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Parenting and Australian trans and gender diverse people: An exploratory survey

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Abstract

Growing numbers of Australian trans and gender diverse people desire to become parents, yet many who do so experience a lack of support and recognition. This paper reports on an online survey completed by 160 trans or gender diverse people. The survey included general demographic questions, in addition to questions related to 1) current parenting arrangements, 2) modes of family formation, 3) the desire to have children in the future, and 4) support or discrimination from families of origin. In regards to the findings, only a minority of participants (39) were already parents, however 21 participants indicated that they desired to have children in the future. Participants who were already parents were older than those who were not, and conversely participants who desired to have children in the future were younger than those who did not. Discrimination from family of origin was negatively correlated with support for parenting, whilst support from family of origin was positively correlated with desire to have children. The paper concludes by suggesting that support from service providers is important for this potentially vulnerable group who may not experience support from their families of origin, and who may perceive themselves as having limited pathways to parenthood.

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Introduction

In the past, the desire to access hormones and surgeries on the part of people whose gender identity differed from that normatively expected of their assigned sex (a group referred to in this paper as 'trans and gender diverse people') required forfeiting a desire to have children (de Sutter et al., 2002). In some jurisdictions this was legally prescribed, with sterilisation being a necessary precondition for legal change of gender (Nixon, 2013; Wierckx et al., 2012). Furthermore, in the past many trans and gender diverse people who had children prior to gender transitioning were denied access to their children by family courts following custody disputes (Green, 2006). Such decisions often rested on the presumption that staying in contact with a parent who has transitioned was damaging for children (Carter, 2006). Early research by Green (1978; 1998), however, challenged the view that trans and gender diverse people could not competently parent post-transition, and subsequent research has demonstrated positive outcomes for children of trans and gender diverse parents (Veldorale-Griffin, 2014; White & Ettner, 2004; 2007).

More recently, research has indicated that increasing numbers of trans and gender diverse people desire to become parents. For example, de Sutter and colleagues (2002) report on a survey of 121 transsexual women, of whom 73 (60%) did not have children, and of these women 40% stated that they would like to have children in the future. Similarly, Wierckx et al. (2012) report on a survey of 50 transsexual men living in Belgium, of whom 54% desired to have children in the future. Finally, von Doussa, Power, and Riggs' (2015) interview research with Australian trans and

gender diverse people indicates that a majority of their sample of thirteen people considered having children an important part of their future.

In terms of having children, there are a range of options available to trans and gender diverse people seeking to become parents post-transition, including through maintaining their own reproductive capacity, their partner conceiving a child, surrogacy, and adoption or fostering (Wierckx et al., 2012). However, trans and gender diverse people may encounter limited support or encouragement to pursue parenthood. This may occur as a result of living in social contexts where discrimination and lack of empathy and support for trans and gender diverse people occurs, compounded by a social mistrust of trans and gender diverse people becoming parents (Faccio et al., 2013; Haines, Ajayi & Boyd, 2014; Pyne, Bauer & Bradley, 2015).

For example, Ellis et al (2014) interviewed eight self-identified trans male or gender variant gestational parents, of whom the majority reported finding it difficult to manage potential negative judgments from others regarding their pregnancy and parenthood. This produced a sense of loneliness and isolation throughout their pregnancy. Light et al. (2014) similarly report on a survey of 41 US trans men who had undertaken a pregnancy after self-identifying as male. Responses to open-ended questions indicated many participants felt lonely and unsupported through their pregnancy. In several cases, this contributed to post-partum depression. In terms of accessing assisted reproduction service, James-Abra and colleagues (2015) report that seven of their nine participants had negative experiences with service providers,

including cisgenderist assumptions on the part of providers, and in one case the repeated experience of being denied access to services.

Only a very small number of studies have considered the extent to which a supportive family of origin is likely to influence the desire to parent among trans and gender diverse people, or improve their experience of pregnancy or parenthood. The studies that have been conducted suggest that support from family of origin can be an important factor in promoting the self-esteem and emotional wellbeing of trans and gender diverse parents (Riggs, von Doussa & Power, 2015; von Doussa, Power & Riggs, 2015). These studies suggest that it is likely that trans and gender diverse people who receive support and acceptance from their own parents, siblings, and extended family will also receive greater support for becoming a parent.

The study reported in this paper sought to identify the degree to which these previous findings on desiring and achieving parenthood hold true in an Australian sample. Specifically, the study sought to examine 1) some of the demographic characteristics of trans and gender diverse people who already have children and the demographic makeup of their families, 2) some of the demographic characteristics of trans and gender diverse people who wish to have children in the future, and 3) perceived support and discrimination from families of origin in terms of trans and gender diverse people as parents and/or a desire to become parents. Given recent Australian Medicare data (2014) indicating that some trans men are achieving pregnancies post transition, and given that some foster care agencies in Australia now actively recruit trans people, it is likely that the population of trans and gender diverse people who are

parents will continue to grow. This suggests the importance of understanding the experiences of this population.

Materials and Methods

Participants

Ethics approval was granted by the second and third authors' university. Following guidelines available at the time from the Australian *National LGBTI Health Alliance* (2013), the authors decided to adopt the language of 'trans and gender diverse' to describe the study. The Alliance at that time differentiated trans and gender diverse people from one another on the basis of the degree of adherence to a two-gender model. Trans people within this differentiation, it was suggested, are more likely to identify as either men or women, whilst gender diverse people may typically refuse to adopt either of these categories. Importantly, the authors are aware of the fact that treating trans and gender diverse people as entirely separate populations from cisgender people is in itself a form of cisgenderism (Ansara & Hegarty, 2014). However, in order to focus on the specific experiences of trans and gender diverse people in the face of cisgenderism, it was necessary to make this distinction.

Of the sample of 160 participants, 119 participants selected the survey category of trans and 41 selected the survey category gender diverse. Just over half of the sample (51.5%) described their gender identity as female, 26.9% described their gender identity as male, and 21.6% described their gender identity in a range of ways that for the purposes of the analysis below are grouped as 'gender diverse'. Descriptions

included in this latter category include ‘gender queer’, ‘non-binary’, ‘neutrois’, ‘agender’ and ‘gender fluid’. The authors acknowledge that it is problematic to group these differing gender descriptors into one category, but for the purposes of statistical analysis it was necessary to create such a grouping.

The average age of participants was 39.8 (*SD*=13.49). Of the overall sample, 59.1% were not partnered and the remaining participants were partnered. In terms of participants who were parents, however, this distribution differed, with equal numbers of this sub-sample of participants either partnered or not partnered. This difference between parent and non-parent participants in terms of being partnered was statistically significant, χ^2 (1, 160) = 5.105, $p < .05$.

Materials

Participants completed a survey instrument designed by the authors. Potential participants were first presented with a screen outlining the parameters of the survey, including the fact that their anonymity was assured, before being asked to give consent to participation. Participants were then asked a number of demographic questions, including whether or not they identified as trans or gender diverse, their self-described gender identity, relationship status, and age. Following these demographic questions, participants were then asked to report on their experiences of parenting and/or their desire to have children. Participants who were already parents were asked to report on the number of children they had, the ages of their children, and the mode by which they became a parent. Participants who were parents were also asked whether they had children pre- or post-transitioning (a broad term that was

left open to the participant's interpretation), and whether or not their child/ren were aware of their trans or gender diverse identity. Participants who were not already parents were asked if they desired to become parents in the future, how they expected they would become parents, and how important it was for them to have children in the future (1=not important, 2=somewhat important, 3=quite important, 4=very important).

All participants then responded to a series of questions about family and parenting. Participants were asked 'are you emotionally close to your family of origin?' (1=not at all close, 2=somewhat close, 3=quite close, 4=very close), 'to what degree have you been supported by your family of origin as a parent?' (1=not at all supported, 2=somewhat supported, 3=quite supported, 4=very supported), and 'have you experienced discrimination from your family of origin?' (1=no discrimination, 2=some discrimination, 3=a considerable degree of discrimination, 4=they are always discriminatory).

Procedure

Participants were recruited via social media (specifically advertisements placed on Facebook), through emails sent to distribution lists held by the authors collected during previous research conducted with the target populations, and through emails sent to relevant Australian listservs such as the Victorian Rainbow Families Network. The survey was open for a period of eight months between January and August 2014 and was hosted on SurveyMonkey.

Statistical Analysis

The data were analysed utilizing the software programme SPSS 17.0. The Shapiro-Wilk test was used to assess the normality of the distribution of the continuous variables. Given a normal distribution was evident, means and standard deviations are reported. Differences between two groups were tested with an independent samples t-test. Bivariate correlations were utilized to test the relationship between continuous variables. A p-value of .05 was considered to be statistically significant. All p-values were two-tailed. Specific attention was paid to age as a potential predictor variable, given the finding of Wierckx et al (2012) that age was not significantly related to their parenting-related measures. It appeared important to determine if this was true in an Australian sample.

Results

Parents

Of the sample, 39 (24.4%) were already parents. Table 1 reports on whether or not participants were parents according to their self-reported gender identity. People who had children already were older (M=45.15, SD=11.04) than were people who did not have children (M=33.07, SD=11.21), $t = 3.915$, $p < .01$, $d = 1.085$, echoing the findings of Pyne, Bauer and Bradley (2015).

Table 1. Parenting status according to gender identity

Gender Identity	Parent Status		Total
	Yes	No	
Male	8(21)	38(31)	46(29)
Female	27(69)	61(50)	88(55)
Gender Diverse	4(10)	22(19)	26(16)
Total	39	121	160

Results are presented as n(%)

Of participants who already had children, 19 had one child, 16 had two children, two had three children, and one each had four or five children. A third of participants were raising a child or children under the age of 10, almost another third were raising a child or children aged between 11 and 20 years, and the remaining participants had children who were over the age of 21. Twenty-four participants reported that their children lived with them some or all of the time, while 15 reported that their children lived with them none of the time. Children who were older were less likely to live with their trans or gender diverse parent, $r = -.604$, $p < .001$.

Of the 39 participants who had children, 59% (n=23) reported that they had children before transitioning, and 36% (n=14) reported that they had children after transitioning. Table 2 shows the mode by which these participants became parents.

Table 2. Mode of becoming a parent

Became a parent before or after transitioning	Participant gave birth	Partner gave birth	Foster care	Step parent	Total
Before	3	19	1	2	25
After	2	10	0	2	14
	5	29	1	4	39

Results are presented as n

The majority of participants (76.9%) who had children reported that their child/ren were aware that they were trans or gender diverse. Children who were aware of their parent being trans or gender diverse were older (M=15.23, SD=9.21) than were those who were not aware (M=3.00, SD=2.44), $t = 7.09$ $p < .001$, $d = 2.201$.

Plans to have children

In terms of plans to have children, 21 participants (18.4%) stated that they desired to have children in the future, 60 (52.6%) stated that they did not want to have children in the future, and 33 (29%) reported that they were unsure (7 participants did not answer this question).

People who wanted to have children in the future were younger (M=27.52, SD=5.72) than were people who did not want to have children in the future (M=44.18, SD=7.12), $t = 5.447$, $p < .001$, $d = 0.688$. There was a modest negative correlation between the importance of having children in the future and age, $r = -.391$, $p < .001$. Younger participants placed greater importance on having children in the future. There was no significant relationship between being partnered or not and planning to have children in the future or the importance of having children.

Of those who planned to have children in the future, 9 indicated that they intended for their partner to give birth, 8 indicated that they intended to foster or adopt, and 4 indicated that they intended to give birth. Table 3 reports on desire to have children in the future according to self-reported gender identity.

Table 3. Desire to have children differentiated by gender identity

	Desire to have children			Total
	Yes	No	Unsure	
Male	11(53)	14(23)	12(36)	37(32)
Female	7(33)	34(57)	14(43)	55(49)
Gender Diverse	3(14)	12(20)	7(21)	22(19)
Total	21	60	33	114

Results are presented as n(%)

Support from family of origin

For participants who were parents, there was a strong positive correlation between feeling emotionally close to family of origin and perceiving that family of origin were supportive of them as parents, $r = .624$, $p < .001$. Those who experienced greater emotional closeness felt more supported. Conversely, there was a moderate negative correlation between discrimination from family of origin and perceived support of parenting from family of origin, $r = -.545$, $p < .001$. Those who reported experiencing higher levels of discrimination reported feeling less supported as parents. Additionally, those who were partnered reported higher levels of support for them as parents from their family of origin (M=3.33, SD=1.03) than did those who were not partnered (M=2.28, SD=1.23), t= 3.84, $p< .05$, $d = 1.255$.

With respect to the importance of having children in the future, there was a modest positive correlation between support from family of origin and the importance of having children in the future, $r =.288$, $p < .01$. Those who felt more supported were more likely to place importance upon having children in the future. Additionally, those who were planning to have children in the future reported higher levels of

support from their family of origin (M=3.13, SD=1.12) than did those who did not want children in the future (M=2.45, SD=1.15), t= 3.48, p< .05, d = 1.05.

Discussion

This findings presented in this paper provide an initial scoping of the parenting experiences and desires of a sample of trans and gender diverse Australians, a topic that has been neglected in previous Australian research and for which there is limited data internationally. The findings support previous international research, which has shown some trans and gender diverse people become parents prior to transitioning, and that a significant number desire parenthood, and successfully become parents, post transition. Contrary to the findings of Wierckx and colleagues (2012), however, the findings reported here suggest age differences in terms of the desire to have children in the future. However, this may be related to life-course expectations of younger participants rather than reproductive capacity *per se*, given the fact that the majority of participants who desired to have children indicated their likely path to parenthood was fostering, adoption or their partner giving birth.

In regards to previous research on family support , it has been suggested that such support is associated with greater self-esteem and life satisfaction among trans and gender diverse people (Erich et al., 2008). This is likely to also be the case for parents. Lack of extended family support may increase the psychological vulnerability of trans and gender diverse parents and, by extension, their children. The findings reported here confirm that there may be a relationship between support from family of origin and plans to have children in the future. Future research may extend the

findings reported here by including measures of wellbeing and self-esteem so as to examine the possible relationships between support received from families of origin and outcomes for trans and gender diverse parents and those intending to have children.

In terms of practical applications of the findings, it would appear important that clinicians are adequately informed of the wide range of options available to trans and gender diverse people in terms of becoming parents (De Sutter, 2009). Service providers should ensure that they provide gender-affirming prenatal, antenatal, and postnatal care. Recent changes to Medicare items (such as pregnancy related items) allowing all people to claim for items that were previously limited to one particular gender category suggest that there is increased recognition of the importance of such gender-affirming responses, however additional changes are nonetheless required. For example, as clinical knowledge grows in regards to trans men bearing children post-transition, it is important that services are made available to support such men in achieving a pregnancy (Adams, 2010). Furthermore, it is important that healthcare services that work with trans and gender diverse people understand and implement the requirement that such people are offered gamete storage as part of their decisions about medical transition (WPATH, 2011). Finally, as foster care and adoption agencies slowly recognize the rights of trans and gender diverse people to be assessed as potential parents, this requires the development of evidence-based protocols so as to ensure competent and non-discriminatory assessments.

The points raised above in terms of service provision are especially salient given growing numbers of young people in Australia pursue gender transition (Hewitt et al.,

2012), a population who may be likely in time to desire services in relation to parenting. The availability of information about pathways to parenthood may help to facilitate decision-making amongst this population, specifically with regard to the storage of ovarian or testicular tissue prior to the commencement of Stage 1 puberty blockers (De Sutter, 2001). Information about pathways to parenthood for trans and gender diverse people should also be provided as part of school health curriculum so as to ensure that trans and gender diverse students are aware of the options that lie ahead for them.

In terms of limitations, and in addition to the fact that the survey was limited by the non-inclusion of a measure of well-being, it must also be noted that the survey was reliant upon single-item measures, that the sample size was modest (though similar to most previous community samples of trans and gender diverse people in Australia), and that additional demographic variables (such as the gender of partner and measures assessing partner's relationships with their family of origin) may have allowed for additional analyses of certain aspects of the data. An additional limitation is the fact that the statistical analyses reported in this paper were unable to differentiate between the experiences of trans and gender diverse participants. This unfortunately repeats the same issue apparent in the work of Ellis and colleagues (2014), in which both trans and gender diverse participants were interviewed, but the findings were reported as a whole rather than disaggregating gender diverse and trans participants. Future research is required that specifically explores the experiences of gender diverse people in terms of parenting.

In conclusion, the findings reported in this paper provide an initial mapping of the parenting experiences and desires of trans and gender diverse Australians. Further research is required to examine the specific needs of these population groups with regard to parenting, so as to ensure that they can be adequately supported in their parenting journeys. This should include specifically examining any differences between trans and gender diverse people as separate populations, so as to identify the specific needs of each group and their specific experiences of parenting and the desire to parent.

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