDYP and young people with minoritised sexualities together in mixed samples, a range of terms used to describe such samples were included (e.g., QUILTBAG) (Staples et al., 2018; Hendricks & Testa., 2012).

Table 1*Searches and Terms*

Search	Terms
1	gender divers* OR gender-diverse OR transgender* OR trans OR gender-fluid OR gender fluid OR non-binary OR non binary OR gender nonbinary OR gender non-binary OR nonbinary gender OR non-binary gender OR gender non-conform* OR gender nonconform* OR gender variant OR gender-variant OR gender expansive OR gender-expansive OR gender minorit* OR gender-minorit* OR gender fluid OR gender-fluid OR gender queer OR gender-queer OR gender identit* OR gender-identit* OR gender questioning OR gender-questioning OR gender dysphori* OR gender-dysphori* OR gender creativ* OR gender-creativ* OR assigned female OR assigned-female OR assigned female at birth OR AFAB OR assigned male OR assigned-male OR assigned male at birth OR AMAB OR agender OR intersex OR NB OR GSM OR QTPOC OR QUILTBAG OR TGNC* OR DSG OR LGBT* OR MTF OR M2F OR FTM OR F2M
2	young people* OR young-people* OR young person* OR young-person* OR youth* OR young OR child* OR adolescen* OR teen* OR kid* OR young adult* OR early adult* OR twenties OR growing up OR growing-up
3	school* OR educat* OR college

Table 2*Glossary of Acronyms*

Acronym	Definition
GSM	Gender and sexual minority
QTPOC	Queer and trans people of colour
QUILTBAG	Queer and questioning, unidentified, intersex, lesbian, transgender, bisexual, asexual, gay
TGNC*	Transgender and gender non-Conforming
MTF/M2F	Male to female
FTM/ F2M	Female to male

Inclusion Criteria

Full inclusion and exclusion criteria are presented in Table 3. Studies including the accounts of adults as well as of GDYP and/or mixed LGBTQ+ samples were only included if the self-reported data of GDYP were analysed separately. Only findings arising directly from the GDYP and pertaining to gender-related school experiences were extracted for inclusion. Studies included in the previous reviews summarised above were not included in the current review, as recent synthesis of these has already been provided. Three of the papers (Horton, 2022a; Horton, 2022b; Horton & Carlile, 2022) described data derived from the same primary data set. As most data presented across these three papers was different (different quotes from the same data set), all three studies were included. Some studies focused on specific aspects of school, such as sex education, or high school athletes. These were only included if general gender-related school experiences could be disaggregated from the other data.

It has been highlighted that there are substantial differences between the education systems, including school-leaving ages, of countries located in the Global North and Global

South (Woodin et al., 2013; Rubin, n.d.). Given these differences and associated challenges in analysis, studies were only included if they were conducted in what is broadly defined as the Global North (Woodin et al., 2013; Dados & Connell, 2012). To reflect the literature, studies including participants up to age 25 were included if the experiences reported were of primary, secondary, and sixth-form equivalent education. Including people in their early 20s is also in line with definitions of youth (World Health Organisation [WHO], n.d.). Studies with participants aged over 25 and those that reported on experiences in higher educational settings were excluded. No time-limits were applied.

Table 3

Inclusion and Exclusion Criteria

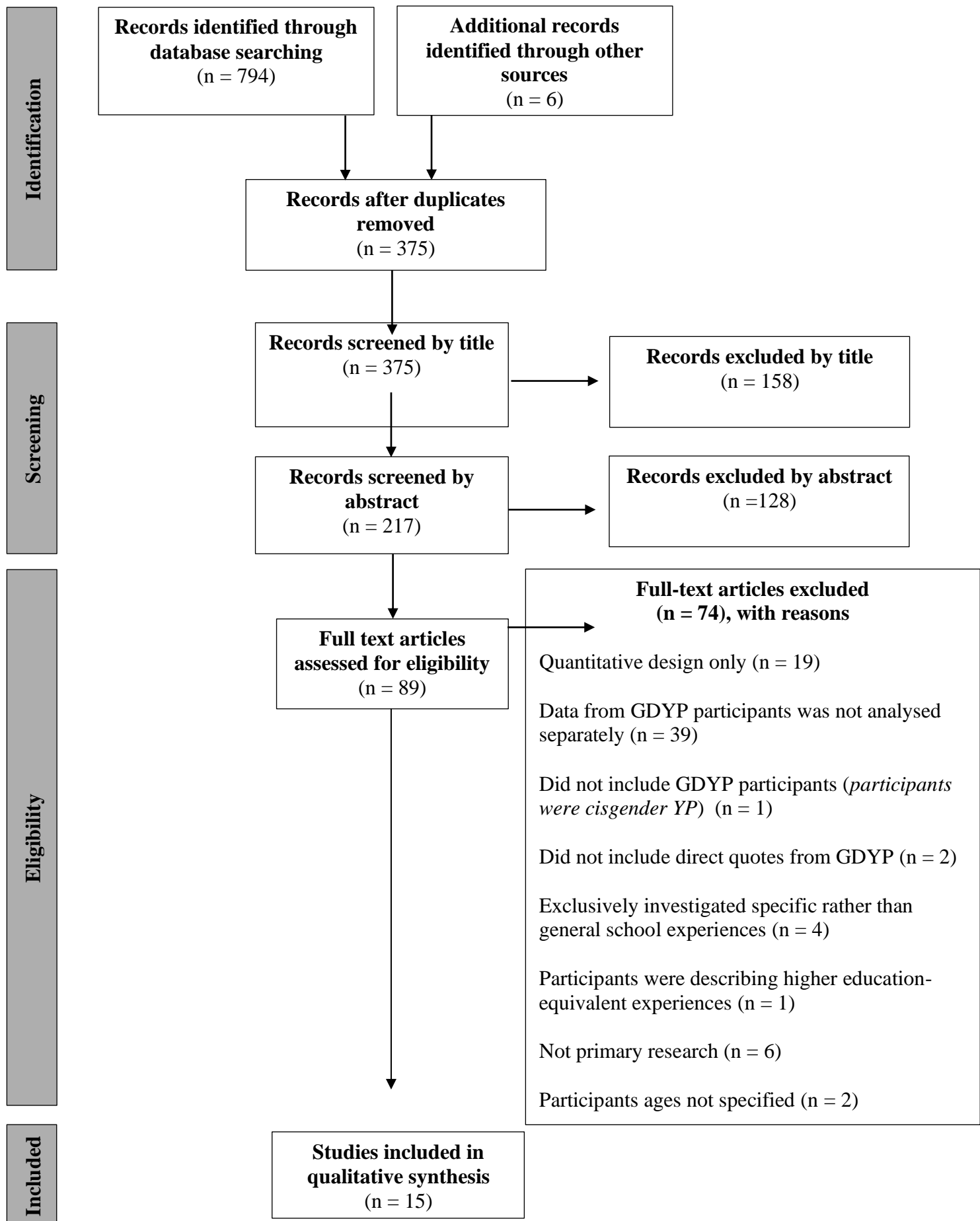
Inclusion criteria	Exclusion criteria
Primary research (e.g., published research paper or unpublished theses reporting primary research)	Was not primary research
Used a qualitative, mixed, or quantitative design which included a qualitative component	Exclusively quantitative design
Participants included GDYP aged up to 25	Did not include GDYP participants Participants were aged 26+ Ages of participants not specified
Conducted in the Global North	Conducted in the Global South
Where mixed samples were used (e.g., LGBT young people, GDYP and parents or teachers) qualitative data from GDYP participants was analysed separately.	Where mixed samples were used (e.g., LGBT young people) qualitative data from GDYP participants was not analysed separately
Included direct quotes from GDYP regarding their general experiences of school (primary, secondary, and sixth form equivalent)	Did not include direct quotes from GDYP Participants were describing their higher education-equivalent experiences Exclusively investigated specific aspects of school or general gender-related school experiences could not be disaggregated from other data.

Screening Process

Following database searching, results were imported into the online tool, Refworks, and duplicates were removed. Familiarity with PRISMA methodology (Page et al., 2021) guided the screening process; remaining papers were first screened by title, then abstract, and then by full text (Figure 2).

Figure 2

Modified PRISMA Flow Diagram (Page et al., 2021)



Summary of Included Papers

Author(s) Year	Aims/ Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
Barber (2020)	“To understand the internal cognitive and emotional perceptions and experiences of youth with ASD who identify as transgender or gender diverse” (p. 40).	10 transgender/gender diverse adolescents (14-19 years, all had a diagnosis of Autism Spectrum Disorder (ASD).	USA participants, all had recently graduated or were currently completing high school education. (Forms of high school attended: public; alternative; home-school; online).	Qualitative design. Semi-structured interviews.	“Inductive comparative approach” (p. 49).	School structures impacted feelings of safety and support: -Formal structures: ability to transition between academic years or transfer schools (which supported social transition); use of preferred name and pronouns; anti-bullying policies; access to gender-neutral bathrooms; presence of LGBTQ+ student groups. -Informal structures: staff giving room for student agency; upholding of school policies; personal characteristics of school staff; the ways in which school staff supported LGBTQ+ youth.
Bower-Brown et al. (2021)	“To understand the experiences of gender-diverse adolescents in UK schools” (p. 2).	74 transgender/gender diverse adolescents (13-17 years).	England, Scotland, and Wales (online survey).	Qualitative design. Survey. Thematic analysis/thematic coding.	“Qualitative comparative approach” (p. 5). Approach consisted of: “thematic analysis” and “thematic coding” (p. 5).	-Participants experienced discrimination in school, including through the curriculum, physical space, peers, and teachers. -Strategies used to navigate the school environment included: disclosure negotiation, cognitive restructuring, and proactive protection. -The authors suggested that the British school system is unsuitable for non-binary and gender-questioning identities.

Author(s) Year	Aims/Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
Faulkner (2015)	“To understand how pre-teenage transgender (PTT) children negotiate their identities with their families and schools, and to see how their unique identities highlight gender inequities” (p. ii).	5 PTT children (6-11 years).	US schools.	Qualitative design. Interviews.	Analysis informed by analytical frameworks: Ahmed’s cultural politics of fear; Goffman’s stigma; Connell’s doing transgender.	-PTT children had become “aware of their gender identity from as young as two and often felt pressured by society to conform to stereotypical gender norms” (p. iii). -“PTT children experienced harassment in schools, faced gender segregated schools that were hard to fit into, and families faced schools that in general were uninformed and unprepared to handle a PTT child” (p. iii).
Horton (2022a)	To examine “trans children’s experiences of gender minority stress (GMS) in primary and early secondary education in UK schools” (p. 1).	10 trans children (9-16 years). All had socially transitioned under age 11.	UK. Primary and secondary schools.	Qualitative design. Semi-structured interviews.	Reflexive thematic analysis using deductive coding according to the GMS framework, followed by inductive analysis.	-All participants described some experiences of GMS in school, including discrimination, rejection, victimization, and non-affirmation. -Participants experienced stress in relation to disclosure issues, such as stresses of being ‘outed’ and worries about navigating disclosure. -Experiences at school impacted gender dysphoria.

Author(s) Year	Aims/Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
Horton (2022b)	To extend “understanding of institutional cishnormativity in education” (p. 3). “To learn about the at- school experiences of transgender children who socially transitioned at or before primary school in the UK” (p. 1).	10 trans children (9-16 years). All had socially transitioned under age 11.	UK Primary and secondary schools	Qualitative design Semi- structured interviews	Inductive thematic analysis.	Three major themes were identified: Institutional cishnormativity in UK schools, a failure to protect trans children, and evidence of educational injustice. Results demonstrated “how cishnormativity leaves trans pupils in unsafe educational environments” (p. 1).
Horton & Carlile (2022)	“To reframe and bring nuance to conversations on trans inclusion in education” (p. 168).	There were two samples (from two separate studies). -Study 1: 10 trans children (9-16 years). -Study 2: 12 trans and non-binary children (5-20 years).	UK. Primary and secondary schools.	Qualitative design. Semi- structured interviews.	- <i>Study 1</i> : “reflexive thematic analysis” (p. 174). - <i>Study 2</i> : “thematic analysis” (p. 174). -The data sets were then combined in further analysis against the trans inclusion staged model (TISM).	-“Interviews highlighted the harms and injustices in non-emancipatory approaches” to educational inclusion (p. 169). -“Cis supremacy” was found to force “trans pupils into positions of vulnerability” (p. 169).

Author(s) Year	Aims/Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
Johns et al. (2021)	“To examine in-school experiences of transgender youth to understand youth coping and to identify key opportunities for improving school environments for transgender youth” (p. 883).	40 transgender youth (15-25 years). <i>Note:</i> One cisgender young person participated in the focus group as support for one of the transgender participants.	US (South East). Some participants were in school, some had left school (including some who had dropped-out early).	Qualitative. In-depth interviews and focus groups.	Thematic analysis.	-“Distal stressors, such as structural discrimination and prejudice events, were found to contribute to the exclusion of transgender youth from school life” (p. 883). -“Proximal stressors, such as concealment and expectations of rejection, reinforced feelings of personal isolation” (p. 883). -Participants coped with challenges “by advocating for inclusion” and “seeking/finding connection with trusted staff and peers” (p. 883).

Author(s) Year	Aims/Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
Kelley et al. (2022)	“To gain a better understanding of how the lived experiences, gender affirmation and challenges encountered by transgender and non-binary (TNB) youths in the school setting affect their wellbeing” (p. 1).	12 TNB youths (ages 15-17).	Canada. High schools and colleges.	Qualitative. Interviews.	Secondary data analysis of data from a larger project. Thematic analysis.	-“TNB students’ well-being was closely related to the acknowledgement of gender identity at school” (p. 1). -Factors including “school socio-cultural environment, teachers’ and peers’ attitudes and behaviours, physical environments and the respect of confidentiality of gender identity” impacted well-being (p. 1). -TNB youths used strategies such as “compromising, educating, and sensitizing others about gender diversity and avoiding certain people or situations” (p. 1).
McBride & Neary (2021)	Research question: “How do trans and gender diverse youth resist cisnormativity at school?” (p. 1091).	13 trans youth (ages 15-24).	Ireland. Participants reported on experiences within. “Second-level” schools, including: co-educational community schools; single-gender denominational schools (p. 1094).	Qualitative. Interviews.	Analysis through a coding framework consisting of 10 primary codes. The framework was developed from a literature review.	Participants used strategies of resistance, including “naming their experience, mobilising their voice, and building networks of solidarity” (p. 1090).

Author(s) Year	Aims/Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
McBride et al. (2020)	Research questions: “What are the key challenges facing Transgender and Gender Diverse (TGD) students in Irish post- primary schools? Are there differences among TGD students in relation to the educational challenges they encounter? What recommendations for future policy and practice developments arise from the research?” (p. 5).	19 TGD youth (ages 15-24).	Ireland. “Second-level” schools, including: co- educational community schools; single- gender denominational schools.	Qualitative. Arts-based workshop & Interviews.	Thematic analysis.	Marginalisation “inhibited many TGD youth from coming out” ; “A minority of TGD youth disclosed their gender identity to a member of school staff who invalidated their gender identity and obstructed their transition”; “The majority of TGD youth disclosed their gender identity to a member of school staff who affirmed their gender identity and facilitated their transition”; TGD encountered a wide range of challenges “as part of, or following their transition”; “TGD youths’ education experiences were shaped by their gender identity, the type of school they attended, and their access to healthcare” (p. 5).
McGowan et al. (2022)	“To explore the views and experiences of transgender pupils attending secondary school” (p. 18). with a focus on factors reported to “support or hinder” school experiences (p. 1).	10 transgender young people (ages 11-16).	3 participants lived in England, 7 lived in Scotland. Secondary schools.	Qualitative. Semi- structured interviews.	Reflexive thematic analysis.	Two basic needs of trans youth in school were highlighted: “acceptance and validation” (p. 1).

Author(s) Year	Aims/ Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
Paechter et al. (2021)	To “explore the school experiences of eight non-binary teenagers” (p. 695).	8 non–binary teenagers (ages 13–18).	UK. Secondary schools, school sixth forms, sixth form colleges and home educated.	Qualitative. Semi-structured Interviews.	Thematic analysis.	-School curriculums were “strongly binary, making it hard for non-binary young people to come out at school” (p. 695). -“Respondents had needed to educate themselves about gender identity” (p. 695). -“As non-binary identities were invisible at school, some did not feel safe there, and they came under pressure from both transphobic bullying and binary expectations” (p. 695). -Some respondents feared accessing any available provision for non-binary people, in case it outed them.
Phipps & Blackall (2021)	Research questions: -“To what extent is cultural cisgenderism embedded into school culture?” (p. 4) -“ What barriers are evident for trans pupils and how are these enacted in PE” (p. 4). -“How effective are policies in challenging and changing cultural and ideological values around gender?” (p. 4)	1 trans pupil (age 15). 1 teacher.	UK secondary school.	Qualitative, case study. Semi-structured interviews.	Thematic analysis.	-“Cultural cisgenderism and cisnormativity are embedded into the school culture, with gender structures evident in several areas, leading to trans marginalisation” (p. 1). -“Both teachers and pupils may contribute to exclusionary and reactive environments, where accommodations are provided only when a trans pupil is visible” (p. 1).

Author(s) Year	Aims/ Research Question(s)	Sample	Location and Schooling Characteristics	Design and Data Collection	Analysis methodology	Relevant Key Findings
Sampson (2022)	<p>1. “How do transgender, non-binary, and GNC elementary-aged students experience and navigate “schooling?” (p. ii).</p> <p>2. “What do these students reveal as support systems?” (p. ii).</p> <p>3. “What do these students identify as barriers?” (p. ii).</p>	2 elementary (4 th and 5 th grade) GNC and their mothers	US (in a mid-Atlantic state)	Qualitative Semi-structured interviews	Analysis grounded in queer theory involving a process of coding, constant comparison and synthesis of categories into themes	<p>Three major themes: Internal Experiences of School, School Practices, and Non-School Supports.</p> <p>“A consistently running thread through the data is that of the students being viewed as a problem that needs to be solved versus schools and school divisions making an attempt to address, from a systemic level, how they might be able to alleviate the challenges encountered by” GDYP (p. 66).</p>
Truax (2019)	“To identify the bodily impact that oppressive experiences in schools have on trans youth” (p. 45).	2 trans youths (ages 16 & 19)	US (Illinois) High school/college	Qualitative Interviews	Phenomenological reduction	<p>Results explored “the bodily and emotional impact that oppressive experiences in schools have on trans youth” (p. 3).</p> <p>Findings “supported existing literature that indicated that trans youth experience a significant amount of oppression within schools” (p. 112).</p>

Results

Overview of the Included Studies

Fifteen studies were identified. All were qualitative in design and are briefly summarised below with a summary and further details in Table 4.

All studies explored aspects of the school-based experiences of GDYP, hence meeting the review criteria. The studies did, however, vary considerably in aims and focus. For example, Barber (2020) focused specifically on the experiences of autistic GDYP, and Paechter et al. (2021) investigated only the experiences of non-binary young people. Ages of GDYP participants ranged from six to twenty-five. Whilst the majority studied experiences in mainstream schools, Barber (2020) included participants in alternative, online, and home-education. Paechter et al. (2021) also included home-educated participants and some participants in one paper (Johns et al., 2021), had dropped-out of school early. The reported gender-identities of participants ranged across the included papers.

Assessing the Quality of the Studies

Researchers have long debated whether it is appropriate to assess the quality of qualitative research (Long et al., 2020). Thomas and Harden (2008) argued that quality assessment is important in reducing the risk of drawing unreliable conclusions. The most widely used tool for this purpose is the Critical Appraisal Skills Programme qualitative checklist (CASP, 2018; Long et al., 2020). Highlighting that this does not attend to theoretical, ontological, and epistemological frameworks, Long et al. (2020) introduced an amended version (Appendix A). This has since been used in numerous recently published reviews (Long et al., 2020; Nicholls et al., 2022). Given this use elsewhere and additional comprehensiveness, the decision was made to apply this amended version in appraising each paper (Table 5).

CASP Appraisal of Included Papers (Long et al, 2020)

CASP Criteria (item number), Guiding Question												
Paper	(1) Aims clearly stated?	(2) Qualitative methodology appropriate?	(3) Design appropriate?	(4) Theoretical underpinnings clear, consistent, and conceptually coherent?	(5) Recruitment strategy appropriate?	(6) Data collection strategy appropriate?	(7) Researcher/ participant relationship considered?	(8) Ethical issues?	(9) Data analysis rigorous?	(10) Findings clearly stated?	(11) Value?	
1, Barber (2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
2, Bower-Brown et al. (2021)	Somewhat	Yes	Somewhat	No	Yes	Somewhat	Yes	Somewhat	Yes	Yes	Yes	
3, Faulkner (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
4, Horton (2022a)	Yes	Yes	Yes	Yes	Somewhat	Yes	Yes	Yes	Yes	Yes	Yes	
5, Horton (2022b)	Yes	Yes	Yes	Yes	Somewhat	Somewhat	Somewhat	Somewhat	Yes	Yes	Yes	
6, Horton & Carlile, (2022)	Somewhat	Yes	Somewhat	Somewhat	Can't tell	Yes	Somewhat	Yes	Somewhat	Yes	Yes	
7, Johns at al. (2021)	Yes	Yes	Somewhat	Somewhat	Yes	Somewhat	No	Somewhat	Somewhat	Yes	Yes	
8, Kelley et al. (2022)	Yes	Yes	Somewhat	Somewhat	Yes	Somewhat	No	Somewhat	Somewhat	Yes	Somewhat	

Appraisal Summary

CASP appraisal highlighted considerable variability in paper quality. In general, appropriate choice of qualitative methodology was a shared strength of the papers. The most frequently identified weakness was around theoretical underpinnings; many of the studies did not provide adequate detail in reporting this. Despite this and other weaknesses, all were appraised as being of good enough quality for inclusion in this review.

Aims, Methodology, and Research Design (CASP Items 1, 2, and 3)

Eleven of the studies were assessed as having clearly stated aims. For the remaining four, whilst aims were not as clearly stated, it was possible to identify the researchers' intentions, and these were therefore rated as having "somewhat" met the criteria (CASP item 1). Notably, some of the other items (3 & 5) consider whether other aspects of the research are appropriate given a paper's aims, and so the shortfall in this area made assessment against these items more challenging.

As aforementioned, the areas of focus did vary considerably across the studies, and this was reflected in a broad range of study aims. These included more general aims, aims related to participants with specific characteristics, and aims to investigate specific concepts, such as GMS (Horton, 2022a; Horton, 2022b) and cisnormativity (McBride & Neary, 2021).

All the papers were assessed as being appropriate in choice of qualitative methodology. Appropriateness of the chosen research design, however, appeared to vary somewhat; nine studies showed strength in this area, and six were assessed as having "somewhat" met this item. For these six, in most cases the design seemed broadly appropriate, but there was typically insufficient justification given for the choice. Without this clarity, it was difficult to fully appraise the appropriateness of chosen design.

Theoretical Underpinnings (Item 4)

Quality of the papers varied considerably on this item. Five of the papers gave a limited discussion of the theoretical underpinnings and so were rated as “somewhat” meeting this. In these cases, a general guiding theoretical framework was typically identified, such as Meyer’s (2003) minority stress (Kelley et al., 2022; Johns et al., 2021), but epistemological positioning was not clearly stated. Three papers (Bower-Brown et al., 2021; McBride et al., 2020; Paechter et al., 2021) did not state the epistemological assumptions, ontological assumptions, or a guiding theoretical framework, rendering it difficult to assess how data collection and analysis may have been shaped by the researchers’ positionings (Long et al., 2020). Given the historical context surrounding the treatment and representation of transgender people in research (Ansara & Heggarty, 2014; Vincent, 2018), this shortfall seemed particularly problematic.

Recruitment (Item 5)

Nine of the papers were appraised as high quality in terms of recruitment strategy. Five (Horton, 2022a; Horton, 2022b; McBride et al., 2020; McGowan et al., 2022; Paechter et al., 2021) were rated as “somewhat”; whilst the recruitment strategies were stated, there was insufficient detail of the strategy and/or the rationale for the chosen approach. In Horton (2022a; 2022b), the author’s position as a non-binary parent of a trans child was cited as helpful in recruitment. Whilst recognition of this was a strength, without further detail, it was not possible to assess how this may have impacted upon which participants were recruited from the target population. Horton and Carlile (2022) lacked sufficient detail regarding the recruitment strategy.

Across the papers, a range of sampling methods were used, and all were assessed as being appropriate, given the idiographic focus of the studies and the specificity in characteristics of the studied population. Several of the papers studied GDYP and

parent/carer dyads (e.g., Sampson, 2022; Horton & Carlile, 2022; Horton, 2022b) and most required parental consent for GDYP under a certain age. A possible weakness of these approaches is that the samples may only represent GDYP who are supported in their gender identities by parents/carers, which differs from the experience of many (Bower-Brown et al., 2021).

The papers also varied in terms of the participant characteristics reported. Most categorised participants as transgender male, transgender female, or non-binary. Bower-Brown et al. (2021) highlighted that some individuals may view their gender as uncategorizable, and so this use of categorization may be problematic and limiting. Faulkner (2015) took an alternative approach, stating how participants described themselves in terms of gender, as well as how they are commonly categorised by society. Many of the studies did not report on the race/ethnicity of participants and, for the majority that did, most participants were described as white. Other aspects of identity, such as disability status and socioeconomic background were also rarely described. GDYP may be impacted by multiple oppressions and so this lack of diversity and consideration of intersectionality is a weakness (Bower-Brown et al., 2021).

Data Collection (Item 6)

All the papers gave at least some description of what seemed to be appropriate data collection techniques. Fourteen used interviews, with semi-structured being the most frequent choice. Six of the papers using interviews did not provide a schedule or sample questions, making it difficult to assess how questions asked may have influenced the data.

One paper, (Johns et al., 2021), used a combination of interviews and focus groups. Similarly, McBride et al. (2020) used interviews alongside creative outputs and notes of discussions made during art-based workshops. Notably, only limited description of this methodology was provided, making it difficult to assess the validity of findings. Bower-

Brown et al. (2021) was the only study not to use any form of interview; thematic analysis was applied to open-ended responses from a larger online survey.

Researcher/ Participant Relationship and Ethical Considerations (Items 7 and 8)

Eight papers were appraised as having given sufficient reporting of the researcher/participant relationship, with some explicitly considering aspects of researchers' identities. For example, Barber (2020) reported researcher gender identity, disability status, race, and sexuality, stating associated privileges. This seemed a particular strength, given the likely power differentials. Three papers (Horton, 2022b; Horton & Carlile, 2022; Phipps & Blackall, 2021) were given a rating of "somewhat" on this item, due to only limited description. Four papers (McBride et al., 2020; Johns et al., 2021; Kelley et al., 2022; Paechter et al., 2021), were marked "no", as the relationship was not attended to. Without adequate consideration and reporting on these relationships, it is difficult to gauge how these may have influenced the data and analysis.

All the studies gave at least some description of ethical considerations, but the depth of description varied. Within the historical context of the transgender population being exposed to ethical flaws in research, lack of thorough attention to this area is perhaps particularly problematic (Vincent, 2018).

Data Analysis and Statement of Findings (Items 9 and 10)

The level of detail given regarding data analysis techniques varied and, notably, theses typically gave greater detail, perhaps reflecting a difference in length. Whilst many of the papers used previously established analysis techniques (e.g., thematic analysis), some appeared to use unique approaches. For example, Faulkner (2015) described an analysis informed by several analytical frameworks. Whilst it could be argued that previously established techniques may merit greater confidence in validity, thorough detail of the technique was provided, and the analysis was well-suited to the study aims. Despite the

variation in detail given across the papers, all were deemed to at least present a “somewhat” rigorous analysis.

All but one of the papers gave a clear statement of the study findings. Whilst findings were less clearly stated by Phipps and Blackall (2021), it was deemed that enough detail had been given for the findings to be included in the synthesis.

Value of the Research (Item 11)

All the studies were deemed to have some value, adding to the otherwise limited evidence base. However, five gave only limited detail in discussing applicability, with many not identifying areas for future research. Given that research on this topic remains limited, this seemed a considerable weakness.

Synthesis Process

Following quality appraisal, findings were synthesised according to the three-stage process of Thomas and Harden (2008):

1. Initial coding of text
2. Development of descriptive categories
3. Generation of analytical themes.

Extracting the Data

Findings were imported into Microsoft Word. As per Thomas and Harden (2008), findings were taken to be all text labelled as findings or results. In some cases, these headings were not present, but findings were clearly identifiable, and this text was therefore included. Long et al. (2020) recommended that when conducting the synthesis, greater weight should be given to higher-quality studies. Findings were therefore prioritised within the synthesis according to study quality; where the CASP appraisal indicated that a paper had not adequately considered the researcher/participant relationship, and/or where the analysis was deemed inadequate (Johns et al., 2021; Horton, 2022b; Horton & Carlile, 2022; McBride et

al., 2020; Paechter et al., 2021; Phipps & Blackall, 2021), only the raw data (direct quotes) were included. Only findings relevant to the inclusion criteria and questions of this review were included; findings from non-GDYP participants (e.g., parents), and data that was not clearly about gender-related experiences within educational contexts were not coded.

Line-by-line coding was applied to code the data inductively, which allows concepts to be translated from one study to another (Thomas & Harden, 2008). In conducting this coding, sections of text were read, analysed, and assigned a descriptive code. A sample of coded data extracts are presented in Appendix B. The coding generated initial codes, and these were then reviewed against one another. Where these were found to be very similar and/or closely linked, they were grouped, and new codes were generated to describe the meaning of these groups, resulting in an overall hierarchal structure of overarching themes, subthemes, and codes (Table 4). The four overarching themes were interrelated, as later described, and depicted (Figure 3).

Table of Overarching Themes, Subthemes, and Codes

Overarching theme	Subthemes	Codes
Cultures of cisnormativity	Physically upheld	Lack of access to appropriate facilities; Binary administration processes; Uniform restrictions; Binary-gender segregation; Forced to make decisions; Forced to participate; Excluded from activities
	Socially upheld	Inappropriate inquiries; Socially forced to adapt
	Upheld through lack of awareness	School staff need training; Absent from the school curriculum; Need for appropriate education; The burden of educating others
Transphobia in education: A common experience	Transphobic acts and microaggressions	Deadnaming and misgendering; Being ‘outed’ by others; Endorsing transphobia through silence and indifference; Physical abuse and exclusion; Experiencing verbal abuse; Misgendering by staff; Being ostracised
	Prevention and restriction	Denial of rights; Barriers; Policing’ of gender identity and expression
	Impacts	Emotional effects; Physical effects; Feeling unsafe; Needing to hide identity; Forced out of education
	Inadequate policy	Inadequate anti-bullying policy; Policy not sufficiently implemented

Overarching theme	Subthemes	Codes
Navigating social transition	Important components	Chosen name; Correct use of pronouns; School clothing aligned with gender identity; Congruence and affirmation support educational engagement
	Making requests	Young person making requests; Parents making requests
	Supporting transition	School transitions aided social transition; Administration processes can support transition; Staff acceptance supports transition
	Barriers and their impacts	Staff obstructions to social transition; Staff denial impacts wellbeing and engagement with education
Navigating education: What can help?	Space for LGBTQ+	LGBTQ+ affirming spaces; Improvements and conditions; Authentic investment; Space for LGBTQ+ topics in the curriculum
	Managing disclosure	The importance of personal agency; Careful timing; Disclosure considerations and decisions
	Supportive relationships	Supportive friends; Supportive school staff; Parent advocacy
	Engaging and growing	Growth; Engaging in social action and/or advocacy

Thematic Synthesis

Four overarching analytical themes were developed and are described below. The location of themes and further corresponding example quotes are presented in Appendix C.

Theme 1: Cultures of Cisnormativity

Cultures of cisnormativity described GDYPs' experiences of educational settings as dominated by cisnormativity. Cisnormativity appeared to be maintained through many aspects of school life, which can be broadly divided into the three subthemes detailed below.

Subtheme: Physically Upheld. Accounts highlighted how cultures of cisnormativity were physically upheld, such as through binary administration processes that only gave options for self-reported binary-gender identifiers, and uniform restrictions: "*I wanted to wear the skirt. And [school leadership] just constantly fought us*" (McBride & Neary, 2021, p. 1100). This appeared to result in discomfort as GDYP felt unable to present themselves in line with their gender identity. Psychological and physiological impacts of a lack of access to appropriate facilities were also particularly salient: "*The doctor said I had developed a kink in my bladder because I couldn't bring myself to go to any of the toilets in primary*" (Horton, 2022b, p. 6)

Some of the physical manifestations of cisnormativity appeared to be most relevant to younger participants, including binary-gender segregation in puberty talks: "*They didn't let me go to the talk*" (Faulkner, 2015, p. 354). Girl/boy lines were another experience that appeared specific to younger GDYP, with participants feeling forced to make decisions that did not seem authentic.

Subtheme: Socially Upheld. School cultures of cisnormativity also seemed to be socially upheld. Particularly prominent were inappropriate inquiries made of GDYP: "*I had to explain almost everything to the vice-principal and then she asked me weird questions*"

(Kelley et al., 2022, p. 8). Also apparent was a sense that GDYP were socially forced to adapt to the cisnormativity of the school environment and culture.

Subtheme: Upheld Through Lack of Awareness. GDYP highlighted how, given a notable lack of awareness, school staff needed training. Peers also appeared to lack knowledge: *“The fact that there are absolutely zero talks or information given about gender identity and expression... so virtually most of the people are uninformed...”* (McBride et al., 2020, p. 12). This resulted in many of the GDYP having to shoulder the burden of educating others: *“...there’s just some days when I just don’t want to talk about that kind of thing”* (McBride & Neary, 2021, p. 1098)

Theme 2: Transphobia in Education: A Common Experience

GDYP commonly experienced transphobia and microaggressions within the school environment, and described the ways in which these were not mitigated and the associated impacts.

Subtheme: Transphobic Acts and Microaggressions. GDYP frequently experienced transphobia, associated bullying, and microaggressions. This included deliberate deadnaming: *“...chanting my dead name in the line...”* (Horton, 2022a, p. 8). *Deadnaming* is generally defined as calling an individual by their birth name when they have changed this (Stonewall, n.d.). Misgendering by peers and school staff was also common: *“One staff goes out of her way not to use the right pronouns...”* (McBride & Neary, 2021, p. 1096), as well as experiences of trans status being “outed” by others, and of physical abuse and exclusion by peers: *“...nobody really talked to me”* (Horton, 2022a, p. 7). Some school staff were also experienced as endorsing transphobia through silence and indifference.

Subtheme: Prevention and Restriction. Participants described a denial of rights, such as their right to access appropriate facilities: *“I wasn’t allowed to use the male toilets”* (Phipps & Blackall, 2021, p. 8). Additionally, some GDYP attempted to create LGBTQ+ spaces and,

whilst not explicitly refused, school staff and processes acted as barriers that prevented this. Many described experiencing a “policing” of gender identity: *“People will judge that something is feminine then they’ll associate feminine with girl...these things really hurt me”* and this appeared to impact GDYPS’ ability to present themselves in line with their gender identity (Kelley et al., 2022, p. 8).

Subtheme: Impacts. Impacts included emotional effects: *“Attending a school with an openly homophobic and transphobic senior staff team, that greatly affected my schoolwork and feeling safe at school”* (Bower-Brown et al., 2021, p. 10). Physical effects were also experienced: *“T now sees these stomach pains as a direct consequence of the stress”* (Traux, 2019, p. 78). Many GDYP described feeling a need to hide their identity, which was experienced as damaging to their mental health: *“I think there’s more mental health problems because of the fact that they feel like they can’t tell people”* (McBride et al., 2020, p. 46). Transphobic school experiences also appeared to result in GDYP feeling forced out of education; many dropped out due to being frightened for their safety.

Subtheme: Inadequate Policy. Salient across the papers were accounts of inadequate anti-bullying policy. Many described how these policies did not clearly attend to issues of transphobia: *“My school is so lenient with the usage of slurs like ‘faggot’ and ‘tranny’ that students feel comfortable enough to use them”* (Bower-Brown et al., 2021, p. 6) or were not sufficiently implemented.

Theme 3: Navigating Social Transition

Social transition appeared to play an important role in the wellbeing of GDYP.

Subtheme: Important Components. The importance of GDYP being able to use and have used their chosen name was widely highlighted: *“Once my school changed my dead name to my preferred name, I definitely felt a lot better going into class”* (Barber, 2020, p. 55). Similarly, correct use of pronouns emerged as of particular importance, along with being

able to wear school clothing aligned with gender identity. Accounts highlighted positive impacts of these changes being honoured, including: “...*euphoria and it would feel normal*” (Horton, 2022a, p. 10).

Subtheme: Making Requests. Many participants described the ways in which their social transitions were negotiated with schools, with both the young person and parents making requests of school staff, to allow the changes of social transition to take place: “...*she asked to have it changed*” (Barber, 2020, p. 56).

Subtheme: Supporting Transition. GDYP described how school transitions aided their social transition: “*The physical school transition allowed Brittany to immediately introduce herself with her name*” (Barber, 2020, Page 54). Administration processes also appeared to sometimes support transition, and staff acceptance was also highlighted as particularly important: “*Participants expressed their desire to be accepted by school staff and their peers which, in turn, provided them with a sense of gender validation*” (McGowan et al., 2022, p. 10).

Subtheme: Barriers and Their Impacts. Across several papers, GDYP experienced staff obstructions to social transition: “...*they refused to let me present the way I identify*” (Bower-Brown et al., 2021, p. 7). Many GDYP also described how staff denial around their identities impacted their wellbeing and engagement with education: “*I explained the name thing and everything many different times. She just completely flat-out ignored me.*”; “*Eventually, Neo decided to drop the class*” (Barber, 2020, p. 56).

Theme 4: Navigating Education: What Can Help?

The factors experienced as supportive of wellbeing and educational engagement appeared to allow GDYP to navigate school life despite the challenges.

Subtheme: Space for LGBTQ+. LGBTQ+ affirming spaces appeared to be important in the wellbeing of GDYP, and this was particularly evident where studies included

older participants: *“To have a group of people to confide in, and be like, this is what’s happening”* (McBride & Neary, 2021, p. 1101). Some GDYP described the importance of LGBTQ+ spaces having the authentic investment of school staff, and GDYP also described the benefits of space for LGBTQ+ topics in the curriculum, with this increasing awareness and understanding.

Subtheme: Managing Disclosure. Accounts highlighted the importance of personal agency regarding disclosure of gender identity and the considerations and decisions made regarding disclosure. Careful timing of disclosure was also discussed as important: *“I wanted to wait until the middle of the year [to disclose gender identity] because I wanted to know who I was comfortable telling”* (Sampson, 2022, p. 71).

Subtheme: Supportive Relationships. Having supportive friends at school appeared to be important in wellbeing, helping in coping with bullying and supporting an overall sense of acceptance: *“...supportive attitudes and behaviour from their close friends and peers which appeared to contribute to their sense of acceptance and validation at school”* (McGowan et al., 2022, p. 13). Support from school staff was also important: *“The first person I told [about my gender identity] was the social worker at my school, and since, she has always been super supportive . . . she’s helped me a lot . . . it’s like a super important relationship for me”* (Kelley et al., 2022, p. 7). Parent advocacy was also highlighted as supporting GDYP to navigate their experiences.

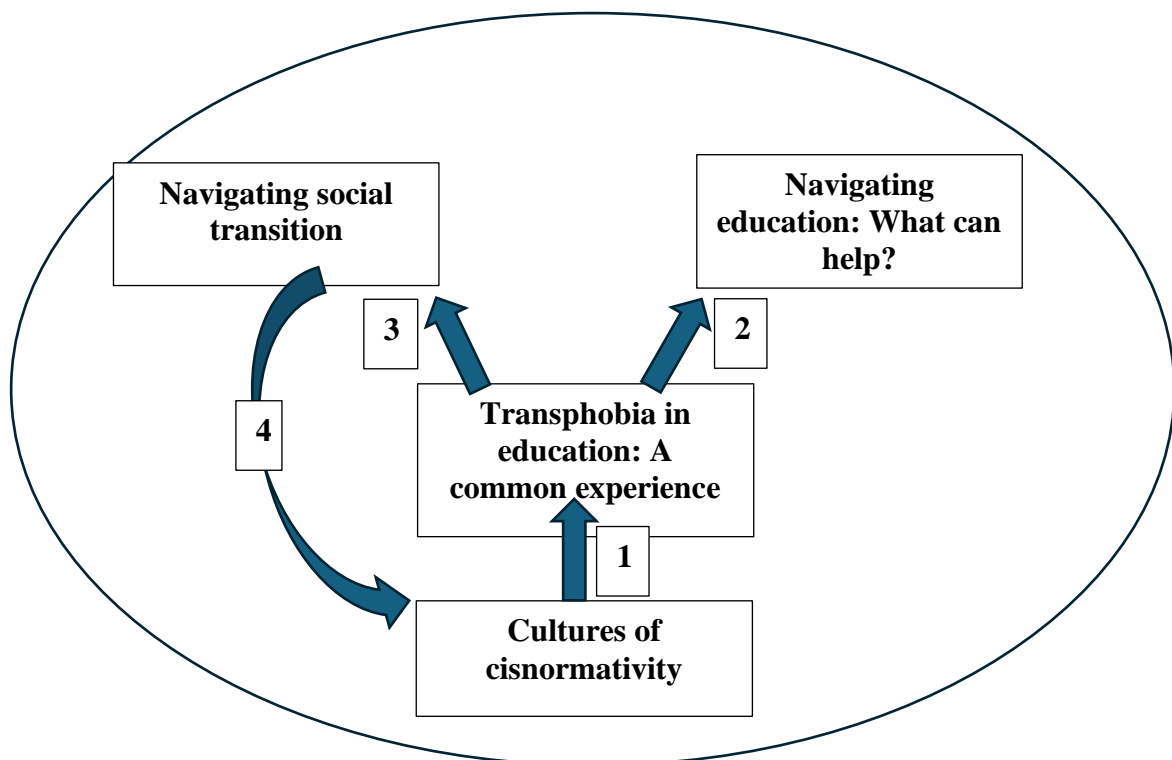
Subtheme: Engaging and Growing. Whilst difficult experiences appeared to be common, accounts also indicated that GDYP experienced personal growth through their school-based experiences: *“The bad stuff that happened in school helped me know what to do and how to feel if someone didn’t respect who I was”* (Sampson, 2022, p. 72). Older GDYP also appeared to particularly benefit from engaging in social action and/or advocacy.

Interrelationship of Overarching Themes

The overarching themes can be understood as interrelated, represented in Figure 3. As the belief system underpinning transphobia, cisnormativity (“cultures of cisnormativity”) can be seen as giving rise to the transphobia detailed in “transphobia in education: A common experience” (represented by arrow 1). These two components can be seen as creating contexts within which GDYP navigate their education and, in some cases, social transition (arrows 2 and 3, respectively). Furthermore, as social transition involves transition away from a gender identity assigned at birth, it can be seen as “pushing back” against cisnormativity (arrow 4).

Figure 3

Diagram Depicting the Interrelationship of the Overarching Themes



Discussion

Thematic synthesis was used to explore the self-reported gender-related experiences of GDYP in primary, secondary, and sixth-form equivalent schools. Four superordinate themes were generated. Findings broadly highlighted that GDYP experienced a dominance of cisnormativity in school cultures and associated transphobia. Within these contexts, GDYP navigated their education, and often went about their process of social transition. Whilst many experiences impacted wellbeing and educational engagement negatively, some factors also appeared supportive. Whilst the findings were largely aligned with those of previous reviews, the inclusion of wider age range of participants highlighted some variation in experience, with some physical manifestations of cisnormativity appearing specific to younger participants. These differences did, however, appear to be variations in how cisnormativity manifested; the presence and impacts of cisnormativity appeared to be an experience shared across ages.

Strengths and Limitations

Addressing a gap in the literature, a broader, updated review was provided. Use of a wider range of search terms diversified the results, and increased generalisability. The voices of GDYP of a range of ages, including younger children, were also centred, which is perhaps particularly important given the subjugated voices of GDYP (Ansara & Heggarty, 2014). All but one of the included studies (Faulkener, 2015) had been conducted during or since 2019, a particular strength given the rapidly changing societal discourses around GDYP.

Furthermore, most of the included papers were published since the beginning of the COVID-19 pandemic, allowing the impacts of recently changing contexts to be captured.

There was a notable lack of racial diversity across the included papers, preventing adequate attention to the ways in which intersectionality impacts the experiences of GDYP. Given the apparent significance of GMS in the experiences of GDYP, and that different

forms of minority stress may co-exist and interact, this is a significant shortfall. Furthermore, whilst the review did focus on the first-hand accounts of GDYP, the identified themes will have been impacted by the author's interpretations and so the extent to which the voices of this population were truly centred is questionable.

Perhaps another weakness is that the review generated limited new insights, with findings largely reflecting those of the previous reviews. The similarity of findings from more recent papers does, however, substantiate previous understanding.

Implications: Research and Theory

Aligned with previous research and theory, cisnormativity seemed to operate at cultural and organisational levels in schools, with negative impacts on wellbeing (Frohard-Doulent, 2016). Previous literature had indicated that cisnormativity contributes to prejudice experienced by GDYP (McBride & Neary, 2021; Meyer & Stader, 2009). Whilst a causal link between these experiences cannot be ascertained through this review, findings did indicate that, as well as a cisnormativity, GDYP were commonly exposed to transphobia in education.

Findings also appeared to support the relevance of GMS theory, including the role of cisnormativity in GMS experiences and the ways in which this was upheld. Across many of the included papers, GDYP reported negative impacts of apparent GMS experiences, including many experiences of transphobic acts and microaggressions, such as deadnaming and misgendering, a form of non-affirmation. Needing to hide identity was also experienced as damaging to wellbeing, indicating that, aligned with previous theory, non-disclosure was a gender minority stressor (Hendricks & Testa., 2012). Importantly, the present review findings also highlighted the need for personal agency in managing disclosure, which perhaps allowed GDYP to avoid some possible experiences of non-affirmation.

The apparent benefits of engaging in social action and/or advocacy and in LGBTQ+ affirming spaces were perhaps indicators of the prominence of the minoritized identity, identified by the original minority stress model as protective of wellbeing (Meyer, 2003). Figure 4 revisits the GMS model of Figure 1, with additions in red to highlight where findings from the present review were aligned with the GMS model.

The belonging hypothesis may also have application in understanding the highlighted importance of LGBTQ+ affirming spaces; these may have supported school belonging by providing opportunities for GDYP to connect with others who shared the minoritized identity (Baumeister & Leary, 1995). This would echo broader research; for example, friendships with children with shared aspects of identity have been found to support school belonging in children from refugee backgrounds (Due et al., 2016). Broader research has also demonstrated that school belonging is typically predicted by peer and teacher support (Allen et al., 2016). Applied to the present review, this perhaps indicates the ways in which supportive relationships helped GDYP to navigate schooling (Allen et al., 2016).

Given the limitations of labelling GDYPs' experiences, further primary research to capture how GDYP describe their experiences would likely be helpful. This may provide language for future research and reviews, better-reflecting experiences of GDYP, and centring their voices. Diversifying future research is also important, with a particular need to capture the experiences of GDYP from different racial and/or ethnic backgrounds. Research questions could also be designed to focus on generating insights into the ways in which intersectionality impacts experiences.

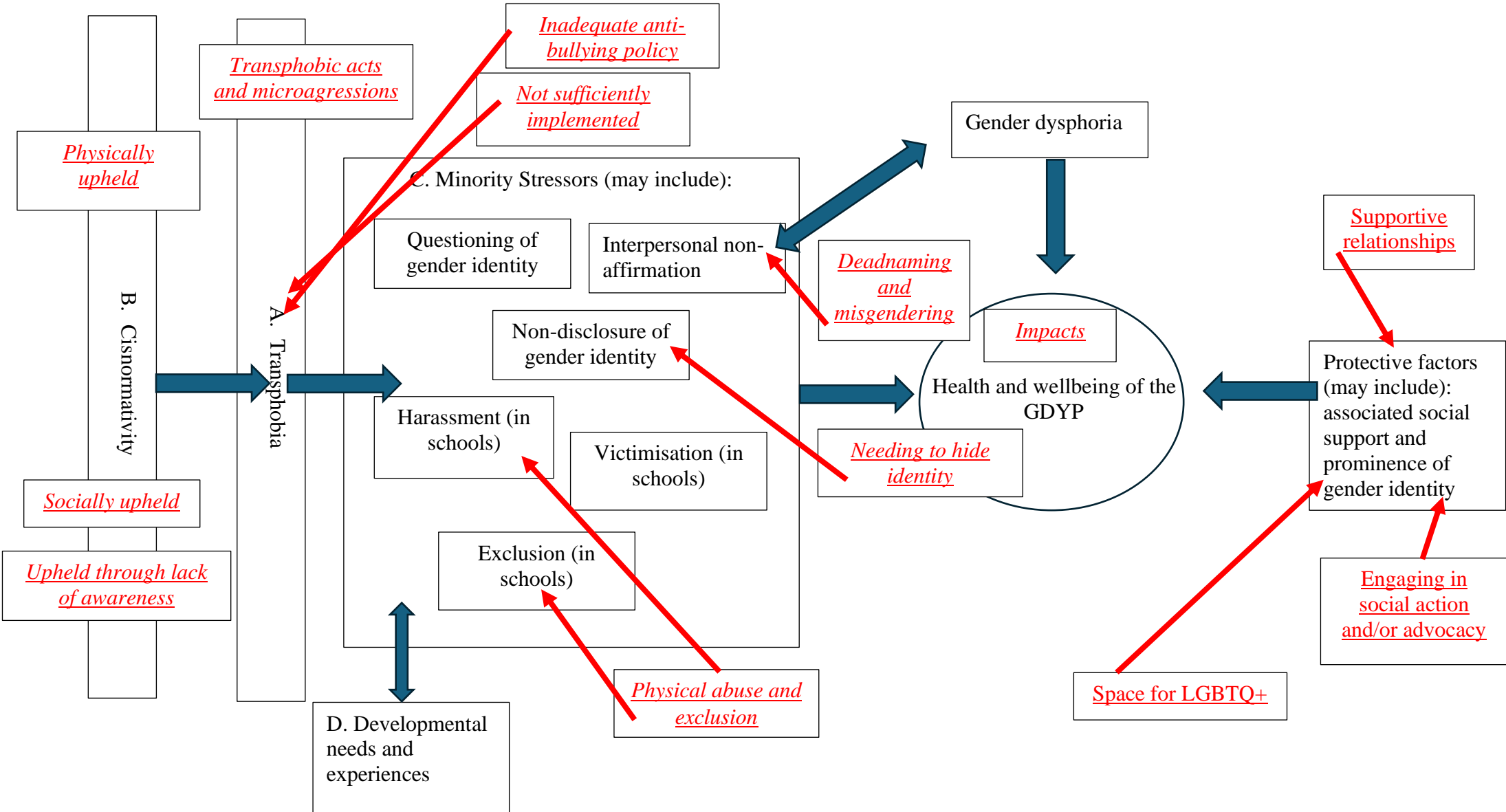
Further research is also needed to identify factors that may support school belonging, given the apparent role of this in the wellbeing of GDYP and the limited existing evidence. This may lead to the development of interventions, the effectiveness of which could then be

quantitatively assessed, such as through self-reported measures of wellbeing and exposure to GMS experiences or a maintained log of identified bullying incidents, for example.

Findings highlighted the significance of social transition in the wellbeing of GDYP in schools, and the role of families in navigating this. Another important area of future research may therefore be on the family-experience of GDYPs' social transitions, with consideration to the interface between family and school life in this process (Conteh & Kawashima, 2008). As with all the suggested areas of future research, a focus on centring the voices of GDYP would be important in ensuring developments are representative of the needs of this population.

Figure 4

Diagram of GMS Model with Additions (Adapted from Toomey, 2021)



Implications: Clinical and Educational

Individual Approaches

Findings highlighted the importance of GDYPs' agency around disclosing gender identity, and further-supported previous theory that having to hide identity can be a source of GMS. GDYP may therefore benefit from specialist support when considering and negotiating disclosure and non-disclosure. Also given the importance of LGBTQ+ spaces in wellbeing, navigating disclosure may also be well-supported by schools supporting accessibility to LGBTQ+ peer spaces, allowing GDYP to learn from the experiences of one another. This may help with very practical aspects, such as using previously tried methods to manage concealment and disclosure, as well as benefitting young people via prominence of the marginalised identity. Careful inter-professional working and communication between GDYP, school staff, and family of GDYP may also help to maintain agency and provide practical support when navigating disclosure.

Given the significant emotional and mental health challenges experienced by GDYP across the papers, mental health support is another important area of intervention. To maximise safety and effectiveness, existing support offered in schools and external mental health services should be carefully reviewed, with consideration of staff training needs and the ways in which existing approaches may be shaped by cisnormativity. To ensure that interventions meet the needs of GDYP, appropriate consultation and involvement of LGBTQ+ people in the development of these would be important. Clinical psychologists are likely to be well-placed to support this development, particularly where already working in or with schools, such as those employed within existing Mental Health Support Teams (MHTs) in schools (NHS England, n.d.)

Another role for clinical psychology may arise if the recently (at the time of writing) proposed guidance for schools, "Gender Questioning Children" (Department for Education,

2023, p. 1) is implemented. If introduced in its present form, it seems this guidance may be associated with instances of GDYP requesting social transition changes that schools are not advised to facilitate. This could perhaps lead to distress for some, particularly given present review findings that indicated positive impacts for many GDYP where social transition was supported. Clinical psychologists may therefore be required to offer emotional support and support in facilitating discussions where decisions regarding social transition are being made.

Whole School Approaches

Whilst attending to the needs of individual GDYP is important, focusing on individual-level interventions arguably reinforces the idea that GDYP, rather than the environment, are the ‘problem’. This seems particularly concerning, given that cisnormativity already appears to problematise GDYP in schools. Furthermore, considering the apparent role of GMS in mental health difficulties, individual-level interventions are likely to only go some way in supporting wellbeing.

In response to the review findings, it seems important that anti-bullying approaches and policies are carefully amended to better-address the impacts of cisnormativity and transphobia. Sharing of best practice of this across different schools may be particularly important, given that some may have little previous experience in supporting outwardly identifying GDYP. Given the confirmation of previous understanding that cisnormativity shapes many aspects of school life, effective approaches would likely require reflective interrogation of many areas, including uniforms, use of gendered language, and syllabus content.

Despite the associations between wellbeing and school belonging, there has been little previous attention given to developing interventions to increase this (Allen et al., 2016). The limited previous research has indicated that exposure to self-relevant role models can be supportive of school belonging in children from refugee backgrounds (Covarrubias &

Fryberg, 2015). Access to self-relevant role models for GDYP may therefore be one area of intervention, such as through education regarding prominent GD individuals, and representative educational materials (Covarrubias & Fryberg, 2015). Given the findings around the importance of LGBTQ+ spaces, school support of these may also be important in promoting peer role models for GDYP. Furthermore, teacher attunement to pupils' experiences of bullying has also been identified as supporting school belonging (Norwalk et al., 2016). A focus upon developing teacher attunement, through training attending to the specifics of cisnormativity and transphobia, may therefore also increase school belonging.

Conclusions

Through a critical review and thematic synthesis, the significant influence of school-based experiences on the wellbeing of GDYP was highlighted. This substantiated previous understanding with more recent literature and a greater diversity of experiences. The power of cisnormativity, transphobia, social transition, and important protective factors and relationships in the wellbeing of GDYP in schools was apparent. Given that more young people are outwardly identifying as GD and the significant health disparities they experience, continuing to develop understanding of the needs and experiences of this population is warranted. Furthermore, considering the marginalisation of GDYP, and their evident resilience, future research and intervention should centre their voices.

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SOPHIE RAZZEL BSc Hons

TRANSGENDER CHILDHOODS: THE EXPERIENCES OF TRANSGENDER
AND/OR GENDER DIVERSE YOUNG PEOPLE AND THEIR FAMILIES.

Section B: A grounded theory of the process of social transition in a family
context from the perspective of transgender and/or gender diverse young
people and their parents
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Abstract

Background: Some gender diverse young people (GDYP) socially transition - a process of changing from living as the gender that they were assigned at birth to another gender, through social means. Whilst the role of the whole family in the social transitions of GDYP has been indicated, there is a lack of applicable theory and research on the processes of social transition within UK families. The aim of the present study was to build a grounded theory of the social transition of young people within the family context.

Method: Nine participants from four UK families (four GDYP and five parents) took part in one-to-one, semi-structured interviews. All participants were recruited through the UK Gender Identity Development Service (GIDS). Data were analysed using grounded theory.

Results: The developed theory suggested that social transition of young people within the family context was a young person-led family resilience process, through which families worked towards the young person experiencing greater acceptance and belonging. The process was comprised of several adaptive subprocesses and influenced by contextual factors. In managing the challenges of social transition and particularly non-affirming responses, families increased in resourcefulness and developed the understanding and tolerance of their communities.

Conclusions: Further research is needed, particularly in families of different racial backgrounds, and to assess the applicability of the model to families without an affirming parent/carer.

Keywords: social transition, transgender, families, adaptation, resilience

To protect the identity of the participants, all data has been pseudo-anonymised, and some details have been changed and/or otherwise concealed.

Introduction

In recent years, there has been a significant increase in children and young people (CYP) openly identifying as gender diverse and/or transgender in the UK. This has been reflected in increasing referrals to mental health services for CYP, and particularly the Gender Identity Development Service (GIDS) - the UK specialised clinic for young people who may be experiencing discomfort due to incongruence between their gender identity and the gender they were assigned at birth (The Tavistock and Portman NHS Foundation Trust, n.d.; Clyde, 2019). Gender identity (GI) can be defined as a person's internal sense of gender, whereas the gender a person is assigned at birth is usually based on cultural expectations and assumptions made from physical sex characteristics (Mermaids, 2023; American Psychiatric Association, 2015).

Whilst some gender diverse young people (GDYP) receive a diagnosis, gender dysphoria, several authors have argued that the application of a diagnostic framework is pathologizing and contributes to victimising narratives (American Psychiatric Association, 2022; Olson-Kennedy et al., 2016; Horton, 2020). It has, however, also been highlighted that as a population, GDYP are at an increased risk of several negative health outcomes, including increased anxiety, depression, and suicidality (Olson-Kennedy et al., 2016; Budge et al., 2013).

Cass Review

The Cass Review is a recent and ongoing independent review of the GIDS, commissioned by NHS England and NHS improvement. An interim report of findings has led to announcement of restructuring of services for GDYP in the UK (Cass Review, n.d.; The Tavistock and Portman NHS Foundation Trust, 2023). This has received considerable public attention within a pre-existing context of controversy and public debate around the identities

of GDYP, and forms part of the context during which this research was carried out (Pang et al., 2022).

A Note on Language

GDYP is the term predominantly used in this thesis, to refer to CYP whose gender identity, role and/or expression differs from that which is culturally expected for them. This may include transgender and/or non-binary young people, as well as those of other diverse gender identities (American Psychiatric Association, 2015; Mermaids, 2023). There are, however, significant complexities in selecting a term to describe this population, and the present author recognises the importance of self-determination in language choice.

Gender Minority Stress

An extension of the *minority stress model*, the *gender minority stress model* (GMS) has been suggested as explanation for higher rates of mental health problems experienced by gender diverse people, positing that disproportionate social stress in the form of exposure to *gender minority stressors*, contributes to this higher prevalence (Meyer, 2003; Hunter et al., 2021; Hendricks & Testa, 2012). *Cisnormativity* has been identified as the belief system underpinning gender minority stressors (Frohard-Doulent, 2016). Whilst previous definitions of cisnormativity vary slightly (e.g. Frohard-Doulent, 2016; Ehrensaft et al., 2018; Toomey, 2021), when referred to in this thesis, the current author defines it as: the assumption that people do or should have a gender identity that aligns with what is expected based on their physical sex characteristics, and that those who do not are therefore deviant from the “norm”. This results in these individuals not being afforded the same rights and privileges as people whose gender identity does align with what is expected. Suggested impacts of cisnormativity in GDYPs’ daily lives include categorisation by binary sex of bathrooms, activities, and clothing (Frohard-Doulent, 2016).

For GDYP, gender minority stressors may include frequent experiences of peer victimization; research has demonstrated that this exposure is associated with increased mental health difficulties and reduced school belonging (Hatchel et al., 2019). Building on the broader belonging hypothesis, which proposes that all humans have a pervasive drive to experience a sense of belonging, *school belonging* is considered important in the mental health of young people (Hatchel et al., 2019; Baumeister & Leary, 1995).

Social Transition

Many GDYP socially transition during childhood or adolescence, the changes of which may include name, pronouns, use of facilities, and clothing (Ehrensaft et al., 2018). *Social transition* does not include physical transition, which may involve hormone blockers and ‘cross-sex’ hormones (Mermaids, 2023; The Tavistock and Portman NHS Foundation Trust, 2020). It has been suggested that social transition is often associated with a reduction in distress experienced by GDYP, with accounts of increased confidence, happiness, and comfort (Kovalanka et al., 2014; Ehrensaft et al., 2018). However, whilst some studies have found no difference in depression and self-worth levels in socially transitioned GDYP when compared to cisgender (non-gender diverse) controls, others have failed to establish a positive relationship between social transition and mental health outcomes; the existing evidence remains mixed (Mermaids, 2023; Olson et al., 2016; Durwood et al., 2017; Morandini et al., 2023).

The Role of Family and Systemic Theory

Family functioning and support are considered to play a key role in the psychological wellbeing of GDYP (Horton, 2020; Katz-Wise et al., 2018; Pullen Sansfaçon et al., 2020). Research has demonstrated that family responses significantly impact the ability of GDYP to socially transition (Schimmel-Bristow et al., 2018), and family acceptance versus rejection has been demonstrated to play an important role in GDYPs’ psychosocial adjustment

(Pariseau et al., 2019). Bull and D'Arrigo-Patrick (2018) further highlighted this centrality of family, suggesting that social transition should be framed as a “family-level” event. Whilst these associations between family, social transition, and the psychological wellbeing of GDYP have been indicated, there is a lack of relevant theory to explain the processes by which these are connected.

Broader systemic ideas may have applicability. As a core premise of systemic theory, challenges are seen as impacting whole families, requiring families to respond through adaptation processes (Walsh, 2016). Family resilience theory is built upon this, conceptualising *family resilience* as the capacity of the family to positively adapt, and respond to challenges through growth, support, and increased resourcefulness (Walsh, 2016; Boss et al., 2016). Catalpa and McGuire (2018) described how, in perpetuating the belief that cisgender identities are the norm, cisnormativity “disallows” the existence of trans and gender diverse people in families. This perhaps indicates that learning that a young person is gender diverse and/or transgender and experiencing their process of social transition could present challenge to the family system, requiring adaptation that can be understood through family resilience theory. This may be in addition to the challenge gender minority stressors may present to families.

Existing models of family resilience and associated research has largely focused on families experiencing challenges such as divorce, migration, and childhood illness (Walsh, 2015). For example, Huang et al. (2022) described disintegration in families where a child is diagnosed with a serious health condition and associated adaptive responses such as: ascribing new meanings to difficult experiences; sharing a positive outlook; new patterns of family organisation; open communication; compromising to preserve relationships; and prioritising the young person's needs.

Prendergast and MacPhee (2018) attended to family resilience in the context of minority stress, presenting a model of family resilience in same-sex parented families. The model identified resilience processes that were theorised to act as a buffer, reducing negative health outcomes associated with minority stress experiences. The model also responded to a more widely identified need to attend to intersectionality, by theorising that experiences of discrimination in relation to different aspects of identity can have independent and/or additive effects on GMS experiences (Parent et al., 2013; Prendergast & MacPhee, 2018). Echoing intersectionality perspectives more broadly, this highlights the importance of considering the influence that multiple aspects of identity may have on family processes.

Whilst there may be commonalities in family resilience processes regardless of the presenting challenge, the models described have not been grounded in research with GDYP, and there is risk of further-pathologising GDYP, or of inaccurately conflating minoritised sexual and gender identities, when making broader inferences (Horton, 2020; Toomey, 2021). GDYP also do not typically have their minoritised gender identity in common with other family members and so, in introducing this minoritised identity to the system, GDYP may be seen as occupying a position of otherness within their families (Ehrensaft, 2011). It has also been highlighted that no single model of family resilience fits all situations or family structures (Walsh, 2003).

Existing Social Transition Research

Previous social transition research has largely been conducted in the US and Canada, with studies highlighting meaning-making processes and young-person led decision-making (e.g. Bull and D'Arrigo-Patrick, 2018; Olson et al., 2019). Particularly given the recent public discourse regarding GDYP in the UK, studies from elsewhere are likely to have only limited applicability. Furthermore, much of this previous research has not included the voices of GDYP, another considerable limitation given previous victimising narratives, and when

seeking to study family-level experiences (Faulkner, 2015; Goffnet & Pacey, 2020; Horton, 2020; Pang et al., 2022). In the UK, Horton (2022) did interview both GDYP and parents, with a specific focus on experiences before and after pre-pubertal social transition. Findings highlighted experiences related to different stages of social transition, including the sense of a “weight being lifted”.

Rationale

To the researcher’s knowledge, there are no existing studies presenting a theory or model of social transition, grounded in research with UK GDYP and their families. Whilst the summarised broader existing theory and research may have application, further exploration would be required to clarify this. Furthermore, given the ways in which different aspects of identity may influence GMS and family processes, attention to intersectionality is needed, as well as the need to centre the voices of GDYP (Parent et al., 2013; Prendergast & MacPhee, 2018). Aligned with the NHS value “Everyone Counts”, the present study seeks to address these gaps. Also aligning with the value “Commitment to Quality of Care”, it is hoped that this will aid professionals supporting GDYP and their families (Department of Health and Social Care, 2023).

Aims

To build a grounded theory of the process of social transition of young people within the family context. Four primary questions guided this research:

1. How do families understand and negotiate the social transition of their young person?
2. What do young people and parents/ carers view as the changes that occurred within the family as a whole as the young person socially transitioned and how do they understand those now?

3. What is seen as helpful or hindering to the social transition of a young person within the family context?
4. What influence are racial identities, culture, class, and community seen as having on how the family understands and negotiates the social transition of their young person?

Method

Design

A qualitative grounded theory (GT) design was chosen, as it allows theory to be developed, offering new insights (Corbin & Strauss, 2015). Given the lack of existing theory on the process of social transition within a family system context, GT offered the potential to extend beyond current understanding and develop a theory of how families adapt and change in response to GDYPs' desire for change. The theory generated through this approach is done so inductively; the theory is grounded in the data. The approach therefore allowed the voices of GDYP to be centred in the developing theory (Corbin & Strauss, 2015).

The GT approach of Corbin & Strauss (2015) was chosen as it is accommodating of the researcher's critical realist position. In taking this position, the researcher viewed the theory constructed as representative of both the researcher and participants' lenses (Bhaskar, 2008; Looker et al., 2021). The emancipatory objective of critical realism, giving voice to those who are often subjugated (Bhaskar, 2008; Looker et al., 2021), also seemed particularly appropriate given the minoritized identities of GDYP (Hunter et al., 2021). The approach was also accommodating of the researcher's position that gender is socially constructed.

Service User Consultation

A request for consultees was distributed to the GIDS stakeholder group. Three stakeholders, including a parent and GDYP, responded to the researcher directly. Proposed information sheets, consent forms, and interview schedules were emailed to the consultees

along with questions to elicit feedback. This included requested comment on the suitability of the research materials, including whether possible proposed questions and wording felt appropriate and respectful, and which topic areas were important. The feedback was carefully considered, and changes were made accordingly, including clarification of language to support understanding, and the addition of an interview question to attend to possible differences in participants' communication needs.

Recruitment

All participants were recruited through the GIDS. Given the role of the GIDS in supporting GDYP and families in the UK, recruitment via the service allowed access to this very specific population.

Purposive sampling was used for the initial round of recruitment, following the inclusion and exclusion criteria presented in Table 1. This ensured the sample could capture participants with a range of characteristics, and the perspectives of different individuals from the same families. The researcher attended GIDS regional team meetings to request GIDS clinicians' help in recruitment. An accompanying email to the clinicians was also sent, including the inclusion and exclusion criteria and information sheets. GIDS clinicians identified families that may be suitable for participation from their caseloads and approached the participants directly, telling them about the study and providing the relevant information sheets. Participants were asked to contact the researcher by email if interested in participation.

Following initial recruitment, data collection, and analysis, theoretical sampling was used to recruit further participants with certain characteristics, allowing the categories to be more fully developed. For example, after inclusion of two families with transgender girls, two families with transgender boys were later recruited, providing the researcher with the opportunity to see if the same or different processes were relevant.

Ethics

Initial research proposal approval was attained from the university (Appendix D). Ethical approval was then obtained through IRAS (Appendix E). Following study completion, end of study declaration and feedback was sent to the IRAS committee (Appendix F).

All participants were provided with an information sheet (Appendices G, H & I), including an adapted information sheet for young person participants, and given the opportunity to ask any questions. Full informed consent was obtained from all parent/carer participants and from GDYP participants aged 16 and over (Appendices J & K). GDYP participants who were under 16 years gave assent (Appendix L) and their parents gave informed consent on their behalf (Appendix M). All consent and assent forms were completed online. Participants were made aware by way of the information sheets that their participation was optional, and that their decision would not impact the care they received from the GIDS. Following participation, all participants were provided with a verbal debrief and a further support sheet (Appendices N & O).

Vincent (2018) highlighted that, due to the marginalised status of transgender communities and the history of research with transgender people, particular ethical nuance is needed. Vincent (2018), proposed six guidelines for consideration, including researcher knowledge of trans history and neglected discourses, transparency, and careful consideration of language. These principles were considered throughout the course of the research.

Participants

Nine participants from four families took part in this study (Table 2). Four participants were GDYP, aged 12-17 (Mean = 15.5 years). Five were parents of GDYP, aged 36-58 (Mean = 45.2 years). One parent from each family participated, except for Family 1, in

which two parents of the GDYP participated. All participants were interviewed on a one-to-one basis.

Table 1*Self-identified Participant Characteristics (in Interview Order)*

(Family number) and pseudonym	Relationship to GDYP	Gender identity	Pronouns	Age (at time of interview)	Ethnicity
(1) Zoe	Mum	Cisgender female	She/her	36	White British
(1) Dan	Biological father	Straight male	He/him/his	39	White British
(1) Ariana	Young person	A girl	She/her	12	White British
(2) Ruby	Young person	A girl, and I will be a woman	She/her	15	White British
(2) Lori	Mother	There's no male and female, I'm just [Lori] and that's it.	She/her	49	White British and human!
(3) Guitar	Young person	Very masculine. Always hated feminine things, things to do with girls	He/him	17	White
(3) Sarah	[Guitar's] mum	Female	She/her	44	White British
(4) Zac	Young person	Trans male/ Trans man/ Trans Guy	He/him	18	White British
(4) Elly	Mother	Woman	She/her	58	White British

Data Collection and Analysis

Given scale and time constraints of a thesis, data collection could not be pursued open-endedly. Theoretical sufficiency, as conceptualised by Dey (1999), was therefore aimed-for, with the intention of achieving conceptual depth (Nelson, 2017). This also aligned with the recommendation that grounded theory guidelines should not be used rigidly, and that responsiveness to the data should instead be prioritised (Corbin & Strauss, 2015).

Data were collected using semi-structured interviews, with analysis beginning after the first interview. All interviews were conducted remotely, via Microsoft Teams and all participants consented to audio-recording of their interview, which was completed using a separate device. The semi-structured interviews began with brief demographic questions, asked prior to beginning audio-recording. Interview guides were used (Appendices P & Q) and, as is characteristic of semi-structured interviews, there was some deviation from these, allowing the researcher to attend to individual differences and supporting theory-development. GDYP and their parents were asked similar questions, but with slightly amended wording to capture their roles and different viewpoints.

Interviews were transcribed verbatim by the researcher, allowing adequate familiarisation with the data. The transcripts were open coded to identify concepts and constant comparison allowed similarities and differences within and between transcripts to be identified. Axial coding with diagrams was used to identify and explore patterns and relationships between concepts, and selective coding then allowed for the generation of the core and subcategories (Corbin & Strauss, 2015). Development of the themes was also supported by diagramming (Appendix R).

Theoretical sampling guided the recruitment, adjustment of interview schedules, and re-analysis of data, enabling emerging ideas to be pursued to shape the developing theory

(Corbin & Strauss, 2015). Two examples of this are detailed in the following text and corresponding Table 2.

Theoretical Sampling guiding participant recruitment: Example 1

Analysis of data from families 1 and 2 indicated that families moved from an early conceptualisation of the GDYP as gay to recognising their transgender identity. Recruitment of families 3 and 4 and adjusted interview questions allowed exploration of whether this also occurred in families with transgender boys. Analysis of the resulting data indicated that, in addition to considering sexuality, other earlier conceptualisations were made. The theory was therefore broadened, with the development of subtheme 1.3 ‘developing understanding’. Subsequent re-analysis of earlier data highlighted that Family 2 had also considered alternative conceptualisations, strengthening the elaborated subcategory 1.3.

Theoretical Sampling: Example 2

Analysis of data from families 1, 2, and 3 indicated that social transition involved changes in relational proximity, captured in the early category ‘negotiating proximity’. To further develop this and ascertain whether this also ‘held’ for other families, interview questions with Family 4 focused on relational changes. The resulting data, analysis and reflection indicated that, whilst changes in relational proximity were experienced, changes in connection were particularly salient. The category was therefore adjusted, and two component subcategories created, reflecting this broader experience. Subsequent re-analysis of earlier data was found to support this deepening of the concept of proximity.

Table 2*Two Examples of Theoretical Sampling*

Theoretical Sampling Component	Example 1	Example 2
Initial Sample	Families 1 & 2 (Families with transgender girls)	Families 1, 2, & 3
Early Theory Development/Idea	Families moved from early conceptualisation of gay identity to recognition of transgender identity.	The ST process involved changes in proximity in relationships. Main category ‘negotiating proximity’ developed.
Adjusted Recruitment and/or Interview Questions	Recruitment: Families 3 & 4 (families of transgender boys) Question example: “What did they [your family] understand was going on for you?”	Question example: “If you had to compare your whole family before your social transition changes to now, is there anything else that you notice that's different?”
Relevant Data Analysed	“...I think that they definitely thought I was like more of a tomboy and stuff like that...” (Zac) “...when I was young they always thought I was a tomboy...” (Guitar)	“...it was just that step of being connected to myself on that deeper level, that I felt like I could connect with the people around me more.” (Zac) “...we [Elly and Zac’s dad] don't talk anymore. Yeah, we, um I guess probably because I've been the bad guy, so many times. Zac sees them and he'll develop his own relationship with them over the years as he gets older.” (Elly)
Further Theory Development	Broadened theory and developed subcategory 1.3 ‘developing understanding’ to be inclusive of various early conceptualisations of young person’s identity.	Reflective diary excerpt: “...it’s not proximity that I’m recognising in the data, it’s connection! Zac’s account really helped with that because he describes and uses the word "connection””. Previous main category ‘negotiating proximity’ adjusted to main category 3 ‘negotiating relationships inside and outside the family’ and subcategories: 3.2 ‘distancing’ & 3.3 ‘preserving and increasing connections’.

Theoretical Sampling	Example 1	Example 2
Re-Analysis of Earlier Data	<p>Family 2 had also considered alternative conceptualisations:</p> <p>“So I did then kind of think, well, has she got split personality disorder? But it wasn't that...” (Lori)</p>	<p>Data from Family 3 had also indicated changes in connectedness:</p> <p>“... because that trust was there, he, you know we have such an open relationship in terms of we talk about everything.” (Sarah)</p>
Resulting Theory Development	<p>Broadened subcategory 1.3 confirmed/strengthened.</p>	<p>Category 3 ‘negotiating relationships inside and outside the family’ confirmed/strengthened.</p>

Quality Assurance and Reflexivity

Best practice guidelines for conducting qualitative research were used (Yardley, 2000). Prior to data collection, the researcher completed an audio-recorded bracketing interview with a clinical psychologist, in addition to keeping a research diary (Appendix S), and engaging in supervision throughout. These processes supported the researcher to identify their assumptions, biases, and emotional processes, and to reflect upon the possible impacts of these and aspects of their own identity on the research. This included ongoing reflection on how the researcher's own identification as Queer and non-binary and their associated experiences may have influenced their engagement with the research, as well as an identified inclination to attend more to the GDYPs' views than those of parents.

Theoretical memos were also made throughout, documenting the process of theory development (Appendix T). All participants were invited to review a report of the research (Appendix U), and to comment on this, and three participants responded, expressing agreement with the model (Appendix V).¹

Results

Model Overview

The main theory explaining the process of social transition within the family context was described by the overarching category: Working towards a place of acceptance and belonging. This was a young person-led family resilience process, through which families worked through multiple adaptive subprocesses, towards the young person experiencing greater acceptance and belonging. The subprocesses were captured across four main categories, three of which were comprised of component subcategories, and began within the family context before then occurring outside of the family, within the other contexts of the

¹Participants will be sent an updated version of the report for participants (Appendix U) following examination.

GDYP's life. The impacts of the contexts and their associated characteristics were captured in a further main (contextual) category.

An overview of the organisation of categories and subcategories is presented (Table 2). The overarching model, including interactions between categories, is presented visually (Figure 1). The categories, model, and interaction of categories are then described and illustrated by participant quotes. Further example quotes are presented (Appendix W). False starts and repetitions have been removed.

Table 3*Organisation of Categories and Subcategories*

Overarching category: Working towards a place of acceptance and belonging	
Main category	Subcategories
1. Main category: Recognising and accepting this young person	<ul style="list-style-type: none"> • (1.1) Gender identity as already there • (1.2) Relational recognition • (1.3) Developing understanding • (1.4) Managing disclosure • (1.5) The importance of transition
2. Main category: Negotiating the changes inside and outside the family	<ul style="list-style-type: none"> • (2.1) Anticipating reactions • (2.2) Making requests • (2.3) Non-affirmation • (2.4) Affirmation
3. Main category: Negotiating relationships inside and outside the family	<ul style="list-style-type: none"> • (3.1) Negotiating relational difference • (3.2) Distancing • (3.3) Preserving and increasing connections • (3.4) Defining and redefining who we are
4. Main category: Adaptation and resilience	<ul style="list-style-type: none"> • (4.1) The emotional challenge • (4.2) Coping: strengths, skills, and strategies • (4.3) Fighting strategies • (4.4) Resourcing: accessing the necessary support • (4.5) Developing self • (4.6) Developing community
5. Main (Contextual) category: Social contexts and shaping characteristics	(No subcategories)

1. Main Category: Recognising and Accepting This Young Person

The process began with developing recognition and acceptance of the young person's GI. "This" denotes that it was specifically the young person's GI that was recognised, as different from that assigned at birth.

1.1. Subcategory: Gender Identity as Already There

All the families seemed to understand the young person's GI as having long been present, including before recognition: "*...before I knew what trans was, I think, that was when I was trying to present myself to be more masculine*" (Guitar). Preference for items typically associated with the young person's (transitioned to) gender also seemed to be recognised as an early sign of GI: "*...it was always what society would suggest is female*" (Zoe).

1.2. Subcategory: Relational Recognition

Recognition appeared to develop relationally. For example, Ariana's social transition began with dressing up with her cousin: "*...I used to dress up with her*". Family members' processes of recognition also appeared to be interrelated: "*...the more I was showing like questioning of it [gender identity] and the more uncertain I was, I feel like that reflected in them [mums] as well*" (Zac). Moving towards greater acceptance also seemed to have supported Zac's recognition of his GI. Regarding his friends' gender diverse identities, he described: "*...the more that it became easier to, I guess... understand their identity, even though I was going through similar things, again, I hadn't made the connection. The more I accepted them, the more I accepted myself.*"

1.3. Subcategory: Developing Understanding

As different family members developed understanding, they recognised and accepted the young person's GI at different times. Dan described how it took him "*a few months to sort of process everything*". In developing understanding, various alternative

conceptualisations of the young person's identity were first considered: "*I started to think, I wonder if she's gonna be gay*" (Zoe).

1.4. Subcategory: Managing Disclosure

Whilst the young peoples' early gravitation towards preferred items had usually been accepted, they also later expressed their wish to make certain changes, appearing to first communicate this to those within the family that they deemed as most likely to accept their GI. In communicating this, the young person disclosed their identity and led the social transition. Accounts highlighted the importance of the young person experiencing acceptance from close others regarding their authentic GI and expression: "*I wanted to be sure that we [me and mum] were in agreement, and we were*" (Guitar).

1.5. Subcategory: The Importance of Transition

Families also came to recognise the importance of supporting social transition, and of the process being child-led. This included Guitar's suggested advice for parents: "*... just let them [GDYP] lead*". Social transition was understood as allowing the young people to fully express themselves: "*...to allow them to kind of flourish and express who they are, without any restriction*" (Dan), and enabling them to experience belonging: "*it's sort of him finding his place in the world*" (Elly).

2. Main Category: Negotiating the Changes Inside and Outside the Family

Beginning within the family and then implementing this within other contexts, the families negotiated changes of social transition and associated responses.

2.1. Subcategory: Anticipating Reactions

Before implementing changes, participants usually anticipated others' reactions. For Guitar, this began with his parents: "*I think I did have... maybe like a fear that my dad or, and my mum, would sort of just think that, you know, it's a phase, 'I'm not, I'm not gonna let you do it...'*" (Guitar). Anticipation of accepting reactions supported the process for Zac: "*I*

felt like extremely supported and extremely like, like I almost could predict how they [mums] would react so it just made it a lot easier.” Anticipation also seemed to support preparation for difficult experiences, including for Ruby: “...my mum’s always told me *‘just be prepared for like whatever, about transphobic people’*”.

2.2. Subcategory: Making Requests

Families began working towards acceptance and belonging in other contexts, by making requests for gender-affirming changes. Several factors were first considered, including likely reactions. Families moderated the introduction of changes accordingly, seemingly in an attempt to increase the likelihood of acceptance: “[Mum said] *‘we won’t do the skirt just now because I think it’s best if you ask the school or I ask the school’*” (Ruby); “... *I was aware of, you know, how this might be perceived by other people. Not that I’m not putting my child first, but it’s that gradual, let’s not rush process*” (Sarah).

2.3. Subcategory: Non-affirmation

Non-affirming reactions of others appeared to be common across many contexts, including families: “[My grandparents] *dead name me, misgender me ...*” (Zac). Ruby recalled her dad’s response: “...*he was quite, like, mentally abusive to me. Like, he’d be like ‘No, like stop acting so gay’. Like all of those things. Like, ‘You’re acting too gay for this. Have a transformer, here, have a car’*”. To manage this, Ruby had tried to hide her gender expression until, following her parents’ separation, she was able to express this more freely. Lori’s own increased freedom following the separation also informed this: “... *all of a sudden, I was free to be who I was without any restrictions. Why should I then enforce something on my child? [I thought] if she wants to play with that, let her play with it*”.

Ruby’s experience of social transition seemed to be defined by experiences of non-acceptance; she recounted many experiences of peers “*being transphobic*” towards her at school and described: “...*transitioning in general you’re sort of like being everyone’s target*”.

These reactions seemed to undermine the young peoples' belonging; regarding peers, Ariana experienced: "...*they didn't want to be in the same toilet as me*", and Sarah described how Guitar's "...*best friend rejected him*".

Difficult experiences with professionals also appeared to be common. Ariana described: "...*I got so nervous about it, getting put into girls and boys. And I got put in the boys and I got so sad.*" Seemingly responding with concern to Ruby's social transition, staff at her school made a referral to social services: "... *social services got involved and said that mum was brainwashing me into thinking that I was a girl*"; "...*it felt like a big interrogation.*" It was only after several years of this involvement that social services professionals seemingly accepted that Ruby was transgender.

2.4. Subcategory: Affirmation

Several parents cited prioritisation of their young person's happiness as related to their accepting response: "*I just want a happy kid. I don't care what gender she is*" (Zoe). Beyond immediate family units, experiences of affirmation were recalled, but less commonly than the non-affirming responses. Elly related Zac's experience of acceptance to him attending an alternative school and an associated sense of openness in the school community: "...*he was accepted, and, you know, all of his friends' parents as well, are quite open-minded*".

Whilst Ruby encountered many difficult responses, her reflection on some experiences highlighted the contrasting power of affirmation. For example, she became tearful when reflecting on the impact of receiving a gift from her dad's girlfriend: "...*I love her for this. She had got me like a girls' crop top ... and then she got me these gorgeous red pumps. I've still got them upstairs*".

3. Main Category: Negotiating Relationships Inside and Outside the Family

As the families negotiated the changes of social transition, relationships were negotiated and redefined. This occurred alongside and had a mutually influencing relationship with the negotiation of the changes of social transition.

3.1. Subcategory: Negotiating Relational Difference

As with the other aspects of the social transition, relational challenges were first negotiated within families. Some parents appeared to take on a “buffering” role between young people and other family members: *“I’ve had to um, talk to his dad. Previously when he was young about, ‘please don’t put him in really girly dresses’”* (Elly). Dan also described how he and Zoe addressed concerns with one another: *“...if I was to ever say or do something that maybe Ariana could take the wrong way, it’s kind of like... you get, Zoe will have a word with me. And likewise...”*.

Sarah’s account highlighted the challenges of negotiating different family members’ needs, and the ways in which prioritisations had to be made, relating this to her identity as a working parent: *“...bearing in mind that I’m a working mum, I have another child. And I think sometimes my second child did miss out a little bit. ... As Guitar’s needs kind of took that priority”*.

3.2. Subcategory: Distancing

Social transitions involved changes in the ways the immediate family unit interacted with extended family and other systems. Elly’s advocating for Zac appeared related to increasing distance in her relationship with his dad: *“...we don’t talk anymore... probably because I’ve been the bad guy”*. In some families, explicit estrangement also appeared to be considered or used as a means of protecting the young people from non-accepting responses. Ariana described: *“...We don’t speak to my dad’s side of the family because they didn’t really like me being a girl”*. Lori also described: *“I was quite happy to cut off every single member*

of my family if it meant... [Lori begins to cry] if it meant that Ruby could be who she was supposed to be, I didn't care... I would have done it on my own. I did it on my own. She was the most important thing to me”.

3.3. Subcategory: Preserving and Increasing Connections

All the families experienced increased closeness within some relationships. Zoe reflected: “...we're probably closer to be fair than anything because of, I don't know, the fact she is trans that, you know, she has gone through so much and she knows we've got her back.” As well as seeming to occur as a product of social transition experiences, increasing and maintaining relational closeness also appeared to be an important strategy: “...stay close it will really benefit you and the young person” (Guitar).

Whilst some non-accepting responses led to relational distancing, in other instances compromises were made to preserve relationships. For Ruby, this involved negotiating with her brother, when he did not accept calling her Ruby: “...So we came up with [alternative name]”. Lori also appeared to preserve her relationship with her mum, despite her having initially refused to accept Ruby's female identity. “...my mum spent some time with me and Ruby, she, it's funny cos she turned round a few years after that and she said to me, 'I can see Ruby's definitely a girl, Lori.'”; “I said, 'I've been telling you this for years’”.

3.4. Subcategory: Defining and Redefining Who We Are

Several parents highlighted that, whilst they had a GDYP and had experienced social transition, they were also just a normal family. Social transition did, however, also appear to be associated with some redefining of family and relationships. For example, Ruby conveyed how she now defines her family: “I don't really consider Kia or Justin my family anymore. Keiron yeah, because he hasn't done anything to me...”.

4. Main category: Adaptation and Resilience

As they adapted to challenges, the families developed capabilities and resilience. This development seemed to be an outcome of negotiating social transition and then also equipped the families to continue working through other aspects of social transition across different contexts.

4.1 Subcategory: The Emotional Challenge

A range of emotional experiences were encountered, at individual and family levels. Zac described the emotional, family journey: “...like immediate family impacted us both, like us all. Like, mentally”; “it was that journey we all had to go on”. Participants also experienced mental health impacts related to the many examples of others’ challenging responses: “where he [Guitar] was kind of having these social responses from people, trying to navigate these pronouns, trying, you know, living this double life not being the authentic him... He tried to hang himself twice” (Sarah). Regarding social services’ involvement Lori described the: “... damage that it had done, to the family unit. And to my mental health as well”.

4.2 Subcategory: Coping: Strengths, Skills, and Strategies

Participants used a range of strategies in managing difficulties. Zoe tried to “shield” and keep Ariana “out of the loop” regarding some difficulties with school. Open communication was also an important means of coping: “...if there's an instance at school, we talk about it” (Dan).

Cognitive strategies were also used. In managing difficult gender-related experiences with peers, Ariana described: “I’ve just got to... let go of it and think ‘well, they’re stupid’ and... you know. ‘Just forget about them’”. This was perhaps a strategy learnt from mum, Zoe, who seemed to support Ariana to maintain a positive outlook, by advising: “...it's one person, just ignore them...”. Zoe also conveyed to Ariana: “...you might have been born

female, but if they're not very nice, they're gonna tell you you've got bowlegs or ...". This apparently normalising approach can perhaps be seen as highlighting that the 'problem' lies in other people, rather than in Ariana's trans identity.

Participants also drew upon past experiences and existing strengths. This included attributes of the young people both supporting and developing through social transition: "*I just one day I built up the courage, I was like 'Mum I wanna be a girl'*" (Ruby).

4.3 Subcategory: Fighting Strategies

Several families experienced a sense of having to 'fight' for acceptance of the young person's social transition. Ariana's family experienced several requests denied by school staff: "*...when she went to school, you just felt like... 'God what el[se]? What next'*" (Zoe). Zoe and Dan remained united in this 'fight' by sharing tasks according to individual strengths: "*...he's better at sending emails than I am*".

Acceptance of Ruby's social transition within secondary school also seemed to have required a significant "fight". Lori described: "*... she was still forced to use male toilets and male changing rooms*". Lori seemed to use a strategy of "picking your battles", advising Ruby to compromise: "*You're just gonna have to get on with it. This, it's just one of those things*".

4.4. Subcategory: Resourcing: Accessing the Necessary Support

Participants required and worked to source appropriate support. Sarah described support as "*key*" for parents, and: "*the most critical thing to have, I think, personally*". The value of support from close friends and other family members was also described: "*I think obviously having family support is massive...*" (Zoe).

Accounts highlighted the benefits of support from a range of services and professionals, as well as unmet support needs. Schools appeared to hold important potential in supporting the social transitions; some accounts highlighted how adaptations could be

made to create spaces of belonging. For example, regarding her primary school headteacher, Ruby reflected: “... *she was really, really nice and put unisex toilets in, so everyone could go together*”. Similarly, Ariana described her secondary school as, “*all for like equality*”, indicating the potential for whole school cultures to be places of acceptance and belonging for GDYP. Despite these positive experiences, significant difficulties and apparent school-based barriers to social transition were salient across accounts.

Health services and professionals also held important potential in supporting social transitions. Dan reflected on how he and Zoe had benefitted as a couple from reflective conversations supported by the GIDS service, whilst also highlighting that parents would likely benefit from additional one-to-one support. Sarah experienced significant difficulties in accessing CAMHS support for Guitar, including when he was experiencing suicidality: “... *[the psychologist] basically felt that I was giving Guitar adequate enough support at home. So they wouldn't see him*”.

4.5. Subcategory: Developing Self

Participants reflected on the ways their social transition experiences had shaped them, appearing to ascribe positive new meanings. For example, Ariana reflected on how coping with others' reactions shaped her: “...*it's made me who I am*”. Similarly, Zac described: “...*my identity is something I hold close to my heart because I had to go a long way to get to where I am...*”.

4.6. Subcategory: Developing Community

Families also supported the development of their communities. Lori and Zoe used opportunities at work to educate others about transgender lives: “*I always then use that opportunity to educate them*” (Lori). Zoe reflected on Ariana's friendship circle: “...*there's like, doesn't seem to be any prejudice around it. But I think, I don't know whether we've like sort of paved the way a little bit that now it's not a thing*”. Similarly, regarding the challenges

negotiated with Ariana's school, Dan reflected, *"hopefully the kind of the fuss that we kicked up, has put the school in a position now where they can understand..."*.

5. Main (Contextual) Category: Social Contexts and Shaping Characteristics

Social transitions were located within other social contexts. Zac described how other shared transitions led to a more serious tone in peer conversations, facilitating his GI disclosure: *"I would say that that transition between schools and lockdown was probably the major push"*. The passing of time appeared to shape acceptance: *"...over time it was like... ..And I never forced anything upon her, but I thought to myself 'that there's no matter what I did, I could never ever change your [Ariana's] mind'"* (Dan).

Participants also reflected on how personal and social characteristics shaped social transition, and particularly others' reactions. Zac felt his parents' experiences of prejudice related to their own gay identities had shaped their understanding of his GI: *"...there was definitely some sort of understanding they would have had"*, but also highlighted limits to others' understanding, given the uniqueness of the trans experience. Age, social class, religious belief, and work-related identities were also considered as shaping others' reactions. For example, Ariana associated her teacher's age with his response: *"...he was quite like young, so he understood everything"*.

Zac considered how privilege associated with his white ethnicity likely supported his access to services, comparing this to experiences people of minoritised ethnic identities may have: *"that just, I guess, opened more doors"*; *"... it puts us more like as a priority..."*.

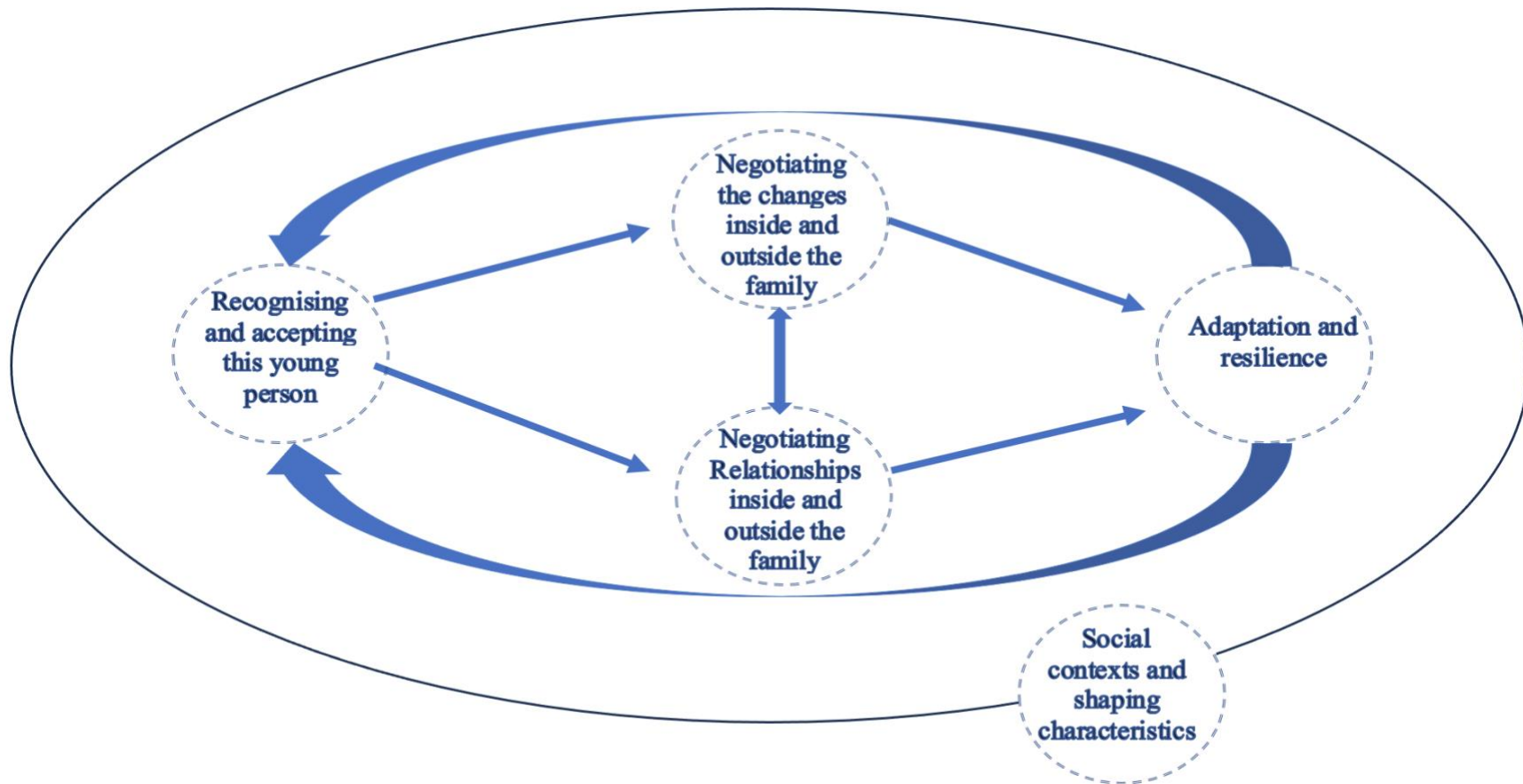
Interaction of Categories (Figure 1)

Following the initial stage of "recognising and accepting this young person", the processes of the other main categories were not processed linearly. A double arrow depicts that "negotiating the changes of social transition..." and "negotiating relationships..." co-occurred and were mutually influencing. Arrows from "adaptation and resilience" back to

“recognising and accepting this young person” convey that adaptation and resilience developed both as a result of the other aspects of the social transition and also supported the social transition to continue and repeat, including in other contexts. As the social transitions occurred across many settings, the overall social transition process typically took place multiple times, beginning with immediate family and then beyond, including within extended family, school, wider communities, and public arenas. All aspects of the process were also shaped by contextual factors, represented visually with the positioning of “social contexts and shaping characteristics” on an outer circle. The circles have a dashed exterior line, to represent the permeability of the social transition processes to these contexts and characteristics.

Figure 1

Interaction of the Main Categories of the Developed Model



Discussion

Research and Theoretical Implications

Aligned with previous research were the impacts of family acceptance on the young peoples' ability to socially transition (Schimmel-Bristow et al., 2018; Pariseau et al., 2019). Increased emotional wellbeing of the GDYP was frequently cited as a primary reason for familial acceptance, and whilst these improvements were described, experiences were mixed, with many challenges appearing to impact wellbeing negatively. This mixed picture reflects previous research (Olson et al., 2016; Durwood et al., 2017; Morandini et al., 2023).

Social stressors were a frequent challenge, including non-affirmation through deadnaming, interpersonal interactions experienced as transphobic, and non-acceptance of social transition changes. Where experienced in school, these stressors appeared to undermine the young peoples' belonging and, also aligned with previous research, gender minority stressors were experienced as related to the mental health distress of several participants (Hatchel et al., 2019; Hendricks & Testa, 2012; Hunter, 2021).

Given the prevalence of GMS experiences and the mixed picture in terms of wellbeing outcomes, it seems possible that GMS may have counteracted some of the mental health benefits of social transition. This may perhaps also account for the mixed previous evidence base regarding social transition and mental health outcomes. Future research to explore these areas may be helpful, such as through correlational exploration of the relationship between self-reported extent of social transition, frequency of GMS experiences, and mental health outcomes. This would perhaps support further clarification of the benefits and costs of social transition, facilitating informed decision-making and indicating ways in which social transition may be best supported to maximise wellbeing. This would, however, require quantification of social transition, which may present challenges in terms of validity

and reliability. Research to develop and test an appropriate measure may therefore be an important prior step.

The families' development of strengths and community were aligned with systemic theories of family resilience (Walsh, 2016). Indeed, the overall model appeared to represent a family resilience process; many of the sub-processes were aligned with family resilience theories with growth in response to the challenges experienced. Subprocesses included parents supporting the young person to maintain a positive outlook, open communication as a means of coping, and cognitive strategies such as ascribing new meanings to difficult experiences (Huang et al., 2022; Prendergast & MacPhee, 2018). The developed model indicated that these adaptive processes helped the families to manage the negative impacts of GMS experiences. Whilst this relationship was indicated, quantitative research would be required to confirm the validity of this aspect of the model. This could be through correlational research, examining the relationship between the frequency of family use of adaptive sub-processes, frequency of exposure to GMS experiences, and mental health outcomes.

Also reflective of family adaptation and family resilience theory, the participants appeared to engage in a process of re-organisation of the family (Walsh, 2016; Huang et al., 2022). This included using estrangement in some relationships and, in others, instead making compromises to preserve relationships. It was unclear why compromise was favoured and possible in some relationships, and not others, and so further research to clarify this may be important, particularly given the previously established role of family-functioning in the wellbeing of GDYP (Horton, 2020; Katz-Wise et al., 2018; Pullen Sansfaçon et al., 2020).

Aligned with intersectionality perspectives and the family resilience model of Prendergast and MacPhee (2018), findings were also suggestive of some impacts of intersectionality on social transitions; white privilege, social class, education, minority stress

experiences of parents', and working-parent status were all seen by participants as influencing social transition (Parent, 2013).

Clinical Implications

Given the apparent significance of GMS in social transition, attention to GMS processes as part of assessment and formulation may be helpful to ensure that interventions address the minoritised status of GDYP. This may support practice in GI services and generic mental health services working with GDYP and their families. A focus on GMS may also open-up a more systemic understanding of gender dysphoria as not just being an internal process, but as related to non-accepting social contexts in which it is difficult for GDYP and their families to belong.

Consideration of GMS experiences within schools could also be helpful and may enable adjustments to be made so that GDYP can experience a greater sense of belonging in these environments. Specialist training for school staff may support this. Particularly within the context of increased referral rates, wait times, and restructuring of the GIDS, the need to equip other professionals involved in the lives of young people seems salient. The prevalence of challenging encounters experienced by the participants in other services further supports this need.

Given that social transition appeared to be a process of family adaptation, a further clinical implication may be for assessment and treatment to be consistently offered at the family-level. Drawing upon the study data, this could perhaps include systemic family therapy interventions around themes of the changing family genogram due to alterations in relational closeness. This may support families to navigate such changes and bolster family-functioning, previously established as an important factor in the wellbeing of GDYP (Katz-Wise et al., 2018). Furthermore, adequate support for parents was a significant, yet often

unmet need. Given the key role of the parents in supporting the GDYP, attending to their support needs seems another important area for further development.

Whilst the challenges encountered during social transition were apparent, so too were the ways in which families responded resiliently. It seems important that this is held in mind by those working with GDYP and their families, particularly given the prevalence of victimising and pathologizing narratives (Olson-Kennedy et al., 2016). However, caution should perhaps also be taken when highlighting resilience more broadly, to avoid the expectation that GDYP and their families should adapt to difficult social conditions.

Strengths and Limitations

Several limitations should be considered. All participants were recruited from the GIDS, resulting in a clinical sample, and all findings came from families where at least one parent was (to varying extents) affirming and supportive of their GDYP. These characteristics are unlikely to reflect the experiences of the families of many GDYP in the UK. Furthermore, family support has been described as key in the resilience of GDYP (Katz-Wise et al., 2018; Simons et al., 2013). Given the centrality of resilience processes in the present study, the lack of inclusion of less accepting families narrows the applicability of the presented model significantly. Further research in families without an accepting parent would be needed to establish the conditions in which the model does and does not apply.

Another considerable limitation was that all participants identified as white. Whilst one participant did reflect on the ways in which his racial identity may have shaped ST, it is important that the voices and experiences of people of other racial backgrounds guide theory development regarding the role of race. The lack of racial diversity is also particularly limiting when considering the prominence of GMS experiences in the developed theory, and that minority stressors related to different aspects of identity are considered to intersect (Parent et al., 2013; Prendergast & MacPhee, 2018). Another noteworthy sampling limitation

was that all the participants had socially transitioned to a binary GI. The extent to which this model applies to GDYP of other gender identities, such as non-binary GDYP, therefore remains unknown.

The decision to allow participants to self-define social transition appeared to hold both strengths and weaknesses. As previous literature has highlighted that there is no rule as to what social transition should encompass, and given contexts of power differentials when working with GDYP, it does seem important that self-definition was allowed (Whyatt-Sames, 2017). This does, however, make any future testing of the theory challenging, perhaps reducing the usefulness of the model. Notably, inclusion criteria were first used by GIDS clinicians to identify families to approach and so, to some extent, these clinicians played a role in defining what constituted social transition, meaning intended self-definition of GDYP was not entirely achieved.

Despite the limitations, the study did achieve the development of a model of social transition within the family context. This adds to the previously established understandings of the experience of GDYP and their families. Furthermore, the findings could also have some generalisability to families in which other aspects of a young person's identity may be experienced as presenting a challenge to the family system, perhaps contributing to broader understanding around family adaptation and minority stress experiences within family systems.

Conclusion

Responding to a significant lack of previous applicable theory, the study aimed to build a grounded theory of the process of social transition of GDYP within the UK family context. The developed theory explained social transition within the family context as a young person-led family-resilience process.

Prior to and during the social transition, families experienced significant challenges, many of which appeared to be recognisable GMS experiences. Echoing broader theories of family resilience, by engaging in social transition, the families adapted to these challenges and increased skills and resilience. The families also worked to increase the tolerance and understanding of their communities, supporting the development of contexts in which the GDYP was more able to belong. Whilst the families clearly responded to challenges resiliently, there were many areas in which improvements could clearly be made to support the social transition, acceptance, belonging, and overall wellbeing of GDYP and their families. Some suggested areas of intervention and development are described.

Whilst a novel theory was presented, there were notable sampling limitations and further research is much needed to increase applicability and usefulness of the model. Given the significant challenges faced by GDYP and their families, the accompanying mental health risks, and that more GDYP are making themselves known in the UK, continuing development in this area is much needed.

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Appendix A. Questions of the Amended CASP Framework (Long et al., 2020)

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Appendix B. Sample of Coded Data Extracts

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Appendix C. Table of Location of Themes and Example Quotes

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Appendix D. University Research Proposal Approval

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Appendix E. IRAS Approval

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Appendix F. End of Study Declaration and Feedback to IRAS Committee

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Appendix G. Information Sheet (Young Person)

IRAS project ID: 292683
Version 4
29.04.2022



Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Sophie's Research Project **A grounded theory of social-transition within the family** **from the experience of gender-diverse young people and their** **parents or carers**



Hello. My name is Sophie Razzel and I am a Trainee Clinical Psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study....

What is this research about?

We know that social transition can have a big impact on young people's wellbeing and that families play an important part in this. However, there has not been much research on this so far. This study aims to find out about what social transition is like for young people and their families.

Why have I been invited?

To find out what social transition is like for young people and their families, I would like to interview gender-diverse young people and their parents/carers. I have asked the Gender Identity Development Service (GIDS) staff to invite young people who may be able to take part in an interview. This is why you're being invited. Around five gender-diverse young people and their parent(s)/ carer(s) will be involved in total.

What will happen if I take part?

You will be invited to an interview with me [Sophie]. You would be interviewed on your own (parents/carers and young people are interviewed separately). The interview will either be online by video call or at the GIDS clinic in person. The interview will last around an hour and will be audio-recorded. You can take breaks if you need to.

What kind of questions will I be asked?

During the interview, you will be asked questions about yours and your family's experience of your social transition. This might include questions about the parts of social transition that stood out for you, things that impacted your social transition and the impact it has had on you. You will also be asked for basic information: your age, how you describe yourself, your pronouns, your ethnicity/race.

Do I have to take part?

No. It is up to you to decide whether you wish to join the study. If you agree to take part, you would need to sign a consent form. If you are under 16, your legal guardian will also need to sign a consent form before you can take part. Both you and your parent(s)/carer(s) have to agree to take part for your family to join the study.

Will information I give you be kept safe and confidential?

Yes. Once the interviews have been typed-up, the audio recording will be destroyed. The typed-up version of your interview (transcript) will have names and places changed (anonymised) so that you cannot be recognised. This transcript will be kept secure for 10 years after the study has finished, and it will then be destroyed. All other information will be securely destroyed once the study has finished. If you would like more information about how your information is used and stored, you could visit <https://www.canterbury.ac.uk/university-solicitors-office/docs/research-privacy-notice.docx>

Research reports will be written. These reports will link what you and your parent(s)/ carer(s) said in your interviews, to describe your family's experience. Whilst you and your parent(s)/ carer(s) may be able to recognise what one another had said, your names will be changed so that your family cannot be recognised by others.

The only time I would have to tell someone else something you have told me is if I became worried about your safety or someone else's safety. I would try to speak to you about this first, if possible.

If you would like to check that I have written down the information you have given me correctly, you can. You can ask me if you would like to do this.

GDPR**How will we use information about you?**

We will need to use information from you for this research project. This information will include your name, your age, how you describe yourself, your pronouns, your ethnicity/race. We will use this information to do the research. People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

We will keep all information about you safe and secure.

The anonymised transcript of your interview will be held securely for 10 years once the study is complete and will then be destroyed securely. The reports will be written in a way that no-one can work out that you took part in the study. All other information will be securely destroyed once the study is finished.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but if this is beyond 10 days after the interview, we will keep information about you that we already have.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- by asking one of the research team
- by sending an email to [This has been removed from the electronic copy] or [This has been removed from the electronic copy].
- by contacting the sponsor's data protection officer: dp.officer@canterbury.ac.uk
- by ringing us on the 24-hour voicemail phone number 01227 927070.

What are the pros and cons of taking part?

Taking part in this study will not directly influence or affect your care but we do hope that it might help professionals more generally to better support young people and their families in the future.

Some people may find it difficult to talk about these experiences and taking part in the interview could therefore feel upsetting.

What will happen if I don't want to carry on with the study?

You can change your mind and choose not to take part in this study, stop or pause at any point during the interview. You can also cancel at any time before the interview.

Once your interview has been typed up and analysis of it has begun, it will no longer be possible to remove this from the research, but your name will be removed.

What will happen to the results of the research study?

Some preliminary findings from this work may be shared at professional conferences in a presentation. Your name and your parent(s)/carer(s) names will not be in the presentation, and no direct quotes will be used. Once the GIDS research report has been written, I will contact you to ask if you would be happy to read over it, to ensure you are happy with it. A research report (called a dissertation) will also be submitted to Sophie's university. A report of the research may also be published in an academic journal and shared with GIDS staff or at professional events. Your name and your parent(s)/carer(s) names will not be on the dissertation or on any report or presentation. Quotes of things you or your parent(s)/carer(s) have said may be used in these research reports, the dissertation, articles or presentations but they will not be connected to your names.

I'm undecided...

You might want to talk to someone about whether or not to take part. Or, you might like to speak with your care-coordinator (the person you see regularly at GIDS) about this.

What if I have a concern or want to ask a question?

If you or your parent(s)/carer(s) have any questions about the study you can ask me, either in person or by contacting me on the number below.

Any concerns you have about the study will be listened to. If you do have a concern, you or your parent(s)/carer(s) could speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me [Sophie Razzel] and I will get back to you as soon as possible.

Or you can contact [Name removed from electronic copy], Clinical Psychologist at GIDS.

If you wish to make a complaint, you can do this by contacting [Name removed from electronic copy], Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology at [This has been removed from the electronic copy].

Thank you for considering taking part in this study.

Appendix H. Information Sheet (Parent/Carer Regarding Young Person)

Date: 29/04/2022
Version no: 4
IRAS project ID: 292683



Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Information about the research

A grounded theory of social-transition within the family from the experience of gender-diverse young people and their parents or carers

Hello. My name is Sophie Razzel and I am a Trainee Clinical Psychologist at Canterbury Christ Church University. I would like to invite you and your child to take part in a research study. This information sheet is about your child taking part in the study (there is separate information about you taking part yourself).

In order for your child to take part, I would need permission from their legal guardian. Before you decide whether or not you agree to your child taking part, it is important that you understand why the research is being done and what it would involve for them. If you do give permission for your child to take part, you will be given a copy of this information sheet and a signed consent form to keep.

You may talk to others about the study if you wish. Part 1 tells you the purpose of this study and what will happen to your child if they take part. Part 2 gives you more detailed information about the conduct of the study.

Part 1

What is the purpose of the study?

There has been little research on how social transition is experienced within families. However, we do know that social transition can have a significant impact on people's wellbeing and that families play an important role in this. The purpose of this study is to develop more of an understanding of the process of social transition of young people within their families.

Why has my child been invited?

Gender-diverse young people under the care of the Gender Identity Development Service (GIDS) and their parents/carers are being invited to take part in this research. Approximately five young people and their parents/carers will be recruited.

Do they have to take part?

No. It is up to you and your child to decide whether they join the study. If you agree for them to take part, you would need to sign a consent form. Your child will also need to sign a separate consent form. You are free to withdraw your permission for them to take part at any time, without giving a reason. This would not in any way affect the standard of care your child will receive within GIDS.

What will happen if they take part?

Your child will be asked to attend an interview. This may take place online by video call or in person at the GIDS clinic. This will be a one to one interview which will last about an hour and will be audio-recorded. As well as the interview about social transition, your child will be asked for some basic information: age, how they describe themselves, pronouns, their ethnicity/race.

What are the possible disadvantages and risks of taking part?

Some young people may find it difficult to talk about these experiences and taking part in the interview could therefore lead to some emotional discomfort or distress.

Any complaint about the way you or your child have been dealt with during the study or any possible harm your child might suffer will be addressed. The detailed information on this is given in Part 2.

What are the possible benefits of taking part?

There is not a direct clinical benefit to your child by taking part in this research. However, we hope that by improving understanding in this area, clinicians might be better placed to support gender-diverse young people and their families in the future.

Expenses and payments

Every person that takes part will be given a £10 voucher as a small compensation for their time.

Will information from or about my child from taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about your child will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.

If the information in Part 1 has interested you and you are considering consenting to your child's participation, please read the additional information in Part 2 before making any decision.

Part 2

What will happen if my child doesn't want to carry on with the study?

Your child can choose not to take part in this study (withdraw). If they decide to withdraw during the interview, the interview will be stopped and the interview and information gathered from them will be destroyed. Once the interview has been transcribed (typed up) and analysis of it has begun, it will no longer be possible to remove it from the study. This will, however, have been fully anonymised.

What will happen if I change my mind?

You can withdraw your permission at any time and your child can be withdrawn from the study. Whilst it will not be possible to remove your child's interview and information from the study beyond 10 days after the interview, this will have been fully anonymised.

What if there is a problem?

You are welcome to speak to me if you have any concerns that arise from your child participating in the study. Your child is also welcome to speak with me if they have any concerns. These can either be discussed with me in person or by contacting me on the details listed below.

Concerns and Complaints

If you or your child have a concern about any aspect of this study, you could ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me [Sophie Razzel] and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting [Name removed from electronic copy], Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology at [This has been removed from the electronic copy].

Will information from or about my child from taking part in the study be kept confidential?

Yes. I will follow ethical and legal practice and all information about your child will be handled in confidence. The audio-recording of the interview and all other information will be held securely, according to GIDS policy. Once the interview has been transcribed, the audio recording will be destroyed. The transcribed interview will be anonymised, so that names and any identifying information about your child or others in your family is concealed. In line with doctoral research requirements, the anonymised transcript of

the interview will be held securely for 10 years after completion of the study, and it will then be securely destroyed. All other information will be securely destroyed upon completion of the study.

Research reports will be written. These reports will link what your child and you have said in your interviews, to describe your family's experience. Whilst you and your child may be able to recognise what one another had said, your names will be removed so that your family cannot be recognised by others. The only time when I would be obliged to pass on information regarding your child or others in your family to a third party would be if, as a result of something they told me, I were to become concerned about your child's safety or the safety of someone else. I would try to speak to your child about this first, if possible.

Your child has the right to check the accuracy of information held about them and correct any errors and can request to do so by contacting me.

For more information about data protection, please see the university's research privacy notice: <https://www.canterbury.ac.uk/university-solicitors-office/docs/research-privacy-notice.docx> This privacy notice explains your rights and the legal basis on which we process research data. It also provides contact details in case you have any questions or complaints about how we handle your data.

What will happen to the results of the research study?

Some preliminary findings from this work may be shared at professional conferences in a presentation. Your child's name and the names of other members of your family will not be in the presentation, and no direct quotes will be used.

You and your child will be able to see a copy of the short research report if you would like, once it is finished. Once it is written, I will contact you and your child to ask if you would both be happy to read over a copy of the research report, to ensure you are happy with it. A longer research report (dissertation) will also be submitted to Canterbury Christ Church University. It is possible that a longer report of the research may also be submitted for publication in professional journals and verbal presentations of this may also be given, such as to GIDS staff or at professional conferences. Your child and other members of your family will not be identifiable to others in the dissertation or on any report, publication or presentation. Quotes of things your child has said may be used in these research reports, the dissertation, articles or presentations but they will not be connected to your child's name or the names of other members of your family.

Who is funding the research?

This research is being carried out as part of my Doctorate in Clinical Psychology training and as such is not funded, though the NHS funds my salary.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed by the Camden and Kings Cross Research Ethics Committee.

Further information and contact details

1. If you would like to speak to me and find out more about the study or have any questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me [Sophie Razzel] and leave a contact number so that I can get back to you.
2. If you wish to get advice as to whether your child should participate, you can contact me by leaving a message on the 24-hour voicemail phone line (details above). Alternatively, you could speak with [Name removed from electronic copy], Clinical Psychologist, who works at GIDS and is a supervisor for this study. You can contact [Name removed from electronic copy] on: [This has been removed from the electronic copy].
3. If you are dissatisfied with the study and want to complain, you can do so by contacting [Name removed from electronic copy], Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology at [This has been removed from the electronic copy].

GDPR

How will we use information about your child?

We will need to use information from your child for this research project. This information will include your child's name, age, how they describe themselves, pronouns, ethnicity/race. We will use this information to do the research.

We need to manage your child's records in specific ways for the research to be reliable. This means that we won't be able to let you or your child see or change the data we hold about them.

People who do not need to know who your child is will not be able to see their name or contact details. Their data will have a code number instead.

We will keep all information about your child safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that your child took part in the study.

What are your choices about how your child's information is used?

- Your child can stop being part of the study at any time, without giving a reason, but if this is beyond 10 days after the interview, we will keep information about them that we already have.

Where can you find out more about how your child's information is used?

You can find out more about how we use your child's information

- at www.hra.nhs.uk/information-about-patients/
- by asking one of the research team
- by sending an email to [This has been removed from the electronic copy] or [This has been removed from the electronic copy].
- by contacting the sponsor's data protection officer: dp.officer@canterbury.ac.uk
- by ringing us on the 24-hour voicemail phone number 01227 927070.

Thank you for considering taking part in this study

Appendix I. Information Sheet (Parent/Carer Participant)

IRAS project ID: 292683
Version 4
29/04/2022



Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Information about the research

A grounded theory of social-transition within the family from the experience of gender-diverse young people and their parents or carers

Hello. My name is Sophie Razzel and I am a Trainee Clinical Psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve. If you do decide to take part, you will be given a copy of this information sheet and a signed consent form to keep.

You may talk to others about the study if you wish. Part 1 tells you the purpose of this study and what will happen if you take part. Part 2 gives you more detailed information about the conduct of the study.

Part 1

What is the purpose of the study?

There has been little research on how social transition is experienced within families. However, we do know that social transition can have a significant impact on people's wellbeing and that families play an important role in this. The purpose of this study is to develop more of an understanding of the process of social transition of young people within their families.

Why have I been invited?

Gender-diverse young people under the care of the Gender Identity Development Service (GIDS) and their parents/carers are being invited to take part in this research. Approximately five young people and their parents/carers will be recruited.

Do I have to take part?

No. It is up to you to decide whether you wish to join the study. If you agree to take part, you would need to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not in any way affect the standard of care your child will receive within GIDS.

What will happen if I take part?

You will be asked to attend an interview. This will either be in person at the GIDS clinic or online by video call. This will be a one to one interview which will last about an hour and will be audio-recorded. As well as the interview about social transition, you will be asked for some basic information: how you are related to your gender-diverse child, how you and your child describe yourselves (in terms of gender identity), yours and your child's pronouns, yours and your child's age, yours and your child's ethnicity/race.

What are the possible disadvantages and risks of taking part?

Some people may find it difficult to talk about these experiences and taking part in the interview could therefore lead to some emotional discomfort or distress.

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

What are the possible benefits of taking part?

There is not a direct clinical benefit to you or your child by taking part in this research. However, we hope that by improving understanding in this area, clinicians might be better placed to support gender-diverse young people and their families in the future.

Expenses and payments

Every person that takes part will be given a £10 voucher as a small compensation for their time.

Will information from or about me from taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.

If the information in Part 1 has interested you and you are considering participating, please read the additional information in Part 2 before making any decision.

Part 2**What will happen if I don't want to carry on with the study?**

You can choose not to take part in this study (withdraw). If you decide to withdraw during the interview, the interview will be stopped and the interview and information gathered can be destroyed. Once the interview has been transcribed (typed up) and analysis of it has begun, it will no longer be possible to remove it from the study. This will, however, have been fully anonymised.

What if there is a problem?

You are welcome to speak to me if you have any concerns that arise from participating in the study. You can either discuss this with me in person or by contacting me on the details listed below.

Concerns and Complaints

If you have a concern about any aspect of this study, you could ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me [Sophie Razzel] and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting [Name removed from electronic copy], Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology at [This has been removed from the electronic copy].

Will information from or about me from taking part in the study be kept confidential?

Yes. I will follow ethical and legal practice and all information about you will be handled in confidence. The audio-recording of the interview and all other information will be held securely, according to GIDS policy. Once the interview has been transcribed, the audio recording will be destroyed. The transcribed interview will be anonymised, so that names and any identifying information about you and your family is concealed. In line with doctoral research requirements, the anonymised transcript of the interview will be held securely for 10 years after completion of the study, and it will then be securely destroyed. All other information will be securely destroyed upon completion of the study.

Research reports will be written. These reports will link what you and your child said in your interviews, to describe your family's experience. Whilst you and your child may be able to recognise what one another had said, your names will be removed so that your family cannot be recognised by others. The only time when I would be obliged to pass on information regarding you, your child or others in your family to a third party would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else. I would try to speak to you about this first, if possible.

You have the right to check the accuracy of information held about you and correct any errors and can request to do so by contacting me.

For more information about data protection, please see the university's research privacy notice: <https://www.canterbury.ac.uk/university-solicitors-office/docs/research-privacy-notice.docx> This privacy notice explains your rights and the legal basis on which we process research data. It also provides contact details in case you have any questions or complaints about how we handle your data.

What will happen to the results of the research study?

Some preliminary findings from this work may be shared at professional conferences in a presentation. Your name and your family members' names will not be in the presentation, and no direct quotes will be used.

You will be able to see a copy of the short research report if you would like, once it is finished. Once it is written, I will contact you to ask you if you would be happy to read over a copy of this, to ensure you are happy with it. A longer research report (dissertation) will also be submitted to Canterbury Christ Church University. It is possible that a longer report of the research may also be submitted for publication in professional journals and verbal presentations of this may also be given, such as to GIDS staff or at professional conferences. You and the members of your family will not be identifiable to others in the dissertation or on any report, publication or presentation. Quotes of things you have said may be used in these research reports, the dissertation, articles or presentations but they will not be connected to your names.

Who is funding the research?

This research is being carried out as part of my Doctorate in Clinical Psychology training and as such is not funded, though the NHS funds my salary.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed by the Camden and Kings Cross Research Ethics Committee.

Further information and contact details

1. If you would like to speak to me and find out more about the study or have any questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me [Sophie Razzel] and leave a contact number so that I can get back to you.
2. If you wish to get advice as to whether you should participate, you can contact me by leaving a message on the 24-hour voicemail phone line (details above). Alternatively, you could speak with [Name removed from electronic copy], Clinical Psychologist, who works at GIDS and is a supervisor for this study. You can contact [Name removed from electronic copy] on: [This has been removed from the electronic copy].
3. If you are dissatisfied with the study and want to complain, you can do so by contacting [Name removed from electronic copy] Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology at [This has been removed from the electronic copy].

GDPR

How will we use information about you?

We will need to use information from you for this research project. This information will include your name, how you are related to your gender-diverse child, how you and your child describe yourselves (in terms of gender identity), yours and your child's pronouns, yours and your child's age, yours and your child's ethnicity/race. We will use this information to do the research.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

People who do not need to know who you are is will not be able to see your name or contact details. Your data will have a code number instead.

We will keep all information about you safe and secure.

The anonymised transcript of your interview will be held securely for 10 years once the study is complete and will then be destroyed securely. The reports will be written in a way that no-one can work out that you took part in the study. All other information will be securely destroyed once the study is finished.

What are your choices about how your information is used?

- You can stop being part of the study at any time, without giving a reason. If this is after your interview has been transcribed, it will no longer be possible to remove your information from the study. This will, however, have been fully anonymised.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- by asking one of the research team
- by sending an email to [This has been removed from the electronic copy] or [This has been removed from the electronic copy].
- by contacting the sponsor's data protection officer: dp.officer@canterbury.ac.uk
- by ringing us on the 24-hour voicemail phone number 01227 927070.

Thank you for considering taking part in this study.

Appendix J. Consent Form (Parent/Carer Participant)

IRAS project ID: 292683
Version 4
29/04/2022



Salomons Institute for Applied Psychology
Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Ethics approval number:
IRAS project ID: 292683
Participant identification number:

CONSENT FORM

A grounded theory of social-transition within the family from the experience of gender-diverse young people and their parents or carers

Name of Researcher: Sophie Razzel

Please write your initials in the boxes

1. I am signing this sheet to say that I have read and understand the information sheet dated..... (version.....) for the above study. You have given me time to think about the information and ask questions and have answered my questions satisfactorily.
2. I understand that it is my choice to take part in the study and that I am free to withdraw without giving any reason, without mine or my child's care at GIDS or our legal rights being affected.
3. I understand that if Sophie becomes worried about my safety or the safety of someone else, they may be obliged to pass on information about me, my child, or others. I understand that Sophie would try to speak with me about this first, if possible.
4. I understand what I say during my interview may be looked at by research supervisors, [Name removed from electronic copy] or [Name removed from electronic copy]. I understand that before this is looked at by these individuals, my name and the names of my family members will have been disguised so that we cannot be identified. I give permission for [Name removed from electronic copy] and [Name removed from electronic copy] to see my interviews and information once names have been disguised.
5. I agree for the interview to be audio-recorded and understand that my and my family members' names and any identifiable details will be disguised when the interview is transcribed (typed-up).
6. I agree that anonymous quotes from my interview and other anonymous information may be used in published reports of the study findings.
7. I agree to take part in the above study.

(Please see next page)

8. I agree to be sent the transcript of my interview so that I can read and check this if I would like to.

Yes

No

9. I understand that some of the preliminary findings of this project may be shared at professional conferences and this may include my data.

Yes

No

10. I agree to be sent a draft of this project's findings to see if I am happy with this and a link to a page where I can give feedback on the draft, if I would like to.

Yes

No

11. I agree that any feedback I give on the draft of the findings can be included (fully anonymised) in the final reports of the research.

Yes

No

Name of Participant: Date: Signature:

Name of Person taking consent: Date: Signature:

Filing arrangement: Original copy for participant, 1 copy for researcher

Appendix K. Consent Form (Young Person)

IRAS project ID: 292683
Version 4
29/04/2022



Salomons Institute for Applied Psychology
Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Ethics approval number:
IRAS project ID: 292683
Version number: 4
Participant Identification number:

CONSENT FORM

A grounded theory of social-transition within the family from the experience of gender-diverse young people and their parents or carers
Name of Researcher: Sophie Razzel

Please write your initials in the boxes

1. I am signing this sheet to say that I have read and understand the information sheet dated..... (version.....) for the above study. You have given me time to think about the information and ask questions and have answered my questions.
2. I understand that it is my choice to take part in the study and that I am free to withdraw without giving any reason, without my care at GIDS or my legal rights being affected.
3. I understand that if Sophie becomes worried about my safety or someone else's safety, they may have to share something I have told them with someone else. I understand that Sophie would try to speak to me about this first, if possible.
4. I understand what I say during my interview may be looked at by research supervisors, [Name removed from electronic copy] or [Name removed from electronic copy]. I understand that before this is looked at by these people, my name and the names of my family members will have been disguised so that we cannot be identified. I give permission for [Name removed from electronic copy] and [Name removed from electronic copy] to see my interviews and information once names have been disguised.
5. I agree for the interview to be audio-recorded and understand that my and my family members' names and any identifiable details will be disguised when the interview is transcribed (typed-up).
6. I agree that anonymous quotes from my interview and other anonymous information may be used in published reports of the study findings.
7. I agree to take part in the above study.

(Please see next page)

8. I agree to be sent the transcript (typed-up version) of my interview so that I can read and check this if I would like to.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

9. I understand that some of the preliminary findings of this project may be shared at professional conferences and this may include my data.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

10. I agree to be sent a draft of this project's findings to see if I am happy with this and a link to a page where I can give feedback on the draft, if I would like to.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

11. I agree that any feedback I give on the draft of the findings can be included (fully anonymised) in the final reports of the research.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Name of Participant: Date: Signature:

Name of Person taking consent: Date: Signature:

Filing arrangement: Original copy for participant, 1 copy for researcher

Appendix L. Assent Form (Young Person)

IRAS project ID: 292683
Version 2
29/04/2022



Salomons Institute for Applied Psychology
Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Ethics approval number:
IRAS project ID: 292683
Version number: 2
Participant Identification number:

ASSENT FORM

A grounded theory of social-transition within the family from the experience of gender-diverse young people and their parents or carers
Name of Researcher: Sophie Razzel

Please write your initials in the boxes

1. I am signing this sheet to say that I have read and understand the information sheet dated..... (version.....) for the above study. You have given me time to think about the information and ask questions and have answered my questions.
2. I understand that it is my choice to take part in the study and that I am free to withdraw without giving any reason, without my care at GIDS or my legal rights being affected.
3. I understand that if Sophie becomes worried about my safety or someone else's safety, they may have to share something I have told them with someone else. I understand that Sophie would try to speak to me about this first, if possible.
4. I understand what I say during my interview may be looked at by research supervisors, [Name removed from electronic copy] or [Name removed from electronic copy]. I understand that before this is looked at by these people, my name and the names of my family members will have been disguised so that we cannot be identified. I give permission for [Name removed from electronic copy] and [Name removed from electronic copy] to see my interviews and information once names have been disguised.
5. I agree for the interview to be audio-recorded and understand that my and my family members' names and any identifiable details will be disguised when the interview is transcribed (typed-up).
6. I agree that anonymous quotes from my interview and other anonymous information may be used in published reports of the study findings.
7. I agree to take part in the above study.

(Please see next page)

8. I agree to be sent the transcript (typed-up version) of my interview so that I can read and check this if I would like to.

Yes

No

9. I understand that some of the preliminary findings of this project may be shared at professional conferences and this may include my data.

Yes

No

10. I agree to be sent a draft of this project's findings to see if I am happy with this and a link to a page where I can give feedback on the draft, if I would like to.

Yes

No

11. I agree that any feedback I give on the draft of the findings can be included (fully anonymised) in the final reports of the research.

Yes

No

Name of Participant: Date: Signature:

Name of Person taking assent: Date: Signature:

Filing arrangement: Original copy for participant, 1 copy for researcher

Appendix M. Consent Form (Parent/Carer Regarding Young Person)

IRAS project ID: 292683
Version 4
29/04/2022



Salomons Institute for Applied Psychology
Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Ethics approval number:
IRAS project ID: 292683
Participant Identification number:

CONSENT FORM (ON BEHALF OF MY CHILD)

A grounded theory of social-transition within the family from the experience of gender-diverse young people and their parents or carers

Name of Researcher: Sophie Razzel

Please write your initials in the boxes

1. I am signing this sheet to say that I have read and understand the information sheet dated..... (version.....) for the above study. You have given me time to think about the information and ask questions and have answered my questions satisfactorily.
2. I understand that it is my and my child's choice for them to take part in the study and that I am free to withdraw permission without giving any reason, without my child's care at GIDS or legal rights being affected.
3. I understand that if Sophie becomes worried about my child's safety or someone else's safety, they may be obliged to pass on information my child has told them to someone else. I understand that Sophie would try to speak with my child about this first, if possible.
4. I understand that the information collected from my child in the study, including the content of my child's interview, may be looked at by research supervisors, [Name removed from electronic copy] or [Name removed from electronic copy]. I understand that before this is looked at by these individuals, my child's name and the names of family members will have been disguised so that we cannot be identified. I give permission for [Name removed from electronic copy] and [Name removed from electronic copy] to see my child's interviews and information once names have been disguised.
5. I agree for the interview my child takes part in to be audio-recorded and understand that my child's and family members' names and any identifiable details will be disguised when the interview is transcribed (typed-up).
6. I agree that anonymous quotes from my child's interview and other anonymous information may be used in published reports of the study findings.
7. I give permission for my child to take part in the above study.
8. I agree for my child to be sent the transcript of their interview so that they can read and check this if they would like to.

Yes

No

(Please see next page)

9. I agree for my child to be sent a draft of this project's findings to see if they are happy with this and a link to a page where they can give feedback on this draft, if they would like to.

Yes

No

10. I understand that some of the preliminary findings of this project may be shared at professional conferences and this may include my child's data.

Yes

No

11. I agree that any feedback my child gives on the draft of the findings can be included (fully anonymised) in the final reports of the research.

Yes

No

Name of Parent: Date: Signature:.....

Name of child:

Name of Person taking consent: Date: Signature:

Filing arrangement: Original copy for participant, 1 copy for researcher

Appendix N. Further Support Information (Young Person)

This has been removed from the electronic copy.

Appendix O. Further Support Information (Parent/Carer)

This has been removed from the electronic copy.

Appendix P. Interview Guide (Young Person)

IRAS project ID: 292683

Version 2

19/09/2021

Interview Guide (Young Person)

Introduction:

This interview with you is part of a research project looking to find out more about what social transition is like for young people and their families. Do you have any questions before we begin?

Demographic questions:

I'm going to start with some brief questions if that's okay?

1. How old are you?
2. What pronouns do you use?
3. How would you describe yourself?
4. How do you identify in terms of your ethnicity or race?

[CHECK WHEN SOCIAL TRANSITION 'BEGAN']

Is it okay with you if I start recording the sound now and we go into some longer questions?

I wanted to start by asking if you had any communication needs? / Is there anything I could keep in mind to make the interview more accessible for you?

Different young people have lots of different experiences but I'm really interested in hearing about your own experience. This project is looking at social transition, but this term can mean different things to different people. I'm really curious about what this means to you?

PROMPT (*If unsure about what social transition means*) - When I use the words social transition, I'm usually talking about the changes a person might make in order to present themselves to others in line with their gender identity. It might involve changing clothing, pronouns and name, for example, but social transition wouldn't include things like blockers and hormones. But social transition is different for different people and I'm really interested in your own experience of this and what it means to you.

Topic areas and possible sample questions

(sample prompts/follow-ups = italicised; questions/prompts added or emphasised in later interviews = highlighted yellow)

- The young person's experience of considering and making decisions about their social transition, including expectations.
Sample questions:
 - Could you talk me through when you were thinking about socially-transitioning (or term or change identified by young person)?
When did you start to think about this?
Did other people in your family have different thoughts?
How were decisions reached? What helped you to come to those decisions? Do you have a sense of your rationale at the time? Can you remember what sorts of things you were weighing up?
Do you remember ever wavering on that?
Do you remember how you decided that would happen? Who decided? How did you decide who would do that?
Were there any hopes or fears you or your family members had?
What do you think it would have been like if your family hadn't responded in that way?

Do you have any thoughts on why they might have responded like that? What do you think helped change their minds?

How do you think things would have been if they hadn't responded in that way?

Who in your family has played an important part in the social transition?

Can you imagine what it would be like if they had responded in a different way?

- The young person's views on key moments.

Sample question:

- Looking back over your social transition, are there any moments that really stand out to you?
What was that like for you?
What changed after that moment?
How did family members respond to that moment?
What do you imagine they were thinking at that time?
Why do you think they responded like that?

- The young person's reflections on how their social transition went compared to their expectations.

Sample questions:

- Looking back now, do you think any of those hopes or fears came true?
- Was there anything that surprised you during your social transition?

- The young person's views on the impact their social transition has had on their wellbeing and the role family played in this.

Sample questions:

- How do you think your social transition has impacted your wellbeing?
Was there anything within your family that helped, or perhaps made it more difficult?
If you had to compare your wellbeing before, during, and after, what would you notice? Were there any changes? How about with how things were at school before and after your social transition?

- The young person's experience of communicating with their family about socially-transitioning.

Sample question:

- Can you tell me about what it has been like to talk about social transition in your family?
How did it feel to talk about this in your family?
Was there anything about their reactions that surprised you or anything you could have predicted?
If (family member) was here now, what do you think they would say about how they reacted?
- How do you think your family members' reactions impacted the way you socially-transitioned?
- Do you think your family have managed other changes in the same way?
Can you think of any other changes that your family have experienced in a similar or different way?
Would you say that's the typical way your family negotiate changes/decisions, or was it different?

- The young person's experience of the family as they socially-transitioned.

Sample question:

- So then talk me through you beginning socially transitioning and what happened in your family at that point.
What were the feelings you had at that time?
Why do you think they responded in that way?
How do you think (family member) feels about your social transition now?

Were there any changes that happened in your family at that time?

Do you think it might have been different if.....?

- The young person's views on how community impacted their experience of their social transition.
Sample question:
 - So, if we think a little bit about your family in context. Are there particular communities that you think are important for your family? These may be religious or cultural communities, or communities made up of people with similar backgrounds and experiences, or online communities. We know from research that these communities can have an influence on how families respond to change. Are there any aspects of your community that you think might be relevant to your family and how they responded to your social transition?
Are there any reactions that stand out to you now?
What was that like for you?
How did you and your family get through that?
Did you and your family change anything in response to that?

- The young person's experience of how their racial identity and/ or culture and class impacted their social transition.
Sample questions:
 - How do you feel your racial identity or culture impacted on your social transition?
 - How do you feel your social class impacted on your social transition? (For example, some people identify as working class or middle class and they might feel this has an impact on how they experience things..)

- The young person's views on the impact the social transition had on their experience of family.
Sample question:
 - Looking back now, is there anything you think would have been different in your family if you hadn't socially-transitioned?
Do you think your relationships with your family members would have been different if you hadn't socially-transitioned?
Were there any key events or family traditions that might have been different?
 - *Have you noticed any changes in [x family member] that you think might be related to your social transition?*
 - *Do you know if other people in your family have the same or a different understanding of...?*
 - *Does your family look any different not to how it did before your social transition?*
For example, is there anyone who is more or less close to one another?

- The young person's views on what, within families, might support social transition.
Sample questions:
 - Looking back, is there anything that might have made it feel easier to be in your family as you socially-transitioned?
 - If you met a family now who had a young person who was socially transitioning, what advice would you give to the parents/carers?

- Any other areas that have not been covered that feel important to the young person.
Sample question:
 - Is there anything we haven't covered that feels important?

Appendix Q. Interview Guide (Parent/Carer)

IRAS project ID: 292683

Version 2

19/09/2021

Interview Guide (Parents/Carers)

Introduction:

This interview is part of a research project looking to find out more about what social transition is like for young people and their families. Do you have any questions before we begin?

Demographic questions:

I'm going to start with some brief demographic questions if that's okay?

1. How are you related to your gender-diverse child?
2. How would you describe yourself, in terms of gender identity?
3. What pronouns do you use?
4. What is your age?
5. What is your child's age?
6. How would your child describe themselves in terms of gender identity? What pronouns do they use?
7. How do you identify in terms of your ethnicity or race?
8. How does your child identify in terms of their ethnicity or race?

[CHECK WHEN SOCIAL TRANSITION 'BEGAN']

Is it okay with you if I start audio recording now and go into some longer questions?

I wanted to start by asking if you had any communication needs? / Is there anything I could keep in mind to make the interview more accessible for you?

The experiences of young people and their families vary considerably but I'm really interested in hearing about yours and your family's experience. This project is looking at social transition, but this term can mean different things to different people. I'm really curious about what this means to you?

PROMPT (*If unsure about what social transition means*) - When I use the words social transition, I'm usually talking about the changes a person might make in order to present themselves to others in line with their gender identity. It might involve changing clothing, pronouns and name, for example, but social transition wouldn't include things like blockers and hormones. But social transition is different for different people and I'm really interested in your family's experience of this and what it means to you.

Topic areas and possible sample questions

(sample prompts/follow-ups = italicised; questions/prompts added or emphasised in later interviews = highlighted yellow)

- The thinking about and making decisions about their child's social transition, including expectations.
 - Sample questions:
 - Could you talk me through when your child was thinking about socially-transitioning?
When did they start to think about this?
How did you become aware of this?
What do you remember about your reaction?
How do you think things would have been if you hadn't responded in that way?
How were decisions reached? What helped you to come to those decisions? Do you have a sense of your rationale at the time? Can you remember what sorts of things you were weighing up?

- How did the two of you (parents/carers) talk about this? *Did you have different views? How did you negotiate these differences? What did you notice about how your child dealt with these differences?*
- Were there any hopes or fears that you or your child had?

- Parents'/ carers' views on key moments.

Sample question:

- Looking back over the social transition, are there any moments that really stand out to you?
What was that like for you?
What changed after that moment?
How do you think your child experienced that moment?

- Parents'/ carers' reflections on how their child's social transition went compared to expectations.

Sample questions:

- Looking back now, do you think any of those hopes or fears came true?
- Was there anything that surprised you during the social transition?
What within your family has helped the social transition process?
What outside of your family has helped the social transition process?
Do you think it might have been different if.....?

- Parents'/ carers' views on the impact the social transition has had on their child's wellbeing and the role family played in this.

Sample question:

- How do you think your child's social transition has impacted their wellbeing?
Was there anything within your family that you think helped, or perhaps made it more difficult?

- Parents'/ carers' experience of communication within their family about their child's social transition.

Sample questions:

- Can you tell me about what it has been like to talk about social transition in your family?
- What did you notice about how others in your family took the news?
Was there anything about their reactions that surprised you or anything you could have predicted?
If (family member) was here now, what do you think they would say about how they reacted?
How do you think your family members' reactions impacted the way your child socially-transitioned?

- The parents'/carers' views on how the social transition was experienced within the family.

Sample question:

- So then talk me through your child socially transitioning and what happened in your family then...
What were the feelings you had at that time?
If (your child) was here now, what do you think they would say about how you reacted?
What effect did your response seem to have?
How did others respond and how were these responses navigated in your family?

- The parents'/ carers' views on how community impacted the experience of their child's social transition. Sample question:

- So, if we think a little bit about your family in context. Are there particular communities that you think are important for your family? These may be religious or cultural communities, or communities made up of people with similar backgrounds and experiences, or online

communities. We know from research that these communities can have an influence on how families respond to change. Are there any aspects of your community that you think might be relevant to your family and how you and other family members responded to the social transition?

Are there any reactions that stand out to you now?

What was that like for you and your child?

How did you and your family get through that?

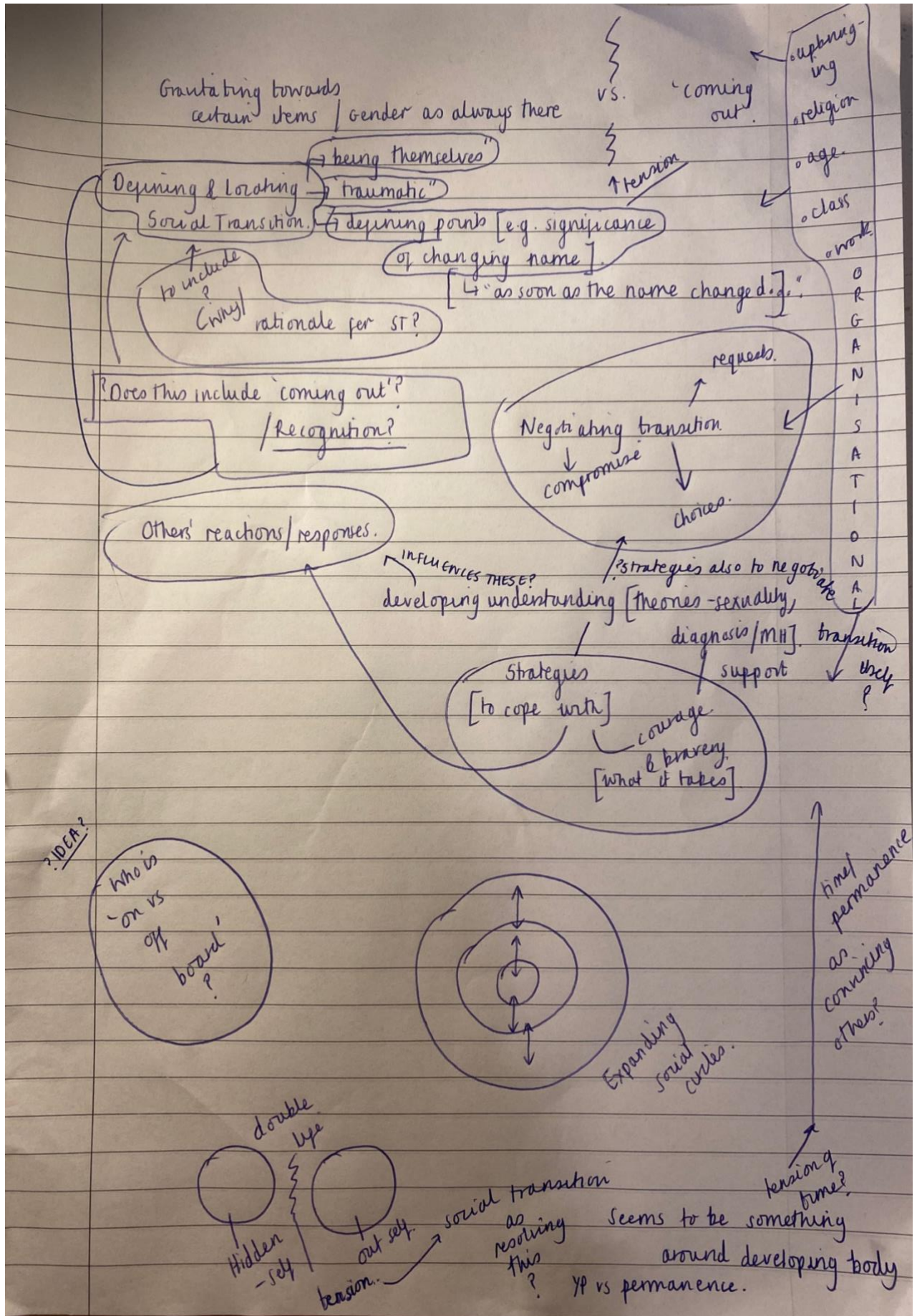
Did you and your family change anything in response to that?

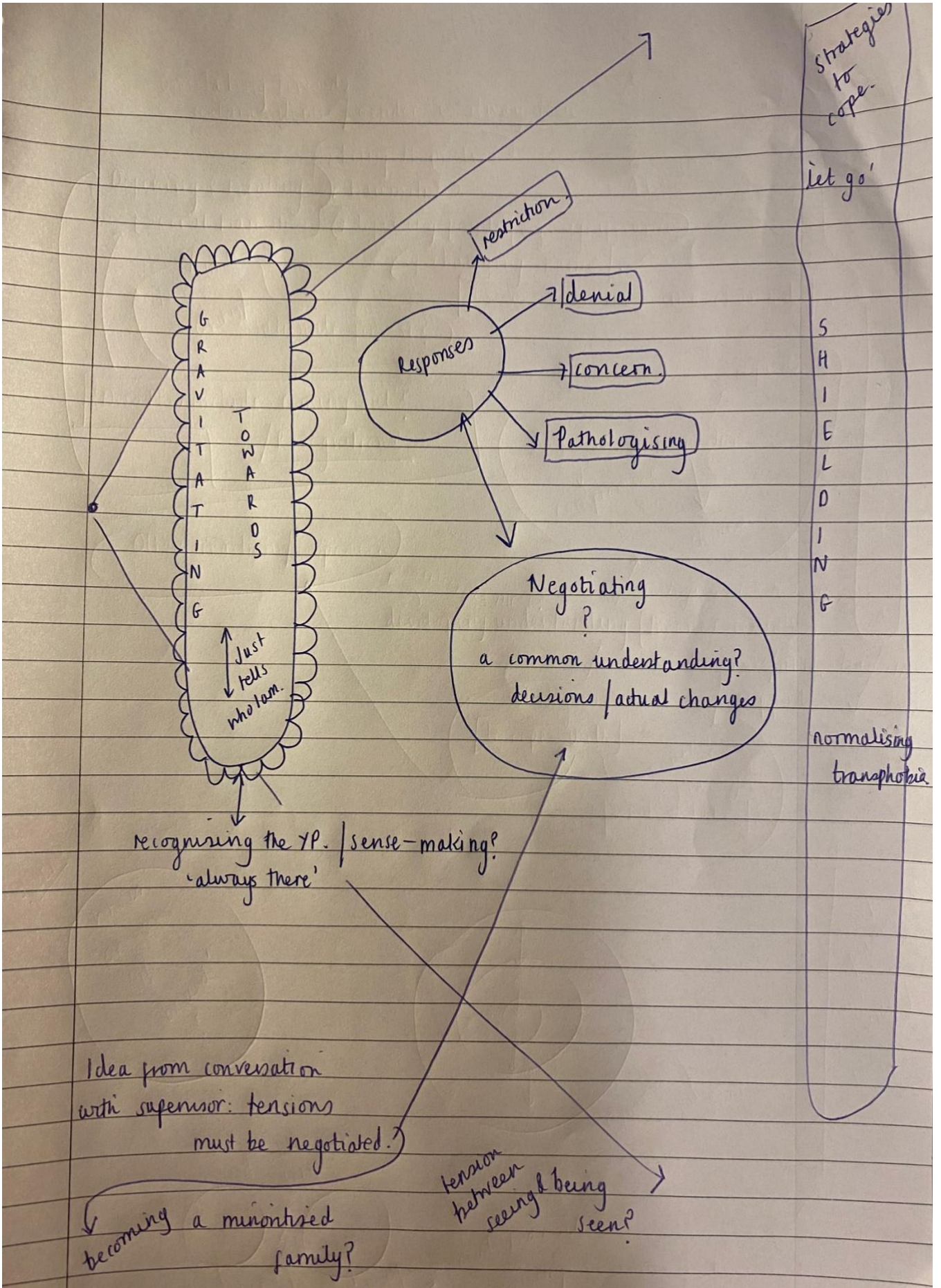
- Parents'/carers' views on how racial identity and/ or culture and class impacted their child's social transition.
Sample questions:
 - How do you feel yours or your child's racial identity or culture impacted their social transition?
 - How do you feel social class impacted on the social transition?
- Parents'/carers' views on the impact the social transition had on family life.
Sample question:
 - If you compared what you imagined family life would be like now, to what it has been like, what do you notice about the role that social transitioning plays in any differences? For example, it might be things you imagined would happen, that haven't happened or vice versa.
Were there any key events or family traditions that haven't happened or have happened in a different way?
How do you feel about that not happening?
Are there obvious differences that don't seem to be anything to do with social transition?
- The parents'/carers' views on what, within families, might support social transition.
Sample question:
 - If you met a family now who had a child who was socially transitioning, what advice would you give to the parents/carers?
- Any other areas that have not been covered that feel important to the parent(s)/carer(s).
Sample question:
 - Is there anything we haven't covered that feels important?

General prompts/ Questions :

- How did you decide who would take that step? /How did you decide what step you would take?
- Can you remember what thoughts and feelings were around for you at that time?
- Do you remember having any theories about what might be happening for your child?
- Who else in your family has been important in this process?

Appendix R. Samples of Diagramming (Made at Three Time Points, Chronologically Ordered)





living in a field of tension

Fig 1.

core category is achieved.
continued effort of parents to stay calm.

Main cat. subcat.

main social process that explained social transition was " " involved components.

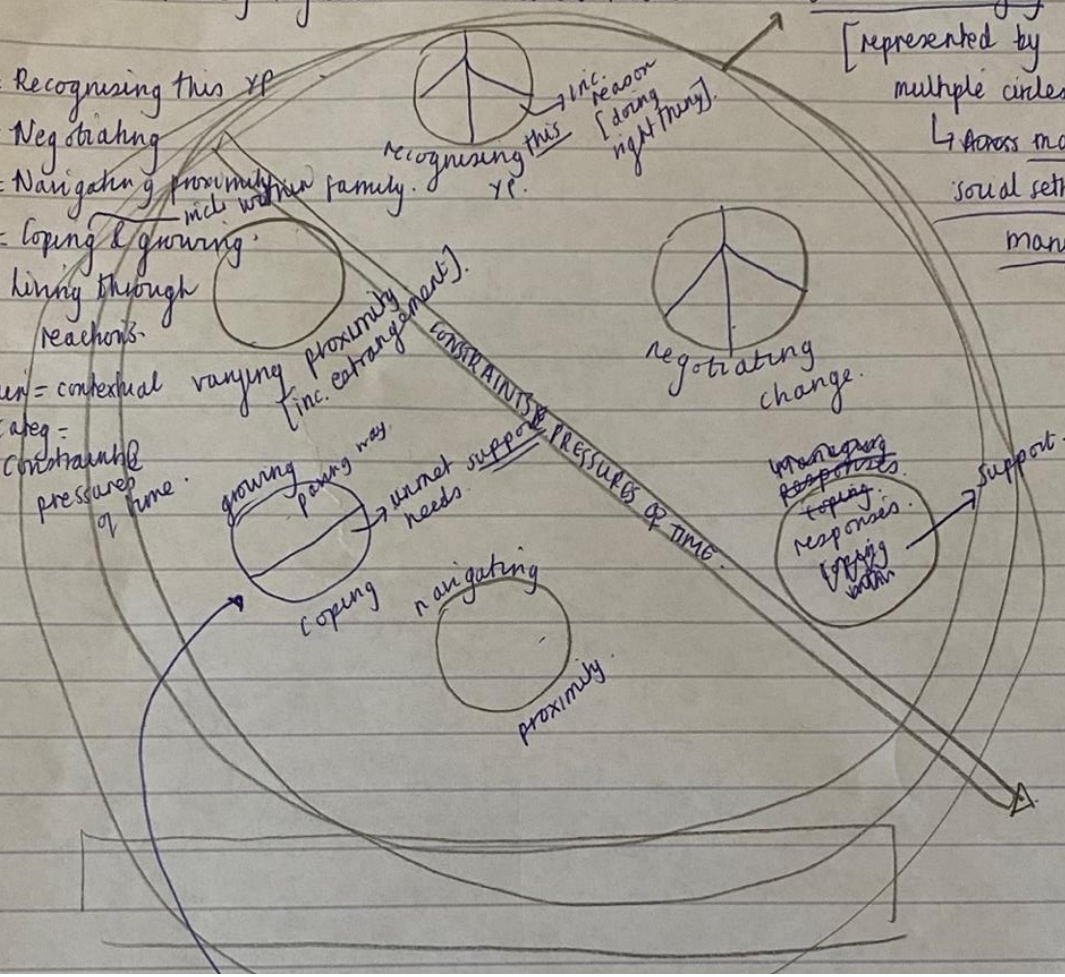
Four categories that form the theory

overarching category [describes overall process]
Family negotiation in whos on board.

contextual category
[represented by multiple circles].
↳ across many social settings, many challenges.

- main = Recognising this xp
- main = Negotiating
- main = Navigating proximity with family.
- main = Coping & growing
- main = living through reactions.

main = contextual
categ = constraints pressures of time.



varying proximity [inc. estrangement]

growing pains
unmet support needs

managing responses
coping responses
coping with

support

proximity

CONSTRAINTS PRESSURES OF TIME

Appendix S. Research Diary Sample

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Appendix T. Samples of Memoing

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Appendix U. Report for Participant Validation

Results

Research Project: A grounded theory of the process of social-transition in a family context from the perspective of trans and/or gender diverse young people and their parents

Thank you: To the young people and parents who took part, thank you. Thank you for so generously sharing your stories and time with me. Thank you for making this possible.

Background: Past research has demonstrated that social-transition can have a significant impact on young people's wellbeing and that families play an important role in this.

Aim: This study aimed to develop more of an understanding of the process of social-transition of young people within their families.

Participants/Interviews: 4 young people and 5 of their parents took part (4 families in total). Everyone was interviewed one-to-one by Sophie on a video call. The interviews were audio-recorded and then transcribed (typed-up).

Analysing the interviews: A method called 'Grounded Theory' was used. This involved breaking down what each person had said, sorting this into categories (groups), and working out what other questions still needed answering. Families in the later interviews were then asked these questions, until there was enough information to build a theory of social transition.

Results summary: A theory of social-transition in families was built from 5 main categories and several subcategories (smaller categories). This theory was called: Working towards a place of acceptance and belonging.

Overall, the theory explained that:

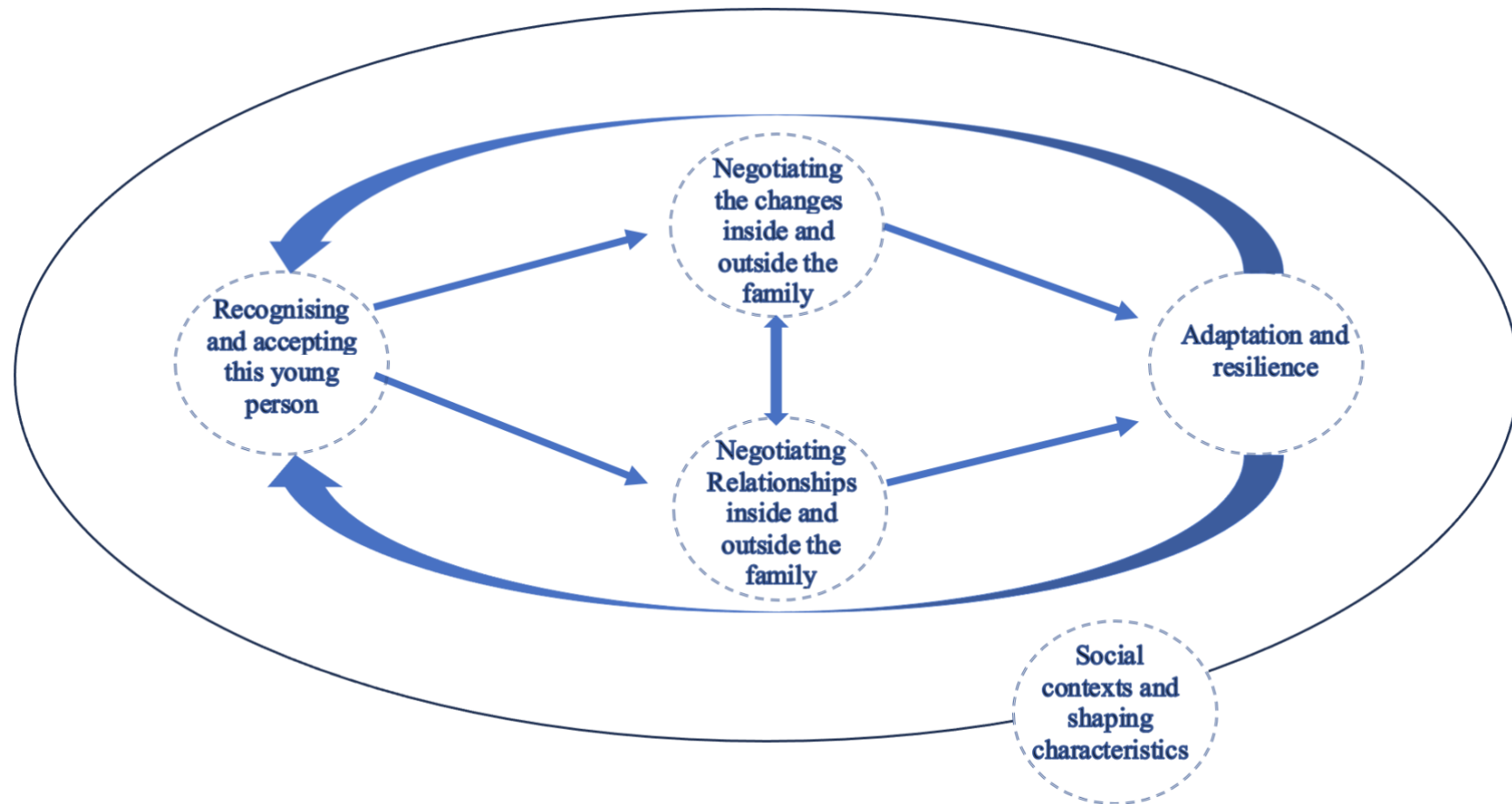
- Young people led their social transitions.
- Social transitions took place across many different settings (such as school, immediate family, wider family, communities).
- The social transitions involved many different adaptation processes. These processes helped the young person to move towards feeling more accepted and that they belonged.
- There were several challenges during the social transitions. Difficult reactions from other people were very common and impacted the emotional wellbeing of the families.
- As they coped with the challenges, the families became stronger, developing their skills and resilience. The families also helped to increase the understanding and tolerance of their communities, paving the way for other families.

The Table shows how the categories and sub-categories were organised and gives example quotes from each sub-category:

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The model below shows how the categories were related to each other. The process was usually repeated as the young people socially-transitioned in different settings. The arrows that go from 'Adaptation and resilience' back to 'Recognising and accepting this young person' are there to show that the adaptation and resilience the families developed helped them with the other parts of the process. The double arrow shows that 'Negotiating the changes inside and outside the family' and 'Negotiating relationships inside and outside the family' impacted one another. All parts of the process were impacted by contextual factors, so this category '(Contextual) category: Social contexts and shaping characteristics' is positioned on the outside.

**Overarching category:
Working towards a place of acceptance and belonging**



Linking to other theories

- The overall theory can be seen as a family resilience process. To cope with the challenges experienced, the families used adaptive processes. This included talking openly together, seeking support, distancing from some family members, and seeing the positives in difficult experiences.
- A previous theory (Gender Minority Stress) would say that the difficult reactions families faced (Gender Minority Stressors) may increase the risk of mental health problems.

Applying the findings:

- It might be that the Gender Minority Stressors reduced the benefits of social transition. Future research is needed to understand this better. This might clarify the pros and cons of social transition, which could help decision-making and point towards ways to better support families.
- Understanding that gender minority stress impacts social transition is important. Special training on this for health professionals might help families to get better support in future.
- Young people in this study obviously found school a challenging place to be during their social transition. It may be that special training for teachers and other school staff about social transition helps young people to get more support in the future.
- Some of the families had very difficult experiences with services such as Children and Adolescent Mental Health Services (CAMHS) and waiting lists were very long. Extra training for staff working in CAMHS and other NHS services might help families to get better and quicker support in future.
- Parents clearly play a very important role in supporting their young person. The parents in this study needed the right kind of support, but often didn't get enough of this. It may be that time and training can be focused on improving the support for parents/carers.

Next steps:

- Sophie is keen to hear your feedback on the results in this report. If received by midday on 28th July 2023 your anonymised feedback will be added into the longer research report that Sophie submits to their university. If you give feedback after this date, this may be included in later versions of reports or presentations.
- Feedback will be given to the GIDS service in a presentation in September.
- Sophie hopes to submit the research to be considered for publication in research journals and it may also be submitted for presentation at conferences. This is important in ensuring that the research is seen by professionals working to support young people and their families.
- This study may also lead to further research. It is hoped this will also help people working in the NHS and other organisations supporting young people.

Thank you very much for taking the time to read this and for all your help with the project. If you would like to know more about the results, please feel free to email Sophie on [This has been removed from the electronic copy].

Appendix V. Collated Participant Feedback

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Appendix W. Table of Additional Example Quotes

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Appendix X. Journal Submission Guidelines (Child and Adolescent Mental Health)

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