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Resilience in Families in Transition: What Happens When a Parent Is Transgender?

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ABSTRACT

Objective: To understand the experiences of both children and parents in families where one of the parent is transgender.

Background: A focus on the family environment can be found in research concerning transgender youth, but this focus is lacking in research on transgender adults. To our knowledge, research so far has not shed light on the experiences of minor children who have witnessed the transition of their parent. Method: Using the family resilience framework, which is a useful theoretical framework for analyzing family transitions, we conducted in-depth qualitative interviews with 13 children and 15 parents (8 cisgender and 7 transgender) from 9 families.

Results: Various protective family processes were distinguished in the achievement of adaptive functioning outcomes: family continuity, family communication, significant others' acceptance, and attributing meaning. Hence, the findings from this research clearly show that the gender transition of a parent in itself should not be problematized.

Conclusion: Through good practices and protective processes within the family, the transition of a parent's gender can be accepted by children.

Implications: These findings have implications for families with a transgender parent as well as for anyone working with children and their transgender parents.

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Resilience in Families in Transition: What Happens When a Parent Is Transgender?

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Sociological research concerning transgender people is relatively limited, and the family environment in which gender transition takes place has often been overlooked (Hines, 2006; Whitley, 2013). In particular, the perspective of children with a transgender parent has been neglected (Dierckx, Motmans, Mortelmans, & T'Sjoen, 2015). In the present article we respond to this gap in the existing research by providing insight into the experiences of minor children (under age 18 years) and their parents when a parent is transitioning. Here, we consider a gender transition to be a change in social gender role, with or without medical interventions. The study took place in Flanders, the northern region of Belgium, and used a family resilience theoretical framework.

1 Literature Review

Transgender people are those whose gender identity or gender expression does not correspond to the gender they were assigned at birth. Like sexual minorities (lesbians, gay men, and bisexual people), transgender people are a minority who often encounter stigmatization in heteronormative societies in which sexual dimorphism (two biological sexes) and binary gender roles remain the standard (Carrera-Fernández, Lameiras-Fernández, & Rodríguez-Castro, 2014; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012). In recent years, transgender people and their living conditions have become more visible (European Union Agency for Fundamental Rights, 2014; Grant et al., 2011). Nonetheless, heteronormative expectations still pose a challenge to transgender people and their families (Israel, 2005).

According to various surveys, at least one quarter and as many as half of transgender people have biological children (European Union Agency for Fundamental Rights, 2014; Motmans, Ponnet, & De Cuypere, 2014; Rosser, Oakes, Bockting, & Miner, 2007). Rates of parenthood tend to be higher among trans women than among trans men, mainly because the majority of trans women became parents before they transition (Motmans et al., 2014; Rosser et al., 2007; Sales, 1995; Stotzer, Herman, & Hasenbush, 2014). However, case reports and surveys are emerging of trans men who became pregnant after female-to-male gender transitioning (Light, Obedin-Maliver, Sevelius, & Kerns, 2014). Research shows that there are fewer transgender people living with children than there are transgender parents (European Union Agency for Fundamental Rights, 2014; Grant et al., 2011). Aside from the general explanation that adult children may no longer live with their parents, transgender people are often discriminated against in formal custody disputes because of their transgender

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identities (Grant et al., 2011; Lynch & Murray, 2000; Pyne, Bauer, & Bradley, 2015; Stotzer et al., 2014). The roots of this transphobic discrimination lie in the heteronormative social model and the related homogenous view of what a so-called ideal family should look like (Chang, 2002; Short, Riggs, Perlesz, Brown, & Kane, 2007).

2 Transgender Parenthood

Existing literature on transgender parenthood has had three main foci: the experiences of the transitioning parent; the experiences of the other parent, who is often cisgender (not transgender); and the experiences of children as reported by the parents or significant others in the transition process (e.g., therapists). Research on the viewpoint of children themselves is scarce.

Although the heteronormative concern that the children of transgender parents may exhibit atypical gender behavior, gender identity, or sexual orientation has no empirical basis (Green, 1998), the transition of a parent is not a neutral event for children. A wide range of emotions may be aroused, including feelings of loss (Haines, Ajayi, & Boyd, 2014; Sales, 1995); grief, sometimes similar to mourning (Di Ceglie, 1998; Lightfoot, 1998; Sales, 1995); as well as betrayal (Sales, 1995) and shame (Church, O'Shea, & Lucey, 2014). Witnessing a parent's transition is a unique experience, and the child is unlikely to know anyone in a similar situation (White & Ettner, 2007). As a result, the specific needs of the child are often unmet when a parent gender transitions (Di Ceglie, 1998; Haines et al., 2014; Veldorale-Griffin, 2014).

Several risk and protective factors have been identified for children with a transgender parent. First, the (developmental) age of the child has been observed to be important. Younger children are generally more accepting of a gender transition than older or adult children (Veldorale-Griffin, 2014; White & Ettner, 2004, 2007). Teenagers are more likely than those of other ages to take a parent's gender transition personally (White & Ettner, 2004), perhaps due to adolescent egocentrism (Reisbig, 2007). A second observation from the literature is the importance of amicable family relationships even if the parents are separated. Amicable family relationships can be detrimentally affected by a cisgender parent's transnegative attitude, which can affect the relationship between the parents, and consequently the child's well-being and his or her relationship with the transgender parent (Freedman et al., 2002; Haines et al., 2014; Hines, 2006; White & Ettner, 2004, 2007). Similarly, parental agreement on how to disclose the situation to their child has a positive impact on the overall well-being of the parents and the child (Grenier, 2006). In this regard, the possibility of open communication in which there is space for questions and uncertainty facilitates good relationships among family members (Hines, 2006).

A third important consideration is social stigmatization and transnegativity, which children with transgender parents may experience (Freedman et al., 2002; Haines et al., 2014; Reisbig, 2007). For example, some cases have been reported in which children would not allow their transgender parent to be seen with them in public or to have contact with their friends (Church et al., 2014). Various studies have mentioned the importance of mediating people (such as current and former partners, siblings, supportive allies, teachers) to establish and maintain non-heteronormative attitudes (Haines et al., 2014; Hines, 2006; Reisbig, 2007; Veldorale-Griffin, 2014; White & Ettner, 2004). Although therapy can be an important source of support throughout the transition process, families often have difficulty locating knowledgeable and transgender-friendly therapists (Veldorale-Griffin, 2014).

Other factors influencing the experience of having a transgender parent include the gender of the child, especially those of the same gender assigned to the transgender parent at birth (Lightfoot, 1998; White & Ettner, 2004); an abrupt separation from either parent; mental health problems in either parent (Sales, 1995; White & Ettner, 2004); how the transgender parent copes with the transition themselves (Lev, 2004; Sales, 1995); and the broader ideas and values of the parents (Veldorale-Griffin, 2014). Furthermore, differences have been noted between male and female parents: Gender transitions from woman to man are more easily accepted by children because of the greater cultural acceptance of female androgyny compared with male femininity (Hines, 2006).

Finally, several authors have observed that a child's adjustment and reaction to a parent's transition is a process rather than a static response. Lev (2004) and Emerson (1996) described the multiple stages of a family's reaction and adjustment when a family member comes out as transgender (see also Stotzer et al., 2014). Veldorale-Griffin added that this process is undertaken collectively by family members because the transition of a parent affects relational processes (Veldorale-Griffin, 2014).

3 Family Resilience Framework

Resilience and the ability to withstand and rebound from adversity differs from person to person. To account for these differences, early studies focused on the personal traits associated with individual resilience, with more recent studies of resilient children noting the crucial influence of close relationships with caring adults and mentors. It was from this focus on familial strengths, rather than their well-documented limitations, that the family resilience framework was derived (Patterson, 2002a; Walsh, 2002, 2003). In the family resilience framework, described by Walsh (2002, 2003) and Patterson (2002a, 2002b), resilience is more than the coping capacity that a family possesses; rather, it is a process through which a family restores the balance triggered by certain demands (Patterson, 2002b; Walsh, 2003).

Family protective factors that turn out to be determinative for the resilience of families have received a lot of attention in past research on family resilience. These protective factors are family cohesiveness (which emphasizes the need for a balance between strong emotional bonds and individual independence), family flexibility (the balance a family achieves between change and stability), family communication, and family meaning or beliefs system.

The family resilience framework has several advantages when it comes to investigating the experiences of transgender families. First, there is clear exposure to family risk stemming from the non-normative demands that a parent's gender transition places on the family system. How will the family cope with this potential risk? Second, the unit of analysis in this framework allows us to analyze experiences within families: the framework goes beyond individual resilience by recognizing the important influence of other family members (Patterson, 2002a; Walsh, 2003). Third, family resilience is not seen only as a characteristic but as a process and an outcome of that process (Henry, Sheffield Morris, & Harrist, 2015). Can a parent's gender transition make a family more capable of facing future challenges? Lastly, the family resilience framework emphasizes the family's strengths rather than weaknesses and pathologies (Oswald, 2002; Patterson, 2002a), which move attention away from heterosexist negative assumptions about transgender parents.

In summary, existing research does not support the assumption that children with transgender parents develop atypical gender behavior, gender identity, or sexual orientation, nor do they experience long-term mental health problems. However, the literature does show that both parents and children may

experience a variety of emotions during the transition process and may encounter difficulties with regard to family conflict, peer relations, and social stigmatization. To date, however, no study has interviewed underage children of transgender parents themselves, although several research papers have expressed the need to understand their experiences (Dierckx et al., 2015; Veldorale-Griffin, 2014). In the present study, we respond to this gap in the literature by using the family resilience framework to identify and understand protective factors that foster family resilience in families with a transgender parent.

4 Method

4.1 *Sample*

A nonprobability convenience sample was formed via an open call for research participants, which was distributed in the spring of 2015 among various LGBT, youth and family, and civil society organizations in Belgium; the network of clinical practitioners in transgender health care; and through social media. The sampling criteria were threefold. First, we decided to include only children who were born before the time the trans parent started the (social or physical) transition. Hence, they had been raised in an assumed cis relationship before the transition. Children who had been born into transgender families and had not experienced a parent's gender transition were not included. Second, all children were required to have been younger than 18 years of age when their parents started transitioning and to have had regular contact with their transgender parent, regardless of whether their parents were living together. Third, we defined gender transition to be a change in social gender role, with or without medical intervention. Our sample consists of children with a parent who can be part of the broader group of trans individuals and not only transsexuals. Children's experiences were the main focus of this study, but inclusion criteria required that at least one of the parents participate so we could analyze family experiences beyond those of the child.

In total, we interviewed 13 children (3 sons and 10 daughters) and 15 parents (7 transgender and 8 cisgender) from nine families. One cisgender parent and two transgender parents did not participate due to a lack of interest or time. At the time of the interviews, the children ranged from 9 to 26 years of age, and their parent started transitioning between 1 and 14 years before participation. The eight cisgender parents included one man and seven women; the seven transgender parents included two trans men and five trans women. Six parents were living together and the other three sets of coparents had ended their relationship. All identified the gender transition as the main reason for the relationship dissolution. Pseudonyms are used throughout this article to help protect the identities of the participants.

4.2 *Data Collection Procedures*

We used an explorative methodological framework rooted in the tradition of grounded theory. In line with symbolic interactionism in which meaning emerges through social interaction, we adopted an open interview method (Jeon, 2004; Oswald, 2002). This allowed the children's and parents' descriptions of their experiences both during and after the transition to become the focus of the research. The methodological tradition used was well suited to the topic of the research because concepts such as gender identity and parental role are not simply categories, but gain meaning in a dialectical process among family members (Denzin, 2004; West & Zimmerman, 1987; Whitley, 2013).

Methodological and ethical considerations were taken into account regarding the children under 18 years of age. Sociological research on children often uses adults as informants to obtain insight into

children's lives and experiences. This is also the case in the limited literature on families with a transgender parent to date (Church et al., 2014; White & Ettner, 2004). However, over the past 20 years, the demand has grown for research in which children are active research subjects rather than passive objects. This has resulted in the use of more participatory research methods with children (Morrow, 2008). Alongside more general methodological preoccupations like consent and the protection of research participants, issues of power and representation have been present in discussions on children's participation in research (Christensen, 2004; Morrow, 2008). The present study was designed with awareness of those issues, and all procedures were approved by the Ethics Committee for Social Sciences and Humanities at the University of Antwerp.

The interviews were conducted using a topic list derived from the literature review including but not limited to the following subthemes: the trans parent's disclosure or "coming-out" process, the parent's social and physical transition, emotions experienced by the child during the transition process, the impact the transition had on the parent-child relationship and other relationships between family members, the reactions of and influence from society, reflections on and resilience concerning the transition experience, and possible practical implications of having a transgender parent.

Before the start of the interview, all participants received a written description of the purpose of the research, which was also verbally explained by the interviewer before starting the interview, after which both the child and the parent signed information forms. If the child was a minor, then informed consent was obtained from both parents. The information form was adapted to the age of the participants and contained information on the subject, the goals, and confidentiality of the research project.

All but one interview took place in the residence of the participants; one participant was interviewed in her former residence, where her then ex-partner and their two children still lived. Most children and parents were interviewed separately, but one brother and sister preferred doing the interview together, and three co-parenting couples asked to be interviewed together. Each interview was digitally recorded and lasted between 40 and 90 minutes, except for the interview with a 9-year-old respondent that lasted 17 minutes.

After the interview, every participant received a letter containing the contact information for the researcher and a number of relevant organizations as points of contact if any questions arose after the interview. Also, member checking was used to ensure the validity of the data. Specifically, participants were given an opportunity to read the transcript of their own interview once it was ready for review and to make adjustments if desired, but none asked for any adjustments.

4.3 Analytical Procedures

All interviews were transcribed then coded and analyzed in the software program Nvivo (Denzin & Lincoln, 2005). First, the interviews were open coded inductively in the tradition of grounded theory; that is, codes were formed through the reading and analyzing process (Starks & Trinidad, 2007). Then, in the second phase, the codes were structured with specific attention to processes related to the family resilience framework.

5 Results

Four protective processes experienced by children when their parent transitioned were identified in our analysis: family continuity, family communication, significant others' acceptance, and attributing meaning. These protective processes are the primary focus of this study. That said, we also consider

how family resilience can be interpreted not only as a family capacity and process, but also as a possible outcome in families with a transgender parent.

5.1 Family Continuity

In contrast to the discontinuity caused by the gender transition of the parent, continuity in other aspects of life could serve as a protective factor for both children and parents. A degree of continuity had been established in the parent–child relationship and family life in several ways. First, there was continuity in the transgender parent’s behavior, which did not change drastically during the transition. Several children remarked that when they looked back (before the coming out and transition), they saw that their parent had already been performing gender-atypical behavior. The transition only served to align the behavior with the gender identity of their parent. For example, one daughter indicated that her father had long been playing a more feminine role in her life:

Let’s say that my father never played the father role. [laughs] I think I can even turn it around and say that my mother was more masculine than my father and that my father was more feminine. My father was already buying me skirts and dresses [before the transition]. (Elisabeth, 26 years old, daughter of a trans woman)

Other children reported that their transgender parent maintained their gender-typical role in the household and performed the same activities and hobbies (with the children) after transition as before the transition. For example, even after a father transitioned to become a woman, she still played the masculine role within the family (e.g., playing rough games, accompanying the child to sports events, expressing a cheeky kind of humor with the child).

Second, continuity could be better safeguarded if the transition was gradual rather than occurring immediately after the coming out. When children and cisgender parents had enough time between the various stages of the social and physical gender transition, more understanding and acceptance of the transgender parent’s gender identity was created in the long term. This time aspect appeared to be a crucial factor for children to accept and adapt to the gender identity of the transgender parent. Ellen, the 19-year-old daughter of a trans woman, suggested that trans parents should give children enough time to adapt: “Do not show up suddenly with a wig and in high heels at school. [Rather,] take it more slowly and, in doing so, you have to listen carefully to what children say.”

Third, family leisure activities, such as going out for dinner and holidays, were another way in which continuity could be established in family life. The aim was to enjoy life together as a family—“to keep it pleasant,” as one parent described—without the gender transition absorbing everyone’s attention. Stephanie, the 12-year-old daughter of a trans woman, reported enjoying looking at photos of the time before her parent transitioned and cherishing the memories with both of her parents. Allowing reminiscence of the family’s pre-transition past without hiding or making such reflections taboo helped to provide children a sense of continuity. This cherishing of family activities and historical narratives was a way for all family members to maintain “the nest feeling” and overcome discontinuity associated with the transition.

Fourth, and similarly, the desire for continuity was also visible in the desire for continuity of family structure: Almost all children said that they had felt afraid that their parents would end their relationship because of the transition. This fear of relationship dissolution was sometimes greater than fear of the gender transition itself. When parents did not end their relationship, it was often a relief for the children. Michael was 17 years of age and had felt for some time that his parents wanted to tell

him something, so he had been “preparing [him]self for something bad” (such as divorce) but that “a weight was lifted off [his] shoulders” when his parents told him that his father was a trans woman.

Although continuity in the parental marriage allowed the children to feel more secure, or at least avoided compounding any feelings of insecurity associated with the transition, it was not essential. Elisabeth’s parents ended their relationship because of the transition, but continuity was established through amicable relationships among family members and the maintenance of family ties. The shared family moments (birthdays, holidays) and the friendship between her parents made Elisabeth feel secure. She looked back on the transition of her father with positive feelings.

That said, sometimes a child’s perspective on continuity changed as time passed after the transition. Ellen, the 19-year-old daughter of a trans woman, indicated that she had experienced a feeling of loss in the beginning. She provided an example of how her biological father’s behavior changed after the transition: “When we went swimming, he used to throw us in the water, play wilder games, and go romping around and stuff. Afterwards, it was less. That was, in a certain way, saying goodbye.” However, over time and as she got older she “realize[d] that it’s still the same person” and that things were “not as different” as she had initially anticipated.

When continuity was not established in family life and the parent–child relationship, however, feelings of loss and conflict between parent and child sometimes occurred. Kim, the 18-year-old daughter of a trans woman, felt she had lost her father figure and, at the time of the interview, had rather negative feelings toward her father for no longer acting as a masculine father. For example, she spoke of girlfriends who “complain about how their fathers are not happy with the fact that they’re dating” and indicated that she missed having that male figure in her life and lamented that her “father wants to talk about [my dating experiences] like a girlfriend.”

Overall, both children and parents felt more secure when a degree of continuity could be established in their parent–child relationships, relationships with other family members, and family life in general. The idea that life goes on and not everything has to change because of a parent’s gender transition was seen as very important.

5.2 Family Communication

A second protective process that emerged from these data concerned communication. A pattern of open communication in the family and the feeling that there was space to ask questions that would be answered openly and honestly helped many children feel more comfortable with their parent’s gender transition:

My parents talked honestly about what was going on in [my stepparent’s] head and what was lying ahead for us as a family. . . . The whole process has been discussed . . . [so] I understand what is going on [and] I can place it in the longer process. (Jasna, 16-year-old stepdaughter of a trans man)

Opportunities for this type of communication to occur often arose at communal family moments such as dining together or going on family trips. Whether or not the parents were still together, children stressed that it was important that both parents responded in similar and compatible (not contradictory) ways.

Parents emphasized the importance of honest and open communication with their children as well. Joke, a trans woman and parent of a son and a daughter, said she encouraged her children to have open and honest conversations with her about her trans identity and the transition process. She

experienced that her children in return dared to ask questions. Nevertheless, both children and parents admitted that this openness was not always easy to establish, at least in part because children feared hurting the parent and parents were concerned about protecting the child.

Some shyness was evident too, especially with regard to the physical aspects of the transition. Teenagers going through puberty themselves, experiencing and feeling insecure about the associated physical changes and emotional turmoil within their own bodies, were similarly uncomfortable about the physical changes occurring within their parent's body. For example, when asked if she wanted to know more about the physical changes of her trans parent, Anna, the 14-year-old daughter of a trans woman, responded: "No, to be honest. It's similar to imagining your parents having sex. [laughs]... I don't need to know [those details]."

On the side of the transgender parent, the issue of privacy was also mentioned: One trans man felt that his transition was something very intimate and personal and did not want to share all his experiences with other family members. Nonetheless, all participants acknowledged that keeping insecurities and questions to themselves could cause new problems in the long term because of misunderstandings. On this point, Elisabeth, the 26-year-old daughter of a trans woman, said that "there were times that I did not talk about it and ... [in the absence of communication] give it your own interpretation; how wrong that can sometimes be." Indeed, dishonesty between family members could lead to disappointment and grief. Kim (18 years of age) experienced this upon learning that her father, who first came out as gay man and later as a trans woman attracted to men, had been struggling for years with her sexual and gender identity: "I am disappointed, I feel for my mother. ... I think my father had [a responsibility] to tell my mother about it when they started a family. You have to be honest about such things. I cannot understand that."

Finding a balance between establishing open and honest communication and safeguarding all family members' privacy was an important—albeit not always convenient—protective family process. Several respondents said that humor was a means of overcoming unease and coping with tense, uncomfortable situations. Such humorous communication could include making jokes about physical changes, awkward social situations caused by the transphobic reactions of outsiders, and discrepancies between the gender traits of the transgender parent. For example, Jasna, the 16-year-old stepdaughter of a trans man, said her family reacted in humorous ways to the weird behavior that hormone treatments sometimes elicited from her stepparent. Although it was challenging at times to maintain an open and honest family communication style, peppered with humor, this was an essential protective process for family adaptation to and acceptance of the gender transition.

5.3 Significant Others' Acceptance

Our participants attached great importance both to the influence of other family members, especially the cisgender parent, and to the wider social environment, especially peers. This acceptance was the third protective process we identified. The role of siblings was barely mentioned during the interviews with children. In contrast, the important role of the cisgender parent was acknowledged by most of the children and cisgender parents and all of the transgender parents: "I think my mom was a silent support for all of us. That is how I perceived her. Although, I also know now that that was maybe not 100% the case, because she was also scared" (Charlotte, 19-year-old daughter of a trans woman).

It was reported by transgender and cisgender parents and some children themselves that children often echoed the feelings and reactions of the cisgender parent toward the transgender parent, whether positive or negative. Yves, a trans man and parent of two sons, recognized the influence his partner and father of his children had when he took the lead in using his new name: "My husband

started to say ‘Papi’ and the children followed.” Cisgender parents themselves often experienced a conflict between being a supportive partner to the transitioning parent on one hand, and being a good parent by protecting their children from the associated radical changes on the other.

Most children expressed respect and appreciation for how their cisgender parent coped with the transition. Some children said they were concerned about the well-being and happiness of the cisgender parent. Older children were particularly aware that the gender transition could have had a radical impact on the romantic and intimate relationship between their parents:

I would have understood if my mother [would have left my father] ‘cause now I sometimes ask myself if she’s still happy. I cannot see myself doing what she did. It’s probably also because I’m getting older that I ask myself these kinds of questions. Of course, I was happy then that they stayed together, but now. . . . I just hope she is still happy with that decision. (Lauren, 19-year-old daughter of a trans woman)

Besides the role played by the cisgender parent, reactions from peers and the wider society were considered important. All of the children interviewed had at some point experienced fear of stigmatization stemming from their parent’s identity, and this was particularly evident during the initial coming-out period and at the beginning of the parent’s transition process. Ellen, the 19-year-old daughter of a trans woman, said: “I was 13 and insecure and afraid of being bullied. . . . I think that a lot of people are worried about that and not about the transition itself.”

Parents reported trying to reduce their children’s fear by taking their concerns seriously, providing them skills to deal with potential stigmatization, and introducing their children to safe environments first, such as friends of the family who were transgender allies. Most children indicated that it had been important for them to be in charge of managing the revealing of the parent in transition to their peers and in their own social environments. Some children disclosed their parents’ transgender status gradually, first to close friends and later to their entire class, school, or sport club. Others preferred an abrupt, low-key disclosure. For example, Jasna told her friends on a casual occasion that her stepparent would start the transition, and Lauren did not want the transition of her biological father to be a big deal among her friends. The older the children, the more emphasis they appeared to place on the importance of this self-management; sometimes they even formed strict agreements with their transgender parent to maintain control over when, where, how, and to whom disclosure would occur. Some children and their families organized the coming out of the parent among the children’s peers in formal and educational ways, such as sending an informative letter to classmates and their parents or by having the child give a talk in class. These actions were almost always received positively. Although fear of stigmatization was common in the sample, none of the children had experienced bullying or outspoken negative reactions from peers. Most of the children’s negative experiences concerned strangers staring in public spaces when they were accompanied by their transgender parent or insensitive questions from peers regarding the parent’s transgender identity. For example, Jolien, the 15-year-old daughter of a trans woman, stated:

I walk [with my biological father] in the street and see how people are looking . . . [but] it doesn’t matter that much because I am aware there will always be people who think it is weird and others who will accept it.

Both children and parents reported that distant family members, neighbors, and classmates seemed to take cues from them in forming their attitudes. If they themselves did not portray their parent’s gender transition as a problem, then others generally did not perceive it as a problem. The sentiment that several children and cisgender parents reported hearing from people in their social networks was

essentially, “If you feel good about the transition, we will accept it as well.” In short, the reactions and degree of acceptance shown by the cisgender parent, significant others, peers, and other family members can be seen as a third protective process for children of trans parents.

5.4 *Attributing Meaning*

A fourth protective process identified in our data was the process of reflection on the transition in terms of biological and social parenthood. Because a gender transition challenges societal and gender expectations regarding parenthood, or more precisely motherhood and fatherhood, most children and transgender parents had undertaken some reflection regarding the parent’s role. Questions such as the following were raised: “Did I lose my father?” and “Is my father now a second mother?” Older children whose parents had completed their transition some years earlier appeared to have found answers to these questions that had given them meaning and set them at ease regarding their parents’ gender identities. Charlotte, the 19-year-old daughter of a trans woman, perceived it this way:

There is a fundamental difference between “father” and “dad.” “Father” is the sperm; no matter what, you can’t change that. That’s how it is. “Dad” is the man at home, and he is not here; that is “Papa,” but she is still my father.

Sometimes these reflections led children to have hypothetical musings about what their parent would have been like if he or she were not transgender. However, for most children these musings were speculative rather than mournful, such as how their transgender parent would look had he or she never started the transition. Elisabeth would sometimes wonder whether her parents would still be together if her father had not been transgender. Although some transgender parents found it emotionally difficult to think about their former gendered parental role, many reflected on their gender transitions and what they had meant for both their biological and gendered parental roles.

Discussions in the family about when and how children could call their transgender parent “dad” or “mom” or a new parental pet name illustrated the negotiation that occurred during the transition from the old biological parental role to the new gender identity of the transgender parent. Questions arose such as, “How does one act as a biological father while identifying as a woman?” All transgender parents seemed to believe that the past could not be dismissed, especially because of the child. Lauren, the 19-year-old daughter of a trans woman, admitted that her ongoing use of the name “daddy” frustrated her father, but Lauren found it reassuring to still have a “relationship with her “daddy.” In another family, the name issue was a topic of more intense frustration. As Monique, the cisgender ex-partner of a trans woman and mother of two daughters (18 and 11 years old), explained:

He expects that his children call him “daddy” at home and “Do” outside the house. In the [shopping] mall they say very spontaneously: “Daddy, can we buy that orange juice?” and the whole shop is watching. At that moment their father is angry because the daughters are calling him “daddy” [but] the female appearance is not corresponding with the masculine word.

The transgender parents clearly experienced some difficulties merging their parental status based on their assigned sex at birth with their transformed gender identity. Interestingly, several parents reported that it was parenthood that had prompted them to come out and start living according to the gender with which they identified internally. Some of them had been suffering from severe depression and suicidal thoughts before their transition. Consequently, for some transgender parents, coming out and transitioning meant they were able to become better and happier parents to their children. The two trans men we interviewed, who were both birth mothers, found that parenthood had made them

more aware of their gender identities. At some point they both had the feeling that they were not “real” mothers. As described by Lennert, a trans man and the parent of a 2-year-old son and of two stepdaughters (16 and 14 years old),

The presence of [my son] supported me in taking that step [to start the transition]. Because of him I was more aware of it. He comes home from kindergarten and says “daddy.” I would normally be the mother. I was already confused and it makes it even more confusing if that little boy already sees me as a daddy. Maybe that was an encouragement for me.

Thus, the construction of meaning around the gender transition and active reflection on what it meant for their parent–child relationship was the fourth protective process observed in these families.

5.5 Family Resilience as an Outcome

All participants mentioned the unique aspect of being a parent and being transgender. Most of the children and their parents were aware that transgender parenthood was an exceptional and challenging situation. Participants acknowledged that going through a gender transition as a family necessitated engagement in the four protective processes outlined earlier (continuity in family life, open and honest communication, social support both inside and outside of the family, and constructing meaning around the biological and social parental roles). Furthermore, the majority of participants reported that this unique family situation also gave rise to certain opportunities for both children and parents. Children, especially older children, and their parents indicated that they had learned and experienced various positive things in the turmoil of the gender transition. Ellen, for example, stated that the transition “changed [her] very much in a positive way.” She continued: “I think I have become much more open-minded ... I won’t simply judge people anymore.”

Examples of the processes and new capacities acquired were multiple: to communicate about feelings, to deal with prejudice, to attach less importance to what others think, to think less rigidly in terms of gender, to put things into perspective more, and to enjoy the more positive things while focusing less on the negative. In situations where children were still relatively young, almost all of the parents we interviewed expressed the hope that the family’s experience of the gender transition would help their children to become more mature, broad-minded individuals in the long term. Eric, partner of a trans man and father of two sons, expressed the hope that the transition taught his children to be tolerant of family diversity and of anything that deviates from the norm. Parents, especially cisgender parents, reported that the gender transitions of the transgender parent had not only made the trans individuals happier and less restless but also made family relations less stressed and tense in the long term.

We concluded that a parent’s gender transition, which is a major non-normative demand in heteronormative contexts, was challenging for these families. However, the transition experience was also a means for both the family as a whole and for each individual to become more resilient.

6 Discussion

Until now, the literature has not documented the unique experiences of children who have transgender parents. Our aim was to contribute to the literature on transgender parenthood by conducting in-depth interviews with children of transgender parents and their families using the multiactor model and the family resilience theoretical framework. Through this theoretical and methodological framework, we were able to identify four protective processes at work in families when its members are adapting to the gender transition of one parent. In addition, although we

conclude that a gender transition is a challenging and emotional process for the entire family, most of the children we interviewed did not experience their parent's gender transition as a painful loss, largely because of the different protective family processes described. This may have important implications for families with a transgender parent as well as for anyone working with children and their transgender parents.

The findings contribute to the family resilience literature by providing new insights into protective processes used by families to safeguard family functioning. We identified four protective family processes that tend to emerge when a parent is transitioning: family continuity, family communication, significant others' acceptance, and attributing meaning. These processes broadly correspond to processes concerning family resilience mentioned in the literature review: family flexibility, family communication, family cohesiveness, and family meaning. We observed that these protective processes were more or less present in all families, with the exception of one family in which the gender transition was experienced as problematic, causing tense conflicts between family members. We conclude, then, that family resilience in families with a transgender parent is not only a family capacity that may be involved in various protective processes, but is potentially an outcome as well. Most participants described the parent's gender transition as challenging, but it was also perceived by most as positive in the long term in that the family's experience led to several positive individual and family outcomes, as well as the acquisition of new skills and qualities.

Application of the family resilience framework in this study enriches the literature surrounding the unique experience of having a transgender parent. First, our findings are consistent with several findings from previous studies on transgender parenthood (Church et al., 2014; Haines et al., 2014; Sales, 1995). Most of the children we interviewed reported being afraid of relationship dissolution and social stigmatization. However, this fear was only justified in a minority of our sample; the majority of the parents we interviewed stayed together, and of the three couples who did end their relationship, only one experienced severe family conflict. Similarly, all of the children had experienced fear of stigmatization at least once, but almost none had actually suffered severe stigmatization. Furthermore, this study also confirmed the unique and important role played by cisgender parents in children's acceptance processes, as has been observed in previous research (Freedman et al., 2002; Haines et al., 2014; Hines, 2006; White & Ettner, 2004, 2007). Regarding this relational aspect, our analysis also shows that open and honest communication among family members is of great importance. Humor appears to be an important means of facilitating this communication. Our small sample size prevented us from examining older children separately from younger children, although previous research has found that older children are less accepting of the transition than younger children (Veldorale-Griffin, 2014; White & Ettner, 2004, 2007). However, we did find that older children demanded more involvement in the transition process than younger children. In particular, teenagers expected to have control over the way in which the transgender parent's status was disclosed in their social environments.

Second, by adapting the family resilience framework and applying a multiactor method, relational aspects and processes typical of transgender families were carefully considered in the present study. The relational and process aspects of gender transition have been mentioned in earlier studies on transgender parenthood (Veldorale-Griffin, 2014; Whitley, 2013) but were never the primary focus of research that was designed to examine the individual experiences of the transgender parent.

Third, consistent with our chosen theoretical framework, which acknowledges family strengths rather than weaknesses, we identified potentially positive outcomes of having a transgender parent and in doing so challenged heteronormative assumptions about the ideal family type. The prevalence of such

heteronormative premises has frequently been criticized in relation to research on same-sex parenting (Riggs, 2004).

This study has a number of limitations that should be acknowledged. First, because of the small sample, it was not possible to make comparisons that take into account the possible differences ascribed to the gender, educational level, or age of the children or parents we interviewed. Second, survey data on the transgender population in Flanders does not provide conclusive information about how many couples with children divorce when a partner comes out as transgender. However, we can assume that the divorce-to-marriage ratio is at least as high as in the general population, which was 0.61 in Belgium in 2015 (Eurostat, 2002). Consequently, we may cautiously assume that our sample is biased because the majority of the parents we interviewed (six of the nine families) were still living together as couples. This has implications when interpreting the findings because relationship dissolution can obviously affect both children and parents. Third, we employed a cross-sectional design rather than a longitudinal one, so children and parents were interviewed at different points in the transition, and comparisons among the families are therefore speculative.

Further research is needed to investigate the influence of marital conflict and relationship dissolution among parents, given that most parents in our study were still living together. Future research should also examine the long-term experiences of these families and how the processes we identified evolve over a longer period. Moreover, the family resilience framework focuses mainly on processes occurring inside the family. Additional research could deepen our understanding of processes that occur in external contexts, such as therapeutic situations.

Our findings have important implications for everyone who feels related to, is interested in, and or is working with transgender people. Specifically, our findings suggest that the gender transition of a parent in itself should not be problematized. How the people involved in the situation react to and deal with this situation appears to be far more important. The findings from this research clearly show that through good practices and protective processes within the family, children can accept a parent's gender transition. Thus, professional family counselors and family life educators who encounter children with a transgender parent and their families are advised to ensure that the four protective family processes identified in this study are practiced within the family to foster the healthy outcomes that are possible after a transgender parent's transition.

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