

To cite this article: Hafford-Letchfield T, Cocker C, Rutter D, Tinarwo M, McCormack K, Manning R. What do we know about transgender parenting?: Findings from a systematic review. Health Soc Care Community. 2019;00:1–15. <https://doi.org/10.1111/hsc.12759>

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

Abstract:

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.

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

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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 (Cosis-Brown and Cocker, 2011; Cocker, 2011; Cocker and Cosis-Brown, 2011; Cocker 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

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relegation of traditional nuclear heterosexual family to a less dominant family form (Dierckx and Platero, 2018).

Defining trans

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

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

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

Study design

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

Review aims

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

Methods

A systematic approach to scoping and conducting a review of published empirical studies was used to establish the type and range of knowledge available regarding trans adults who were parents or carers in families. Throughout the review process we were mindful of ways in which researchers needed to include community members in the process, and the value of leadership of community members in providing critical feedback at every stage, including the development of research questions, the overall research design, the findings and how they could be used. The inclusion of two community members on our review team enabled us to work with

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openness to help strengthen the relationships between researchers and community members and assisted the accountability process regarding interpretation of findings.

The review was based on a clear pre-determined protocol (Rutter et al., 2013) stating the aims and process for answering the research questions. Table 1 provides detail on the search terms and databases utilised.

Table 1: Review search strategy

<p><i>International bibliographic databases searched</i></p>	<p><i>PubMed, MEDLINE, PsycINFO, CINAHL, Web of Science, Social Care Online, SCOPUS, Education Research Complete and Proquest.</i></p>
<p><i>Google Scholar and websites searched for grey literature</i></p>	<p><i>The Beaumont Society, Gender Identity Research and Education Society (GIREs), Gendered Intelligence, Gendys Network, Mermaids, FTM Network, Intersex UK, International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), Lambda Legal, Parents, Families & Friends of Lesbians and Gays (PFLAG), Children of Lesbians and Gays Everywhere (COLAGE) and many others*.</i></p>
<p><i>Search terms for the population using PICO (phenomenon of interest and context) (Joanna Briggs Institute)</i></p> <p><i>Note - Quotation marks (“ ”) were used to enclose two words and the asterisk was used for the truncation</i></p>	<p><i>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,</i></p>

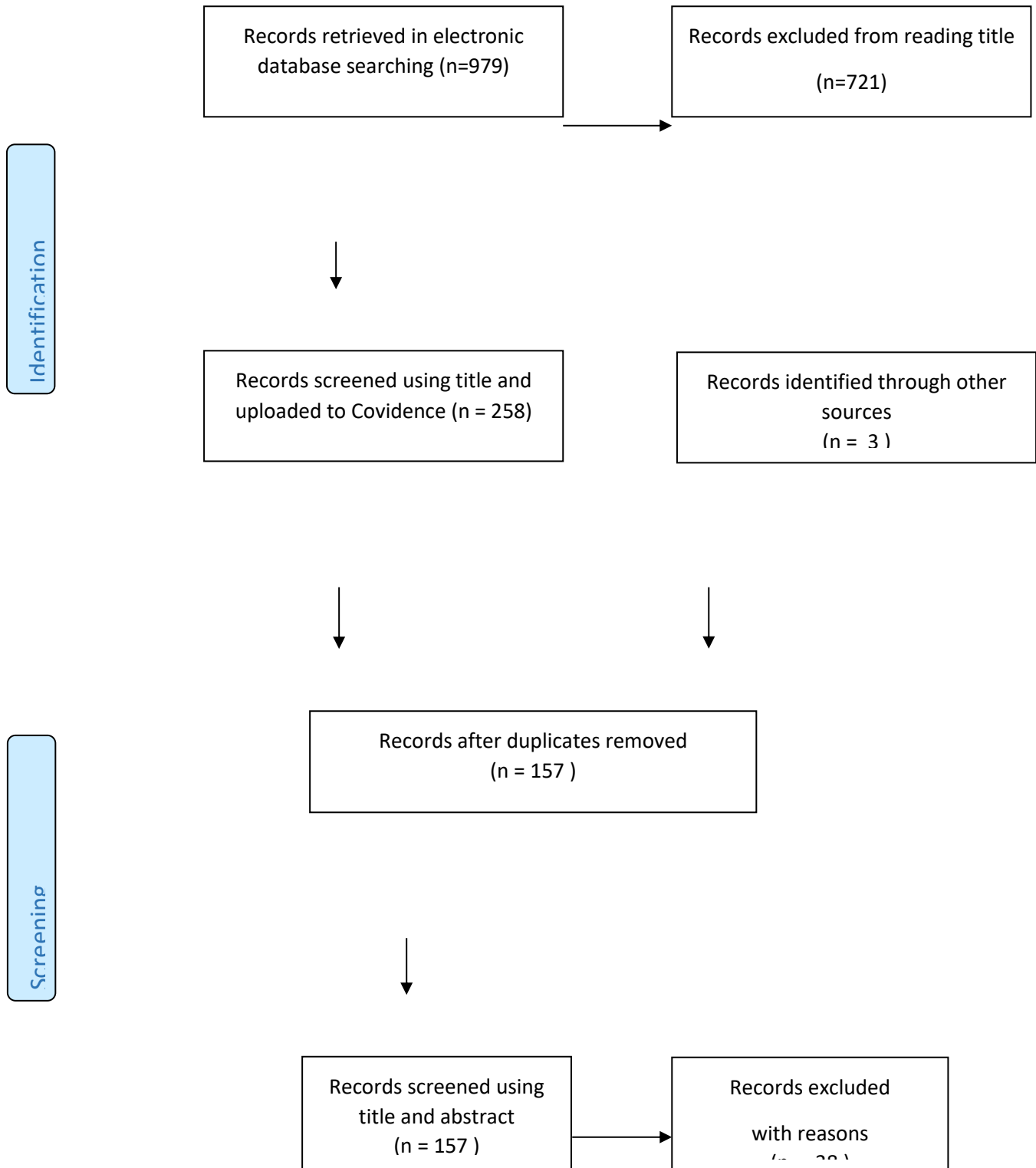
<p><i>of terms. Boolean operators (And/Or) were used to define the relationship between search terms and parentheses to group compound Boolean operators. Original search terms were revised after generic truncated terms such as trans* produced too many irrelevant articles and ‘healthcare/ health care’ 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.</i></p>	<p><i>androgynous, non-binary, gender expansive, gender variant, trans man, trans woman, trans men, trans women</i></p> <p>AND</p> <p><i>Parent*, grandparent*, kin*, famil*, car*, famili of choice, adopt*, foster*</i></p> <p>AND</p> <p><i>Social work*, social care, healthcare, health care</i></p>
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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) 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

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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.

Figure 1: PRISMA Diagram of Selection Process



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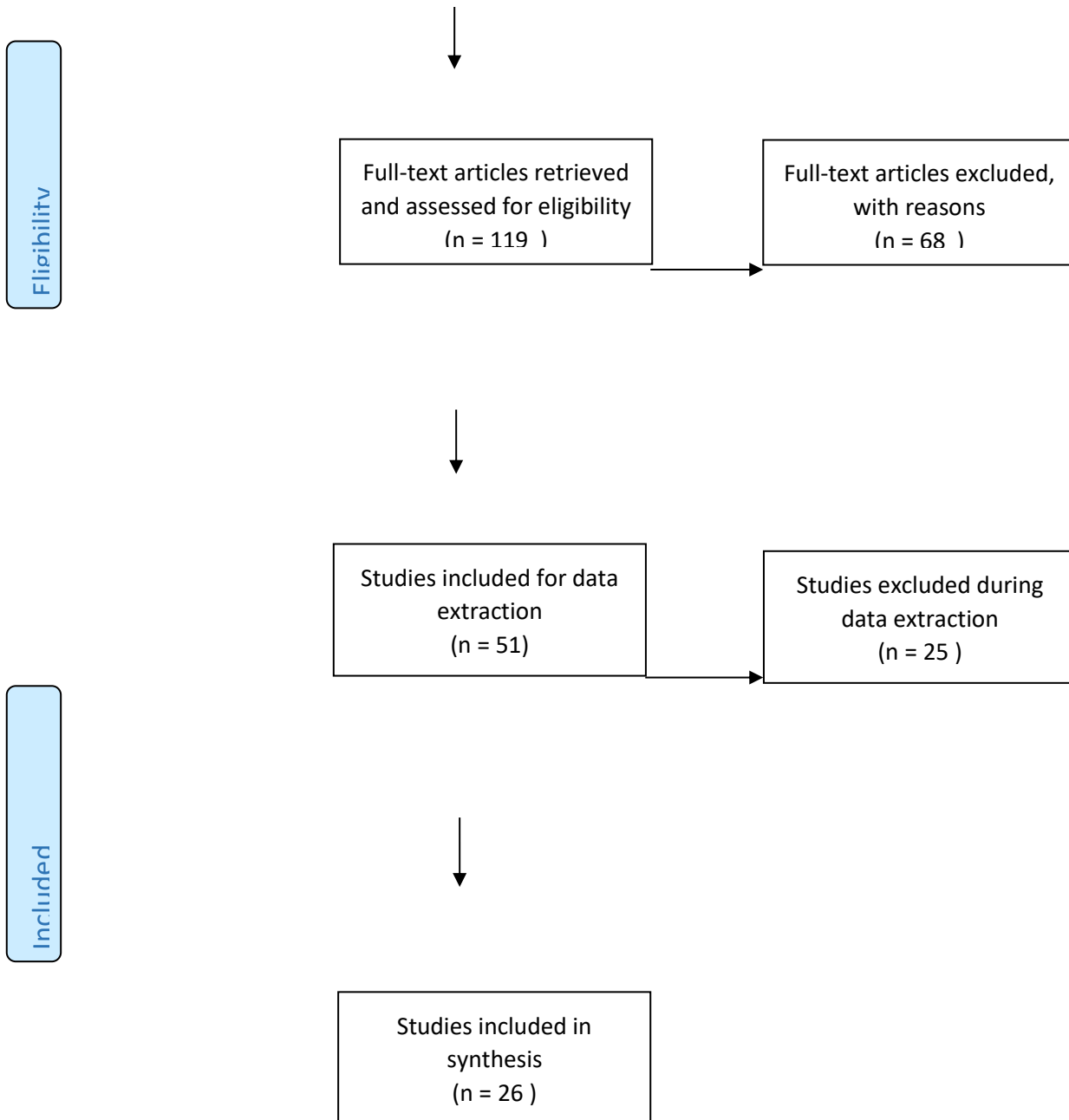


Table 2: Inclusion and exclusion criteria

<i>Inclusion criteria</i>	<i>Exclusion criteria</i>
-empirical studies	

<p><i>Population of interest:</i></p> <ul style="list-style-type: none"> -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 -study involved health and social care professionals who provide support to transgender people. - concerned interventions likely to support people in making and sustaining healthy kinship relationships. -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><i>Categorical outcomes, such as lasting child placements where the parents identified as transgender were also of interest.</i></p>	<ul style="list-style-type: none"> -Non-empirical; -Studies concerning the origin of transgender identity; -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; -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;
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NB: 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

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concern services which might be expected to support transgender adults to give parental or other kinship care.

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

See Table 3: 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

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

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

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

Table 4: Terminology used in studies¹

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*

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‘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.*

Cis-normative: *The assumption that all human beings. have a gender identity which matches the sex they were assigned at birth and often manifests itself in the form of misgendering, which occurs when a person is referred to by the incorrect pronouns or other gendered terms.*

MtF: *A person who was assigned a male sex at birth and whose gender identity is girl/woman*

FtM: *A person who was assigned a female sex at birth and whose gender*

¹ *Any attempt to explain terms can imply simplistic and reductive definition, which is neither helpful nor accurate. Asking people how they identify as well as what language they use to describe themselves is almost always best.*

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

How trans people negotiate their relationships with children following disclosure and transition

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

Impact on children

The well-being of their children was a major theme in trans parents’ narratives. Their own experiences of transphobia engendered major concerns about the potential for transferring stigma to their children (Haines et al, 2014). A more reflexive negotiation of the process of gender transition within the context of relationships with children realised in relation to parenting concerns and responsibilities needs to be

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underpinned by key values of trust, honesty and care (Hines, 2016). Some parents concealed their gender identity in spaces such as schools and in contacts with children's friends. They acknowledged that limited disclosure may inadvertently legitimize transphobic attitudes among children who may not otherwise perceive their parents' trans status as problematic. Changes in their parents' appearance following hormone or surgical interventions could also be challenging for children. There appeared to be greater cultural acceptance of female androgyny compared to male femininity (Hines, 2006).

Veldorale-Griffin's (2014) examination of trans parents and their children's experiences showed that over half the 48 adults told their children directly about their decision to transition, and the majority of children and their parents relationships had positively improved or not changed since transition. Just over a quarter of that number told their children with the child's other parent present and for some, 'disclosure' was not a single event, but occurred over time. Less than a quarter of the parents and less than half of the adult children in this study described a negative experience, and none of the adult children described a positive family reaction. The type of stressors experienced because of a parent's transition was variable: bullying from other children in school; being 'put in the middle of their parent's relationship' (p488); and not knowing which pronoun to use to describe their trans parent, were cited.

Family conflict was a significant risk factor affecting the child. In White and Ettner's study (2007) of 55 children looking at risk, protective factors and mental health outcomes for children of transsexual parents, the younger the age of the child when parents came out or transitioned, the better the adjustment for the child in both the short and long-term. Hines (2006) highlighted the linguistic shifts which accompany changes in gender identity. Rather than reversing the parenting nouns of 'mum' or 'dad', a new first name or nickname was often suggested. White and Ettner (2007) found one third continued to use the pre-transition parental title in public settings; another third used their parent's first name in public; and the remainder used a nickname; 'aunt' or 'uncle' and other post-transition parental titles. Only ten percent of children of trans parents in this study had no contact with their parent. According to interviews with parents, 35% of children were experiencing psychiatric conditions.

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One participant ‘Dan’, a lone parent of a nine year old son in Hines (2006) study, hoped that marriage and having a child would help to deal with the dissonance he felt about his gender identity. His dilemma over potentially losing his son transformed when he reconciled his decision to transition as one which would be enabling in their relationship and which led him to be more open about the process and to adapting better as a result. A reciprocal climate of emotional and practical care was demonstrated in Dan’s example of his son checking out toilet facilities for his dad. Freedman et al, (2002) specifically investigated the psychosocial development of children of transsexual parents to examine whether and how parental gender role influences children’s own gender development, mental health, family and peer relationships. They highlighted factors associated with variability in developmental outcomes and family situations of the children of transsexual parents relatively unexplored by research.

The response and support from a partner of a transitioning parent also impacted on children’s experiences. Whilst partners may support a decision to transition, not wanting to disclose to children illustrates the difficult balancing of self-identity with emotional care for children (Hines, 2006). White and Ettner (2004) found that non-transitioning parents often view the effect of the transition on the child as worse than reducing or ceasing contact between the child and their trans parent. This sets up overt and covert messages to the child about the transitioning parent, which can negatively affect their relationship, with the transitioning parent made to feel ‘unworthy’ as a parent. The loss of one’s children was also a common experience (Lenning and Buist, 2013; Grant et al, 2010). Participants reported painful rejection from their (mostly teenage and adult) children. Indeed, many of the trans individuals surveyed in Lenning and Buist (2013) study weren’t talking to their children, or hadn’t seen them in years. Partner and judicial biases could also obstruct ties with children. Black, Asian, and multiracial respondents experienced higher rates of court interference (Grant et al, 2011). White and Ettner (2004) caution against equating children from families who remain intact with those who do not. Families who work together may well be able to present a unified explanation of the transition to the children, with more similarities to lesbian and gay families than to families who separate or divorce.

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

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

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the home (Valdorable-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).

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

The role of professional practice

Studies concerning professionals working with trans individuals in their practice highlighted shortcomings in relation to attitudes, lack of critical reflexivity and lack of knowledge and skills to work with the full range of issues impacting on families with

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trans parents and carers. There was a need for therapists to be ‘trans friendly and knowledgeable’ with good skills in mediating ‘boundary ambiguity’ on family functioning, in addition to discussing feelings of loss and grief related to parental gender transition ((Valdorable-Griffin and Anderson Darling, 2016, p409). James-Abra et al (2015) identified positive experiences with assisted reproduction service providers with trans-friendly clinic environments and use of gender neutral terminology. Negative experiences included problems with clinical documentation, the impact of providers’ cisnormative and heteronormative assumptions and even refusal of services for prospective trans clients.

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

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

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

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

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

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

Discussion

The findings from this review demonstrated that people who identify as trans are as invested and committed to their loved ones as any other persons, but fear that knowledge of their authentic selves may alienate and destroy their familial bonds (Lev, 2004, 314). Ongoing barriers, personal, interfamilial and systemic, in the lives of trans parents are reinforced through a transphobic context, and a lack of appropriate services, targeted support and advocacy (Gapka and Raj, 2003).

Whilst lesbian and gay families have pioneered new family forms, this emerging body of literature reveals that trans experience is distinct from wider LGB experiences. Trans identities may best be conceptualized within an intersectional framework which explore how multiple axes of identity or social location interact to influence peoples' experiences, perceptions, and enactments of self in different contexts (Haines et al, 2014). Evidence of heightened degrees of agency in the creation of equitable and caring social networks within non-heterosexual patterns of partnering and parenting were highly evident within this review.

According to Von Doussa et al., (2017) the lack of cultural scripts for trans parenting makes it difficult for trans people and their families to reconcile highly gendered cultural expectations of parenting with their trans identities and to embrace opportunities for alternative parenthood discourses. Haines et al (2014) also assert that although the parenting role is culturally normalising, parents face unique challenges as their trans identities often dominate how they are perceived, and thus

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they become culturally disadvantaged, leading to careful management of their visibility in parenting communities. Trans parents are also highly excluded from mainstream and same sex parenting resources (Ryan and Martin, 2000). Given that it has become more common for people to transition “in place”—that is, with the goal of retaining their careers, families, and network of friends - this has meant that “gender transition is often reflexively negotiated alongside commitments to family and work” (Hines, 2006: 362). As demonstrated in much of the literature in this review, the trans person’s partner and children often adjust around that transition, or are “transitioning with” the trans person as the family roles are re-sorted (Haines et al, 2014).

Hines (2004) considers the impact of gender transition upon partnering relationships, and how transition is negotiated within parenting relationships. It requires a sociological analytic to transgender theory and encourages a non- normative gender inquiry within sociological studies of intimacy. Some studies refer to the need for more theorising about the fluidity of sexual orientation, including considering which services are still needed to support healthy relationships during and after transition, and how to begin to make society more welcoming of trans individuals and their partners. The interplay between transgender and sexuality suggests fluidity and impacts on the formation of new relationships and the reconfiguration of existing ones (Dunk-West and Hafford-Letchfield, 2018).

This body of research is limited and would benefit from further inclusion of perspectives from children, significant others, and intersectional analysis (Haines et al, 2014) for insight and a deeper understanding of trans identities and lives (Lenning and Buist, 2013). No significant literature emerged on grandparenting from this review. Trans parents are experimenting in their social context and whilst there were some positive messages reflected around cultural diversity (Evans-Campbell et al, 2007), caregiving programmes and policies appear to reflect a cultural bias.

How others interact with a parent who transitions is vitally important for future family roles and the construction of new parenting identities (Faccio et al, 2013). Trans parents’ voices in the research often revealed the comparison of oneself to others, how parenting roles are internalised or performed socially, and the vital role of support in providing opportunities for individuals to carve out their own personal and

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parental identity. Outside of the family, more inclusive education about family diversity, inviting active involvement and participation of trans parents, would make it easier for trans parents to balance their need for privacy with their desire to give their children a sense of agency about their family and alleviate psychological stress (Ryan and Martin, 2000; Haines et al, 2011). Another unexplored area lies in the network of relationships held by the family in social circles such as school and leisure associations, given that the transitional journey forces the family as a whole to undertake a form of re-socialisation (see Cocker et al, 2018).

Services for prospective parents would appear to be poorly equipped to serve trans people. There appears to be a significant research gap considering both the unique reproductive needs of trans people and existing research identifying barriers to care for trans people more broadly (James-Abra et al, 2015), including adoption and fostering services.

The studies which analysed the nature of family relationships where a parent is trans, suggest that the more stable the relationship between any other parents with the children, before and during the transition, the more stable it will be after the transition (Green 1998; White and Ettner, 2007). Whilst the transition process is profound in and of itself, the challenges that transition brings upon relationships are tremendous, particularly on the experience of couples with a trans member, about which little is known (Lenning and Buist, 2013). High levels of family cohesiveness prior to and following transition may provide protective factors for children (White and Ettner, 2007). Children need continuing contact with their transitioning and non-transitioning parents, support through their parents own co-operation and the active involvement of the extended family. There are implications for social workers involved in legal proceedings where there is parental conflict or disruption to relationships of children with their trans parent.

This review has also confirmed the silence of the 'T' in LGBT research and highlighted the lack of awareness, knowledge and skills of care providers for trans populations around caring and parenting. Of particular note is the expectation that many trans people are having to educate providers about a range of needs that accompany their roles as prospective and actual parents. Inclusion of trans content

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in professional education (James-Abra et al, 2015) and culturally competent care can be enhanced by including trans people in learning and teaching strategy; by surfacing more inclusive service user histories and case studies, and by the use of different pedagogies.

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

Strengths and limitations of the review

The strength of this review lies in how it complements existing reviews of trans parenting by focusing on empirical literature across the lifecourse and its 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. It is also the first reviews to identify the state of knowledge which specifically informs social work and social care. Given that the review focused on only of published empirical studies, it is limited in that it did not capitalise on the extensive range of literature (grey and not peer-reviewed) produced by activists in the trans community. We also recognise the potential to have missed some empirical literature due to our search terms and irretrievability. There may be literature on parenting within the Lesbian, Gay, Bisexual, Transgender and Queer(LGBTQ) umbrella where there may have been significant findings on Trans participants but which could not be extracted and thus included.

Conclusion

This article presents the results of a systematic review of studies concerning the experiences of transgender parenting. Assumptions should not be made about similarities between all LGBTQ+ parents experiences of parenting and this review

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has highlighted some of the differences that exist for trans parents. Less research has been undertaken with trans individuals and their families than with other alternative family forms, and the review highlights these gaps and a number of areas for further research.

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

Recommendations for further research

We recommend areas for further research based on the omissions and key messages from the literature reviewed alongside challenges identified in conducting research the community itself. Given that trans populations are over-researched and underserved by the research conducted, we recommend that any studies concerning social work and social care are co-produced as far as possible from their design through to impact. These also need to embody an intersectional approach to promote wider inclusion of trans populations in research. Secondly the following areas appear to require further or deeper knowledge on trans parenting to better facilitate improved standards for professional policies and practice. These include research into the experiences and support needs of children and significant others of trans parents; particular attention on grandparents and grandchildren; generating best practice guidelines for facilitating inclusion of trans issues in professional

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education and practice and the provision of quality resources for families where trans parents are experiencing challenges.

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ⁱ Any attempt to explain terms can imply simplistic and reductive definition, which is neither helpful nor accurate. Asking people how they identify as well as what language they use to describe themselves is almost always best.