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## **Title: What do we know about Transgender parenting? : Findings from a systematic review**

### **Abstract:**

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Transgender issues are under-explored and marginalised within mainstream social work and social care professional practice. The experience of gender transition has a profound impact on the individuals who have diverse gender identities and their family members. We present findings from a systematic review of studies concerning the experiences of transgender parenting conducted January – September 2017. We took a lifecourse approach, examining the research studies that investigated the experience of people identifying as transgender who were already parents at the time of their transition, or who wished to be parents following transition. The review evaluated existing findings from empirical research on transgender parenting and grandparenting to establish how trans people negotiate their relationships with children following transition, and sought to consider the implications for professional practice with trans people in relation to how best to support them with their family caring roles. We used the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) method. Empirical studies published from 1 January 1990 to 31 April 2017 in the English language, and which had transgender parenting as a significant focus, were included in the review. Twenty-six studies met the criteria. Key themes reported are: how trans people negotiate their relationships with children following disclosure and transition; the impact of parental transitioning on children; relationships with wider families; trans people's desires to be parents; and the role of professional practice to support trans families. We discuss how the material from the review can inform social work education and practice, including to help identify future research, education and practice priorities in this area.

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**Key words:** Transgender; gender non-conforming; parenting; caring; families; social work; professional practice.

**What is known:**

- Transgender parenting is an under-researched area.
- Many studies use the term 'LGBT', but do not specifically address 'T'.
- The level of acrimony in the parental relationship and the age of the child affects how children react to their parent transitioning. Younger children find it easier.

**What this paper adds:**

- People who identify as transgender are as invested and committed to their families as any other persons, but fear that being trans may alienate and/or destroy their family relationships
- Whilst lesbian and gay families have pioneered new family forms, the literature reveals that trans experiences are distinct from wider LGB experiences.
- Social work and social care staff may need specialist input to counter their own prejudices.

## Introduction

Our understanding of gender identities in health and social care has rapidly evolved in response to legislative, policy, political, cultural and social change. Despite these significant shifts, transgender issues remain relatively under-explored within social work and social care, and marginalised within mainstream professional practice where transgender people's rights to full citizenship is yet to be realised (Kuhar et al, 2018). The experience of gender transition can have a profound impact on individuals who identify with diverse gender identities and their family members. Knowledge and skills to support the individual and their family should be embedded within social work and social care policy, education and practice, but this is not mainstream.

The aim of this review was to broaden our focus on the practice and meanings of 'parenting' and 'caring' for care professionals by bringing an analysis of family caring practices from this under-researched social group. Transgender lives and experiences are marginalised or absent from this analytical framework (Hines, 2017). Further, exploring the parenting and caring experiences of people identifying on the transgender spectrum enables a richer understanding of the construction and experiences of the category of gender within caring practices, and is essential to person centred support (Hines, 2017). We also capitalise on the developing body of work on lesbian and gay parenting (x and author 2, 2011; Author 2, 2011; Author 2 and x, 2011; Author 2 et al, 2018; Guasp et al, 2014; Golombok et al, 2003, 2014; Golombok and Tasker, 1996; Hicks, 2011, 2014; Tasker and Golombok, 2005), and expand this. We focus on the experiences of individuals connected through the broader category of 'transgender', but who may occupy various other distinct identity positions currently under-theorised or understood. There is a need to acknowledge the growing diversity of families in many developing societies as a result of the legal recognition of same-sex/gender relationships, lone parenthood and blended families, to mention just a few and the subsequent relegation of traditional nuclear heterosexual family to a less dominant family form (Dierckx and Platero, 2018).

## *Defining trans*

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3 'Transgender' is an umbrella term for a person whose gender identity, and gender  
4 expression does not conform to that normatively associated with the gender they  
5 were assigned at birth, and to persons who are gender transgressive. Gender  
6 identity refers to a person's internal sense of being male, female or non-conforming  
7 to gender normative stereotypes. Gender expression may refer to the way a person  
8 communicates their gender identity through behaviour and/or appearance. "Trans" or  
9 "trans\*" with an asterisk is sometimes used as shorthand to reflect the full spectrum  
10 of terms used to describe transgender identities, but is not an exclusive term.

11  
12 Transgender activists acknowledge the complexity of the area and the difficulties in  
13 negotiating a vast range of terms which respect the individual's right to self-identify  
14 (Beemyn and Rankin, 2011; Valentine, 2007). Gender pluralist approaches (Monro,  
15 2007; Van der Ros, 2013) may also view sex and gender as continua and trans\*  
16 citizenship models include others who identify as gender-fluid, non-bi. Documenting  
17 these shifts at conceptual, procedural and empirical levels has raised new questions  
18 for legal, social and welfare practice (Hines, 2017).

19  
20 Dierckx et al (2016) conducted a literature review on the family aspect of a gender  
21 transition and looked at the social and family environment in which a social gender  
22 role is constructed. Their review gave attention to three different aspects; the issue  
23 of parenthood during transition and the experiences of children with a transgender  
24 parent; the experience of partners and ex-partners of transgender people, and; the  
25 experiences of parents with a gender variant child. A second literature review  
26 (Stotzer et al, 2014) of this population informed by a legal-social perspective,  
27 included fifty one studies on the prevalence and characteristics of transgender  
28 parents, the quality of relationships with their children, outcomes for children with a  
29 transgender parent and needs of transgender parents. Our study builds on these  
30 previous reviews and adopts a lifecourse approach to parenting.

### 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 **Study design**

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52 There is limited information about how transgender and gender diverse people who  
53 face multiple challenges have been represented and studied by researchers when  
54 conducting trans research, especially the lack of participatory research that directly  
55 benefits trans populations (Marshall et al, 2017). Both researchers and community  
56 members have highlighted the links between research and the oppression of trans  
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3 people (Staples et al, 2017). We selected systematic research methods as the least  
4 intrusive method for this particular enquiry which documents studies that have  
5 already been conducted over time. The study design was informed by wide pilot  
6 searches on the topic, and continuous consultations with two established partners  
7 from within the trans community. Review methodology captures existing evidence  
8 and helps to identify opportunities and questions for further ethical research with  
9 gender diverse individuals and communities.  
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## 16 **Review aims**

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18 We took a lifecourse approach, so as to include the experience of trans people who  
19 were already parents or who might wish to be parents. This reflected the tendency of  
20 individuals to come out as trans or to transition in later life, when they might already  
21 be in parenting or grandparenting roles (Rosser et al, 2007; Stotzer et al, 2014; Pyne  
22 et al, 2015). The review sought to: 1) Evaluate existing findings from empirical  
23 research on trans parenting/grandparenting to understand how trans people  
24 negotiate their relationships with children following transition; 2) to consider the  
25 implications for professional practice with trans people in relation to how best to  
26 support them with their family caring roles.  
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## 33 **Methods**

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35 A systematic approach to scoping and conducting a review of published empirical  
36 studies was used to establish the type and range of knowledge available regarding  
37 trans adults who were parents or carers in families. Throughout the review process  
38 we were mindful of ways in which researchers needed to include community  
39 members in the process, and the value of leadership of community members in  
40 providing critical feedback at every stage, including the development of research  
41 questions, the overall research design, the findings and how they could be used. The  
42 inclusion of two community members on our review team enabled us to work with  
43 openness to help strengthen the relationships between researchers and community  
44 members and assisted the accountability process regarding interpretation of findings.  
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55 The review was based on a clear pre-determined protocol (Rutter et al., 2013)  
56 stating the aims and process for answering the research questions. Table 1 provides  
57 detail on the search terms and databases utilised.  
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### ***Insert Table 1: Review search strategy***

Our search was limited to peer reviewed/empirical studies published between 1 January 1990 to 31 April 2017 in the English language. These search boundaries resulted in 979 retrieved studies. Covidence software package ([www.covidence.org](http://www.covidence.org)) was used to manage the screening and selection process. Two reviewers independently assessed each title and abstract against the inclusion/exclusion criteria to identify potentially relevant items (authors 3,4) and any discrepancies were resolved by discussion and consensus within the team (authors 1,2). For stage two screening, the full texts of 119 papers were obtained and assessed independently by the same two reviewers and moderated (authors 1,2). Any discrepancies were resolved by discussion and consensus with the full team (authors 1,2,3,4,5,6). This stage resulted in the exclusion of a further 51 papers which were subject to full data abstraction from which 26 papers were included in the final synthesis. Figure 1 provides a visual representation of the review's methodological process, according to the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) statement. Table 2 shows the review inclusion and exclusion criteria.

***Insert figure 1 here – PRISMA flow diagram***

***Insert Table 2 here – review inclusion and exclusion criteria***

A data extraction proforma was developed and piloted by the whole team (Author 1, 2, 3, 4, 5, 6) and subsequently revised and amended. This included a preliminary coding framework for qualitative data. Two researchers extracted the data from the 51 papers (Author 3, 4) with two further researchers (Author 1, 2) independently checking a sample of 20% of the data extraction forms for accuracy and completeness, paying particular attention to those excluded during this stage. A team meeting was used to go through all of the final data abstraction forms to discuss the main findings and identify themes from both the process and content of the studies. The final stage involved two of the research team conducting further open coding on the findings from each included paper (Author 1, 2). This rich data was then used to confirm themes and subthemes and synthesise the data within the research questions.

## **Results**

### **Overview of studies included**

Table 3 provides an overview of the 26 studies included in this review

*Insert Table 3 about here: Overview of included studies*

Thirteen studies were conducted in the USA, five were from Canada, two from Australia, and six from Europe. One study (Rostotsky et al, 2016) involved several countries (Australia, Canada, Ireland, Puerto Rico, USA and UK). Sixteen used surveys as the main method for engaging with participants, many of which combined capture of quantitative and qualitative data. Most of these studies achieved small samples and the range was from 3–3014 people, reflecting the challenges in researching this population. For example at the lower end, Hines (2006) drew on just three in-depth case studies, using individual biographies to illustrate how gender transition impacts upon experiences and practices of partnering and parenting. At the other end, Grant et al (2011) accessed transgender organisations and electronic list serves to achieve a sample of 6456 transgender and gender non-conforming people. Many used snowball sampling via individual contacts or support centres which involved numerous layers of introduction, personal recommendations thus highlighting the need for trust in research relationships (Faccio et al, 2013). Pyne (2016) use of ‘seeds’ or chain referrals over 12 months helped to reach hidden populations both geographically and demographically. One used a blog (Haines et al, 2014) for recruitment; another (Rotosky et al, 2016) used purposive sampling of trans data from larger studies concerning lesbian, gay, bisexual and transgender (LGBT) parenting. Given these methodological challenges and the diversity of research participants, data saturation was rarely discussed in the included studies.

A lack of existing validated measures for specific use with the trans community meant researchers tended to develop their own tailored questionnaire items. The engagement of participants in the design and/or implementation of the studies was frequently discussed by researchers. Pyne et al (2015) developed a transphobia scale in consultation with trans members of the research team and piloted it for content validity with a diverse group of trans people. Haines et al (2014) similarly piloted a survey with a trans parent and used feedback to revise it.

The challenges in recruiting ethnically diverse samples in research with trans people was noted, requiring improvisation in sampling methods. Hines (2006) resorted to

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3 informal discussions with one member of a support group for trans people from  
4 minority ethnic communities to compensate for this omission. Evans-Campbell et al  
5 (2007) used participatory 'testimonials', indigenous oral narratives, collected from 63  
6 two-spirit community leaders, on identity, resilience and caregiving (with minimal  
7 prompting or interruption by the researcher). Multiple readers were used to listen to  
8 the narrative transcripts and analysis was embedded in 'indigenist ways of knowing',  
9 worldviews and deep metaphors, which referenced cultural traditions that connect  
10 individuals with ancestral ties as well as future generations. Another study used  
11 lexical analysis to supplement the weight given to certain terms and themes in their  
12 qualitative interview data (Faccio et al, 2013).

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14 Finally, the findings reported here use the original language of the authors which  
15 differed in each study, employing terms such as transsexuals, transgender, MtF, and  
16 FtM and we recognise that terminology is constantly evolving as we progress our  
17 thinking and understanding through such studies. To assist readers who may not be  
18 familiar with the terms used by authors, Table 4 provides a brief description.

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20 Noteworthy is that the studies rarely focused on the experiences of children of  
21 transgender parents, with data mainly gathered from parents about their own and  
22 their children's experiences (Veldorale-Griffin, 2014).

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36 *Insert Table 4 about here: Terminology used*

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38 The remainder of this paper now turns to the themes from the studies relevant to our  
39 research questions

### 40 41 42 ***How trans people negotiate their relationships with children following*** 43 ***disclosure and transition***

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45 The themes identified illustrate the complexities parents face while exploring and  
46 negotiating their gender identities within the context of their existing family  
47 relationships and personal commitments. A myriad of challenges were documented  
48 in relation to the impact on children, relationships with partners and wider families,  
49 within a transphobic and discriminatory culture. There were no studies on  
50 grandparents and grandchildren. Veldorale-Griffin (2014) identified both external and  
51 internal contexts that affect trans parents and their children. The external contexts  
52 involve culture, history, economy and development, whilst internal contexts refer to  
53 'aspects of the environment over which the family has control.' (p480) including  
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3 structural, psychological and philosophical elements. Evidence revealed differences  
4 in experience. Veldorale-Griffin and Darling (2016) looked at stresses associated  
5 with disclosure, stigma and boundary ambiguity, which refers to 'the cognitive  
6 uncertainty regarding who is and who is not part of the family system resulting from  
7 ambiguous loss' (p608). The resources available to a transitioning parent, their  
8 perception and sense of coherence could alter the relationship between the stress  
9 experienced and family functioning. For example, Veldorale-Griffin and Darling  
10 (2016) found that if a parent felt positively about their gender transition and had a  
11 positive sense of coherence; this had a protective effect on combating stigma and on  
12 family functioning. Parents who experienced more stigma and boundary ambiguity,  
13 where there were feelings of doubt about who was in (or out) of the family, were  
14 more likely to experience an adverse and negative effect on family functioning.  
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### 24 ***Impact on children***

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27 The well-being of their children was a major theme in trans parents' narratives. Their  
28 own experiences of transphobia engendered major concerns about the potential for  
29 transferring stigma to their children (Haines et al, 2014). A more reflexive negotiation  
30 of the process of gender transition within the context of relationships with children  
31 realised in relation to parenting concerns and responsibilities needs to be  
32 underpinned by key values of trust, honesty and care (Hines, 2016). Some parents  
33 concealed their gender identity in spaces such as schools and in contacts with  
34 children's friends. They acknowledged that limited disclosure may inadvertently  
35 legitimize transphobic attitudes among children who may not otherwise perceive their  
36 parents' trans status as problematic. Changes in their parents' appearance following  
37 hormone or surgical interventions could also be challenging for children. There  
38 appeared to be greater cultural acceptance of female androgyny compared to male  
39 femininity (Hines, 2006).  
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50 Veldorale-Griffin's (2014) examination of trans parents and their children's  
51 experiences showed that over half the 48 adults told their children directly about their  
52 decision to transition, and the majority of children and their parents relationships had  
53 positively improved or not changed since transition. Just over a quarter of that  
54 number told their children with the child's other parent present and for some,  
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59 'disclosure' was not a single event, but occurred over time. Less than a quarter of the  
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3 parents and less than half of the adult children in this study described a negative  
4 experience, and none of the adult children described a positive family reaction. The  
5 type of stressors experienced because of a parent's transition was variable: bullying  
6 from other children in school; being 'put in the middle of their parent's relationship'  
7 (p488); and not knowing which pronoun to use to describe their trans parent, were  
8 cited.  
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14 Family conflict was a significant risk factor affecting the child. In White and Ettner's  
15 study (2007) of 55 children looking at risk, protective factors and mental health  
16 outcomes for children of transsexual parents, the younger the age of the child when  
17 parents came out or transitioned, the better the adjustment for the child in both the  
18 short and long-term. Hines (2006) highlighted the linguistic shifts which accompany  
19 changes in gender identity. Rather than reversing the parenting nouns of 'mum' or  
20 'dad', a new first name or nickname was often suggested. White and Ettner (2007)  
21 found one third continued to use the pre-transition parental title in public settings;  
22 another third used their parent's first name in public; and the remainder used a  
23 nickname; 'aunt' or 'uncle' and other post-transition parental titles. Only ten percent  
24 of children of trans parents in this study had no contact with their parent. According  
25 to interviews with parents, 35% of children were experiencing psychiatric conditions.  
26 One participant 'Dan', a lone parent of a nine year old son in Hines (2006) study,  
27 hoped that marriage and having a child would help to deal with the dissonance he  
28 felt about his gender identity. His dilemma over potentially losing his son  
29 transformed when he reconciled his decision to transition as one which would be  
30 enabling in their relationship and which led him to be more open about the process  
31 and to adapting better as a result. A reciprocal climate of emotional and practical  
32 care was demonstrated in Dan's example of his son checking out toilet facilities for  
33 his dad. Freedman et al, (2002) specifically investigated the psychosocial  
34 development of children of transsexual parents to examine whether and how  
35 parental gender role influences children's own gender development, mental health,  
36 family and peer relationships. They highlighted factors associated with variability in  
37 developmental outcomes and family situations of the children of transsexual parents  
38 relatively unexplored by research.  
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55 The response and support from a partner of a transitioning parent also impacted on  
56 children's experiences. Whilst partners may support a decision to transition, not  
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3 wanting to disclose to children illustrates the difficult balancing of self-identity with  
4 emotional care for children (Hines, 2006). White and Ettner (2004) found that non-  
5 transitioning parents often view the effect of the transition on the child as worse than  
6 reducing or ceasing contact between the child and their trans parent. This sets up  
7 overt and covert messages to the child about the transitioning parent, which can  
8 negatively affect their relationship, with the transitioning parent made to feel  
9 'unworthy' as a parent. The loss of one's children was also a common experience  
10 (Lenning and Buist, 2013; Grant et al, 2010). Participants reported painful rejection  
11 from their (mostly teenage and adult) children. Indeed, many of the trans individuals  
12 surveyed in Lenning and Buist (2013) study weren't talking to their children, or hadn't  
13 seen them in years. Partner and judicial biases could also obstruct ties with children.  
14 Black, Asian, and multiracial respondents experienced higher rates of court  
15 interference (Grant et al, 2011). White and Ettner (2004) caution against equating  
16 children from families who remain intact with those who do not. Families who work  
17 together may well be able to present a unified explanation of the transition to the  
18 children, with more similarities to lesbian and gay families than to families who  
19 separate or divorce.

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21 Children in therapy report more problems with parental conflict and relationship  
22 breakdown than with their relationship with their trans parent and the transition  
23 process. Just under half of Valdorale-Griffin's (2014) sample of adult children had  
24 used therapeutic services but lamented lack of access to support groups. Freedman  
25 et al (2002) drew on clinical data on children of trans parents They reported  
26 considerable turmoil in families, exacerbated by disapproval and stigmatisation from  
27 outside the immediate family, from other relatives and their wider social, educational  
28 and work circles (p430).

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30 Grant et al's (2010) survey data brings into clear focus the pervasiveness and  
31 overwhelming collective weight of discrimination that trans and gender non-  
32 conforming people endure. Their survey data suggested that male-to-female trans  
33 respondents experienced child rejection more often (37%) than female-to-male trans  
34 participants (10%) and that those living full time in their preferred gender, who had  
35 undertaken a medical (35%) or surgical (37%) transition, all reported higher rates of  
36 child rejection (p.99).

### ***Relationships with wider families***

Wider family acceptance and support was found to be a protective factor by providing a safety net, better health outcomes and higher levels of social and economic security. Evans-Campbell et al (2007) study of the role of caregiving of two-spirited people revealed the critical roles they played in providing caregiving across the lifespan as an integral role to extended family members and kin within their community. Consistent with indigenous world views related to kinship and collective systems of care, several participants stressed the critical role of community support and the need for more support such as connection to extended family systems and other kinship structures.

Where wider families accepted and assisted, these promoted a parent's sense of coherence and positive family functioning. Developing ways of evaluating this protective factor in practice is required (Valdorelle Griffin and Anderson Darling, 2016) and has a major positive impact on the lives of trans and gender non-conforming people. Acceptance was associated with greater self-esteem and life satisfaction, even in the face of pervasive mistreatment and discrimination outside of the home (Valdorelle-Griffin, 2014; Riggs et al, 2016). Online information, particularly videos, enabled sharing of stories with other parents as a source of support.

Rejection by the family related to a number of negative outcomes for trans parents, including homelessness, HIV and suicide attempts, increased psychological vulnerability, and by extension, negative impacts on their children (Grant et al, 2011; Riggs et al, 2016).

Riggs et al (2016) reported how the relationship between support from the family of origin for the individual transitioning, impacted on plans to have children in the future.

Discrimination from the family of origin was negatively correlated with support for parenting and there was positive correlation between support from family of origin and the desire for and importance of having children in the future. Those who were partnered also felt more supported as parents or potential parents by family of origin. Von Doussa et al (2017) also reported the positive influence family and friends had on how a trans adult considered possibilities for parenthood and enabled a vision of parenting as an option for their future beyond any internalised transphobia around parenting.

### ***The desire to be a parent***

Developments in reproductive technologies have created new possibilities for non-heterosexual and/or non cis-gendered adults to have biological children or to become parents to children who are not biologically connected to them. The studies painted a more complex picture in relation to trans individuals' desire to become a parent with respect to normative influences and assumptions about gender and parenthood, and more radical approaches including different family forms such as step parenting and co-parenting (Van Doussa et al, 2017). Little is known about decision-making and experiences of trans individuals wish to achieve parenthood or pregnancy. The availability of information about pathways to parenthood may help to facilitate decision-making (Riggs et al, 2016). In the past, trans individuals may have forfeited their desire to have children and in some jurisdictions this was a legal requirement with sterilization being a necessary precondition for legal change of gender (De Sutter, 2002; Wierckx et al, 2012).

Some trans participants reported a range of responses by professionals regarding fertility choices offered to them at medical transition and afterwards. These included positive responses from services to alternative family structures (e.g. involving co-parents), as well as feeling railroaded into making decisions about their bodies that affected their fertility that they later came to regret (Von Dousa et al, 2017). Riggs et al (2016) found that pathways to parenthood differed, with the majority likely to foster, adopt or have their partner give birth. More than three quarters of trans men who had completed sex reassignment surgery at least 1 year before the interview involving mastectomy, hysterectomy and bilateral oophorectomy had not considered freezing their germ cells, or had the opportunity or encouragement to talk to a professional about fertility choices before beginning hormone therapy (Wierckx et al, 2011). A comparison of the parenting desires of trans men with trans women found that women with children tend to become parents prior to sex reassignment surgery (Wierckx et al, 2011). Faccio et al (2013) recommend that in the context of a clinical intervention with trans MtF parents, it is important to recognise the discrepancy between their parental stereotypes and their parental experiences and to value their parental diversity in light of this (De Sutter, 2002). Ellis et al's (2014) qualitative study of gestational parents found loneliness an overarching theme permeating their experience of social interactions and emotional responses during every stage of

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3 achieving biological parenthood, particularly alongside incongruence with gender  
4 identity during pregnancy. This was linked to postpartum depression. Light et al  
5 (2014) however demonstrated that trans men are willing and able to conceive and  
6 give birth even after social and medical transitioning using words such as “dad,”  
7 “carrier,” and “gestational parent” to affirm their male gender identity and describe  
8 their parenting role (p1123). Across the studies, participants repeatedly expressed a  
9 desire for more information regarding fertility options and access to reproductive  
10 health care providers who respect, support, and understand their gender identity (De  
11 Sutter, 2002).

### 19 ***The role of professional practice***

22 Studies concerning professionals working with trans individuals in their practice  
23 highlighted shortcomings in relation to attitudes, lack of critical reflexivity and lack of  
24 knowledge and skills to work with the full range of issues impacting on families with  
25 trans parents and carers. There was a need for therapists to be ‘trans friendly and  
26 knowledgeable’ with good skills in mediating ‘boundary ambiguity’ on family  
27 functioning, in addition to discussing feelings of loss and grief related to parental  
28 gender transition ((Valdore-Giffin and Anderson Darling, 2016, p409). James-Abra  
29 et al (2015) identified positive experiences with assisted reproduction service  
30 providers with trans-friendly clinic environments and use of gender neutral  
31 terminology. Negative experiences included problems with clinical documentation,  
32 the impact of providers’ cisnormative and heteronormative assumptions and even  
33 refusal of services for prospective trans clients.

43 Professionals need to understand and address the effects of transphobia which  
44 impacts on trans people’s parenting outside of family life. Many reported fear of  
45 violence in public spaces and experienced discrimination in employment and in use  
46 of services (Haines et al, 2014; Pyne, 2015; Valdore-Giffin, 2014; Van Dousa,  
47 2017). Barns et al’s (2006) respondents were more likely to be living in poverty or  
48 near-poverty; often unemployed, underemployed or unhappily employed where they  
49 were unable to reveal their real gender and sexual identities in the workplace. Within  
50 Pyne’s (2012) study, whilst older age was an advantage in terms of income, more  
51 than a third of trans parent-led households remained below the poverty line with  
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3 distressing implications for those who required costly legal counsel during child  
4 custody disputes.

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7 Many trans parents experienced having child custody removed or limited, being  
8 completely or mostly dissatisfied with their current custody arrangement and seeing  
9 their children less because of their gender identity (Haines et al, 2014; Pyne, 2012).  
10 This has implications for professionals called to testify in family courts requiring an  
11 awareness of the role transphobia may play in a child care dispute. Similarly,  
12 clinicians and therapists' roles are also important in helping trans parents access  
13 legal information; in promoting mutual agreements and a smoother parent's  
14 transition, which may in turn reduce reliance on courts for solving child  
15 custody/access. Fear of, or experienced, discrimination in family court was a major  
16 stressor interfering with trans parents' ability to parent and a particular burden for  
17 lower income parents resulting in intersectional discrimination within the legal system  
18 (Haines et al, 2014).

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29 Freedman et al (2002) note the need for clinical services to be able to work with all  
30 parties involved, to understand all the different perspectives and to broker  
31 negotiations between the parents to keep the interests of children at the forefront  
32 and to support continuation of any meaningful relationships with both parents where  
33 one is trans. Where the child may not want this, Freedman et al (2002) acknowledge  
34 the dilemma for clinicians in how far they influence the child's choice, but must be  
35 open to the possibility of these decisions changing over time (p430). Clinicians can  
36 also be flexible in offering sessions to different family members at different times to  
37 meet their needs including facilitating individual and combined sessions. They also  
38 mention the implications for involvement of any new partners and/or step-siblings  
39 and half-siblings who may be on the margins.

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Ross et al (2009a) participants only included 2 trans parents but neither individuals  
were 'out' to their assessing social workers because of perceived and expected  
prejudice, while one lesbian and one trans identified participant spoke of challenging  
social workers understandings of masculinity and use of binary terminology (p286).  
Psychology students attitudes toward transsexual and gay male parenting,  
compared with heterosexual parenting revealed that they perceived non-traditional

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3 couples as more emotionally unstable with the transsexual couple facing the most  
4 prejudice and discrimination (Weiner and Zinner, 2015).

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7 Ross et al's (2009b) survey of adoption agencies investigated the extent to which  
8 such agencies were supportive of adoption by 'sexual and gender minority people'.  
9  
10 Only one placement had been made by the responding agencies to a  
11 transgender/transsexual individual/couple, and 53 placements to  
12 lesbian/gay/bisexual individuals/couples. Less than one third of all agencies had a  
13  
14 non-discrimination policy (31%), and only 16% reported actively recruited sexual and  
15  
16 gender minority people as potential adopters. There were marked differences in the  
17  
18 support available for sexual/gender minority adopters between agencies with and  
19  
20 without a religious or cultural affiliation (p461) and in rural areas. The eight male and  
21  
22 gender variant gestational parents within Ellis et al's (2014) study reported that social  
23  
24 and financial barriers, and anticipated discrimination from surrogacy and adoption  
25  
26 agencies, had closed down their options of how they wished to become parents and  
27  
28 influenced their decision to conceive which in turn felt uncertain, alone and lonely.

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30 Evans-Campbell et al (2007) reported very positive examples of two-spirited people  
31 taking on fostering roles and being involved in kinship care without bureaucratic  
32 formalities. James Abra et al (2015) also recommended strategies for navigating  
33 instances of transphobia and cissexism using self-advocacy and purposeful  
34 avoidance of confrontation with assisted reproduction service providers. Finally Pyne  
35  
36 (2012) calls upon professionals such as social workers and psychologists to be  
37  
38 adequately trained, to advocate for equitable treatment and to assist trans people  
39  
40 and their family members to receive psychosocial support. These should help  
41  
42 reduce transphobic responses from within the family and build resiliency and self-  
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44 worth among trans parents.

## 45 46 47 48 **Discussion**

49  
50 The findings from this review demonstrated that people who identify as trans are as  
51 invested and committed to their loved ones as any other persons, but fear that  
52  
53 knowledge of their authentic selves may alienate and destroy their familial bonds  
54  
55 (Lev, 2004, 314). Ongoing barriers, personal, interfamilial and systemic, in the lives  
56  
57 of trans parents are reinforced through a transphobic context, and a lack of  
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59 appropriate services, targeted support and advocacy (Gapka and Raj, 2003).  
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3 Whilst lesbian and gay families have pioneered new family forms, this emerging  
4 body of literature reveals that trans experience is distinct from wider LGB  
5 experiences. Trans identities may best be conceptualized within an intersectional  
6 framework which explore how multiple axes of identity or social location interact to  
7 influence peoples' experiences, perceptions, and enactments of self in different  
8 contexts (Haines et al, 2014). Evidence of heightened degrees of agency in the  
9 creation of equitable and caring social networks within non-heterosexual patterns of  
10 partnering and parenting were highly evident within this review.  
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17 According to Von Doussa et al., (2017) the lack of cultural scripts for trans parenting  
18 makes it difficult for trans people and their families to reconcile highly gendered  
19 cultural expectations of parenting with their trans identities and to embrace  
20 opportunities for alternative parenthood discourses. Haines et al (2014) also assert  
21 that although the parenting role is culturally normalising, parents face unique  
22 challenges as their trans identities often dominate how they are perceived, and thus  
23 they become culturally disadvantaged, leading to careful management of their  
24 visibility in parenting communities. Trans parents are also highly excluded from  
25 mainstream and same sex parenting resources (Ryan and Martin, 2000). Given that  
26 it has become more common for people to transition "in place"—that is, with the goal  
27 of retaining their careers, families, and network of friends - this has meant that  
28 "gender transition is often reflexively negotiated alongside commitments to family  
29 and work" (Hines, 2006: 362). As demonstrated in much of the literature in this  
30 review, the trans person's partner and children often adjust around that transition, or  
31 are "transitioning with" the trans person as the family roles are re-sorted (Haines et  
32 al, 2014).  
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46 Hines (2004) considers the impact of gender transition upon partnering relationships,  
47 and how transition is negotiated within parenting relationships. It requires a  
48 sociological analytic to transgender theory and encourages a non- normative gender  
49 inquiry within sociological studies of intimacy. Some studies refer to the need for  
50 more theorising about the fluidity of sexual orientation, including considering which  
51 services are still needed to support healthy relationships during and after transition,  
52 and how to begin to make society more welcoming of trans individuals and their  
53 partners. The interplay between transgender and sexuality suggests fluidity and  
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3 impacts on the formation of new relationships and the reconfiguration of existing  
4 ones (x and author 1, 2018).  
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6  
7 This body of research is limited and would benefit from further inclusion of  
8 perspectives from children, significant others, and intersectional analysis (Haines et  
9 al, 2014) for insight and a deeper understanding of trans identities and lives (Lenning  
10 and Buist, 2013). No significant literature emerged on grandparenting from this  
11 review. Trans parents are experimenting in their social context and whilst there were  
12 some positive messages reflected around cultural diversity (Evans-Campbell et al,  
13 2007), caregiving programmes and policies appear to reflect a cultural bias.  
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20 How others interact with a parent who transitions is vitally important for future family  
21 roles and the construction of new parenting identities (Faccio et al, 2013). Trans  
22 parents' voices in the research often revealed the comparison of oneself to others,  
23 how parenting roles are internalised or performed socially, and the vital role of  
24 support in providing opportunities for individuals to carve out their own personal and  
25 parental identity. Outside of the family, more inclusive education about family  
26 diversity, inviting active involvement and participation of trans parents, would make it  
27 easier for trans parents to balance their need for privacy with their desire to give their  
28 children a sense of agency about their family and alleviate psychological stress  
29 (Ryan and Martin, 2000; Haines et al, 2011). Another unexplored area lies in the  
30 network of relationships held by the family in social circles such as school and  
31 leisure associations, given that the transitional journey forces the family as a whole  
32 to undertake a form of re-socialisation (see Author 2 et al, 2018).  
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43 Services for prospective parents would appear to be poorly equipped to serve trans  
44 people. There appears to be a significant research gap considering both the unique  
45 reproductive needs of trans people and existing research identifying barriers to care  
46 for trans people more broadly (James-Abra et al, 2015), including adoption and  
47 fostering services.  
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52 The studies which analysed the nature of family relationships where a parent is  
53 trans, suggest that the more stable the relationship between any other parents with  
54 the children, before and during the transition, the more stable it will be after the  
55 transition (Green 1998; White and Ettner, 2007). Whilst the transition process is  
56 profound in and of itself, the challenges that transition brings upon relationships are  
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3 tremendous, particularly on the experience of couples with a trans member, about  
4 which little is known (Lenning and Buist, 2013). High levels of family cohesiveness  
5 prior to and following transition may provide protective factors for children (White and  
6 Ettner, 2007). Children need continuing contact with their transitioning and non-  
7 transitioning parents, support through their parents own co-operation and the active  
8 involvement of the extended family. There are implications for social workers  
9 involved in legal proceedings where there is parental conflict or disruption to  
10 relationships of children with their trans parent.  
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12  
13 This review has also confirmed the silence of the 'T' in LGBT research and  
14 highlighted the lack of awareness, knowledge and skills of care providers for trans  
15 populations around caring and parenting. Of particular note is the expectation that  
16 many trans people are having to educate providers about a range of needs that  
17 accompany their roles as prospective and actual parents. Inclusion of trans content  
18 in professional education (James-Abra et al, 2015) and culturally competent care can  
19 be enhanced by including trans people in learning and teaching strategy; by  
20 surfacing more inclusive service user histories and case studies, and by the use of  
21 different pedagogies.  
22

23  
24 Social workers should be familiar with relevant research to enable them to make  
25 good arguments in relation to the empirical evidence available about trans families  
26 and apply this, in turn, to child development theories. Taking a social constructionist  
27 approach can help us to critically examine discourses present within the wider  
28 cultural environment about families and caring. Social workers also need to help and  
29 support children with knowing how to explain their parent's situation with others, and  
30 how to manage discrimination they may face in the wider community about their  
31 family and the changes they have experienced.  
32

### 33 **Strengths and limitations of the review**

34  
35 The strength of this review lies in how it complements existing reviews of trans  
36 parenting by focusing on empirical literature across the lifecourse and its focus on  
37 the practice and meanings of 'parenting' and 'caring' for care professionals by  
38 bringing an analysis of family caring practices from this under-researched social  
39 group. It is also the first reviews to identify the state of knowledge which specifically  
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3 informs social work and social care. Given that the review focused on only of  
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5 published empirical studies, it is limited in that it did not capitalise on the extensive  
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7 range of literature (grey and not peer-reviewed) produced by activists in the trans  
8  
9 community. We also recognise the potential to have missed some empirical  
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11 literature due to our search terms and irretrievability. There may be literature on  
12  
13 parenting within the Lesbian, Gay, Bisexual, Transgender and Queer( LGBTQ)  
14  
15 umbrella where there may have been significant findings on Trans participants but  
16  
17 which could not be extracted and thus included.

## 18 **Conclusion**

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21 This article presents the results of a systematic review of studies concerning the  
22  
23 experiences of transgender parenting. Assumptions should not be made about  
24  
25 similarities between all LGBTQ+ parents experiences of parenting and this review  
26  
27 has highlighted some of the differences that exist for trans parents. Less research  
28  
29 has been undertaken with trans individuals and their families than with other  
30  
31 alternative family forms, and the review highlights these gaps and a number of areas  
32  
33 for further research.

34  
35 At the time of writing there are several consultations on trans people's lives  
36  
37 internationally which whilst this falls outside of the remit of this paper, has given rise  
38  
39 to evidence of some issues becoming deeply polarised and contentious in some  
40  
41 increasingly conservative societies (Taylor and Haider-Markel, 2014). These  
42  
43 discourses will potentially negatively impact on the lived experiences of trans  
44  
45 parents, their children and wider families, as unfortunately transphobia is an all too  
46  
47 common experience for them. The purpose of this review is to provide social  
48  
49 workers and other helping professions with information about the experiences of  
50  
51 trans parents and their families so that services can understand the differences and  
52  
53 pressures within these families, whilst respecting and supporting them. It would  
54  
55 appear from the research that many social work and social care services are not  
56  
57 'trans-friendly', and this has as much to do with the prejudicial views of social  
58  
59 workers and social care staff as it is to do with the particular needs of these families.  
60

## 61 **Recommendations for further research**

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3 We recommend areas for further research based on the omissions and key  
4  
5 messages from the literature reviewed alongside challenges identified in conducting  
6  
7 research the community itself. Given that trans populations are over-researched and  
8  
9 underserved by the research conducted, we recommend that any studies concerning  
10  
11 social work and social care are co-produced as far as possible from their design  
12  
13 through to impact. These also need to embody an intersectional approach to  
14  
15 promote wider inclusion of trans populations in research. Secondly the following  
16  
17 areas appear to require further or deeper knowledge on trans parenting to better  
18  
19 facilitate improved standards for professional policies and practice. These include  
20  
21 research into the experiences and support needs of children and significant others of  
22  
23 trans parents; particular attention on grandparents and grandchildren; generating  
24  
25 best practice guidelines for facilitating inclusion of trans issues in professional  
26  
27 education and practice and the provision of quality resources for families where trans  
28  
29 parents are experiencing challenges.

## References

30  
31 x and author 2, 2011

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33 Author 2, 2011

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35 Author 2 and x, 2008, 2010 and 2011

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37 Author 2 et al, 2018

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39 X and author 1 (2018)

40  
41  
42  
43 Barnes, J., Breckon, M.R., Houle, K., Morgan, R., Paquette, M. and Taylor, C. (2006)  
44  
45 *Nowhere near enough: A needs assessment of health and safety services for*  
46  
47 *transgender and two spirit people in Manitoba and Northwestern Ontario*, Crime  
48  
49 Prevention Branch Public Safety and Emergency Preparedness Canada.

50  
51  
52  
53 Beemyn, G., & Rankin, S. R. (2011). *The Lives of Transgender People*. New York,  
54  
55 NY: Columbia University Press.

1  
2  
3 De Sutter, P., Kira, K. Verschor, A., Hotimsky, A. (2002) The desire to have children  
4 and the preservation of fertility in transsexual women: A survey. *International*  
5 *Journal of Transgenderism*. **6**, 3, [http://www.symposion.com/ijt/ijtvo06no03\\_02.htm](http://www.symposion.com/ijt/ijtvo06no03_02.htm)  
6  
7

8  
9 Dierck, M., Platero, R. L., (2018) The meaning of trans\* in a family context. *Critical*  
10 *Social Policy*. **38**, <http://journals.sagepub.com/doi/10.1177/0261018317731953>  
11  
12

13  
14 Dierckx, M., Motmans, J., Mortelmans, D. and T'sjoen, G. (2016) Families in  
15 transition: A literature review. *International Review of Psychiatry*, **28**: 36-43. doi:  
16 10.3109/09540261.2015.1102716  
17  
18

19  
20 Ellis, S.A., Wojnar, D.M. and Pettinato, M. (2015) Conception, Pregnancy, and Birth  
21 Experiences of Male and Gender Variant Gestational Parents: It's How We Could  
22 Have a Family. *Journal of Midwifery & Womens Health*, **60**:62-9. doi:  
23 10.1111/jmwh.12213  
24  
25

26  
27 Evans-Campbell, T., Fredriksen-Goldsen, K.I., Walters, K.L. and Stately, A. (2007)  
28 Caregiving experiences among American Indian two-spirit men and women:  
29 Contemporary and historical roles. *Journal of Gay & Lesbian Social Services*, **18**):  
30 75-92. [http://dx.doi.org/10.1300/J041v18n03\\_05](http://dx.doi.org/10.1300/J041v18n03_05)  
31  
32

33  
34 Faccio, E., Bordin, E. and Cipolletta, S. (2013) Transsexual parenthood and new role  
35 assumptions. *Culture Health & Sexuality*, **15**: 1055-1070.  
36 <https://doi.org/10.1080/13691058.2013.806676>  
37  
38

39  
40 Freedman, D., Tasker, F. and di Ceglie, D. (2002) Children and Adolescents with  
41 Transsexual Parents Referred to a Specialist Gender Identity Development Service:  
42 A Brief Report of Key Developmental Features. *Clinical Child Psychology and*  
43 *Psychiatry*, **7**: 423-432. <https://doi.org/10.1177/1359104502007003009>  
44  
45  
46

47  
48  
49 Gapka, S., Raj, R. (2003) Trans health project: A position paper and resolution  
50 adopted by the Ontario Public Health Association. Retrieved from  
51 [http://www.opha.on.ca/our\\_voice/ppres/papers/2003-06\\_pp.pdf](http://www.opha.on.ca/our_voice/ppres/papers/2003-06_pp.pdf)  
52  
53

54  
55 Golombok S and Tasker F (1996) Do parents influence the sexual orientation of their  
56 children? Findings from a longitudinal study of lesbian families. *Developmental*  
57 *Psychology* **32**: 3–11. <http://dx.doi.org/10.1037/0012-1649.32.1.3>  
58  
59  
60

1  
2  
3 Golombok S, Perry B, Burston A, et al. (2003) Children with lesbian parents: A  
4 community study. *Developmental Psychology* **39**: 20–33. DOI: 10.1037/0012-  
5 1649.39.1.20  
6  
7

8  
9 Golombok S, Mellish L, Jennings S, et al. (2014) Adoptive gay father families:  
10 Parent–child relationships and children’s psychological adjustment. *Child*  
11 *Development* **85**: 456–468. doi: 10.1111/cdev.12155.  
12  
13

14  
15 Green, R. (1978) Sexual identity of 37 children raised by homosexual or transsexual  
16 parents. *American Journal of Psychiatry*. **135**, 692-697.  
17

18  
19 <http://dx.doi.org/10.1176/ajp.135.6.692>  
20

21 Guasp A, Statham H and Jennings S (2014) *Different Families: The Experience of*  
22 *Children with Lesbian and Gay Parents*. London: Stonewall.  
23  
24

25 Grant, J.M., Mottet, L., Tanis, J.E., Harrison, J., Herman, J. and Keisling, M. (2011)  
26 *Injustice at every turn: A report of the National Transgender Discrimination Survey*.  
27 Washington DC: National Center for Transgender Equality and National Gay and  
28 Lesbian Task Force.  
29  
30

31  
32 Haines, B.A., Ajayi, A.A. and Boyd, H. (2014) Making trans parents visible:  
33 Intersectionality of trans and parenting identities. *Feminism & Psychology*, **24**: 238-  
34 247. <http://dx.doi.org/10.1177/0959353514526219>  
35  
36  
37

38  
39 Hicks S (2011) *Lesbian, Gay and Queer Parenting: Families, Intimacies,*  
40 *Genealogies*. Basingstoke: Palgrave Macmillan.  
41  
42

43  
44 Hicks S (2014) Deconstructing the family. In: C Cocker and T Hafford-Letchfield  
45 (eds.) *Rethinking Anti-Discriminatory and Anti-Oppressive Theories for Social Work*  
46 *Practice*. Basingstoke: Palgrave Macmillan.  
47  
48

49  
50 Hines, S. (2017) Transgendering care: Practices of care within transgender  
51 communities. *Critical Social Policy*. **27**: 462-486. Doi 10.1177/0261018307081808  
52  
53

54  
55 Hines, S. (2006) Intimate transitions: Transgender practices of partnering and  
56 parenting. *Sociology-the Journal of the British Sociological Association*, **40**: 353-371.  
57 <https://doi.org/10.1177/0038038506062037>  
58  
59  
60

1  
2  
3 James-Abra, S., Tarasoff, L.A., Green, D., Epstein, R., Anderson, S., Marvel, S.,  
4 Steele, L.S. and Ross, L.E. (2015) Trans people's experiences with assisted  
5 reproduction services: a qualitative study. *Human Reproduction*, **30**: 1365-1374.  
6 doi:10.1093/humrep/dev08  
7

8  
9  
10  
11 Kuhar, R., Monro, S., Takacs, J., (2018) Trans\* citizenship in postsocialist societies.  
12 *Critical Social Policy*. **38**, 99-120 doi.org/10.1177/0261018317732463  
13

14  
15 Lenning, E. and Buist, C.L. (2013) Social, psychological and economic challenges  
16 faced by transgender individuals and their significant others: gaining insight through  
17 personal narrative. *Culture, Health & Sexuality*, **15**: 44-57.  
18 <https://doi.org/10.1080/13691058.2012.738431>  
19

20  
21  
22  
23 Lev, A. I. (2004) *Transgender emergence: Therapeutic guidelines for working with*  
24 *gender-variant people and their families*. New York, Routledge.  
25

26  
27 Marshall, Z., Welch, V., Brunger, T.J., Swab, M., Shemilt, I, Kaposy, C. (2017)  
28 Documenting research with transgender and gender diverse people: protocol for an  
29 evidence map and thematic analysis. *Syst Rev*. **20**;:1120-7. doi: 10.1186/s13643-  
30 017-0427-5..  
31

32  
33  
34  
35 Monro, S (2007) Transmuting Gender Binaries: the Theoretical Challenge  
36 *Sociological Research Online*, **12**, <http://www.socresonline.org.uk/12/1/monro.html>  
37 [doi:10.5153/sro.1514](https://doi.org/10.5153/sro.1514)  
38

39  
40  
41 Pyne, J., Bauer, G. and Bradley, K. (2015) Transphobia and Other Stressors  
42 Impacting Trans Parents. *Journal of GLBT Family Studies*, **11**: 107-126.  
43 <https://doi.org/10.1080/1550428X.2014.941127>  
44

45  
46  
47 Rosser, B. R. S., Oakes, J.M., Bocketing, W.GO., Miner, M. (2007). Capturing the  
48 social demographics of hidden sexual minorities. An internet study of the  
49 transgender population in the United States. *Sexuality Research and Social Policy*.  
50 **4**, 50-64. <https://doi.org/10.1525/srsp.2007.4.2.50>  
51

52  
53  
54  
55 Rutter, D., Francis, J., Coren, E., Fisher, M. (2013) *December 2010 Research*  
56 *Resource 1, Reviewed December 2013 SCIE systematic research reviews:*  
57 *guidelines* (2nd edition). London, SCIE.  
58  
59  
60



1  
2  
3 Ryan, D. Martin, A. (2000) Lesbian, gay, bisexual and transgender parents in the  
4 school systems. *School Psychology Review*, **29**, 207-216.

5  
6 <http://psycnet.apa.org/record/2000-00020-006>

7  
8  
9 Riggs, D.W., Power, J. and von Doussa, H. (2016) Parenting and Australian trans  
10 and gender diverse people: An exploratory survey. *International Journal of*  
11 *Transgenderism*, **17**: 59-65. <https://doi.org/10.1080/15532739.2016.1149539>

12  
13  
14  
15 Ross, L.E., Epstein, R., Anderson, S. and Eady, A. (2009a) Policy, Practice, and  
16 Personal Narratives: Experiences of LGBTQ People with Adoption in Ontario,  
17 Canada. *Adoption Quarterly*, **12**: 272-293.

18  
19  
20  
21 Rostosky, S. S., Abreu, R. L., Mahoney, A., and Riggle, E. D. B. (2016) A qualitative  
22 study of parenting and religiosity/spirituality in LGBTQ families. *Psychology of*  
23 *Religion and Spirituality*. **9**, 437-445. <http://dx.doi.org/10.1037/rel0000077>

24  
25  
26  
27 Staples, J.M., Bird, E.R., Masters, T.N., George, W.H.(2017) Considerations for  
28 Culturally Sensitive Research With Transgender Adults: A Qualitative Analysis *J Sex*  
29 *Res.*; **55**:1065-1076. doi: 10.1080/00224499.2017.1292419.

30  
31  
32  
33 Stotzer, R. L., Herman, J. L., Hasenbush, A. (2014) *Transgender parenting: A review*  
34 *of existing research*. Los Angeles: Williams Institute.

35  
36  
37  
38 Tasker F and Golombok S (2005) Adults raised as children in lesbian families.  
39 *American Journal of Orthopsychiatry* **65**: 203–215.

40  
41 doi: [\[10.1177/0011000012449658\]](https://doi.org/10.1177/0011000012449658)

42  
43  
44  
45 Taylor, J.K., Haider-Markel, D.P. (2014) *Transgender Rights and Politics: Groups,*  
46 *Issue Framing, and Policy Adoption* . Michigan, University of Michigan Press. DOI:  
47 10.3998/mpub.4883502 . pp 295


48  
49  
50  
51 Valentine, D. (2007). *Imagining Transgender: An Ethnography of a Category*.  
52 Durham, N.C.: Duke University Press.

53  
54  
55 Van de Ros, 2013

56  
57  
58  
59  
60 Veldorale-Griffin, A. (2014) Transgender parents and their adult children's  
experiences of disclosure and transition. *Journal of GLBT Family Studies*, **10**: 475-  
501. <https://doi.org/10.1080/1550428X.2013.866063>

1  
2  
3 Veldorale-Griffin, A. and Darling, C.A. (2016) Adaptation to parental gender  
4 transition: Stress and resilience among transgender parents. *Archives of Sexual*  
5 *Behavior*, **45**: 607-617. doi: 10.1007/s10508-015-0657-3  
6  
7

8  
9 von Doussa, H., Power, J. and Riggs, D. (2015) Imagining parenthood: the  
10 possibilities and experiences of parenthood among transgender people. *Culture*  
11 *Health & Sexuality*, **17**: 1119-1131. doi: 10.1080/13691058.2015.1042919  
12  
13

14  
15 White, T and Ettner, R. (2004) Disclosure, risks and protective factors for children  
16 whose parents are undergoing a gender transition. *Journal of Gay & Lesbian*  
17 *Psychotherapy*, **8**: 129-145. DOI: [10.1080/00918369.2014.972800](https://doi.org/10.1080/00918369.2014.972800)   
18  
19

20  
21 Wierckx, K., Van Caenegem, E., Pennings, G., Elaut, E., Dedecker, D., Van de Peer,  
22 F., Weyers, S., De Sutter, P. and T'sjoen, G. (2011) Reproductive wish in  
23 transsexual men. *Human Reproduction*, **27**: 483-487.  
24  
25 <http://dx.doi.org/10.1007/s00787-006-0591-y>  
26  
27  
28  
29  
30  
31  
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**Table 1: Review search strategy**

<p><b>International bibliographic databases searched</b></p>	<p>PubMed, MEDLINE, PsycINFO, CINAHL, Web of Science, Social Care Online, SCOPUS, Education Research Complete and Proquest.</p>
<p><b>Google Scholar and websites searched for grey literature</b></p>	<p>The Beaumont Society, Gender Identity Research and Education Society (GIRE), Gendered Intelligence, Gendys Network, Mermaids, FTM Network, Intersex UK, International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), Lambda Legal, Parents, Families &amp; Friends of Lesbians and Gays (PFLAG), Children of Lesbians and Gays Everywhere (COLAGE) and many others*.</p>
<p><b>Search terms</b> for the population using PICO (phenomenon of interest and context) (Joanna Briggs Institute)</p> <p>Note - Quotation marks (“ ”) were used to enclose two words and the asterisk was used for the truncation of terms. Boolean operators (And/Or) were used to define the relationship between search terms and parentheses to <i>group</i> compound Boolean operators. Original search terms were revised after generic truncated terms such as trans* produced too many irrelevant articles and ‘healthcare/ health care’ also resulted in those concerned with health. Most of these were retained and manually screened which was quite cumbersome. A search without healthcare yielded very little output. Multiple search strategies were employed such as searching within the context of social care (without the term healthcare) and then adding healthcare.</p>	<p>Trans*, transsexual, transexual, transgender, gender fluid, gender identity, gender non-conform*, genderqueer, genderfluid, genderfuck, genderless, agender, non-gendered, third gender, two-spirit, two spirit, bigender, androgynous, non-binary, gender expansive, gender variant, trans man, trans woman, trans men, trans women</p> <p><b>AND</b></p> <p>Parent*, grandparent*, kin*, famil*, car*, famil* of choice, adopt*, foster*</p> <p><b>AND</b></p> <p>Social work*, social care, healthcare, health care</p>

<b>Table 2: Inclusion and exclusion criteria</b>	
<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<p>-empirical studies</p> <p>Population of interest:</p> <p>-study covered aspects of relationships with kin (wide definition: adoptive, foster, spousal, intergenerational, of siblings, etc); Transgender parents and grandparents; Children and grandchildren of transgender parents</p> <p>-study involved health and social care professionals who provide support to transgender people.</p> <p>- concerned interventions likely to support people in making and sustaining healthy kinship relationships.</p> <p>-Outcomes included indicators of quality of life, wellbeing and resilience, or other psychological measures of welfare; people's desires and what they said they found helpful;</p> <p>Categorical outcomes, such as lasting child placements where the parents identified as transgender were also of interest.</p>	<p>-Non-empirical;</p> <p>-Studies concerning the origin of transgender identity;</p> <p>-Interventions and approaches which focus on the individual's transition, including those of gender clinics, except insofar as they are directly designed to support kinship and family relations;</p> <p>-Studies which concern care and support for transgender children and young people, unless such studies concern the experience of being cared for by transgender adults;</p>

Studies were excluded if they concerned prison, probation, housing and other public sector services. Although these are important areas of practice where transgender kinship relationships may be poorly understood, this review will only concern services which might be expected to support transgender adults to give parental or other kinship care.

**Table 3: Overview of included studies**

<b>Study</b>	<b>Location</b>	<b>Target Population</b>	<b>Sample</b>	<b>Method</b>	<b>Primary purpose of research</b>
Barnes et al. (2006)	Canada	Transgender and two-spirit people in Manitoba and Northwestern Ontario	N = 73 transgender and two-spirit people	Survey supplemented by interviews and focus groups	To carry out a needs assessment of health and safety services for transgender and Two-Spirit people of Manitoba and Northwestern Ontario.
Clarke and Demetriou 2016	UK	Adult children of LGT parents	N = 14 adults	Online survey E-mail interview	To explore how adult children of lesbian, gay and trans (LGT) parents make sense of their families, focusing both on childhood and adulthood experiences.
De Sutter et al, 2002	France, UK, Netherlands, Belgium	Transsexual women	N = 121 MtF trans women	Online survey using semi-structured questions	To gauge trans women's opinion about the option of freezing sperm, before the start of any medical treatment.
Ellis et al 2015	USA	Transgender men and gender variant people who had a history of carrying a pregnancy full term within the past 5 years and having given birth in the US and disclosed their gender identity to health care providers at some point during conception, pregnancy and birth	N = 8 transgender men and gender-variant participants	Online video interviews and online demographic surveys	To investigate the conception, pregnancy and birth perspectives/experiences of trans men who have undergone gender transition.
Evans-Campbell et al. (2007)	USA	Two-spirit leaders suggested by HONOR	N = 63 two-spirit leaders	In-depth interviews	To explore historical and contemporary experiences,

		Project advisory board members and by members of two-spirit organizations			perceptions, and challenges related to caregiving among Two-Spirit people.
Faccio et al. (2013)	Italy	Men (parents and non-parents) and male-to-female transsexuals (parents and nonparents)	N = 28 (14 male-to-female (MtF) transsexuals, 14 non-transgender men)	Semi-structured interviews	To explore how transgender women and non-transgender men construct and assume a parental role as part of their identity (and to what extent they share common beliefs).
Freedman et al. (2002)	UK	Children referred to the Gender Identity Development Service	N = 142 (18 children of transsexual parents, 124 children and adolescents with gender identity concerns)	Audit of case files	To examine how parental gender role influences children's own gender identity development and psychosocial development.
Grant et al. (2011)	USA	Transgender organizations and electronic listserves	N = 6 456 transgender and gender non-conforming people	Online or paper survey	To assess the extent of discrimination experienced by transgender and gender non-conforming individuals across the United States.
Haines et al. (2014)	USA	Trans parents who took part in a national LGBT parenting survey	N = 50 trans families (46 trans parents, 4 partners of trans parents)	Online survey	Explore the challenges trans parents experience as they navigate the intersection of transgender identity with their identity as parents.
Hines (2006)	UK	Selected cases of participants from a wider ESRC project (Care, Values and the Future of Welfare)	N = 3 (2 trans women, 1 trans man)	In-depth interviews	Explore how transgender people negotiate relationships with partners and children through transition.
James-Abra et al. (2015)	Canada	Trans people (and their partners) who had used	N = 11 (9 trans-identified people and their partners)	Semi-structured interview	To examine trans people's experiences with Assisted

		or attempted to access Assisted Reproduction services since 2007			Reproduction Services in Ontario, Canada.
Lenning and Buist (2013)	USA	Members of online transgender support networks	N=304 (249 transgender people, 55 partners of transgender people)	Online in-depth survey with open-ended questions	Explores the social, psychological and economic challenges faced by transgender individuals and their partners.
Light et al. (2014)	USA	Transgender men who had been pregnant and delivered a baby within the last 10 years	N = 41 transgender men	Survey	Explore the experiences of transgender men and to contribute to the knowledge base of fertility, conception, pregnancy experience, and birth outcomes among transgender men.
Pyne et al. (2015)	Canada	Trans parents who had taken part in a Canadian Institutes of Health Research study on the health and well-being of trans people	N = 110 trans parents	Survey	To describe the experiences of trans parents in the Canadian province of Ontario.
Riggs et al. (2016)	Australia	Trans and gender diverse people via social media and listservs	N=160 (119 trans and 41 gender diverse)	Online survey	To examine characteristics of trans and gender diverse parents and those who desire to become parents, and support from families of origin.
Ross et al. (2009a)	Canada	LGBTQ individuals/couples who had adopted a child since 2000 or those who were in the process of adopting	N = 43 LGBTQ (12 individuals and 31 couples)	Semi-structured interviews	Examine whether legislative and policy changes in Ontario have translated into increased adoption for lesbian, gay, bisexual, trans and queer people (LGBTQ).
Ross et al. (2009b)	Canada	Adoption agencies and licensed individuals	N = 44 agencies/licensees	Survey	Investigated the extent to which Ontario adoption agencies and

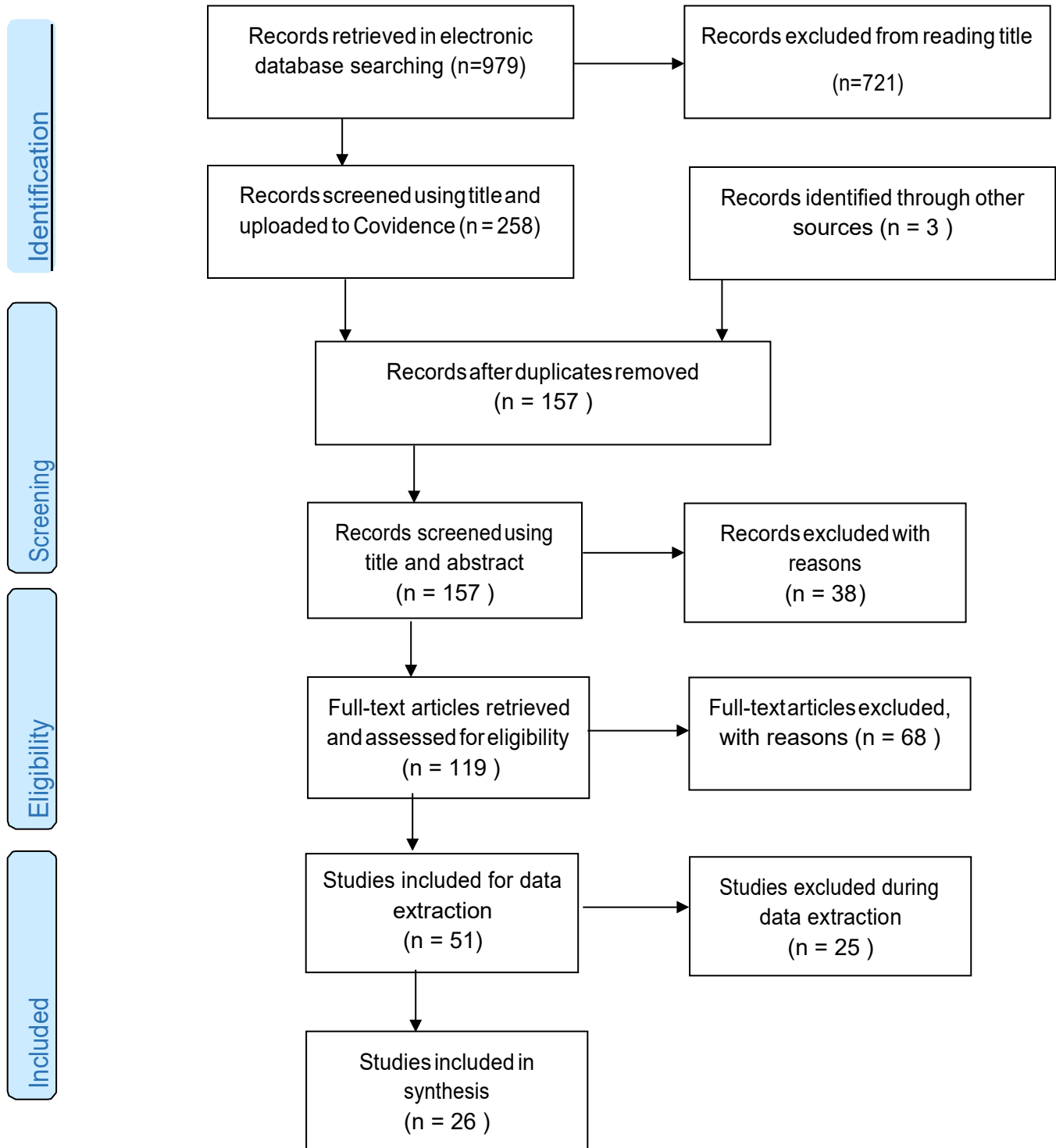
					licensees are supportive of adoption by sexual and gender minority people.
Rostosky et al. (2016)	Australia, Canada, Ireland, Puerto Rico, USA and UK	Religious and/or spiritual Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) parents	N = 75 LGBTQ parents	Online survey with an open ended question	To explore how religion/spirituality influence LGBTQ parenting.
Veldorale-Griffin (2014)	USA	Transgender parents and adult children with transgender parents	N = 57 (48 transgender parents, 9 adult children)	Online qualitative survey	Focuses on how transgender parents and their children experience disclosure of parental gender transition and the actual transition.
Veldorale-Griffin and Darling (2016)	USA	Transgender parents who had disclosed their gender identity while their children were aged between 4 and 18	N=73transgender parents	Online survey	Examine how transgender parents cope with and adapt to the disclosure of their gender transition.
von Doussa et al. (2015)	Australia	Transgender adults who took part in a larger online survey for those who identified as transgender, gender diverse or intersex	N = 13 transgender adults (6 parents, 1 expectant parent and 6 non-parents)	Semi-structured interviews	Explore ways in which transgender people negotiate parenthood with their transgender identity
Weiner and Zinner (2015)	USA	Psychology college students	N = 106 college students	Survey	Examine attitudes toward transgender and gay parenting compared to straight parenting and impact on ability to adopt.
White and Ettner (2004)	USA	Therapists working with transgendered clients and listed in the directory for the Harry Benjamin International Gender Dysphoria Association	N = 10 therapists	Survey	Ascertain protective and risk factors for children whose parents transition to the opposite sex.



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White and Ettner (2007)	USA	Transsexual parents who have undergone a transition to the opposite biological sex	N = 27 transgender parents (25 male-to-female, 2 female-to-male)	Semi-structured interviews supplemented with questionnaires	Determine adjustment of children whose parents undergo gender transition.
Whitley (2013)	USA	Significant others, family members, friends, and allies (SOFFAs) of transgender people	N = 50 (plus 133 observational hours)	Interviews and participant observation	To address how significant others, family members, friends, and allies (SOFFAs) come to terms with the transition of a loved one.
Wierckx et al. (2012)	Belgium	Dutch-speaking patients who underwent sex reassignment surgery at the Ghent University Hospital between 1987 and 2009	N = 50 transsexual men	Survey	Report on reproductive wishes and issues of transsexual men post sex reassignment surgery.

Figure 1: PRISMA Diagram of Selection Process



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**Table 4: Terminology used in studies<sup>1</sup>**

**Gender expression:** people's manifestation of their gender identity. Typically, people seek to make their gender expression or presentation match their gender identity/identities, irrespective of the sex that they were assigned at birth.

**Gender identity:** each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex they were assigned at birth.

**Gender reassignment:** the process through which people re-define the gender in which they live in order to better express their gender identity. This process may, but does not have to, involve medical assistance including hormone therapies and any surgical procedures that trans people undergo to align their body with their gender.

**Gender recognition:** a process whereby a trans person's preferred gender is recognised in law, or the achievement of the process.

**Gender variant:** someone whose gender identity differs from normative gender identity and the gender roles/norms assigned at birth.

**Gender fluid:** denoting or relating to a person who does not identify themselves as having a fixed gender.

**Gender non-conforming:** A term used to refer to people who do not conform to the stereotypical or social expectations of their gender or sex assigned at birth. A label that can be used for all cisgender, transgender or non-binary people. This could be realised through using different pronouns such as a female going by he/him, dressing differently or challenging stereotypes that match other genders, by being androgynous, feminine or masculine non-binary.

**Non-binary:** A term for people who feel their gender identity cannot be defined within the margins of gender binary. Instead, they understand their gender in a way that goes beyond simply identifying as either a man or woman. This may include identifying a gender which is in-between or beyond the two categories 'man' and 'woman, as fluctuating between 'man' and woman', or as having no gender, either permanently or some of the time. The term is incredibly diverse and an identity category in its own right, may be fixed or fluid, seeks to avoid simplicity or reductivism.

**Transsexual:** refers to people who identify entirely with the gender role opposite to the sex assigned to at birth and seeks to live permanently in the preferred gender role. This often goes along with strong rejection of their physical primary and secondary sex characteristics and wish to align their body with their preferred gender. Transsexual people might intend to undergo, are undergoing or have undergone gender reassignment treatment (which may or may not involve hormone therapy or surgery). The term *transgender* is now more common, and many transgender people prefer the designation *transgender* and reject *transsexual* which is seen as a medicalised term and concerned that it implies something to do with sexuality when it is actually about gender identity.

**Two-spirited:** is a modern, pan, umbrella culturally relevant term used by some indigenous, First Nation people to describe certain people in their communities who fulfil a traditional third-gender or other gender variant ceremonial role in their cultures and are respected and honoured as having a gift and seen as visionaries and healers by their communities. Some have described the body hosting both a masculine spirit and a feminine spirit, It comes from a rich background of history and importance.

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3 **Cis-normative:** The assumption that all human beings have a gender identity which matches the sex  
4 they were assigned at birth and often manifests itself in the form of misgendering, which occurs  
5 when a person is referred to by the incorrect pronouns or other gendered terms.  
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8 MtF: A person who was assigned a male sex at birth and whose gender identity is girl/woman

9 FtM: A person who was assigned a female sex at birth and whose gender identity is boy/man.  
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<sup>i</sup> Any attempt to explain terms can imply simplistic and reductive definition, which is neither helpful nor  
13 accurate. Asking people how they identify as well as what language they use to describe themselves is almost  
14 always best.  
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