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PARENTAL EXPERIENCES OF HAVING A TRANSGENDER CHILD

Section A: A literature review of research investigating the experience of parents with transgender and gender-diverse children
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Section B: Parental experiences of having a child with autism who has made a social transition to their self-identified gender
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A thesis submitted in partial fulfilment of the requirements of
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Summary of the Major Research Project

Section A: Transgender and gender-diverse (TGD) youth and their parents may experience adversity. This literature review investigated research exploring the experiences of parents with TGD children. Parents might search for meaning as a response to discovering they have a child who is gender-diverse, which includes a range of emotional responses and transformations. Participants varied in their process of acceptance and many were concerned for their child's safety and future. Parents were protective of their child and took on the role of advocate, especially in the context of intersecting identities. Some participants described experiences of personal growth, and benefits of connecting with other parents.

Section B: Research has found a higher than expected co-occurrence of young people with autism expressing gender diversity. This may create differences in how they approach social transitions. The research involved qualitative investigation of the experiences of parents of these young people. This uncovered six master themes with corresponding sub-themes: (1) being different, (2) why is my child different?, (3) adolescent transformation, (4) coming out, (5) acceptance, (6) impact on my relationships. These findings are discussed in relation to the research and clinical implications.

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Section A: Literature Review

A literature review of research investigating the experiences of parents with transgender and gender-diverse children

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Abstract

Background and aims: Transgender and gender-diverse (TGD) youth and their parents may experience adversity, due to widespread binary conceptualisations of gender. Research suggests that TGD youth may have improved mental health outcomes when their parents support and affirm their gender diversity (GD). This literature review investigated research exploring the experiences of parents with TGD children.

Method: A systematic literature search of two databases elicited 17 empirical studies, 15 assessed as good quality which were included in this review.

Results: Parents might search for meaning as a response to discovering that their child is TGD, which includes a range of emotional responses and transformations. Participants varied in their process of acceptance and many were concerned for their child's safety and future. Parents were understandably protective of their child and frequently took on the role of advocate for them, especially in the context of intersecting identities (e.g. autism). Some participants described experiences of personal growth, and the benefits of connecting with other parents of children with GD.

Conclusions: These findings should be interpreted with the caution due to a potential the lack of transferability to the diverse experiences of parents with TGD children, as well as methodological concerns such as a lack of clarity around data collection strategies, verification procedures, and acknowledgement of potential biases. Research and clinical practice implications have been presented.

Key words: transgender, gender diversity, parents, child, youth

Introduction

Background and context

There have been recent developments in the public awareness of transgender and gender-diverse (TGD) young people (YP). In addition, specialist gender services in the United Kingdom (UK) have reported rapid increases in referral rates of YP seeking support (de Graaf, Giovanardi, Zitz, & Carmichael, 2018). Despite this there has only been a small amount of research which has explored the experiences of these YP and their families (e.g. Norwood, 2013). The terminology used in the literature when describing TGD YP varies significantly (e.g. gender-nonconforming). This report will use the terms transgender and gender-diverse (TGD) as they offer descriptions without reference to any particular cultural norms (see Table 1 for key term definitions).

Table 1. Definitions of key terms

Term	Definition
Assigned gender	Classification of an infant at birth as either male or female (American Psychological Association, 2015).
Cisgender	An adjective used to describe a person whose gender identity and gender expression align with their sex assigned at birth (APA, 2015).
Gender Diversity (GD)	Refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Gender Spectrum, 2013).
Gender Dysphoria	Gender Dysphoria is characterised by discomfort and distress related to a marked incongruence between an individual's assigned gender at birth and gender identity (APA, 2013).
Gender identity	Refers to a person's deeply-felt, inherent sense of themselves as boy, a man, or male; a girl, a woman, or female; or an alternative gender (American Psychological Association, 2015).
Gender role	Describes the attitudes, personality traits and behaviours that a society, in a given culture and historical period, associates with being masculine and feminine (Ruble, Martin, & Berenbaum, 2006).
Social transition	The time period in which a person outwardly changes gender (e.g. name, hairstyle and clothing) within various social contexts (Brill & Pepper, 2008).
Transgender	A person may identify along the transgender spectrum if their gender identity does not correspond with the gender

role attributed to their assigned sex at birth and primary or secondary sex characteristics (Gainor, 2000). This umbrella term includes non-binary persons who do not feel they fit into a dichotomous sex structure through which they must identify as either male or female.

Social Learning Theory (Bandura & Walters, 1963) proposes that rather than a product of biology, gender roles are acquired through socialisation. Therefore, YP's conceptualisations of their own and other people's gender will be constructed through interactions with their social environment (Martin & Ruble, 2016). Gender identity is a crucial part of a person's development and influences how they behave, feel about themselves, and interact with others (Stieglitz, 2010). It is important to note that there are many people whose gendered expression and behaviours do not conform to stereotypes in line with assigned gender. However, gendered expressions and/or behaviours which do not conform to dominant social norms are core to YP accessing specialist gender services and/or claiming a transgender identity.

Cisgender privilege has been defined as "unearned benefits awarded to those whose internal gender identity, perceived gender, and/or expressed gender matches cultural gender expectations for their assigned biological sex" (Case, Kanenberg, Erich, & Tittsworth, 2012, p. 147). Meyer (2003) developed a theory of minority stress, which suggests that individuals from disadvantaged social groups experience heightened amounts of stress. Therefore, it is likely that the stigma and prejudice which TGD people experience may create distinctive stressors which cause adverse health outcomes, including mental health conditions. This has been supported by research which found that transgender adults are more likely to experience traumatic life events (e.g. abuse), which can cause them significant distress and impact negatively on their quality of life and self-esteem (Grant et al., 2010).

In addition, the experiences of TGD youth will relate to complex interactions in various aspects of their identity, which are established in the context of power and dominant societal norms (Crenshaw, 1991). Therefore, TGD youth of colour may experience multiple oppressions due to various aspects of their identities, including potential rejection from their ethnic community along with cisnormative groups (Ignatavicius, 2013). Furthermore, research has found increasing rates of YP with autism being referred to specialist gender services (e.g. Holt, Skagerberg, & Dunsford, 2014). It could be hypothesised that these YP may experience additional adversity due to living in cultures which privilege neurotypical individuals who adhere to social norms, such as gender conformity.

GD and mental health

YP who experience significant distress related to their assigned gender role, may attract a diagnosis of Gender Dysphoria. YP with this diagnosis report extreme discontent with their physical sex characteristics and function, and an intense desire to change their gender (Cohen-Kettenis et al., 2006). The idea that GD expressions can be considered pathological relates to dominant binary understandings of gender, and societal expectations that a person's biological sex will align with their psychological sense of being male or female (Winter et al., 2009).

Gender Dysphoria remains a relatively uncommon diagnosis, despite evidence that there has been a significant increase in referrals to specialised gender identity clinics over the last couple of decades (e.g. de Graaf, et al., 2018). Estimates of prevalence range from around 1.2% in New Zealand (Clark et al., 2014) to a lower estimate of around 0.05% in Belgium and the Netherlands (Conway, 2008). Recent research has suggested increases in prevalence of self-reported transgender identity in people of all ages ranging from 0.5 to 1.3% (Zucker, 2017). It could be hypothesised that the cross-cultural differences in prevalence rates may be

explained by differences in societal demands to adhere to gender norms (Bullough & Bullogh, 1998).

Transgender adults may experience higher rates of depression and anxiety, which has been suggested to relate to experiences of minority stress (Bockting, Miner, Swinburne, Hamilton, & Coleman, 2013). Also, transgender youth have been reported to experience significantly higher rates of internalising and externalising conditions (Wallien, Swaab, & Cohen-Kettenis, 2007), and suicidality (Haas et al., 2010), when compared with the general population. Furthermore, Olson, Durwood, DeMeules, and McLaughlin (2016) conducted research on TGD youth who had been supported to socially transition to their self-identified gender. They found that these YP only had slightly elevated anxiety symptoms and ordinary levels of depression. However, this study can be criticised due to using a community sample of predominantly middle-class parents, and parent-rated measures which may have biased ratings due to their potential motivation to report desirable outcomes.

An important factor that may contribute to mental health conditions in TGD youth is their relational context, which includes other people's reactions, such as parents (Grossman, D'Augelli, Howell, & Hubbard, 2006). YP who express GD in childhood have been shown to have varied gender and sexual identity outcomes in adulthood, although intensity of distress related to living as one's assigned gender has been suggested to increase the chances of TGD identities continuing into adolescence (Steensma, McGuire, Kreukels, Beckman, & Cohen-Kettenis, 2013).

GD in a family context

Dominant discourses around "masculinity" and "femininity" inform much of our behaviour. This may be particularly significant within the context of the family, due to the labels for family roles (e.g. daughter/son) being separated in accordance with binary gender roles which have particular expectations and rules. A parent's relationship with their daughter may have distinct differences from the relationship with their son based on societal gender norms. In addition, consistent interactions may reinforce gender specific expectations and preserve dynamic stability within the family system (Baldwin, 1992). When a TGD YP "comes out", relational dynamics and expectations within the family may be altered, creating significant disturbance to established family processes. In addition, societal expectations based on binary gender norms, might make YP reluctant to disclose their GD to family members and peers, and find this a daunting and agonising prospect (Lev, 2004).

Parents' reactions to their child with GD "coming out" have been suggested to include fears around potential stigma and discrimination by family and friends (Menvielle, 2012). Additionally, Grossman, D'Augellli, Howell, and Hubbard (2006) found that 50% of TGD adults reported that their parents did not support their gender transition. This suggests that parents might feel pressured to discourage their child's GD, which might create distress for their child throughout their life. Furthermore, families of TGD youth may have to navigate a multitude of challenges including bullying, discrimination, a lack of societal understanding, inadequate healthcare, and disapproval from their family and community (Grossman & D'Augelli, 2007).

Transgender youth have been suggested to be at increased risk of social isolation, including rejection from family members (Olson, Schrager, Belzer, Simons, & Clark, 2015). Transgender youth have been suggested to demonstrate the greatest possibility of positive

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mental health and resilience and positive mental health when they are supported and affirmed by others (Olson et al., 2016). Social support, for instance by parents and caregivers, has been reported to encourage greater life satisfaction for TGD youth and defend them against mental health conditions, such as depression (Simons, Scharger, Clark, Belzer, & Olson, 2013). Furthermore, research has suggested that family acceptance may improve TGD youth's general health status and self-esteem, including reduced risks of suicidality and substance misuse (Olson et al., 2016).

Parents of TGD YP may experience secondary stigmatisation which might exaggerate difficult feelings, such as shame, guilt and isolation (Menvielle & Tuerk, 2002). In addition, parents are likely to receive conflicting advice from professionals on how to best respond to their child's GD. Coolhart and Shipman (2017) developed a therapy model for working with TGD YP and their families. They emphasise the need for professionals to validate and normalise parents' emotional experiences (e.g. fear), whilst supporting YP to explore and express their GD.

Parents' experiences

Parents have described experiencing loss in response to their child's transition, in terms of the gendered relationship that they previously shared (Norwood, 2013). This may relate to loss of certain dreams and expectations that they had for their child, such as walking them down the aisle on their wedding day (Pearlman, 2006). Families have been suggested to undergo various stages of transition in light of a YP's GD, which includes negotiation between parent and child (Lev, 2004). Research suggests that parents of TGD youth may experience feelings of shame because of social stigma, in addition to loss or grief as a result of witnessing changes in their child (Dierckx, Motmans, Mortelmans, & T'Jsjoen, 2016).

Ellis and Eriksen (2002) suggested that family members of TGD youth may progress through six stages of grief which mirror the stages of bereavement following the death of a loved one. They expanded on this by including a final stage which is feelings "beyond acceptance", such as pride, resilience, and personal growth. It is important to remember that any unique family member may progress through these stages differently and it is unlikely to be a smooth and linear process. Additionally they are suggesting that all family members will reach acceptance, with minimal consideration for other reactions and interpretations.

Ambiguous loss theory (Boss, 2016) offers a framework for considering changes in gender expression over time, and the ways in which a family comes to understand gender as something which can change over time. They identified ways that professionals can support TGD youth and families, such as recognising feelings of loss, enhancing resiliency through redefinition and meaning making, and exploring how their expectations may play a role in perceiving change as loss.

Boss (2009) described two kinds of ambiguous loss which parents might experience; leaving without goodbye (physical absence and psychological presence) and goodbye without leaving (physical presence and psychological absence). These experiences of loss may be exceptionally painful due to their ambiguous nature, which might freeze emotional processes and rupture relationships among family members. This is hypothesised to stem for uncertainty about family membership and ambiguity around the contradiction between physical and psychological absence or presence. However, it is problematic to compare the death of a loved one to a TGD person disclosing their gender identity. Additionally, grief models fail to acknowledge the complex range of experiences which parents may experience, such as, hope,

resilience, positivity, and authenticity.

Rationale and scope of current literature review

There is limited empirical research exploring the experience of parents who have a TGD

child. However, this appears to be of growing relevance due to an increase in referrals to

specialised gender identity services (de Graaf, et al., 2018). It would appear that parents have

an invaluable role in supporting their child, which is indicative of a variety of psychological

outcomes for the YP throughout their lives. Therefore, this review hopes to synthesise and

critically evaluate research which focuses on the experience of parents who have a TGD

child.

Aims

This literature review aimed to synthesise and critically evaluate empirical research exploring

the experience of parents who have a TGD child.

Method

Literature search

An electronic literature search was conducted in April 2019 using PsycINFO and Web of

Science databases, containing the following search terms in their title or key concepts:

"transgender*" OR "transsexual*" OR "gender divers*" "gender varian*" OR "gender non

conform*" OR "gender fluid*" OR "genderqueer" OR "non binary" OR "gender neutral*" OR

"social transition*" AND "parent*" OR "mother*" OR "father*" AND "child*" OR

"adolescen*" OR "teenage*" OR "youth*" OR "son" OR "daughter".

Eligibility criteria

In order to maximise the scope of this review, the search was not filtered by time period. Article titles were screened to check for relevance, followed by abstracts, and finally full texts to ensure that they met inclusion criteria.

A flow diagram was created using an adapted PRISMA model (Moher, Liberati, Tetzlaff, & Altman, 2009), illustrating the screening process and search results (see Figure 1).

Table 2. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
- Research focused on the experience of parents - Research focused on TGD children	- Articles which were not written in English - Not primary research - Research about the experiences of parents of children whose parent is TGD - Parents' experiences of children who are LGBT and analysed together - Participants other than parents analysed together - Theoretical papers or dissertations - Papers assessed as poor quality, by scoring below 55% as measured by Kmet, Lee & Cooks's (2004)

Quality assessment

The quality of the reviewed research was assessed using a quality assessment tool (Appendix A) appropriate for a range of study designs (Kmet et al., 2004). Seventeen qualitative studies were scored using a scoring system based on specified standards (Table 2). Papers were considered good quality if they scored above 75%, acceptable quality is they scored between 55% and 75%, and scores less than 55% were considered poor quality and not included in this review. Fifteen studies met the criteria and were included in this review.

Synthesis

A thematic synthesis of key findings from the fifteen qualitative research studies was guided by the method outlined by Thomas and Harden (2008). This involved analysing each results section individually and developing initial codes. These were then brought together into descriptive categories so that the patterns and connections across studies could be captured. This was an iterative process and the emerging descriptive categories aided the interpretation and critical evaluation of research findings.

Structure of review

The fifteen studies yielded from the literature search will be collectively summarised and reviewed. A synthesis of key findings related to the experience of parents with TGD children will be presented. An overview of study details are presented in Table 4. Methodological considerations will be elaborated on, as well as clinical and research implications, leading onto conclusions.

Figure 1: Flow diagram of literature search
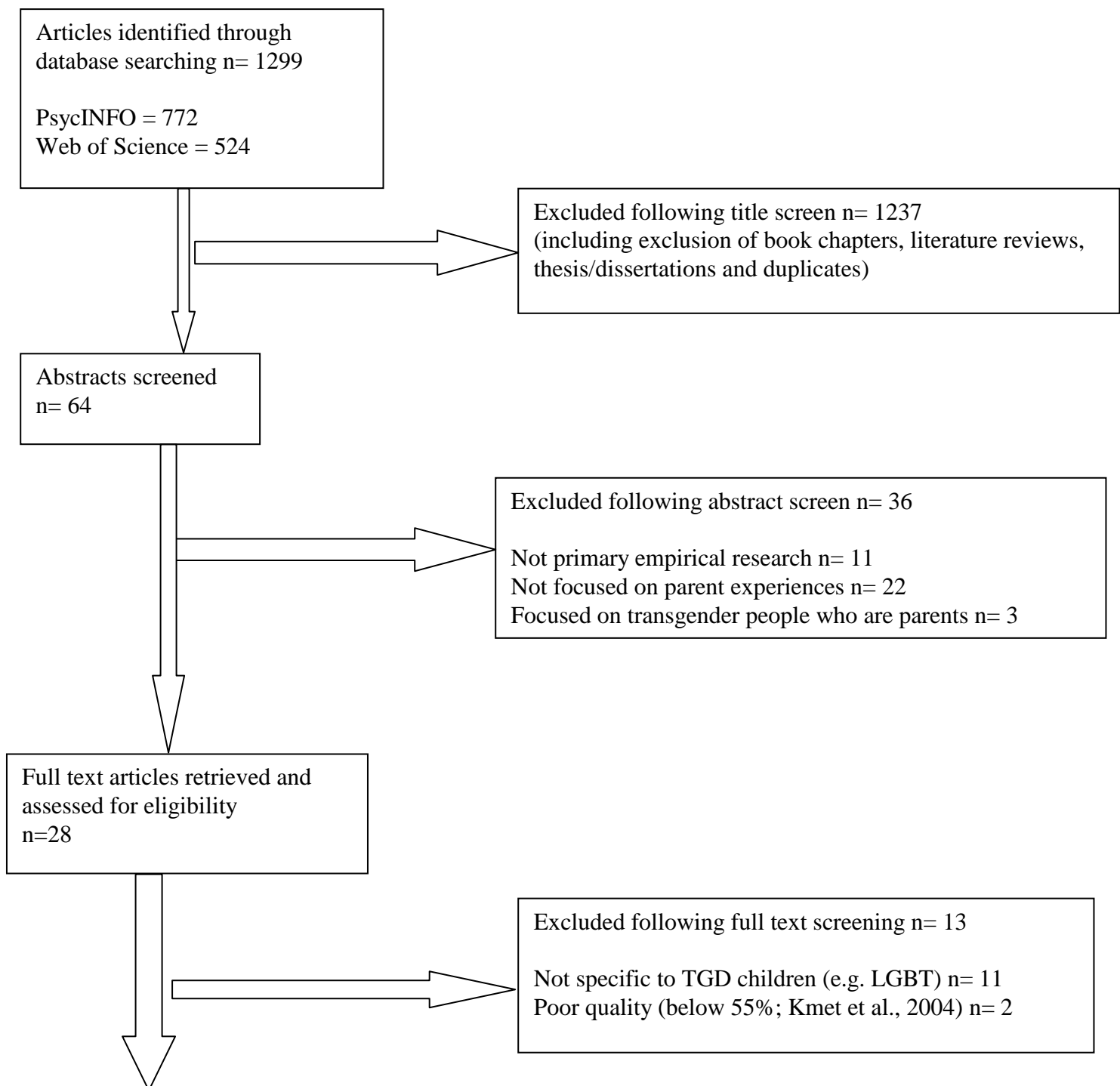
Final number of studies included
n= 15

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Table 3. Quality assessment of studies

Study Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Question / objective sufficiently described?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
2. Study design evident and appropriate?	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2
3. Context for the study clear?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
4. Connection to a theoretical framework / wider body of knowledge?	1	2	2	2	2	1	2	2	2	2	2	2	2	2	2
5. Sampling strategy described, relevant and justified?	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
6. Data collection methods clearly described and systematic?	1	2	2	1	1	2	1	2	2	2	1	1	1	1	1
7. Data analysis clearly described and systematic?	1	1	2	2	2	2	2	2	1	2	1	2	2	0	2
8. Use of verification procedure(s) to establish credibility?	2	2	2	2	0	2	0	2	0	2	2	2	0	0	0
9. Conclusions supported by the results?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
10. Reflexivity of the account?	1	2	2	0	0	2	2	1	1	0	2	0	0	0	2
Total (%)	75*	90*	95*	80*	70	95*	80*	90*	75	85*	85*	80*	70	55	80*

Scores >75%* are good quality. Scores between 55 and 75 are acceptable quality. Scores less than 55% are poor quality and not included (Kmet et al., 2004).

Table 4. Overview of study information

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
1) Alegria (2018)	USA	To explore the experiences, identities, and views of parents/caregivers of transgender children/youth.	14 parents (*F*=12, *M*=2) of 12 transgender children/youth who have socially transitioned (5 trans female and 7 trans male aged 6-17). All participants identified as white. Recruited via social media and conference for transgender youth and families.	This study reports the first wave of a longitudinal study. In-depth semi-structured face-to face or phone interviews lasting for 30-90 minutes. Two couples were interviewed together. The other 10 interviews were conducted individually with mothers.	Author (all) and second (half) coder, both healthcare providers. Themes were coded using the constant comparative method.	Participants' reports on their experiences: 1) transgender issues as the family's focus 2) proactivity child-focused: pre-emptive actions to prevent adverse consequences 3) self-care Participants' identity and views: 1) identity and reformation 2) self-evaluation 3) views of future
2) Bull & D'Arrigo-Patrick (2018)	USA	To explore the experiences of parents who help to facilitate the social transition of their transgender or GD child.	8 parents (6 families) who facilitated the social transition of their child aged 4-12 years old (5 trans female, 1 trans male, 1 non-binary). All participants identified as white. 5 participants identified as lesbian, queer or bisexual and 3 as heterosexual. Purposive and snowball sampling from an email announcement sent to two	Face-to-face semi-structured and open-ended interviews lasting 1.5-3 hours. 4 individual interviews and 2 interviews were conducted with couples.	Phenomenological approach informed by a social constructionist and queer perspective. Analysed from a hermeneutic perspective - interpreting the data.	Participants described a process of making meaning of their child's gender and transition. Two aspects of the transition: small-t transition (on-going process) and capital-T transition (discrete moments of change). Themes organised into individual, social, and relational domains. Participants varied in

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
			family support groups.			their relationship to the loss discourse with the majority (7/8) rejecting it as an inaccurate description.
3) Coolhart, Ritenour & Grodzinski (2018)	USA	To explore parents' experiences of ambiguous loss and manifestations of loss of their transgender male youth after the discovery or disclosure of the youth's gender identity.	6 parents (*M*=3, *F*=3) aged between 49-55 years old with transgender male children. Volunteer sample consisting only of parents. One married couple. All participants identified as white. Majority of participants heterosexual (5/6) with one participant not responding to question. Recruited from the LGBT youth centre, local private practitioners, and a university-based couple and family therapy centre. Snowball sampling was also utilised.	Individual in-depth semi-structured interviews.	Interpretative Phenomenological Analysis	1) Experiences of loss and ambiguous loss: expressions of grief, loss of dreams, loss of rites of passage, a living death, physical presence and psychological absence. 2) No experience of loss 3) Coping: challenging the gender binary, putting the child first, husband prioritising wife's needs. 4) Acknowledging parental needs 5) Experiencing transformation of child. Some parents experienced ambiguous loss (all mothers) and others do not, suggesting considerable vulnerability of

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
						experiences with regard to loss.
4)Kuvalanka, Allen, Munroe, Goldberg, &Weiner (2018)	USA	To explore how mothers sexual minority identities play a role in their personal reactions to and understanding of their child as trans*. To explore how heteronormativity and cisnormativity influences their personal reactions to and understanding of their children as trans*.	8 sexual minority (i.e., bisexual, lesbian, bi/pansexual) mothers of trans* children (6 assigned males and 2 assigned females) aged 6-11 years old. All participants identified as white and were aged between 32 and 55 years of age (M=43.4, SD=8.8) Recruited through online support networks of caregivers of trans* children and by word of mouth. 3 participants who identified as a sexual minority were excluded due to not speaking about the intersection of their own sexual orientation identities and their child's trans* status.	Interviewed as part of a larger study of 49 families with trans* children. One-to-one semi-structured telephone interviews lasting 60-90 minutes.	Phenomenological design. A secondary subset data analysis using inductive thematic analysis.	Initial lack of awareness regarding trans* identities, efforts to curb their children's gender expressions, paralleled previous reports on primarily heterosexual parents with trans children. Some experienced blame for their child's trans* statuses due to identifying as queer.

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
5) Kuvalanka, Mahan, McGuire, & Hoffman (2018)	USA	To examine the perspectives and experiences of parents with transgender or gender-nonconforming children with ASD.	3 mothers of children 6-12 years old. (2 assigned males and 1 assigned female) with ASD diagnoses. All identified as white. Purposive and snowball sampling. Study information circulated amongst professionals and online support groups.	Interviewed as part of a larger study of 49 families with trans* children. Children with ASD were identified by asking to specify any diagnoses received by child. One-to-one in-depth telephone interviews lasting 60-90 minutes. Participants were asked to describe their family, their child's gender development, and others' reactions to the child's gender-nonconformity.	Thematic analysis on interviews across two time periods. Three case examples are summarised.	Barriers fully embracing child's gender nonconformity: fear of transphobia/ cisnormativity, ASD causing gender nonconformity? Challenges: unclear causes of children's difficulties, lack of adequate support/resources. Positive interventions and resources: helpful school actions, medication.
6) Gray, Sweeney, Randazzo & Levitt (2016)	USA	To explore parents' experiences of having a gender variant (GV) child, as well as the mutual influence between the child, the family, and the environment.	11 parents (*F*=8, *M*=3) connected to a GV support network. Included three married co-parenting couples. Parents aged between 37-48, all identified as heterosexual, cisgender, and white. Recruited through a support group for parents of GV children.	Face-to-face individual semi-structured interviews in parents' homes or in public locations of participant's preference. Interviews lasted 1-3 hours.	Ecological-transactional framework. Grounded theory.	Parents journey to rescue or accept. Child's GV impacts parenting self-efficacy and parental worry. Having a GV child changes relationships in the whole family. Parents of GV children struggle to create a normal childhood. Social intolerance and

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
						child factors amplify stressors of raising a GV child. Future Uncertainty.
7) Pyne (2016)	Canada	To explore the experience of parents with GNC children who affirm their children's felt sense of gender. To explore how these parents come to know their children's gender identities. To develop a theory to better understand the knowledge underlying the decision to affirm children's self-identities.	A convenience sample of 15 participants (F=12, M=3) from 10 families. The majority of parents were white (N=10) and heterosexual (N=8). Parents who had a GNC child of 12 years of age or younger within the past 5 years. Children were aged between 5-14 years old.	10 in-depth semi-structured interviews lasting 1.5-2.5 hours in person in a location of the parent's choice, most often their homes. 5 chose to be interviewed alone, and 5 chose to be interviewed with their partner.	Grounded theory: three stages of coding. Adapted constructionist approach.	Parenting off the gender map: "a big deal". Recognition: recognising the gender reality of the other. Refusing problematisation: locating the problem outside of the child. Searching for affirmation: community, experts and language. Relinquishing parental authority: "I don't have ownership over him". Holding open possibilities: "Whatever the outcome is, it's right". Relational knowledge: how you know it's right. A process of recognition in the face of not knowing. A knowledge of the

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
						children's needs acquired through relationship.
8) Gregor, Hungley-Jones & Davidson (2015)	UK	To explore the experience of parenting a pre-pubescent child with gender identity issues.	8 parents (*F*=5, *M*=3) with children aged between 6-10 years old. Three mother and father couples and two separate mothers. Convenience sampling strategy.	Free Association Narrative Interviews. One interviewer for all interviews. Participants asked to share a photograph of their child and asked open-ended questions to facilitate story telling.	Case study design. Constructionist version of grounded theory.	Themes related to the process of mourning: loss - "somebody's taken my child", not thinking - "I can't think", uncertainty - "I haven't got a clue", ambivalence - having to do it for the sake of my child, and acceptance - you hear these horror stories in the paper.
9) Rahilly (2015)	USA	To explore the strategies of parents with gender-variant children (GVC).	24 parents of GVC, representing 16 cases aged between 5-19 years old (11 assigned males: 10 GV males, 1 trans girl. 5 assigned females: 4 transgender boys, 1 GV females. Participants largely white and middle-class. Recruited via annual support conference for parents of GV children and an internet blog.	Part of a longitudinal project on parents of gender-variant and transgender children. Semi-structured interviews lasted 1-3.5 hours. 17 interviews in total - some in couples and other individual. Some interviews at home, others on telephone.	Grounded theory 'Truth regime' to analyse the practical, discursive, and intellectual strategies these parents engage in to navigate the gender binary and	Gender hedging: "walking the fine line" of the gender binary. Gender literacy: talking back to the gender binary. "Playing along" (or not): "head games" with the gender binary.

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
					legitimise childhood gender-variant subjectivities.	
10) Sansracon, Robichuad & Dumous-Michaud (2015)	Canada	To understand the issues and challenges facing parents in the process of supporting their gender-variant children. To explore how parents understand their child's experiences, the various challenges they themselves cope with in supporting their children, and the solutions they believe would improve their lives and the lives of their child.	14 parents of GV children aged between 4-13 years old (majority male assigned, female identified and 1/3 female assigned, male identified). Purposeful sampling through advertisements.	Focus group: time-limited group work intervention over the course of 14 meetings lasting 2 hours. 28 hours of group discussions recording using pen, paper and flip charts.	Participatory action research using the principles of SAM. Grounded theory informed by oppression and empowerment.	Recognising and accepting children as gender variant. Parents' articulation and understanding of their children's experiences: diagnostic terminology and label, others' understanding of gender variance, emotional challenges faced by parents: stress and anxiety related to supporting their child, feelings of loneliness and uncertainty, challenges within the family unit, challenges at school, challenges in accessing health and social services, effecting change.
11) Johnson & Benson	USA	To explore a mother's	1 parent - a mother aged 40 with 6 year old	Online chat sessions - online interview model.	Single case-study	Gender identity: she is a girl in all aspects.

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
(2014)		experience raising her transgender child, and her understandings, experiences, and perceptions of mental health services and other forms of support.	transgender daughter. Criterion-based sampling through inviting organisations that support and/or advocate for GLBTQ families to post research announcements on electronic discussion lists, websites, social networking websites.		informed by a queer feminist lens.	Facing adversity: "it's always the mother's fault". Distant Dad: "I will keep trying to help them". Professional help: "they wanted to be supportive". Support: "they saved us.. her". Educator and advocate: "we are modern-day pioneers". Being Mum: "the toughest job I will ever love".
12) Kuvalanka, Weiner, & Mahan (2014)	USA	To explore parents' experiences before, during and after their child's social transitions.	5 mothers of trans daughters (assigned males) aged 8-11. All mothers identified as heterosexual and white aged between 34-55 (M=43.8) years old.	Pilot phase of a longitudinal study of families with TGNC children. In-depth one-to-one telephone interviews lasting around 60 minutes. Asked parents to describe their experiences before, during, and after their child's social transitions.	Thematic analysis	Child's transformation: "she was given wings". The process of social transition; beyond appearance: changes in demeanour; beyond changes in demeanour; an external, not an internal, transformation of the child. Family transformations: Mothers' initial reactions; mothers becoming experts and advocates; fathers; siblings; extended

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
						families. Community transformations: healthcare professionals; schools; finding community: from rejection to acceptance; finding people who are "in the same boat".
13) Riley, Sitharthan, Clemson & Diamond (2011)	Australia	To explore parents' experiences and to identify needs in support of approaches that will address the issues that are pertinent to both parents and their GV children.	31 parents (27 mothers, 3 fathers, 1 guardian) aged between 26-66+ years old. Participants lived in Australia (19), USA (6) Canada (3), and UK (3). Purposeful sampling and snowball technique. Advertised in various publications (e.g. newspapers, websites, radio, conference).	Internet survey Close and open-ended questions used to illicit comprehensive responses.	Content analysis	Identification of the child's gender variance. Reaction of parents and family to child's behaviour and demands. Seeking emotional support. Dealing with negativity and safety concerns. Seeking medical support. Political, governmental, and legislative support.
14) Hill & Menvielle (2009)	USA	To explore the experiences of parents of GV children and teens. To document issues faced by parents of kids with	43 parents of 31 youth (23 assigned male and 8 assigned female; aged between 4-17.5 years) involved with an affirmative intervention program. 26 mother/father or lesbian couples. 16 one	Semi-structured open-ended format Telephone interviews between 20-80 minutes.	Unspecified	Unconventional parents: dad not involved, disapproved, or ignored; feminist mums; liberal or unconventional parents. Paths to acceptance: unconditional

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
		childhood gender-variant behaviours and/or gender-variant identity and to compile their wisdom.	parent of their pair participated (15 mothers and 1 father). Children more varied in race/ethnicity than parents. Parents who contacted therapists associated with 'Children's program for children with gender-variant behaviours and their families' were invited to participate.			acceptance; just a phase or a stage, they'll change; policing gender choices; struggle to accept; empathy leading to acceptance; contemplation or insight leading to acceptance. Parents fears and concerns: fears for child's safety; fears of "a hard life"; concerns about homosexuality; concerns about being trans. Drawing the line. Child-taught parents. Acquired wisdom: educate yourself; it's not your child, it's you; accept the child for who they are. Thinking about safety strategies:
15) Wren (2002)	UK	To describe accounts of parents with transgendered adolescents. To	Parents of transgender adolescents (aged 14-19) recruited from a specialist service for children and adolescents with gender	Semi-structured interviews at participants' homes or at clinic.	Grounded theory	Communication between parents and adolescent: naming the problem, keeping a communicative link,

Study	Country	Aims	Participants	Data Collection	Analysis	Findings
		look at how parents try to build an intelligible story of the YP's gender identity and how their story shapes their coping strategies.	identity problems. Parents who lived together were interviewed together. 11 families and 13 parents (*F*=9, *M*=4). Adolescents were 7 assigned females and 4 assigned male. All white and heterosexual.			and taking to others. Parental acceptance and non-acceptance: acceptance, continuity, child and parent's moral worth, unconditional love, biological causation. Non-acceptance: immaturity, gender problems as a cover for other difficulties, gender fixity. Accepting and understanding - an iterative process. How accepting and non-accepting parents cope. An iterative relationship between activities of making-meaning and accepting (or not) the child's claims/the tasks of practical coping.

A synthesis of key themes from research studies will be presented. These themes are

finding out; making meaning; intersecting identities; concerns for child's safety;

acceptance; transformation; loss; coping and personal growth; the role of others.

Finding out

Participants in the reviewed studies described a range of initial emotional reactions in

response to finding out about their child's GD, such as shock, worry, shame, and

relief. Kuvalanka, Allen, et al. (2018) found that around half of their participants

reported negative or mixed initial reactions. Participants described wondering whether

they might be responsible, such as biological causation (Wren, 2002). In contrast,

other participants rejected notions of having "caused" their child's TGD, but raised

concerns that others may blame them in light of their own minority statuses

(Kuvalanka, Allen, et al., 2018). In addition, participants described feelings of guilt at

having not recognised their child's GD sooner (Bull & D'Arrigo-Patrick, 2018). This

suggests that participants may have felt responsible for not noticing their child's GD at

an earlier stage, which may have facilitated more immediate exploration and

intervention.

Participants described doubting their ability to make important decisions in relation to

their child's GD (Alegria, 2018). In one study, participants used the term "parenting

off the gender map" (Pyne, 2016, p.31), which suggested that they may have felt

obligated to support their child in the absence of clear guidelines, beyond the

familiarity of social norms, with uncertainty around where their choices would lead

them. Participants experienced high levels of stress and anxiety related to supporting

their child, which was suggested to be perpetuated by their experiences of loneliness and uncertainty (Sansracon et al., 2015). This implies that participants may have felt alone in their decision making and might have benefited from professional support and meeting others with similar experiences in these early stages.

Making meaning

In research by Bull and Patrick (2018), participants described a dynamic journey of "making meaning" which may involve considering their own gender identity and expression, the potential gains and losses of their child's transition, and keeping a record of their experiences (e.g. timeline). This suggests that participants may have been collecting evidence to help themselves and others with processes of meaning making, whilst drawing on their own understandings and experiences, and weighing up the potential implications of taking certain approaches.

Participants described a process of attuning to their children's experiences through their relationship and considering what was being communicated verbally, through body language and their emotional expressions (Pyne, 2016). This suggests that participants may have felt the need to be particularly vigilant and draw on a range of information to aid their sense making. Some participants suggested that their meaning making might have been motivated by pressured feelings to support and "rescue" their child (Gray et al., 2016).

Some of the participants reported allowing their child to take a lead, and trying to carefully balance the promotion of independence and provision of guidance (Alegria, 2018). Some participants described refusing to pathologise their child, seeking

affirmation, giving up parental authority, and staying open to possibilities (Pyne, 2016). However, it is likely that some parents might struggle to relinquish their parental responsibilities and follow their child's lead within the context of uncertainty around their child's gender expressions. Therefore, these findings may have been influenced by the affirmative stance of researchers, which encourages parents to affirm their children's gender expressions and act as an advocate for their child's "authentic gender self" (Ehrensaft, 2012, p.337).

Intersecting identities

The stresses of raising a TGD child seemed to be impacted by social intolerance as well as parent and child-level factors, such as intersecting identities and social skills (Gray et al., 2016). Some of the participants described concerns about the impact of intersecting identities (e.g. class and religion) and the additional adversity this may create for their TGD child (Bull & D'rrigo-Patrick, 2018). In research by Kuvanlanka, Mahan, et al. (2018), a participant whose child had autism described "piling another adversity" (p.1177) on their child, in the context of the social challenges that they were already struggling with. Additionally, other participants in this study questioned whether their child's autism and TGD might be related, and wondered if their autism may have impacted their thinking and decision-making with regards to their gender identity (e.g. inflexibility).

Kuvalanka, Allen et al. (2018) focused on the experiences of sexual minority mothers, and found that the majority of participants initially assumed that their child's GD might be a "phase" or indicative of future gay or lesbian orientations. This suggests that parents may draw on their own experiences when trying understand their child,

which might bias their interpretations. However, this was also observed in studies where participants were predominantly heterosexual (Hill & Menvielle, 2009), suggesting that parents of varied sexual orientations may lean towards this as an initial explanation. The sexual minority mothers described some of the potential advantages to them raising their child, such as being part of the LGBTQ community, having an understanding of what it was like to be "different" and to experience social stigma, and being more open minded (Kuvalanka, Allen et al., 2018). However, they also identified specific challenges, such as being blamed by others for their parenting style, feelings of inadequacy, and negative exposure to transgender individuals in the LGBTQ community. Some of the participants in this study were surprised that their partners were unsupportive and did not accept their child, in light of their own sexual minority status. This suggests that TGD YP may experience discrimination and prejudice from individuals of other marginalised groups which they and others may assume to be transgender allies.

Concerns for child's safety

Rahilly (2015) described processes of "gender hedging" (p.347) which incorporated participants' efforts to try and encourage gender-normative expressions. This was found in a few of the studies and seemed to be motivated by concerns for their child's safety, and the possibility of bullying or exclusion by their peers (Gray et al., 2016). Some participants described fears of transphobia and worries about their child having to navigate a dangerous and hostile world. This suggests that some participants may have been reluctant to affirm their child's GD due to wanting to protect them from potential harm. For instance, some participants in research by Riley et al. (2011) reported feeling hesitant to move forward with a public transition due to concerns

related to their child's safety and possible threatening reactions by other people. Furthermore, some of the participants alluded to challenges in creating a "normal" childhood in the face of stigma, and described actively advocating for their child to ensure that they had the same opportunities as other YP.

Participants described concerns over their child's future, including uncertainty (Gregor et al., 2015), fears for their physical safety and discrimination, and their own mental health concerns and suicidality (Alegria, 2018). This suggests that participants may have been concerned about the possibility of their child inflicting harm on themselves, in addition to the harm which they might experience at the hand of others. Some participants expressed hope for the increased acceptance of TGD people in society, alongside fear of increased stigma and the possibility of harm caused by medical interventions (Gray et al., 2016). This highlights the uncertainty of their child's future and the anxieties that parents may experience regarding the potential risks of surgical procedures.

Acceptance

Participants came to various positions of acceptance, with some reporting that they rapidly came to unconditional acceptance and others struggling to accept, meaning that they may have required more time or still been in the process of coming to acceptance (Riley et al., 2011). Some participants were concerned about the possibility of causing their child harm if they took too long to accept their GD, or tried to steer them away from GD expressions (Hill & Menvielle, 2009). This seemed to relate to ideas presented in the literature that a parent should affirm their child's GD, otherwise there might be potentially harmful consequences (e.g. Olson et al., 2016). It

could be hypothesised that some parents may be fearful of going against these narratives and taking their time to consider a variety of explanations and options. In addition, some participants spoke about the barriers to fully embracing their child's GD, such as initial hesitancy related to concerns that their child may "change their mind" or come to regret their decision (Kuvalanka, Mahan et al., 2018).

Participants described recognising and accepting their child as a process of adaptation, and feeling that it would be "unacceptable" to deny or suppress their child's self-identified gender, despite this approach being laden with challenges (Sansracon et al., 2015). In addition, participants suggested that the process of becoming an ally and advocate helped them to become more accepting (Kuvalanka et al., 2014). Participants in research by Wren (2002) spoke about acceptance as a moral issue, their child's GD being a logical outcome in the context of their development, and their need to provide them with unconditional love and tolerance. However, a small number of participants spoke about their experiences of not accepting their TGD child due to perceiving gender as fixed, considering their child to be "immature", or wondering if it was concealing "more serious" problems. This implies that parents may question whether their child is mature enough to make their own choices which may have potentially life-long implications (e.g. physical interventions).

Hill and Menvielle (2009) found that fathers were reported to be more likely to disapprove or ignore their child's GD, and be less involved with parenting decisions regarding their child. Furthermore, in research by Kuvalanka et al. (2014) some of the mothers reported that their child's fathers took longer to accept their child's GD, which was may have related to a struggle to understand and a wish to protect their family

from potential adversity. Wren (2002) categorised accepting parents as tending to allow for alternative accounts and changes in their beliefs, values and behaviours. This was contrasted to non-accepting parents who tended to use passive strategies which were aimed at restoring the status quo (e.g. repetitive and inflexible). This may suggest that some parents are more open to adapting to their child's GD, whereas others may take a more rigid approach which could clash with their child's potentially more fluid conceptualisations of gender.

Transformation

Participants frequently described their child's social transition as a progressive and systematic process (Johnson & Benson, 2014). Bull and Patrick (2018) conceptualised social transition in terms of "small-t transition" (p.170) which was seen as an ongoing process with no obvious beginning or end, and "capital-T transition" (p.170) which incorporated distinct instances of change (e.g. new name). Once their child had socially transitioned, participants regularly observed a "transformation" in their child's character and other areas of their lives, such as friendships (Coolhart et al., 2018). Some participants perceived these changes to be a result of their child being able to live the life they were meant to live. This suggests that parents may have taken positive changes in their child as validation that they had made the right choice in supporting them to make a social transition.

This process of transformation seemed to be present in various domains of participants' lives, including family and community (Kuvalanka et al., 2014). Participants in research by Alegria (2018) reported the evolution of their own identity and views, which included changes in religious beliefs, perceptions of their child, and

relationships with others. Participants also described how their child's GD frequently became the "family focus" as it was ever present on their minds. This implies that participants may have felt all consumed by their child's GD, leaving little space for other aspects of their lives. Furthermore, participants conveyed how this impacted the whole family, at times creating tension and arguments in spousal relationships, and varied sibling responses and reactions from extended family members (Gray et al., 2016).

Loss

Participants often described experiences of loss (Gregor et al., 2015). Coolhart et al. (2018) found that participants described experiences of loss and ambiguous loss, in terms of their expressions of grief, loss of dreams and envisioned future, and loss of rites of passage (e.g. having a child). In addition participants described complexities around having a "different" child and feelings of loss related to their child's assigned gender. However, two of the fathers in this study reported no general feelings of loss, suggesting that feelings of loss may be more likely to be reported by mothers or when a parent loses a shared gender identification with their child. In addition, two fathers described putting their wife's emotional needs before their own due to concerns that their wife may perceive their child's transition as a potential rejection of their mother's female gender and/or a loss of connection that came from their shared female identification. It is important to note that the majority of participants in research by Bull and D'Arrigo-Patrick (2018) thought that narratives of loss were too narrow and did not fit with their experience, and in another study only a few participants reported a sense of overcoming sadness and loss (Hill & Menvielle, 2009).

Coping and personal growth

Participants described experiences of isolation and exclusion, which may have led them to seek out emotional support from family, support groups, and healthcare professionals (Riley et al., 2011). Some participants acquired reassurance and support through on-line support groups and connecting with other parents (Johnson & Benson, 2014). Alongside establishing supportive networks, some participants practiced self-care to help them cope with the stress and challenges associated with their experiences (Alegria, 2018). Participants described some of the communication strategies used between parents and YP, such as active listening, managing communication thoughtfully, and seeking help from professionals (Wren, 2002). In addition, participants described strategies aimed to protect and accommodate their child (Rahilly, 2015). For instance, "playing along" with people whom they were unlikely to see again. This suggests that parents may be required to adapt their behaviour in different situations so that they are able to appropriately support their child and cope with daily stresses and strains.

Participants reported that this experience impacted their identity as a parent (Gray et al., 2016), and may have encouraged personal growth due to a broadening of their perspective and worldviews (Alegria, 2018). Some participants suggested that they had learnt important life lessons, and experienced personal growth (Hill & Menvielle, 2009). In research by Johnson and Benson (2014) a participant described feeling lucky to have such an amazing child. This suggests that parents may notice positive changes as a result of their experiences in themselves and in their relationship with their child.

The role of others

Participants often used diagnostic terminology and labels to help them understand and communicate their child's experiences, which may have increased their chances of receiving recognition and validation from others (Sansracon et al., 2015). Participants were often concerned about the potential reactions and perceptions of important people in their lives, which included blame and rejection (Bull & D'Arrigo-Patrick, 2018). Therefore, some participants were selective about who they told and took a "need to know" approach (Alegria, 2018). This suggests that parents may be hesitant to tell other people which might limit their opportunities to receive emotional support. In addition, it was suggested by some of the female participants in research by Wren (2002) that their male partners dealt with experiences of difficulty through not talking about it. This reinforces some prominent gender stereotypes around males finding it harder to connect with their vulnerability and talk about their emotions, and is likely to not be representative of all fathers with TGD children.

Riley et al. (2001) emphasised parents experiences of their child being socially marginalised and their rights and existence often being dismissed in school policies, government legislation, and health settings. Due to this, participants frequently became an advocate for their child within contexts such as school (Alegria, 2018). Participants described experiences of teachers failing to accommodate their child's needs and challenges faced within school such as bullying, hostility, and toilet use (Kuvalanka et al., 2014), as well as challenges accessing appropriate healthcare (Sansracon et al., 2015). This suggests that parents may face numerous barriers when trying to ensure that their child has access to education, healthcare and other services.

Many participants described negative experiences with professionals related to a lack of awareness or seeing GD as a pathology to "fix" (Gray et al., 2016). In research by Johnson and Benson (2014), professional support was described as "crappy" (p.134) due to them not receiving training in how to support TGD YP and their families. Experiences with healthcare professionals appeared to be variable, with the majority of participants saying that they received inadequate support and advice (Kuvanlanka et al., 2014). Therefore, parents may struggle to get the necessary support for their child from professionals who do not have sufficient knowledge and experience to understand their needs. This highlights the need for increased funding for peer-led support groups and additional training for healthcare professionals.

Discussion

This literature review aimed to synthesise and critically evaluate empirical research focused on the experience of parents with a TGD child. A brief discussion of key themes will be presented, leading on to an overall critique of the studies' methodologies, and implications for future research and clinical practice.

Participants described their initial emotional responses, which included shock, worry, guilt, and fears around being blamed. This was generally followed by a process meaning making, which required them to be proactive whilst taking their child's lead. This aligns with research which suggests that family members are required to rework their own meanings of their loved one's GD (Norwood, 2013). In addition, this and other themes seemed to be influenced by the affirmative stance taken by participants and researchers, which advocates for parents to avoid questioning their child and focus on affirming their gender expressions (Ehrensaft, 2010) and has been suggestive

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of positive outcomes for their child (e.g. Olson et al., 2016). It is likely that this may create conflict for parents, and might intensify feelings of shame, guilt and isolation which has been highlighted in other research (Menvielle & Tuerk, 2002).

Two of the studies emphasised the significance of intersecting identities of YP and parents (Kuvalanka, Allen et al., 2018; Kuvalanka, Mahan et al., 2018), which may create additional complexities in the context of power differences and dominant social norms (Crenshaw, 1991). This may also intensify parents' fears around potential stigma and discrimination (Menvielle, 2012), and challenge them further as a family. For instance, Kuvalanka, Mahan et al. (2018) found that parents of YP with autism may face additional barriers due to their social and communication difficulties, which may increase the possibility of hostile reactions from others (e.g. bullying).

The majority of participants were accepting of their child and emphasised positive experiences such as personal growth and increased resilience, which may suggest that they were in what Ellis and Eriksen's (2003) described as feelings "beyond acceptance". However, fathers were reported to be less involved in parenting decisions and needing more time and encouragement to come to acceptance (Hill & Menvielle, 2009). This is in line with previous research (e.g. Riggs & Bartholomaeus, 2015), and suggests that there may be gender differences in how parents make sense of and approach their child's GD. Furthermore, it was reported that some of the fathers were reluctant to speak about difficult aspects of their experiences (Wren 2002), which may be a potential explanation for why they took longer to accept their child's GD.

Kuvalanka et al. (2014) found that participants described navigating individual, social, and relationship aspects of their child's transition. This seemed to be an on-going

process incorporating the discrete moments of change identified by Bull and D'Arrigo-Patrick (2018), such as changing their name. Participants regularly experienced "transformation" which were observed changes in their child, themselves, their families, and their communities. This corresponds with research by Sennott and Chandler (2015) who argued that GD is not simply an individual experience, and may become an identity which is held by the whole family.

In accordance with other research some participants described experiences of loss in relation to their child's transition (e.g. Norwood, 2013), which findings by Coolhart et al. (2018) suggest may be more likely to be reported by mothers or parents who previously shared an assigned gender with their child. However, narratives around loss were often perceived as too narrow and failing to consider the diversity of their experiences (Bull & D'Arrigo-Patrick, 2018).

The participants described experiences similar to research focused on parents of LGBT children, such as personal growth, increased awareness, and developing connections with LGBT communities and allies (Gonzalez, Rostosky, Odom, & Riggle, 2013). This seems to relate to research in which parents of TGD youth reported becoming "a better person" (Menvielle, 2009).

Overall critiques of the studies

Twelve studies were rated as good quality (≥75%), and three studies were rated as acceptable quality (see Table 2). All of the studies had credibility in terms of the conclusions being supported by results, findings were well presented and meaningful. Most studies employed transparency in their descriptions of the ethical and political

aspects of their research. However, it was not always clear whether participants were aware of the potentially distressing nature of talking about difficult experiences, or given the opportunity to have a debrief with the researcher or withdraw from the study. Furthermore, participants may have benefited from being given a resource pack which could have included details of relevant support agencies.

The findings of the research are useful to the phenomenon under study as they provide valuable insight into the experience of parents of TGD youth and highlight the need for family-focused interventions. However, a large number of studies did not clearly describe their data collection procedures, making it difficult to determine whether the research was conducted in a systematic and replicable way. The studies used a range of different qualitative methods of analysis appropriate for the investigation of experience-based phenomena (e.g. grounded theory), which are likely to have created differences in findings.

The findings of Hill and Menvielle (2009) should be interpreted with particular caution, as they failed to describe their data analysis methodology or acknowledge any verification procedures. This study scored the lowest (55%) on the quality assessment tool (Kmet et al., 2004) and was included in this review of the literature due to receiving an acceptable score. Therefore, it is important to hold in mind that even if a study was deemed of acceptable quality according to the tool employed, it may have had substantial limitations.

The majority of the studies involved face-to-face and telephone interviews, with one study involving online chat sessions, and another utilising an internet survey. Finally,

Sansracon et al. (2015) conducted focus groups of a group work intervention as part of participatory action research. The interviews varied in length (ranging between 30-210 minutes) and location (e.g. at home), with some being conducted individually and others in couples. These factors are likely to impact the responses given by participants and the transferability of findings. For instance, the on-line survey used by Riley et al. (2011) may have elicited less rich responses, but encouraged participants to be able to express controversial opinions due to the anonymity that it provided from the outset.

Many of the studies failed to use verification procedures which help to establish credibility. However, others used triangulation strategies to increase the validity and reliability of the research. For instance, member checks during the interview, participants being sent transcripts to check for accuracy, inter-rater reliability, and peer debriefing. Another critique relevant to several of the studies was the lack of reflexivity employed by the researchers, who did not adequately consider the likely impact of their own personal characteristics on the methods they used and the data that they obtained. It is crucial that researchers are aware of and openly acknowledge the complex influences of the researcher/s, the research topic, and the participants on research findings. This seems particularly important given that the research topic may generate extreme and polarised views. Research can be ideologically driven, and those undertaking research of this nature are likely to have implicit and explicit biases which will impact the findings of the research. The reflexivity of the researcher could have been supported through the use of a reflective diary, bracketing interviews, peer consultation, and/or member checking (Blaxter, Hughes & Tight, 2001).

The recruitment strategies were largely purposive and snowball sampling through

TGD family support groups and forums which may have led to particular perspectives

being captured (e.g. accepting and supportive), and alternative perspectives being lost.

Some participants may have not participated due to a lack of internet access, or not

being aware of the study, or not have been willing to take part. For instance, Wren

(2002) acknowledged that participants who wish to ignore or reject difficult

experiences are less likely to volunteer for such interviews. Furthermore, the

individuals who volunteered to participate may be particularly articulate or motivated

to share their personal experiences, in a manner that is not transferable to individuals

who would have been eligible but did not participate. Furthermore, the majority of

participants were female, which may have led to the perspectives of mothers being

more dominant. Therefore, findings should be interpreted cautiously as they may only

be transferable to the experience of some parents of children with GD.

All of the studies were conducted in Western countries with predominantly white

participants, suggesting that this research may only be applicable to the experience of

some parents who have similar culturally-bound understandings. Furthermore, three of

the studies had the same first author (Kuvalanka, Allen et al., 2018; Kuvalanka,

Mahan et al., 2018 Kuvalanka et al., 2014) and drew on data from the same

longitudinal study, which may have created bias or controlled for differences in how

the research was conducted. Two of these studies considered the impact of

intersecting identities, such as the YP's autism or the parent's sexuality, and

highlighted the additional complexities that this may be create (Kuvalanka, Allen et

al., 2018; Kuvalanka, Mahan et al., 2018).

Research implications

Further research is required into the experience of parents who have a child with GD, as there has only been a limited amount of research, conducted in predominantly Western countries with small sample sizes. The majority of participants in the reviewed studies took an affirmative stance and supported their child, therefore future research should try to include the voices of parents who struggle to accept their child's GD. This may allow potential barriers to acceptance to be further considered, although it may be challenging to recruit these parents to research of this nature. Kuvalanka, Mahan et al. (2018) explored the experience of parents of TGD YP with autism, however data were extracted from a longitudinal study where only three female participants had a TGD child with a diagnosis of autism. Research has reported high rates of co-occurrence between GD and autism (e.g. Holt et al., 2014), suggesting that future research should explore the experiences of parents with children experiencing GD and autism.

Future research would benefit from a more diverse sample as the majority of participants were white women. TGD youth of colour may experience gender and racial discrimination, which may increase their chances of experiencing mental health conditions (Wilson, Chen, Arayasirikul, Raymond, McFarland, 2016). TGD youth of colour and their parents may face additional challenges and adversities which were not considered in the reviewed studies. Additionally, future research should strive to include a greater number of fathers so that their perspectives can be adequately captured. There is evidence to suggest that fathers may have different experiences and coping strategies, which may have been diluted within the reviewed studies.

Clinical implications

The use of medical labels and mental health diagnoses were considered important by some participants, mostly due to the support that they facilitated within specialist healthcare settings (Sansracon et al., 2015). However, it could also be argued that they have the potential to pathologise YP rather than considering them to be living, dynamic indications that binary conceptualisations of gender are inadequate and potentially harmful. Furthermore, many of the participants described negative experiences with professionals related to a lack of awareness and providing flawed advice.

Parents of TGD youth may benefit from the provision of psychoeducational and supportive interventions in community settings, which may help to normalise their experiences and provide them with tools to help negotiate their children's development, well-being and safety. Furthermore, Coolhart and Shipman (2017) developed a therapy model for working with TGD YP and their families. They emphasise the need for professionals to validate and normalise parents' emotional experiences (e.g. fear), whilst supporting YP to explore and express their GD.

Healthcare professionals have a role in helping parents to learn how to respond to their child through an interpersonal process of learning and recognition (Pyne, 2016). It is vital that they consider TGD youth as part of their social context which is fundamental to their adjustment, which includes parents, siblings, extended family, peers, and teachers (Hill & Menvielle, 2009). Bull and D'Arrigo-Patrick (2018) put forward ideas for professionals to consider when working with parents of TGD youth,

such as acknowledging that social transitions may impact the whole family and exploring the impact of intersecting identities.

Parents and caregivers may benefit from the provision of a therapeutic space where they can express any uncertainties and uncomfortable emotions, such as guilt (Alegria, 2018). Support could be provided to parents within individual and group interventions, which may help them to speak about feelings of ambivalence and emphasise commonalities in their experiences (Gregor et al., 2015). It has been suggested that parents may seek out treatments which align with their own worldview (Byne et al., 2012), and professionals have a role in advocating for the child and supporting a parent's understanding their child's needs (Gray et al., 2016). Parents may benefit from being encouraged by professionals to strive for a balance, between protecting their child from potential stigma and supporting them to openly explore their gender (Gray et al., 2016). This is in line with Malpas' (2011) multi-dimensional family approach, which promotes flexible ways of working which can affirm GD youth and their parents.

Professionals can support TGD youth and their parents by being sensitive to the array of emotions that parents might experience, and supporting them to acknowledge and verbalise these feelings (e.g. validation). Therapists should hold in mind that some parents may experience loss, others may not, and some may feel both at different times (Coolhart et al., 2018). In addition, they may encourage parents to explore understandings of their own gender, and how these understandings may be impacting their experience. Fathers have been suggested to use intellectual processes and coping strategies to deal with difficult experiences, therefore professionals may need to hold

this in mind and work creatively to include fathers in therapeutic interventions (Walters, 1993).

Therapists have a role in acting as "containers" for the parents' anxieties (Ruch, 2007) and helping them to tolerate the uncertainty and ambivalence which their child's GD may bring. It is important that professionals resist being drawn into binary certainties to try and help parents tolerate any uncertainty (Gregor et al., 2015). This has been advised in good practice guidelines (Di Ceglie, 1998) for working with TGD YP and their families. Professionals may support parents to develop a range of coping strategies for dealing with challenges and stress, and help them to find meaning in these experiences (Hill & Menvielle, 2009). Mallon (1999) suggested that families of will require access to information and resources, knowledgeable professionals, and organisations which may help with advocacy issues. Johnson and Benson (2014) suggested that family therapy may help to identify patterns which support the development of a child with GD, and may help to de-pathologise their identity (Vanderburgh, 2009).

Alegria (2018) found that parents tried to alleviate concerns for their child's safety and build their resilience in ways such as using proactive strategies and seeking supportive networks, which may encourage the possibility of positive outcomes for their child (Grossman & D-Augelli, 2007). It may be particularly helpful for parents to connect with other parents with similar experiences to have opportunities for connection and sharing similar experiences (Coolhart et al., 2018). This may be facilitated via on-line support groups and forums which were commonly endorsed by participants within the studies. Therefore, professionals also have a role in providing resources and

signposting youth and parents to relevant services and organisations (Bull & D'Arrigo-Patrick, 2018).

Participants identified additional adversity in relation to intersecting identities such as disability, race, class and sexuality. This aligns with intersectional understanding of oppression (Saketopoulou, 2011), in terms of people from different social standings experiencing multiple and interlocking types of oppression. There is also a growing awareness of a co-occurrence of GD and autism, for which guidelines for clinical interventions with YP have been developed (Strang et al., 2016). It is important that the experiences of these YP and their families are understood so that professionals can appropriately support them. Furthermore, this highlights the need for specialist training, consultation and supervision so that professionals can address potential biases and provide person-centred care which meets the diverse needs of TGD youth and their parents.

Conclusions

Fifteen studies which explored the experiences of parents with TGD children were identified within this literature review. Twelve studies were rated as good quality (≥75%), with three studies rated as acceptable quality (≥55%). The key themes suggest that when parents find out about their child's GD they may go through a dynamic journey of meaning making, which can include a range of emotional responses (e.g. shock) and transformations. Parents varied in their processes of acceptance, and were often hesitant and concerned for their child's safety and the uncertainty of their future. The loss narrative was often perceived as too narrow and some parents took a "need to know" approach to manage other people's reactions.

Participants regularly felt protective of their child and became an advocate for them, especially in the context of adversity and intersecting identities (e.g. autism). The participants reported experiences of personal growth and felt they had learnt valuable lessons, whilst utilising a range of coping strategies. Connecting with other parents of children with GD seemed to be of particular importance to participants and may have relieved some of the negative encounters which they had with professionals. These findings should be interpreted with the caution due to the methodological concerns outlined, and may not be reflective of the diverse experiences of parents with TGD children. Research and clinical practice implications have been presented.

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PARENTAL EXPERIENCES OF HAVING A TRANSGENDER CHILD

Section B: Empirical Paper

Parental experiences of having a child with autism who has made a social transition to their self-identified gender

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SALOMONS
CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Background: Research has found a higher than expected co-occurrence of young people with autism expressing gender diversity. This may create differences in how they approach their social transition, and have implications for the experiences of parents and caregivers. Research suggests that gender-diverse youth have the best possibility of positive outcomes when they are supported by their parents.

Aims: To explore experiences of parents who have an adolescent child with autism who has socially transitioned to their self-identified gender. The knowledge gained could improve understanding of social transitions within this population, and how professionals can best support the complexities and specific needs of these young people and their families.

Methods: The research employed a qualitative, phenomenological design. Participants were recruited via a national NHS gender service for young people. Ten parents of seven transgender youth with a diagnosis of autism, aged 11-18 years old, participated in in-depth semi-structured interviews. The data were analysed using Interpretative Phenomenological Analysis.

Results: Six master themes with the inclusion of sub-themes emerged from the analysis: (1) being different, (2) why is my child different?, (3) adolescent transformation, (4) coming out, (5) acceptance, and (6) impact on my relationships.

Discussion: This research expands on extant literature due to the additional complexity of their child's autism and adolescent life stage. This may lead participants to consider their child's autism as a contributing factor to their gender diversity, and intensify feelings of responsibility and guilt. The current research may not be transferable to other parents with different experiences, particularly those from diverse

ethnic backgrounds. Methodological considerations and future research

recommendations are presented, in addition to clinical implications.

Key words: parent; child; autism; transgender; social transition

Introduction

In recent years, there have been significant developments in the awareness and

understanding of gender diversity within academic and clinical settings, mirroring

changes in wider society. This is consistent with a considerable increase in referrals of

young people (YP) seeking support from specialist gender services in the United

Kingdom (UK) (de Graaf, Giovanardi, Zitz, & Carmichael, 2018).

The terms transgender and gender-diverse (TGD) will be used throughout this report

as they provide descriptions without reference to any particular cultural norm, which

may be less stigmatising and more affirming than other terms, such as gender-variance

and gender-nonconforming (see Table 5 for key term definitions). This is a fast-

moving area where linguistics are constantly changing, hence the chosen terminology

is reflective of current research and practice.

Table 5. Definitions of key terms

Term	Definition
Assigned gender	Classification of an infant at birth as either male or female (American Psychological Association, 2015).
Autism Spectrum Disorder (ASD)	According to the American Psychiatric Association (APA, 2013), ASD (used interchangeably here with autism) is a neurodevelopmental condition characterised by persistent difficulties in social communication and interaction; concrete thinking tendencies; the presence of restricted, repetitive patterns of behaviour, interests, or activities; and sensitivity (or lack of sensitivity) to certain sensory input. This encompasses individuals who had previously received diagnoses of autistic disorder, Asperger's syndrome, childhood disintegrative disorder, and pervasive developmental disorder-not otherwise specified (PDD-NOS).
Gender Diversity (GD)	Refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Gender Spectrum, 2013).
Gender Dysphoria	Gender Dysphoria is characterised by discomfort and distress related to a marked incongruence between an individual's assigned gender at birth and gender identity

	(APA, 2013). Many YP with Gender Dysphoria describe severe unhappiness about their physical sex characteristics and function, intense disgust with their own genitalia, and an intense desire to change their gender (Cohen-Kettenis et al., 2006).
Gender identity	Refers to a person's deeply-felt, inherent sense of themselves as boy, a man, or male; a girl, a woman, or female; or an alternative gender (American Psychological Association, 2015). This relates to a person's self-identified gender in comparison to their assigned gender.
Gender role	Describes the attitudes, personality traits and behaviours that a society, in a given culture and historical period, associates with being masculine and feminine (Ruble, Martin, & Berenbaum, 2006).
Social transition (ST)	The time period in which a person outwardly changes gender (e.g. name, hairstyle and clothing) within various social contexts (Brill & Pepper, 2008).
Transgender	A person may identify along the transgender spectrum if their gender identity does not correspond with the gender role attributed to their assigned sex at birth and primary or secondary sex characteristics (Gainor, 2000). This umbrella term includes non-binary persons who do not feel they fit into a dichotomous sex structure through which they must identify as either male or female. Individuals in this category may feel as if they are in the wrong gender, but this perception may or may not relate to a desire for hormonal treatment and/or surgical reassignment (Meier & Labuski, 2013).

Prevalence

Prevalence rates of autism are estimated to be around 1% of the UK population, with a

disproportionately higher number of males receiving a diagnosis (Baird et al., 2006). It

has been argued that autistic people have a typically "male" cognitive style which is

better suited to systemising than a typically "female" style of empathising (Baron-

Cohen, 2009). Furthermore, females are less likely to receive an autism diagnosis due

to masking difficulties in social interaction and communication and poor gender

sensitivity in standardised diagnostic instruments (Dean, Harwood, & Kasari, 2017;

Duvekot et al., 2017). This suggests females with autism remain undiagnosed or

become misdiagnosed, without receiving appropriate individualised support (Gould, & Ashton-Smith, 2011).

Similar to the prevalence of autism, there are reported increases in the prevalence of self-identified transgender identity, which ranges between 0.5-1.3% (Zucker, 2017). Gender identity clinics report increased referrals rates (Aitken et al., 2014), which may be reflective of raised visibility and awareness, alongside improved access to specialist services. Holt, Skagerberg, and Dunsford (2014) conducted an audit of YP referred to a specialist gender service in the UK where autism was indicated in 13.3% of participants, which is significantly greater than rates in the general population (1%). YP with autism have been found to express GD 7.6 times higher than in the general population (Strang et al., 2014), suggesting this co-occurrence is also observed outside specialist gender services.

Co-occurrence of autism and GD

A YP's gender identity development may be impacted by difficulties with Theory of Mind (ToM; Baron-Cohen, 1991), which is their ability to create an image in their mind of the intent and emotional state of another's mind. Furthermore, children learn about meanings and expressions of gender from those around them, so there may be differences in how YP with autism develop a sense of their gender (Pasterski, Gilligan, & Curtis 2014). This may make them less likely to identify as part of a particular gender group (Williams, Allard, & Sears, 1996). It has also been argued that YP with autism may be more likely to express GD due to being less aware of, or concerned by what others think, as well as social cues which may confine others to live in accordance with dominant social norms (Strang et al., 2016).

YP with autism may struggle to comprehend nuances and ambiguity in theirs and/or others gender roles. Holt et al. (2014) suggested concrete thinking styles may generate rigid beliefs about what gender roles mean. Therefore, when a YP with autism cannot categorise themselves into a gender role, this can be distressing (Jacobs, Rachlin, Schroth, & Janssen, 2014), subsequently increasing their likelihood of receiving a Gender Dysphoria diagnosis. Di Ceglie, Skagerberg, Baron-Cohen, and Auyeung (2014) proposed that their perceptions of gender identity may be more fixed than neurotypical YP, therefore it could be argued that this may make them less likely to consider alternative explanations and solutions to the incongruence which they experience between their physical and psychological sense of self.

These arguments are consistent with Williams et al.'s (1996) position that a child with autism may become preoccupied or "stuck" on particular gendered interests or objects, and without sufficient exploration, this might be misinterpreted as Gender Dysphoria. However, Mukaddes (2002) has documented that autistic YP with the necessary verbal skills can clearly communicate distress related to their own sex and a wish to be another gender.

Professionals have suggested Gender Dysphoria and autism should be treated as distinct, whilst being equally considered in clinical decision-making and treatment approaches (Landen & Rasmussen, 1997). This may create confusion in service contexts where these conditions are treated in separate specialist settings. Complexity of the social and relational context may be overlooked, which is advised when taking an intersectional approach (Crenshaw, 1991). This suggests identities should not be considered in isolation, but seen as parts of complex interactions that are mutually

established in relation to established social norms and bound within contexts of power which give them meaning (Butler, 2016).

Social transitions

TGD YP may decide to make a social transition (ST) to their self-identified gender. This includes coming out to friends and family; going by a different name; asking people to use preferred pronouns; and changes in dressing/grooming. It could be hypothesised that the clinical characteristics of autism may generate differences in how YP approach their ST. Strang et al. (2016) suggested they may struggle to express their self-identified gender due to heightened anxiety and difficulties with social interaction and communication. In addition, Intolerance of Uncertainty (IU; Boulter, Freeson, South & Rodgers, 2013) and/or poor ToM skills observed in YP with autism (Baron-Cohen, 1991) might create urgency to socially transition with less consideration of implications for their future and others' reactions.

A ST can facilitate exploration and consolidation of an individual's gender identity. ST is commonly portrayed as reversible and not necessarily preceding medical intervention (Ehrensaft, 2014), however it has been suggested that this could foreclose gender identity development due to challenges associated with socially transitioning back to one's assigned gender (Steensma, Biemond, de Boer, & Cohen-Kettenis, 2011). This may be intensified for YP with autism due to perceptions of gender identity being more fixed (Di Ceglie et al., 2014). Despite high rates of co-occurrence between autism and GD, there is limited research exploring ST within this population.

The experience of parents

Parents of TGD youth face unique challenges (e.g. discrimination, lack of societal understanding) which impact how they support their child (Gray Sweeney, Randazzo, & Levitt, 2016). This is also likely to be influenced by their available coping resources and understanding of their child's gender identity. Research suggests adverse parental reactions are associated with negative psychological and social outcomes for their child (Travers et al., 2012). TGD youth are suggested to have the best opportunity to develop resilience and positive mental health when they receive parental support (Simons, Scharger, Clark, Belzer, & Olson, 2013). Considering approximately 50% of GD individuals reported their parents were unsupportive of their gender transition (Grossman, D'Augellli, Howell, & Hubbard, 2006), it is likely that this contributes to the experience of YP. However, a more recent study revealed that parents report positive aspects such as unconditional love, personal growth, social connection and closer relationships, and activism (Gonzalaz, Rostosky, Odom, & Riggle, 2013).

Some parents describe experiences of loss in response to their child's ST, in terms of the particular gendered relationship they shared before (Norwood, 2013). This may relate to loss of their hetero-normative and/or cisgender-normative expectations, including future romantic relationships, such as having biological children (Pearlman, 2006). This may be compounded for parents with an autistic child, as there may be additional adjustment and grief associated with what has been described as loss of a "normal" child (Hillman, Synder & Neubrander, 2007).

Only one study has considered the perspectives of mothers of TGD children with autism who were 6-12 years-old (Kuvalanka, Mahan, McGuire, & Hoffman, 2018). Some of the mothers were not sure whether autism and GD were distinct, or how they contributed to their social and emotional problems. Other than insights provided by this study little is known about how parents experience their child's autism and ST.

Rationale for current research

Little is known about how the clinical characteristics of autism may generate differences in how a YP approaches their ST. Adolescence is frequently when YP make their ST alongside other developmental transitions (e.g. school), which may produce additional challenges. Parents are well positioned to share personal experiences and insights due to their role as caregiver. This experience is likely to have a significant impact on parents, in terms of their own adjustment, relationships and identity. Furthermore, parental reactions have been shown to be indicative of a child's mental health and future outcomes (e.g. Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), highlighting the importance of the role of parents.

This research aims to explore the experiences of parents who have an adolescent child with autism who has socially transitioned to their self-identified gender. The knowledge gained could improve understanding of ST within this population, and how professionals can best support the complexities and specific needs of these YP and their families.

<center>**Method**</center>

Design

The research employed a qualitative, phenomenological design. Semi-structured

interviews were used flexibly to engage participants in a rich dialogue regarding their

experiences. The data were analysed using Interpretative Phenomenological Analysis

(IPA; Smith, Flowers, Larkin, 2009).

Participants

Sample sizes of up to ten participants are typically recommended for IPA due to the

focus on understanding a phenomenon within a particular context (Smith et al., 2009).

Therefore, a purposive sampling strategy was used to recruit participants accessing a

national NHS gender service. To ensure that the sample was homogenous, all

participants were the parent of a YP a) who was aged 11-18, b) had a diagnosis of

autism, and c) had made a ST to their self-identified gender in most aspects of their

lives. The only exclusion criterion was if the parent had been absent for an extended

period of time when the ST was taking place (e.g. working abroad), as it may have

been hard for them to give an in-depth account if they had been absent for a large

amount of time.

The sample (n=10) included 7 mothers and 3 fathers who were White British and aged

between 38 and 57 years, with a mean age of 48 years. Of the 10 participants there

were 3 heterosexual couples who were interviewed separately, therefore the parental

experiences of 7 YP's ST was captured. Participant demographics are displayed in

Table 6.

Table 6. Participant demographics

Participant Number	Participant Name*	Age*	Marital Status	Child's name*	Child's age	Child's self-identified gender
1	Jack	51-60	Married	Jacob	17	Male
10	Olivia	51-60	as above	as above	as above	as above
4	Lily	31-40	Married	Ryan	17	Male
5	Liam	31-40	as above	as above	as above	as above
6	Noah	51-60	Married	Lucas	17	Male
7	Ruby	41-50	as above	as above	as above	as above
9	Ava	41-50	Married	Oliver	17	Male
2	Emily	51-60	Separated	Ethan	17	Male
8	Clara	41-50	Single	Chloe	17	Female
3	Ivy	41-50	Married	Ella	14	Female

*Names have been changed and age bands have been used to maintain confidentiality

Procedure

An internal pilot interview was conducted and included in the analysis. The interview

schedule (Appendix F) – which was developed in consultation with clinicians,

researchers and service users – included background questions (e.g. when was your

child diagnosed with autism?) and questions which elicited their diverse experiences

of parenting a child with autism who has socially transitioned.

A recruitment poster (Appendix E) was displayed in the waiting area of the recruiting

gender service, and clinicians informed potential participants about the research with

the use of the introductory letter (Appendix B) and information sheet (Appendix C),

which was either given in person or sent to their homes via post. Those who were

potentially interested in participating contacted the researcher by email, and a

telephone call was agreed at a mutually convenient time to help them make an

informed decision about taking part in the research, either by providing further details

or answering any questions. Participants were also contacted in the days prior to their interview to confirm that they were still happy to proceed. All interviews were conducted individually at the service, in a private room for up to an hour. Participants provided written informed consent (Appendix G) in person before beginning the interview. Following discussion with the ethics panel, consent was not sought from the young person as the research focused on parents' experiences. A YP information sheet (Appendix H) was provided to parents should they wish to discuss their participation with their child. The interviews were audio recorded and transcribed verbatim by the researcher.

Data Analysis

The interviews were analysed using IPA which entailed deep exploration of how participants understood and made sense of their individual experiences (Smith et al., 2009). An ideographic approach was employed as it aims to "give voice" to individuals with particular instances of lived experience (Larkin, Watts & Clifton, 2006). This involved a "double hermeneutic" where the researcher aimed to make sense of how participants made sense of their experience. The following steps, outlined by Smith et al. (2009) were followed: reading and re-reading, initial coding, 3) developing emergent themes, searching for connections across emergent themes, moving to the next case, and looking for patterns across cases resulting in master themes and sub-themes. Quotations from interview transcripts have been selected to highlight the analytic interpretations of the data (Elliot, Fishcher, & Rennie, 1999).

Quality assurance and reflexivity

A number of measures were taken to maximise quality of the analysis. An internal pilot interview was undertaken to determine the feasibility of the interview schedule and whether the questions were comprehensive and clearly understood. Bracketing interviews were undertaken with two colleagues conducting research projects in a similar topic area. These occurred pre and post data collection which permitted the researcher to be open and observant about their own perspective, pre-existing ideas, and developing hypotheses (Starks & Trinidad, 2007). In addition, a reflective research diary was kept throughout the research process to consider comments and feelings which were evoked during the research process.

Ethics

The research was carried out in accordance with British Psychological Society guidelines (BPS, 2009) and checked as scientifically sound and ethical by a review board at Canterbury Christ Church University. Ethical approval was gained from the London Central Research Ethics Committee (Appendix J) and the Health Research Authority (Appendix K). Research governance approval was obtained from Noclor (Appendix L). The research was carried out to an agreed protocol in accordance with legal requirements, guidance and accepted standards of good practice. Participant responses were pseudonymised for purposes of confidentiality. Given the small number of participants, additional thought was given to ensure that quotes were non-identifiable. One participant (P2) requested to see their quotes prior to submission, and stated that they did not want them to be included. Therefore, quotes from this participant are not presented within this report.

As talking about personal and emotional experiences could be distressing, if needed, participants were given the opportunity to talk this through with a named clinician. A debrief was provided at the end of each interview by the researcher, with the hope that this would monitor any unforeseen negative effects or misconceptions. All participants were provided with a signposting information sheet with contact details for relevant organisations (Appendix H).

Results

Six master themes and 16 sub-themes regarding parents' experiences of having a child with autism who has made a ST to their self-identified gender emerged from the analysis (see Table 7).

Table 7. Summary of emerging themes

Master themes	Sub-themes
Being different	Becoming aware
	What now?
Why is my child different?	Is this related to autism?
	Is this about sexuality?
	Is it something I did?
	How can I understand this and help if I haven't been through this myself?
Adolescent transformation	The challenges of adolescence and puberty
	Navigating the social transition
	Physical and irreversible changes
Coming out	Fear of others reactions
	Feeling protective
	Navigating withholding systems
Acceptance	My acceptance
	Being accepted by others
Impact on my relationships	Loss and rediscovery of my child
	Gained resilience and the make or break of relationships

Being different

This master theme reflects participants' experiences of discovering their child's autism and wish to make a ST. There are two sub-categories to this theme, which are becoming aware, and what now?

Becoming aware

The majority of participants had the experience of being unaware of their child's autism or GD when they were a young child.

> *""he was my first child I knew nothing different" (P4)*

This could be related to the absence of clear signs or perhaps not looking out for areas of difference. Participants often had the experience of looking back and it now seeming obvious, especially with regards to their child's autism.

> *"I started to see traits" (P2)*

There was a sense that these participants experienced feelings of regret and shame at not having recognised this sooner, which may have prevented some of the uncertainty and difficulties experienced by their child.

> *"I should have picked it up earlier" (P9)*

Conversely, a few participants described experiences of their child's autism and GD appearing obvious from a young age. Their child's GD was sometimes signalled by their interests which were not stereotypical of their assigned gender (e.g. dolls), or by their child explicitly telling them.

> *"certainly from the age of 4 he was saying oh I'm a boy I'm not a girl I'm a*
> *boy" (P10)*

The impression given was that these participants were less shocked and more prepared for when their child was given a diagnosis of autism or expressed a wish to socially transition.

"the shock or fear um is not there sort of now now it's just that's Ella" (P3)

What now?

Participants' experiences of discovering their child's autism and wish to make a ST was often accompanied by feelings of fear and helplessness. This seemed to relate to their concerns about their child's future and expectations of a difficult journey ahead.

"I could see to a certain extent a map going forward in my head about the

difficulties he's going to have" (P6)

This appeared to be compounded by their uncertainty around what was the "right" approach to ensure the best outcomes for their child. There was a sense that this created notable pressure and anxiety for them in their role as caregiver, especially if there was any ambiguity around how they made sense of their child's wish to ST in the context of their autism.

"what's hard is the not knowing what really really is the right thing to do"

(P1)

This may have been complicated by participants existing worries related to their child's autism, such as a lack of supportive friendships.

"he's autistic and he's had trouble being accepted and making friends" (P2)

Why is my child different?

This master theme reflects participants' attempts to search for meaning regarding their child's wish to make a ST. There are four sub-categories to this theme, which are: is this related to autism?, is this about sexuality?, is it something I did?, and how can I understand this and help if I haven't been through this myself?

Is this related to autism?

Participants were often perplexed about the association between autism and GD and wondered if their child's autism may have increased their chances of pursuing a transgender path. Some participants wondered if associations between autism and maleness (e.g. male brain), or their child's thinking style may have created confusion and/or fixation regarding their gender.

> *"so when you do get a fixation of oh well I feel like a boy so I must be a boy it kind of like there's a lot of self-reinforcing of that when you're autistic" (P1)*

Whereas, two mothers of assigned males wondered if their lack of concern for social norms or how others perceive them may have made them more likely to ST.

> *"they care a bit less about what other people think" (P8)*

This suggests that there may be differences in how parents considered autism to be a contributing factor, according to their assigned gender. Additionally, it seemed difficult for participants to disentangle which aspects of their child's experience were related to their autism, GD, or the trials of adolescence. The complexity associated with this gave the impression that they could not be considered in isolation and created a maelstrom of emotions for both child and parent.

> *"that's definitely a blend of him coping with his transition him coping with Asperger's and him coping with being a teenager shaken up" (P5)*

Is this about sexuality?

Participants searched for meaning by questioning their child's sexuality, prior to them coming out as transgender. The participants' accounts suggested feelings of ambivalence in how they made sense of the interfaces between their child's sexuality and gender identity.

> *"we just didn't know whether it was just the fact that he was guna be gay or whether he was you know etc so we didn't know how that worked" (P6)*

Participants' understandings of this may have been further complicated by their impressions of how their child's autism impacted their sexuality, such as struggling to know how to go about making friendships and romantic relationships.

> *"they find it very difficult to share themselves with other people in that way"*
>
> *(P6)*

There was a sense from some of their narratives that the possibility of their child with autism being gay was less threatening, which might have been related to it being less of an unknown and more widely accepted in society.

> *"transgender was a bit more scarier" (P4)*

Is it something I did?

Some of the participants described experiences of thinking that their child's difficulties were their fault. This seemed to be related to a fear that they were to blame.

> *"I used to think oh is this cause you know I'm a single mum is that why they've why they're acting like this" (P8)*

In addition, participants described feeling judged or blamed by others. One participant suggested that her husband felt ashamed of their assigned male child, and consequently blamed her for encouraging their child's femininity. Her husband may have taken his son's decision to self-identify as female as a rejection of their shared male identity which he perceived his wife to have a role in encouraging.

> *"I think at times he's felt that I've probably influenced Ella being feminine or you know that I've had that um impact on Ella" (P3)*

Participants experiences of feeling somehow responsible for their child's difficulties may have impacted how they supported their ST. For instance, trying to alleviate a sense of guilt or seeking a potential solution.

How can I understand this and help if I haven't been through this myself?

The majority of participants acknowledged the absence of shared experiences which seemed to make it hard for them to understand or know how they should support their child. This seemed very different to the usual dilemmas of adolescence which participants were more familiar with.

> *"I don't have experience of this so how can I support you if I don't have that experience behind me" (P6)*

Some of the participants drew on the shared experiences of others in their support network (e.g. siblings). It is important to note that one participant reported that they had autism and believed they were born in the wrong body up until puberty.

> *"I managed to make the switch in my head and got on with it really" (P10)*

This shared experience seemed to create an alliance and sense of understanding, despite the participant not pursuing a transgender identity. This narrative suggested that the severity of their child's distress and advances in awareness and service provision, may have contributed to their difference in outcomes.

Adolescent transformation

This master theme encapsulates participants' experiences of transformation related to their child's adolescence, and the social and physical aspects of transitioning. There are three sub-categories to this theme, which are the challenges of adolescence and puberty, navigating the social transition, and physical and irreversible changes.

The challenges of adolescence and puberty

The changes associated with puberty were often described as devastating for the whole family, due to their child experiencing bodily and hormonal changes that were often deeply alarming and did not align with their self-identified gender.

"there were hard some really hard times with him um he you know with the

periods and the boobs growing" (P9)

YP with autism may find it harder to tolerate anxiety and adjust to the unpredictability

of these changes. Participants appeared to be challenged by their child's resistance to

these changes (e.g. refusing to use sanitary products), which may have created

uncomfortable feelings and conflict in how to support their child.

"he didn't want it to be happening it was happening and it wasn't an easy

thing to ignore at all" (P10)

Additionally, some participants suggested that their child became less tactile around

the beginning of puberty, to the extent that some avoided physical contact. This may

have left participants feeling distraught and rejected by their child at what seemed to

be a very challenging time.

"you can't touch him" (P6)

This was likely to be related a combination of factors, given that the YP with autism

were going through puberty, struggling to manage the anxiety of their body changing

and other adolescent challenges, in addition to wanting independence from their

parents whilst needing comfort and reassurance from them due to their anxieties.

Navigating the social transition

Participants differed in their experiences of how the ST was approached, which was

often hard to remember and not a linear process. Some participants perceived this as a

gradual change involving clear stages which they were a part of.

"it's evolved over time" (P5)

Others described a less distinct process which they were less involved in. The process

of navigating the ST often involved careful consideration and negotiation between

parent and child. It seemed that some of the participants were conflicted by their child's sense of urgency, and their own or other's feelings of reluctance or caution.

"I just want to make these changes to make him feel comfortable um whereas Liam will tell you that he was like hold your horses let's just you know cause he didn't want to rush into it" (P4)

Participants had a role in helping their child navigate the many complexities around gender social norms (e.g. boys have short hair) and guided their child in establishing their own style through exploration.

"we both went into the hairdressers and they cut both our hair really short" (P9)

The majority of participants' narratives suggested that the emotional upheaval which accompanied their child's distress lessened once they made a ST and/or received appropriate treatment. Being able to give their child what they needed appeared to create a significant improvement in their child, and therefore their own lives.

"it's getting back to how he was when he was young he's very calm and um yeah just just a lovely lad to have around" (P10)

Physical and irreversible changes

The current reality or future possibility of physical interventions was present in the narratives of all participants, which included hormonal and surgical treatment. These changes were often perceived as frightening due to their permanent and irreversible nature.

"that's something you can't undo" (P7)

The narratives of the parents of assigned females suggested that the majority wanted top surgery, due to their breasts being a constant reminder that they were not male and the daily complications of binding. This seemed to be particularly challenging for

some of the mothers who seemed to express guilt because of their comparable breast size.

"I'm quite big boobed he's quite big boobed it's that's quite hard" (P7)

The language participants used to describe their child's body and desired physical changes, gave the impression of some discomfort in having to deal with physical characteristics that were incongruent with their child' self-identified pronouns (e.g. his breasts). Furthermore, participants were often quite tentative when talking about these changes. This implied that participants may have been uncertain of these changes and were potentially holding onto the possibility that this may not happen.

"he is looking at top surgery but that's it at the moment that's all he wants" (P6)

In contrast, when their child had already pursued physical interventions, parents used definitive language. This may have been an attempt to reassure themselves that it was the right decision to help facilitate or finance these interventions.

"we became convinced that um the top surgery was the right way to go" (P1)

Coming out

This master theme reflects participants' experiences of their child with autism's ST becoming public instead of something kept private and the implications of this. There are three sub-categories to this theme, which are telling others, protection, and navigating withholding systems.

Fear of other's reactions

Some participants described initially keeping their child's ST private and only allowing it to be expressed in certain private contexts (e.g. home). Participants seemed

to be concerned for their child's safety and other people's reactions, which may have related to witnessing their child struggle with peer relationships.

> *"Ella had been at home doing this um it was more sort of a fear that you know*
>
> *that it yeah it was more a fear of how other people probably would react" (P3)*

A few participants developed a plan for telling others with their child (e.g. sending out a card), whereas other children came out on public forums (e.g. Facebook) without their parents' knowledge. When their child came out publicly shortly after their own discovery, participants seemed to feel unprepared and exposed.

> *"oh my god so we hadn't had time to absorb what was going on and then it*
>
> *was all out there for everyone we knew to know about" (P4)*

Telling others appeared to have advantages, such as being able to speak openly with family and friends, share their experiences, gain support, and feel less alone.

> *"The ability to talk to more people about it so friends family peers" (P5)*

Meeting other parents with similar experiences seemed incredibly valuable as it provided them with opportunities to understand and share their experiences, give and receive guidance, whilst feeling united with others.

> *"the group on facebook um they're a great help and there's so many of them*
>
> *from all walks of life". (P9)*

This was facilitated through support groups and/or online forums, and parents were frequently surprised by the amount of people this affected. It seemed to leave participants with a sense of connection and solidarity, as well as reassurance that they were not the only parents having this experience.

> *"so many people fighting going through the same thing" (P3)*

Feeling protective

The majority of participants seemed to feel the need to protect their child, which may

have been emphasised due to their child's difficulties related to autism (e.g. communication). One participant implied this was why they kept their ST private.

> *"for sort of like years we've sort of kept that side of Ella you know as sort of a like a protection" (P3)*

Participants were fearful of other people's reactions and the potential harm that others could do to their child or other family members (e.g. siblings). Participants described understandable fears that their child may be bullied or physically attacked because of their differences. One participant in particular described an incident at school which made them concerned for their child's safety, particularly in binary spaces (e.g. toilets) or when they were not around to protect them.

> *"Ryan was sat on the toilet he kicked the door in on him and it hit him in the face and it literally knocked him out and he had to go home" (P5)*

There was also a sense that participants had to protect their child from struggles with their own mental health, including self-harm and suicidality. This seemed incredibly frightening for them and other family members, leaving them feeling powerless to stop the harm which their child might inflict on themselves.

> *"you know he was physically banging his head against the wall he was screaming we had to stop him jumping out of a window" (P1)*

A participant suggested that their child not receiving hormone therapy was the cause for their distress and suicidality. Participants may have been confronted with the terrifying prospect that without the necessary treatment, their child might harm themselves or take their own life.

> *"she just felt like that everything's pointless if I can't get the treatment then I might as well I'd be better off dead" (P8)*

Navigating withholding systems

Participants supported their children to navigate the wider systems they were rooted in, either within an educational and mental health context. Participants often experienced barriers and resistance from professionals within educational settings. One participant suggested that the headteacher at their child's school was unwilling to make any adjustments in light of their ST (e.g. additional training).

> *"she wasn't having any of that you know" (P1)*

However, some participants described positive experiences, which were facilitated by clear communication and collaboration with teachers where they felt heard and supported.

> *"I spoke to the teacher and she had a better understanding and he he done*
>
> *really well at school in the end" (P9)*

Participants also described concerns around their child not attending school and the consequences of not accessing education. This caused them significant stress and had implications for their child's future educational attainment and employment.

> *"you know your child slips through the net and ended up not being in school*
>
> *you know through that then not being in school for the last 2 years" (P3)*

Participants described feeling left out and let down by mental health services, which did not adequately consider or accommodate the complexities of co-occurring autism and GD. The length of waiting times and professionals' lack of availability seemed to be indicative of a withholding system.

> *"there's just no support out there" (P6)*

Participants frequently described not being heard, services failing to meet their child's needs, and professionals not considering their child's distress enough to warrant

support. This was suggestive of their experience of a withholding system that did not take their concerns seriously. Participants were often assertive advocates for their child during interactions with professionals.

"I was chasing them on a weekly basis" (P4)

Some participants financed private assessment and intervention, with the hope of reducing their child's distress and increasing their chances of positive outcomes. This seemed to be further evidence of an inadequate and withholding system, requiring them to fill in the gaps of services that did not meet their child's needs.

"so we did a bit of a mixture of paid counselling as a family Ryan, Lily, and I going to some group therapy while we waited for services" (P5)

The interfaces between their child's autism and GD seemed to further complicate interactions with professionals, perhaps due to the fragmented nature of specialist teams. The quote below suggests that perhaps participants felt that neither their child's autism or transgender identity were adequately considered or supported when considered in isolation.

"there's nothing really that fits I think for children that are transgender or autism" (P3)

Some participants acknowledged positive experiences of therapeutic interventions for their family, which incorporated validation and guidance. However, some participants questioned whether professionals understood their child and adequately considered their socio-communication difficulties alongside their GD. There was a sense that this added more pressure to advocate for their child's needs in various clinical settings.

"it was almost like I'm sure it's not the case that they hadn't met someone with autism before" (P8)

Acceptance

This master theme reflects participants' experiences of giving and receiving acceptance. The two sub-categories to this theme include, my acceptance, and being accepted by others.

My acceptance

The majority of participants described a process of accepting their child with autism's self-identified gender. For some this was fairly immediate, whereas others required time to process and consider what was best for their child.

"I've always accepted Ryan" (P5)

Their acceptance of their child's wish to ST seemed related to participants perception of how certain they were and wanting to encourage them to be their authentic selves. At times it seemed as though their child's autism was a potential barrier to participants' confidence in their child's ability to know themselves and make an informed choice. Participants' acceptance seemed to be integral in ensuring that they were able to support their child through this process.

"the thought that he may have been pretending to be a certain person I didn't want him to do that I wanted him to be him you know" (P4)

Furthermore, participants described becoming more accepting and tolerant of others from supporting their child's ST. They seemed to consider themselves less judgemental, and more aware of transgender issues, which led them to adopt a role of advocate and ally.

"I wasn't aware of many of the issues particularly before she came out and now I kind of see myself as kind of like a trans ally" (P8)

Being accepted by others

Participants were pleasantly surprised by the acceptance of significant people in their

95

lives, such as family and friends. The importance of other people's acceptance seemed related to a longing for others to accept their child and themselves.

> "*friends and family have been very accepting it's never been plain sailing but I think we're quite lucky (P5)*

There was a sense that other people's support and acceptance of their child's ST was protective for the whole family. In contrast, some of the female participants perceived their partners as less willing and requiring more time to accept their child's autism and GD.

> "*Jack didn't really and truly understand he's he's always had a problem appreciating the difficulties that Jacob and actually myself um that we have*" (P10)

The differences in how mothers and fathers approached acceptance seemed to align with typically gendered characteristics. For instance, conceptualisations of male thinking styles being more systematic in comparison to more empathising thinking styles typically observed with females. Furthermore, the social pressures for men to be strong and not show weakness, may make it harder for them to acknowledge the emotional impact of their child's autism or wish to ST.

> "*he would not acknowledge it and think that um just a naughty child um or you know wouldn't accept or um acknowledge anything*" (P3).

The impact on my relationships

This master theme encapsulates the impact on participants' relationships with their child, themselves and wider family. There are two sub-categories to this theme, which are loss and rediscovery of my child, and gained resilience and the make or break of my partnership.

Loss and rediscovery of my child

Participants described feelings of loss as a result of their child's ST. For instance, losing a daughter and gaining a son which some likened to a grieving process.

>*"I lost my daughter and I gained a son" (P7)*

Some of the participants also experienced a sense of loss related to their child's autism, which seemed to relate to concerns about their child's future, and ability to live happily and independently as their self-identified gender.

>*"social transition no problem um the issue is the autism and whether we can actually achieve his goal of living an independent life" (P1)*

A sense of loss following their child's ST seemed most relevant for participants who perceived a significant change in their child's identity. Two fathers described an undesirable shift in their child's personality once they transitioned from female to male.

>*"we'd gone from having quite a calm female child to a volatile male child" (P5)*

The ST may have given the YP permission to adjust their behaviour in accordance with gendered social norms (e.g. naughty boy). Perhaps the YP felt more able to express their anger when living as a self-identified male in comparison to an assigned female. Additionally, participants' experiences of loss may be related to the personality changes they noticed in their child. This differed for participants who had not experienced a significant change and appeared focussed on the parts of their child which remained fairly consistent.

>*"the personality is still there you know" (P4)*

Participants also described positive changes and rediscovering their child, which included the perceived benefits of being their authentic self, which included being a happier and more confident person.

"he's a lot happier now that he is able to be himself" (P4)

There was a sense that this incorporated feelings of pride and admiration for all their child had overcome in the context of their autism and ST, and a strengthening of their relationship resulting from what they had to endure together.

" I'm so proud of him and how far he's come and what he's had to endure and you know" (P9)

Gained resilience and the make or break of relationships

Participants described changes in their relationships with themselves and others. Gained resilience was often experienced by participants from surviving difficult and challenging times.

"I've gained some kind of resilience from it I think we've all gained the ability to have to push back when you get told no about things" (P5)

Some participants described a shift from a position of helplessness to wanting to help others, and for things to be different for other parents.

"take the lessons we've learnt with Lucas and try to support other people through this" (P6)

This experience appeared to strengthen or weaken their relationships with others. This seemed to be most significant in their relationship with their partners, where half of the participants thought their relationship had become stronger and closer despite experiencing strain.

"we're facing adversity together" (P1)

In contrast, two participants described conflict and separation in their relationship as result of their child's ST. This was also present in familial relationships and friendships where participants distanced themselves from people who were not supportive of them and their child. This seemed to be particularly relevant when a person did not accept their child because of religious beliefs and/or refused to use their child's preferred pronouns.

"if they don't accept it then maybe they're not right to be with us" (P6)

The loss of these significant relationships seemed to further isolate participants who may have already felt isolated due to their child's autism and the potential barriers to meaningful social connections (e.g. not going out as much). Participants experiences of social isolation may to have impacted their ability to cope with the challenges involved in supporting their child with autism make a ST.

Discussion

This research used IPA to explore the experiences of parents who have a child with autism who has made a ST to their self-identified gender. Findings are reviewed in terms of links with extant literature, leading onto methodological considerations, research recommendations, and clinical implications.

Links with extant literature

The findings of this research were consistent with existing literature which has explored the experiences of parents who have a child who has made a ST (e.g. Dierckx, Motmans, Mortelmans, & T'sjoen, 2014). For instance, many of the participants described a range of emotional reactions and uncertainty around how they should respond. Furthermore, some of their experiences seemed to resonate with

notions of losing the gendered relationship and memories that they had shared with their child, and beginning to view their child as someone different (Norwood, 2013).

This research suggests that their experiences of loss may have related to the preferable characteristics which they associated with their child's assigned gender (e.g. calm female child). A potential explanation could be that YP are more aware of structural inequalities, and the demands placed upon young women. In addition, some of the changes which participants observed in their child may have been associated with increased pressure during adolescence and the social complexities of making a ST, which may have made their autistic tendencies more likely to surface (Hsiao, Tseng, Huang, & Gau, 2013). This may be particularly relevant for assigned females who may struggle to conceal their socio-communication difficulties following an increase in female-specific social demands (Kopp & Gillberg, 2011).

The current research breaks new ground due to the additional complexity of their child's autism, which seemed to make adolescent transformations and navigating their ST more challenging. This meant that participants' experiences incorporated complex and multifaceted changes in their child's identity and how they were seen in the world, which impacted their own lives significantly. A few participants were concerned that their child's autism would make it harder for them to live an independent and fulfilling life as their self-identified gender. However, they also described gaining resilience and the strengthened relationships with their child and others.

Participants often wondered if their child's autism may be contributing to their GD and wish to make a ST, which is in line with previous research undertaken with this population (Kuvalanka et al., 2018). For instance, participants questioned whether

their child's autism may have impacted their thinking and decision-making regarding their wish to ST (e.g. inflexibility). The current research builds on this as participants considered a range of potential explanations in their search for meaning, which included an association between autism and traditionally male characteristics, and their child's lack of concern for dominant social norms. This suggests that a child's autism may add additional complexity to parents' understanding and acceptance of their child's wish to ST (Strang et al., 2016). It is important to note that the majority of participants had an assigned female child, reflecting the ratio of YP accessing specialist gender services (de Graaf et al., 2018).

The participants in the present study were predominantly supportive and accepting of their child's wish to ST, in contrast to the narratives of transgender youth found in previous research (e.g. Grossman, et al., 2006). This has potential implications for the outcome of their child, as parental acceptance has been suggested to have a positive influence on the mental health and well-being of GD youth (Ryan et al., 2010). Furthermore, it is worth noting that the majority of participants were mothers, and some reported conflict in their relationship with their child's father in relation to their resistance and lack of acceptance. This is consistent with research by Kuvalanka, Weiner and Mahan (2014), where mothers suggested that fathers needed more time to understand and accept their child's GD due to concerns for their child's safety. The narratives of participants suggested that fathers may use more typically "male" cognitive thinking styles (Baron-Cohen, 2009) when coming to terms with their child's wish to make a ST. Alternatively, this may have related to the socialisation of men and wider societal pressures which may make it harder for them to express their

emotions and feel able to let go of traditional notions of masculinity in relation to their own and their child's identities.

An experience of parents of GD youth often found in the literature, is that their parental role can create feelings of responsibility and guilt, particularly for mothers (Johnson & Benson, 2014). This research builds on this in the context of guilt and loss that parents may experience in relation to the physical body which they pass down to child (e.g. large breasts). Feelings of guilt may be intensified when this body causes their child significant distress to the extent that they want to pursue medical interventions to change them. In addition, their child's autism seemed to increase their wish to protect them from potential harm, perhaps due to seeing them struggle with peer relationships.

Parents of children with autism have previously elaborated on the many challenges (e.g. accessing appropriate support) that they and their child encounter (Altiere & von Kluge, 2009). This research builds on this by highlighting the additional concerns that parents may have for their child's safety (e.g. bullying) due to their decision to socially transition. Additionally, parents highlighted obstacles which they faced in educational contexts, whereby professionals failed to accommodate the complexity of their child's needs due to the interfaces between their gender identity and autism. Therefore, educational settings need to establish appropriate policies which can meet a child's individual needs, with consideration of their intersecting identities (Greytak, Kosciw, & Boesen, 2013)

Methodological considerations

There was considerable variability in participants' experiences and findings may not be transferable to the experiences of other parents with an autistic child who has made a ST to their self-identified gender, particularly those from different ethnic and cultural backgrounds. Furthermore, the use of IPA means that the analytic process is specific to the researcher's engagement with the data and other valid interpretations could have been uncovered from these participants' experiences.

All participants were white British and seven of the ten participants were female, therefore findings may be most transferable to the experiences of white British mothers. Also, the participants' children were predominantly assigned female and 17 years-old which is likely to have impacted on their experiences and research findings. Furthermore, participants were recruited via a specialist gender identity service which may have biased the sample due to factors such as, participants feeling obliged to participate or reluctant to convey views not in accordance with the ethos of the service.

It is likely that the participants who volunteered to take part in this research may have been more liberal and accepting, and at a stage where they felt able to openly discuss their experiences, in comparison to other parents who chose not to participate. A few participants expressed a wish to raise awareness, help others, and increase funding and provision of services, which may have influenced their motivation to take part and their responses.

Future research

Qualitative methods would be most appropriate for future research exploring the experiences of parents with a child with autism who has socially transitioned to their self-identified gender. This research could focus on fathers' experiences to build on suggestions that their reactions and approach to their child's transgender identity may differ to that of mothers, which have been most prominent in previous research. In addition, future research could focus on parental experiences of assigned male children with autism, and further explore the nuances present in different gender identifications of parent and child. Future research should aim to recruit participants from diverse ethnic backgrounds who may have different understandings and approaches to those captured here.

Clinical implications

Professionals have a role in helping parents to consider their personal emotional reactions, understandings, and meanings (Strang et al., 2016), in addition to supporting them to navigate the transitional aspects of the ST and the trials of adolescence which may be further complicated by their child's autism. Doing so may support the possibility of positive future outcomes for the YP and their family (Ryan et al., 2010).

Considering the often negative experiences which participants had of mental health services and professionals, it may be beneficial for YP and family members to receive specialist psychological support during extended assessment processes. This would allow additional time for clinical decision-making (Strang et al., 2016) and the self-advocacy required of YP navigating complex gender referral and care systems

(Gridley et al., 2016). Furthermore, some of the participants felt that professionals within specialist gender services did not adequately consider their child's autism. Perhaps they could adapt their interventions to include communication aids, such as using visual information and specific questions (e.g. Mesibov & Shea, 2010).

Participants emphasised the value of connecting with other parents and sharing similar experiences, either in person or online. This suggests that services should provide parents with the opportunities for peer support; for instance, providing professionally facilitated on-line support groups, seeing that many parents struggle to access groups being delivered during working hours in limited locations across the country. Furthermore, considering that participants were often concerned for their child's safety within school, professionals could provide advice and guidance within educational settings, and facilitate clear communication between parents and teachers.

Conclusion

This research explored the experiences of parents who have a child with autism who has made a ST to their self-identified gender. This was carried out using IPA which allowed the researcher to make interpretations related to how participants made sense of their experiences. Participants' discovery of their child's GD appeared to lead them to search for meaning and consider a range of contributing factors, such as their child's autism. Participants reflected on their experiences of their child's transformation, which included changes related to their adolescence, ST, and medical intervention. They also described a shift from their child's GD being something initially kept private to something in public, which presented them with a number of opportunities and challenges, for instance taking on the role of protector and navigating withholding

systems. Some parents considered the role of their own and other's acceptance in their experiences, as well as loss and rediscovery in relation to their child and others. These findings are reflective of the researcher's interpretations of participants' experiences which may not be transferable to other parents, particularly those of diverse ethnic backgrounds. Professionals have a role in supporting parents to make sense of their experiences and should be mindful of the complexity involved in the lives of autistic YP with GD and their parents.

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PARENTAL EXPERIENCES OF HAVING A TRANSGENDER CHILD

Section C: Appendices and Supporting Information

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

APRIL 2019

SALOMONS
CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix A: Standard Quality Assessment Criteria

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Invitation Letter – Version 3 16/2/2018

Dear

My name is Gina Harwood and I'm a Trainee Clinical Psychologist. As part of my training I am conducting a research project looking into parental experiences of having a child with a diagnosis of Autistic Spectrum Disorder (ASD), who has socially transitioned to their self-identified gender. I am very interested to hear about your experience because it is unique to you.

I am hopeful that this research will give us the opportunity to learn about the different experiences and perceptions of social transitions, as well as the implications for you and your family. Also, that it may help to guide professionals in the way that they support children and families through this complex process.

If you agree to participate it will involve meeting with me for an interview which will last no longer than 90 minutes. The interview will take place at the Gender Identity Development Service at a convenient time for you, ideally when you are already there for an appointment. If you agree to participate it will not affect the care of your child in any way and you can withdraw at any time. More information is available in the attached information sheet.

If you would like further information or have any questions or queries about this research project please contact Gina Harwood at 01277 92 7070 or g.harwood252@canterbury.ac.uk

Best Wishes,

Gina Harwood
Trainee Clinical Psychologist
Salomons Centre for Applied Psychology

Information about the Research - Version 3 16/2/2018
IRAS Project ID: 235238

Parental experiences of having a child with Autistic Spectrum Disorder who socially transitioned to their self-identified gender.

Hello. My name is Gina Harwood and I am a Trainee Clinical Psychologist at Salomons Centre for Applied Psychology (Canterbury Christ Church University). I would like to invite you to take part in a research study for the purposes of a Doctorate in Clinical Psychology. Before you decide it is important that you understand why the research is being done and what it would involve for you.

What is the purpose of the study?
The purpose of the study is to learn about the experience of parents who have a child aged 11-18 years old with a diagnosis of Autistic Spectrum Disorder, who has made a social transition to their self-identified gender. I am hopeful that learning about these experiences will help to guide professionals in the way that they support children and families through this complex process.

Why have I been invited?
You have been invited because you are a parent of a young person who has a diagnosis of Autistic Spectrum Disorder and has made a social transition to their self-identified gender. I am very interested to hear about your experience because it is unique to you.

Do I have to take part?
This research is entirely voluntary and it is up to you to decide whether you would like to take part. If you agree to take part, you will be asked to sign a consent form. You can withdraw from the research project at any time, without giving a reason. Your involvement in this research will not affect the care of your child in any way.

What will happen to me if I take part?
If you decide to take part then you will meet with me for an interview at the Gender Identity Development Service (GIDS) at a convenient time for you, ideally when you are already there for an appointment.

The interview will last no longer than 90 minutes and will be recorded using an audio recording device. The recording and transcript of the interview will be kept securely and destroyed five

years after the research is completed. Your responses will be pseudonymised (false name), encrypted and stored on a password-protected memory stick and computer system during the course of the research. Your responses during the interview will be treated confidentially and if published, will not be identifiable as yours.

You can withdraw from the research at any time. At the end of the interview there will be a debrief with an opportunity to discuss your experience of participating in this research. You will be given a signposting information sheet with contact details of relevant organisations, and a £10 amazon voucher as a thank you for taking part. If you become distressed by what has been spoken about during your interview a clinician from GIDS will be available to talk this through with you.

Following the completion of the study, I can send you a summary of the findings and details of dissemination if you would like to receive this.

What will I be asked to do?
You will be asked to take part in an interview with me which will last no longer than 90 minutes.

What are the possible disadvantages and risks of taking part?
You may find the interview distressing due to talking about personal and emotional experiences.

What are the possible benefits of taking part?
You may find it useful to talk about your own experiences in a confidential space. We hope that what we learn from hearing about your experience will inform how we support other parents and families.

What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns.
If you remain unhappy and wish to complain formally, you can do this by contacting Professor Paul Camic, Research Director, Salomons Centre for Applied Psychology.
Email: paul.camic@canterbury.ac.uk Telephone: 03330 11 7114

What will happen if I don't want to carry on with the study?
If you decide that you don't want to carry on, then we can stop at any time and not include the information you have provided in the analysis.

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

All information which is collected from you during the course of research will be kept strictly confidential during and after the study.

The recording and transcript of the interview will be kept securely and destroyed five years after the research is completed. Your responses will be pseudonymised (false name), encrypted and stored on a password-protected memory stick and computer system during the course of the research. Your responses during the interview will be treated confidentially and if published, will not be identifiable as yours.

The limit of confidentiality would be in the event that a person may be at risk of harm and their safety is compromised. For example, if you reveal instances of criminal activity or risk of potential harm either to yourself or others, it may be necessary to disclose this to the relevant authority. However, if I feel that it is necessary to break confidentiality I would do my best to discuss this with you beforehand and explain my concerns.

What will happen to the results of the research study?
Following the completion of the study, I am hoping to publish the results of the study in a research journal. You will not be identified in any report/publication and only pseudonymised quotes will be used. I can send you a summary of the findings and details of dissemination if you would like to receive this.

Who is organising and funding the research?
This research is organised and by myself, Dr Julie Steel (Salomons Centre for Applied Psychology, Canterbury Christ Church University) and Dr Claudia Zitz (Gender Identity Development Service). The research is funded by Canterbury Christ Church University.

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 and given favourable opinion by the London Central Research Ethics Committee.

Further information and contact details
If you would like to speak to me to find out more about the study or have any questions, you can leave me a message on a 24-hour voicemail phone line at **01277 92 7070**. Please say that the message is for **Gina Harwood** and leave a contact number so that I can get back to you. Alternatively, you can email me at **g.harwood252@canterbury.ac.uk**

Please provide a response for each of the following questions:

1. What is your age? _____

2. What is you gender? Please tick one option that best describes your gender
Female ○   Male ○   Other (please self-identify) ○
 Other: _____

3. What is your marital status? Please tick one option that best describes your marital status
Single ○   Married ○   Civil Partnered ○   Separated ○   Divorced ○
Widowed ○

4. What is your ethnic group? Please tick one option that best describes your ethnic group or background

White
 ○   British   ○   Irish   ○   Gypsy or Irish Traveller   ○   Any other White
Background (please describe)

Other: _____

Mixed/Multiple Ethnic Groups
 ○   White and Black Caribbean   ○   White and Black African   ○   White and Asian
 ○   Any other Mixed/Multiple Ethnic Background (please describe)

Other: _____

Asian/Asian British
 ○   Indian   ○   Pakistani   ○   Bangladeshi ○   Chinese   ○   Any other Asian
Background (please describe)

Other: _____

Black/African/Caribbean/Black British
 ○   African   ○   Caribbean   ○   Any other Black/African/Caribbean British
Background (please describe)

Other: _____

Other Ethnic Group
 ○   Arab   ○   Any other Ethnic Group (please describe)

Other: _____

IRAS Project ID: 235238

Parental experiences of having a child with Autistic Spectrum Disorder who socially transitioned to their self-identified gender.

Hello. My name is Gina Harwood and I am a Trainee Clinical Psychologist at Salomons Centre for Applied Psychology (Canterbury Christ Church University). I would like to invite you to take part in a research study.

The purpose of my research is to learn about the experience of **parents who have a child aged 11-18 years old with a diagnosis of Autistic Spectrum Disorder (ASD), who has made a social transition to their self-identified gender**.

I am hopeful that learning about these experiences will be beneficial to other parents and young people, and will help to guide professionals in the way that they support young people and their families. This research is entirely voluntary and your involvement will not affect the care of your child in any way.

If you decide to take part then you will be invited to meet with me for an interview lasting no more than 90 minutes at the Gender Identity Development Service (GIDS). The interview will be recorded and your responses will be pseudonymised (false name), treated confidentially and if published, will not be identifiable as yours.

If you would like to speak to me to find out more about the study or have any questions, you can leave me a message on a 24-hour voicemail phone line at **01277 92 7070**. Please say that the message is for **Gina Harwood** and leave a contact number so that I can get back to you. Alternatively, you can email me at **g.harwood252@canterbury.ac.uk**

Appendix F: Interview schedule

Background Questions:
What is your child's name?
Have they been known by another name?
How old is your child?
Do you have any other children?
When was your child diagnosed with Autistic Spectrum Disorder?
What is your child's assigned sex?
What is your child's self-identified gender?
What does gender mean to you?
How old was your child when they began their social transition?
Has your child accessed any physical interventions?

What was your experience of your child's social transition?
What were your initial thoughts and feelings when you learnt about the wish to social transition?
Was there anything you hoped a social transition would offer?
Can you tell me about the time that your child made their social transition?
Did you have any worries about your child making a social transition?
What did you expect? Was it how you expected?
What does social transition mean to you? Has it changed over time?
How did your child go about their social transition? Was it gradual or did it happen all at once? In which context did it happen first?
Can you tell me what it was like for you going through this process?
In what ways did you feel able to support your child to make their social transition?
Can you tell me what your thoughts and feelings were while your child made their social transition?
What are your thoughts and feelings about their social transition now?

What was your experience of the changes in your child and yourself?
Have you noticed any changes in your child? Can you tell me about them?
In what ways do you feel differently towards your child?
What's your relationship like now?
How do you feel as a parent now that your child has socially transitioned?
Is there anything which you feel you have gained from this experience?
Is there anything which you feel you lost from this experience?
Did you find any aspects of the social transition more challenging than others?
Were there any particular challenges you faced as a parent or a family?

How did this experience affect your relationships with others?
What was your experience of telling the people in your life about your child's social transition? (e.g. friends, colleagues)
What was your experience of how this affected your family? (e.g. siblings, wider family)
What was your experience of other people's reactions? (e.g. wider family)
If you have a partner - How did it affect your couple relationship?

Is there anything which you feel you've learnt from this experience?
What have you learnt from this experience?
Would you change anything about this experience?
What supported you during this process? How did that feel for you?
Is there any additional support you would have liked during this time?
In light of your own experience, what advice would you give to other parents going through this process?

Appendix G: Consent form

Centre Number:　　　　　　Study Number:　　　　　Participant Identification Number:

CONSENT FORM
Title of Project: **Parental experiences of having a child with ASD who socially transitioned to their self-identified gender.**
Name of Researcher: Gina Harwood

1. I confirm that I have read and understand the information sheet dated....................
(version............) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I agree to take part in the above study.

4. I agree to the interview being audio recorded.

5. I agree that pseudonymised quotes from my interview may be used in published reports of the study findings.

6. I would like to be sent summary information of the research findings.

I would like to receive this by: (Please Circle)　　　Email　　　Post
At the following address:

_____

_____

7. I would like to be informed of the details of dissemination of this research.

I would like to receive this by: (Please Circle)　　　Email　　　Post

At the following address:

_____

_____

Name of Participant_____　Date_____

Signature _____

Name of Person taking consent _____　Date_____

Signature _____

Appendix H: Young person information sheet

Parental experiences of having a child with Autistic Spectrum Disorder who socially transitioned to their self-identified gender.

Hello. My name is Gina Harwood and I am a Trainee Clinical Psychologist at Salomons Centre for Applied Psychology (Canterbury Christ Church University). I have asked your parent to help me with my research which I am doing as part of my Doctorate in Clinical Psychology.

What is the research about?

I want to learn about your parent's experience of your social transition (e.g. change your name, hairstyle, clothing). I hope that asking about this may help us to understand their experience, and we can share this information to help other young people and families.

What will your parent have to do?

Your parent will come and meet with me at the Gender Identity Development Service (GIDS) for an interview. I will record our conversation and ask them some questions about their experience of your social transition. The recording and written version of the interview will be kept safe and all names and identifiable details will be changed.

What will happen with the results of the research?

I will write a report on the results of my research. I am hoping to get this published in a research journal, so that other people can read it and learn about these experiences.

Appendix I: Participant signposting sheet

Signposting Information Sheet

The Samaritans: Confidential support for people experiencing feelings of distress and despair.

Phone: 08457 90 90 90 (24 hour helpline)
Website: www.samaritans.org.uk

Mental Health Matters Helpline: Confidential emotional support for service users and carers.
Phone: 0800 107 0160 (from 5pm to 12 midnight weekdays and 2pm to 12 midnight at weekends and bank holidays)
Email: timeonline@mentalhealthmatters.co.uk

Mind: Mental health charity working to create a better life for everyone with experience of mental distress.
Phone: 0300 123 3393 (from Monday to Friday 9:00am-6:00pm)
Website: www.mind.org.uk

Mermaids: Mermaids support children and young people up to 20 years old who are gender diverse, and their families, and professionals involved in their care.
Phone: 0344 334 0550 (from Monday to Friday 9:00am-9:00pm)
Email: info@mermaids.org.uk
Website: http://www.mermaidsuk.org.uk/

Appendix J: NHS ethics committee favourable opinion

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Appendix K: HRA approval

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Appendix L: Trust R&D Approval

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Appendix M: Example coded transcript

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Appendix N: Development of themes

1) Transcripts were read and re-read and exploratory comments were noted. This lead to the
   development of emergent themes and sub-themes for each transcript (see Table 1 for an
   example)

Table 1. Themes and sub-themes for P4 transcript

Theme	Sub-themes
Understandings of gender	Binary understandings
	My own gender
	Learning about gender
	Becoming less judgemental

Family history	DV from child's father
	Query of autism in child's father
Autism	Noticing signs
	My child is "broken"
	Late diagnosis
	Things "adding up" retrospectively
	Child being high functioning - articulate
Distress	Breaking down
	Eating to manage feelings
	Self-harm and suicidality
Coming out	Subtle changes
	Asking – gay or trans?
	Trans more scary
	What now?
	No time to absorb
	Coming out in Facebook
	Feeling protective
	Concerns for the future
Questioning	ASD creating confusion around GD
	How does he know
	Trans more acceptable than autism
	Trans "nothing to do" with autism
Exploration of gender	Make-up and hair
	Not wearing a bra
	Different appearance but same child
	Name change
	Clothing
	Things getting better
	Wish for physical interventions
Others	Husband slowing things down
	Husband experiencing loss
	Strain on relationship with husband
	Family as a supportive team
	Teacher
	Bullying
	Inadequate services

2) This process was repeated for all 10 transcripts.

3) Superordinate themes and subthemes from all transcripts were then explored for patterns and connections and arranged into master themes and sub-themes (see Table 2). This was an iterative process with continued checks against the data. This lead to the

Figure 1. Spreadsheet showing codes for emerging themes across all cases

Table 2. Emerging Themes and Subthemes across Cases

Master themes	Sub-themes
My child's autism journey	Family history of autism
	Noticing or not noticing the signs of autism
	Receiving an autism diagnosis
	Challenges associated with autism
My child's transgender journey	Mental health of my child
	Puberty
	Sexuality
	Coming out
My child's social transition	Process of social transition
	Changing appearance
	Name change
	Navigating binary spaces
	The role of physical interventions
	The impact of the social transition
My own journey	My reaction
	Making sense of my child and finding the right approach
	What I learnt and how this changed me
	How I coped
The impact of others: people	The other parent

Master themes	Sub-themes
and institutions	Family and friends
	Education
	Mental health services

4) This iterative process continued and final set of themes emerged which were sufficiently interpretative and focused on the research question.

Table 3. Final themes and sub-themes

Master themes	Sub-themes
Being different	Becoming aware
	What now?
Why is my child different?	Is this related to autism?
	Is this about sexuality?
	Is it something I did?
	How can I understand this and help if I haven't been through this myself?
Adolescent transformation	The challenges of adolescence and puberty
	Navigating the social transition
	Physical and irreversible changes
Coming out	Fear of others reactions
	Feeling protective
	Navigating withholding systems
Acceptance	My acceptance
	Being accepted by others
Impact on my relationships	Loss and rediscovery of my child
	Gained resilience and the make or break of relationships

Appendix O: Additional illustrative quotes

Master themes	Sub-themes
Being different	Becoming aware
	What now?

Why is my child different?	Is this related to autism? Is this about sexuality? Is it something I did? How can I understand this and help if I haven't been through this myself?
Adolescent transformation	The challenges of adolescence and puberty Navigating the social transition Physical and irreversible changes
Coming out	Fear of others reactions Feeling protective Navigating withholding systems
Acceptance	My acceptance Being accepted by others
Impact on my relationships	Loss and rediscovery of my child Gained resilience and the make or break of relationships

(1) Being different

Becoming aware

"when he was growing up there were no signs" (P6)

"anything revolved around then sort of like dollies and girls things" (P3)

"she text me and said mum I'm trans and I was like OK" (P8)

What now?

"I was worried about doing the wrong thing and upsetting her and worried for her sake" (P8).

" I think we felt completely alone we felt as if it was us against the world" (P6)

"we need to do some research we need to learn about it go to the doctor and find out what we need to do" (P4)

(2) Why is my child different?

Is this related to autism?

"they can quite often feel that they have a bit of a male brain" (P5)

"the autism side of things has definitely clouded his thinking" (P6)

"they don't seem to get what would normally be socially unacceptable" (P3)

Is this about sexuality?

"we thought he was gay cause he hadn't actually said anything and we were just we were open for him to decide how he wanted to how he wanted to go

forward" (P7).

"he said he was gay then he said he was bisexual so we went through that and like a lot of them do um until he understood transgender" (P9)

"I'll be lying if I said that er I would have preferred this than him being gay only because I know how hard it's guna be for him going forward it's you know it's not an easy road for anybody." (P6)

Is it something I did?

"she made me feel like a really bad parent" (P9)

"there's a thing at the back of your head that twitches that goes this is partly your fault" (P6)

"worried that people would think that I'd done something wrong or something to you know and I was also worried if I you know I thought maybe I had done something" (P8)

How can I understand this and help if I haven't been through this myself?

"in my brother's social group I did meet a couple of transgender people" (P5)

"I suppose I don't feel that I fit into the typical female gender stereotype" (P4).

"he knows I understand" (P10)

(3) Adolescent transformation

The challenges of adolescence and puberty

"the wrong puberty from his perspective" (P1)

"from a menstrual point of view he's had major problems from a very very young age he started very early and extremely heavy" (P6)

"he doesn't you know I can't touch him and I haven't been able to touch him" (P10)

Navigating the social transition

"It was much more gradual process which kind of peaked around the age of 11, 12 sort of thing" (P1).

"he'd already been moving towards male before we knew about the gender" (P7).

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"at first she didn't really know what to wear" (P8).

Physical and irreversible changes

"trying to take his boobs away" (P7)

"she just refuses to wait anymore" (P8)

"he's still on hormone blockers um they'll gradually increase testosterone and remove the hormone blockers hopefully soon (P9).

(4) Coming out

Fear of others reactions

"we made a little note that we put out with Christmas cards" (P1)

"it's the unknowns that we fear the most especially from other people" (P7)

"we have looked for just other people to talk to about this cause you know it's not easy" (P6)

Feeling protective

"you just want to protect your child" (P4)

"I was a bit worried that she would get physically attacked" (P8)

"I'm very very protective over him" (P9)

Navigating withholding systems

"he was left for 6 months" (P4)

"you're not heard um as a parent" (P3)

"they said he's not suicidal enough" (P9)

(5) Acceptance

My acceptance

"I saw it as the less painful path" (P1).

"I don't think there is anything that he could do that I wouldn't stand by his side" (P7).

"it's made me research transgender and get clued up on it and not be judgemental about it" (P4)

Being accepted by others

"my brother was brilliant and has become a really good mentor for Ryan through the whole process" (P5)

"it's enabled us to just try and just make it as normal as possible" (P7)

"I think mostly everybody to be honest um have been really supportive really supportive and non-judgemental" (P3)

(6) Impact on my relationships

Losing and rediscovering of my child

"it's almost as if there has been a switch and there is a mirror person there" (P6)

"I never felt grief I've just felt that's that's Ella" (P3),

"it's just nice to have my child back" (P9)

Gained resilience and the make or break of relationships

"I'm hoping things like this will help other families" (P5).

"so it's brought us closer" (P4)

"there is a member of my family who is who has a particular religious belief and still will not use male pronouns" (P1)

Appendix P: Excerpts from research diary

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Appendix Q: Research summary for participants

Parental experiences of having a child with Autistic Spectrum Disorder who has socially transitioned to their self-identified gender.

Dear participant,

I am writing to give a summary of the findings of my research project. I will now summarise the background, aims, methods, findings and conclusions.

Background
Research has found a higher than expected co-occurrence of young people with autism expressing gender diversity. This may create differences in how they approach their social transition, and have implications for the experiences of parents and caregivers. Research suggests that gender-diverse youth have the best possibility of positive outcomes when they are supported by their parents.

Aims
To explore experiences of parents who have an adolescent child with autism who has socially transitioned to their self-identified gender. The knowledge gained could improve understanding of social transitions within this population, and how professionals can best support the complexities and specific needs of these young people and their families.

Methods
The research employed a qualitative, phenomenological design. Participants were recruited via a national NHS gender service for young people. Ten parents of seven transgender youth with a diagnosis of autism, aged 11-18 years old, participated in in-depth semi-structured interviews. The data was analysed using Interpretative Phenomenological Analysis.

Results
Six master themes with the inclusion of sub-themes emerged from the analysis which are displayed in the table below.

Master themes	Sub-themes
Being different	Becoming aware What now?
Why is my child different?	Is this related to autism? Is this about sexuality? Is it something I did? How can I understand this and help if I haven't been through this myself?
Adolescent transformation	The challenges of adolescence and puberty Navigating the social transition Physical and irreversible changes
Coming out	Fear of others reactions Feeling protective Navigating withholding systems
Acceptance	My acceptance

	Being accepted by others
Impact on my relationships	Loss and rediscovery of my child
	Gained resilience and the make or break of relationships

Conclusions

The results of this research suggest parents may have a range of emotional reactions to their child expressing gender diversity, which may begin a journey of trying to understand their child's experiences. Parents with a child who has autism may consider this to be a contributing factor to their gender diversity. Parents may experience transformations in their child which relate to their adolescence, social transition, and medical interventions. Parents might experience a shift from their child's social transition being something which is initially kept private to something which is expressed in public. This may provide parents with a number of opportunities and challenges, for instance taking on the role of protector and navigating withholding systems. Parent might immediately accept their child's wish to make a social transition, whereas others may need more time. Parents may have experience of loss and rediscovery as a result of their child's social transition. These findings are reflective of my interpretations of your experiences and may not relate to the experiences of other parents, especially those of diverse ethnic backgrounds.

Thank you again for participating in my research, I really valued the opportunity to meet you and learn about your experiences.

If you have any questions about my research, you can contact me using the details below:

Gina Harwood
Trainee Clinical Psychologist
Salomons Institute for Applied Psychology
Canterbury Christ Church University
g.harwood252@canterbury.ac.uk

Appendix R: Research summary for ethics panel

Study Title: Parental experiences of having a child with Autistic Spectrum Disorder who has socially transitioned to their self-identified gender.
REC reference: 18/LO/0130
IRAS project ID: 235238

Dear [chair of REC/ R&D manager],

I am writing to inform you that my research project has now been completed. I will now summarise the study.

Background: Research has found a higher than expected co-occurrence of young people with autism expressing gender diversity. This may create differences in how they approach their social transition, and have implications for the experiences of parents and caregivers. Research suggests that gender-diverse youth have the best possibility of positive outcomes when they are supported by their parents.

Aims: To explore experiences of parents who have an adolescent child with autism who has socially transitioned to their self-identified gender. The knowledge gained could improve understanding of social transitions within this population, and how professionals can best support the complexities and specific needs of these young people and their families.

Methods: The research employed a qualitative, phenomenological design. Participants were recruited via a national NHS gender service for young people. Ten parents of seven transgender youth with a diagnosis of autism, aged 11-18 years old, participated in in-depth semi-structured interviews. The data was analysed using Interpretative Phenomenological Analysis.

Results: Six master themes with the inclusion of sub-themes emerged from the analysis which are displayed in the table below.

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Coming out	Fear of others reactions Feeling protective Navigating withholding systems
Acceptance	My acceptance Being accepted by others
Impact on my relationships	Loss and rediscovery of my child Gained resilience and the make or break of relationships

Discussion: This research expands on extant literature on parents' experiences of having a gender-diverse child who has made a social transition, due to the additional complexity of their child's autism and adolescent life stage. This may lead participants to consider their child's autism as a contributing factor to their gender diversity, and intensify feelings of responsibility and guilt. The current research may not be transferable to other parents with different experiences, particularly those from diverse ethnic backgrounds.

Arrangements for publication/dissemination
The research is intended to be submitted for publication in "International Journal of transgenderism". The researcher will disseminate research findings to professionals at the service where the research was conducted in a team presentation.

Feedback to participants
A summary of the research and details of publications will be sent to research participants who requested this in their consent form.

Gina Harwood
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Appendix S: Author guidelines for International Journal of Transgenderism

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