Exploring the experiences of transgender adolescents using the creative arts and a participatory approach to research.

By Rachael Elizabeth Lowe

Supervised by Dr Martin Hughes

Research thesis submitted in partial fulfilment for the
Doctor of Educational and Child Psychology

The School of Education

July 2020

Acknowledgements

First and foremost, thank you to the four amazing co-researchers that have worked with me throughout this project. I can confidently say this research would not look the way it does today without their passion, dedication and enthusiasm for the project. Their stories have inspired and motivated me to write this thesis in a way that aims to elevate their voices and have impact for future generations of transgender children and young people. Thank you.

To my mum, for her patience and tolerance of my regular phone calls and verbal monologues that helped me to process my thoughts and shape the direction of the research. Her love and support have never wavered, and I look forward to reciprocating that over the many years to come. Thank you.

Where my mum tolerated the phone calls, as my research supervisor, Dr Martin Hughes has tolerated my lengthy emails. His guidance and supportive questioning of my ideas has helped me to think through every decision I have made along the way and given me the confidence to follow the path the research has taken me. Thank you.

Along this journey I have met and been inspired by a number of educational psychologists, academics and fellow trainees. Dr Esther Borrett and the members of the Participatory Action Research Special Interest Group, Dr Matt Leonard, Dr Cora Sargeant, Professor Sally Hines and Dr Jessica Bradley your words each came at a time that was needed and helped remind me of the central elements of this project. Thank you.

Abstract

Research investigating the emotional wellbeing of transgender children and young people (CYP) has explored the impact of their experiences on their mental health and education (Bradlow, Bartram, Guasp & Jadva, 2017). In particular, adolescence has been identified as a challenging time for CYP questioning their gender identity (Lee, 2004 cited in Hellen, 2009). The presented research aimed to explore the experiences of transgender CYP in order to identify ways in which schools and educational professionals can offer support.

Taking a participatory approach using the creative arts, the individual stories of four transgender adolescents were explored. Co-researchers aged between 14-22 detailed their experiences of being transgender through the use of a visual method, supported by text generated through discussion. In line with participatory approaches, the co-researchers worked with the researcher to conduct the analysis and interpretation of the data. Thematic analysis was chosen as the method of analysis as it allowed for the interpretation of both visual and textual data while being aligned to no specific research method.

The findings from this research aim to deepen the understanding of the lives of transgender adolescents through exploring similarities and differences within their stories of their formative years. Themes are identified including mental health, identity, stereotypes and knowledge. Through identifying these themes recommendations are made regarding how schools and educational professionals may be able to support transgender CYP during their education by considering the multiple systems within which they are located.

Contents

List of Tables

List of Figures

Glossary

Generated by the co-researchers to explain terms as they will be used throughout the presentation of this research.

Term	Definition
Cisgender	A person who is comfortable with their assigned gender and identifies as such, not trans.
Deadname	A trans person's birth name that they no longer use.
Femme	Feminine, things stereotypically associated with females, expression.
Gender Fluid	Fluctuating within and across the gender binary.
Gender Dysphoria	General discomfort and unhappiness with gender. Diagnosed by medical professionals.
Gender Expression	The way a person expresses their gender externally e.g. clothing, hair, mannerisms, activities etc.
Gender Identity	A person's sense of being female, male, a combination of both, somewhere in between, or neither.
LGBTQIA+	Lesbian, gay, bisexual, trans, queer/questioning, asexual, intersex and anything else within the community, the wider acronym.
Masc	Typically, masculine attributes and attitudes, expression.
Non-binary	Identifying outside the gender binary.
Stealth/Under the radar	A person 'passing' without anyone knowing they are trans.
Transman (FTM)	A birth assigned female who has transitioned to male.
Transwoman (MTF)	A birth assigned male who has transitioned to female.
Transgender/Trans	Not identifying with your birth gender linked to dysphoria, be it social or body/gender dysphoria.

NB: At the start of this research journey, I asked the co-researchers what language they would use to describe their experiences and they chose the term 'transgender adolescents' as the identifier for the group. It is acknowledged that traditionally the term transgender is used to identify people who are transitioning between genders i.e. identifying with a gender that aligns with the binary categories of male and female. The term trans is now more commonly used as the "umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth" (Stonewall, 2017b). Throughout this research it is acknowledged that the two terms are used interchangeably. In particular, despite selecting the term 'transgender' as the identifier for the group, the CRs themselves tend to refer to themselves as trans when discussing their experiences. I acknowledge that I was unaware of the distinction between these two terms when approaching this topic and made an assumption that the two would be interchangeable without considering the linguistic implications. This highlights again the importance of working with this population to ensure appropriate terminology is used which is relevant to each individual's lived experience.

Acronyms

BPS	British Psychological Society
CoP	Code of Practice
CR	Co-researcher
CYP	Children and Young People
DfE	Department for Education
DSM-V	Diagnostic and Statistical Manual (5th Edition)
EA	Equality Act
EP	Educational Psychologist
EWB	Emotional Wellbeing
GD	Gender Dysphoria
GIDS	Gender Identity Development Service
GRA	Gender Recognition Act
HRA	Human Rights Act
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Questioning and/or Queer, Intersex, Asexual
NHS	National Health Service
RQ	Research Question
SEMH	Social, Emotional and Mental Health
SEND	Special Educational Needs
SENDCo	Special Educational Needs Co-ordinator
TA	Thematic Analysis
TEP	Trainee Educational Psychologist
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UK	United Kingdom
WPATH	World Professional Association for Transgender Health

Chapter One: Introduction

1.1 Why I chose to undertake this research

When considering areas to explore as part of this doctoral project, I initially reflected on my experiences as a trainee educational psychologist (TEP) and the work I had completed within high schools. As a TEP, I had been assigned multiple pieces of casework that enabled me to explore the emotional wellbeing (EWB) of adolescents and the impact their mental health had on their education. In addition, I had completed casework with transgender children and young people (CYP), an area in which I had previously no experience. I hoped that a combination of these two aspects would provide a valuable area to explore in this project

1.1.1 Emotional wellbeing of secondary age pupils

In my second year as a TEP, multiple assessment requests were made by Special Educational Needs Coordinators (SENDCos) for secondary age pupils who were reported to be experiencing difficulties linked to their social, emotional and mental health (SEMH). The local authority I worked within noticed this increase in SEMH difficulties and surveyed year 11 pupils to explore ways in which they sought support. Responses indicated that the majority of pupils would initially seek support from their friends and families, with a minority approaching school staff and other external agencies. In my previous role as a teacher, I placed value in seeking the voices of CYP in attempting to understand the challenges they faced. Through listening to these voices as a TEP, I hoped to be able to support the EWB of the CYP I worked with and aimed to further explore literature in this area as part of my thesis.

1.1.2 Transgender

In my first year as a TEP, a referral was made to the service by a SENDCo who expressed concerns in relation to a pupil's expressive language ability and the consequent impact this had on their progress in school. Through consultation with the family, it became clear that this child reported feeling that they were in the 'wrong body' and identified with a gender different to that of their assigned gender while at home. The family and child had not shared this information with the SENDCo prior to the referral being made as they felt that the school would not be supportive. In the following term, a second CYP was brought to my attention who had been assigned female at birth but self-identified with a male gender. In this case, the school was aware of this preference but the CYP felt uncomfortable sharing their thoughts with family members. These cases were challenging to me as a TEP conflicting with my desire to work collaboratively with schools and families to support CYP. My own lack of knowledge in understanding how to support transgender CYP and their families was also highlighted. This led to my interest in gender, with a focus on transgender for this project.

1.1.3 Empowering children and young people through participatory research.

Being dismissed as unreal, or brainwashed in the worst, trans children's consistent experience
in this country is to be excluded from having a voice. (Gill-Peterson, 2018, p.vii).

As a TEP, I have always felt that the voice of CYP is key in the work that I do. I have presented training linked to facilitating this while on placement to fellow EPs and other professionals working in education. The Special Educational Needs and Disability (SEND) Code of Practice (CoP) (Department for Education [DfE], 2015) that guides the work of EPs and educational professionals, further recognises the importance of the views of CYP. It notes that CYP must be consulted with and included in decision making when planning

support to meet their needs. As a result, when considering the direction that this research might take, I valued the role that CYP may play in the process and aimed to work with them rather than making assumptions and judgements about them. In selecting this area for the presented project, I became increasingly aware of the relevance of the topic as representations of transgender people in media and national discourse appeared to increase. I began to question how I as a cisgender adult could approach this topic leading to my exploration of participatory methods with a focus on the creative arts.

1.2 Presentation of the thesis

This thesis will begin with a critical exploration of the prominent literature in relation to transgender lives with a focus on adolescence in chapter two. The chapter will contain explorations of the key terms that I will use throughout this research including a definition of the term transgender. I will then review the research linked to transgender CYP, the impact of their experiences on their education and EWB, and the role of the educational psychologist (EP) in supporting them.

In chapter three, I will discuss my chosen methodology and the reasoning behind my decisions at each stage of the process. The selected research methods and a description of the research procedure will then be outlined in chapter four including discussions linked to ethical considerations and demonstrating quality in research. Chapter five will encompass an analysis of the research findings with an exploration of the use of thematic analysis. The themes will then be summarised with evidence from the co-researchers' collages and conversations used to expand on four of the identified themes.

In chapter six, I will review the findings from this project making links to the literature and exploring individual stories alongside more general themes. I will consider how these findings may impact upon the practice of EPs and other professionals in ways to support transgender CYP in education. This section will also consider the strengths and limitations of the project with a reflection on the participatory and visual approaches taken. This final chapter will summarise the research and make conclusions, identifying potential directions for future research and ending with reflections from myself and the co-researchers.

1.3 Aims of the research

"It's just like football and Barbie's." (Pearce & Bailey, 2011, p.1374).

These are the views of primary school children in research by Pearce and Bailey (2011) looking into their perceptions of their school playgrounds. The CYP report that boys play football and girls play with Barbie's (Pearce & Bailey, 2011). From a young age, these children already demonstrate an understanding of what gender means to them and the concepts 'male' and 'female'. But how does this impact upon CYP whose assigned gender does not match their own understanding of their gender identity? What stories would they tell of their experiences? This research aimed to give voice to transgender adolescents in order to hear and begin to understand their experiences. I hoped to uncover stories of strength as well as unpick challenges and identify potential ways to offer support to CYP for whom gender identity is not always as simple as Barbies and football.

Chapter Two: Literature Review

2.1 Introduction

The background to, and a rationale for, the reported study is presented in this chapter. I begin by initially considering the terms sex and gender. A critical review of the literature is then presented with exploration of the term transgender; the prevalence in society; the impact on CYP and their families; and the role of education and professionals in supporting CYP. Through an exploration of the current literature in this area, gaps are identified which are then linked to the aims and research questions guiding this project.

I began to explore research in this area using the search terms of 'gender identity', 'transgender', 'educational experience' and 'adolescence'. I was then able to expand on these terms and to include new ideas generated during my reading. Where other authors and articles of relevance were cited in the literature, I searched for them while remaining cautious of following any single trail too far. I maintained a critical stance and attempted to also search for authors presenting conflicting views. I used a research diary to track what I read and made notes based on ideas I came across to track my progress towards the presented research.

2.2 Sex and gender

In approaching this project, I aimed to come to an understanding of the terms 'sex' and 'gender' in an attempt to define how they would be used throughout the research. I quickly realised the inconsistent ways in which these terms are used and understood, recognising that the relationship between them remains controversial. Through researching the literature in this area, I deepened my own understanding while acknowledging that I had only begun to

appreciate the complexities of this debate. In this section, I aim to briefly discuss my reading in this area before moving on to consider the term 'transgender' as the focus of the research.

Since the 19th century, the scientific study of sex has explored European understandings of human behaviour with sex differences being positioned as biological and linked to a person's reproductive ability (Gill-Peterson, 2018). In this way, the physical bodily differences between a man and woman were thought to further determine the differences in personality, behaviours and social role. Davis (2017) comments that:

> Primary physiological sex differences such as genitalia and reproductive organs along with secondary biological characteristics such as muscularity, fat distribution, breast, body and facial hair, and tone of voice, were the tell-tale 'obvious' markers of being a male or being a female. (p.29).

This understanding of 'sex' as physical bodily differences reinforced a polarised binary system with the term 'sex' referring to the relatively fixed physiological characteristics that usually identify a newborn baby as male or female (Golombok & Fivush, 1994).

In the late half of the twentieth century, the notion that sex and gender were two separate entities gained popularity with gender being further understood as a social construct (Oakley, 2016; Paechter, 2007). Untying gender from the biological characteristics of sex, Oakley (2016) states:

> 'Sex' is a word that refers to the biological differences between male and female: the visible difference in genitalia, the related difference in procreative function. 'Gender' however is a matter of culture: it refers to the social classification into 'masculine' and 'feminine.' (p.26)

Chapter 2: Literature Review

This definition suggests a distinction between sex and gender which became the foundation of early feminist thought leading to the argument that biological sex should not be seen as destiny and suggesting that women's lives were not intricately linked to the notion of motherhood and childbearing (Paechter, 2007). This contrast between sex and gender would locate a person's identity solely in the mind, as a separate entity to the body (Descartes, 1968 cited in Paechter, 2007).

In the 1980s, feminist theorist, Christine Delphy, led the way in the rethinking of 'sex' (Delphy, 2016). She questioned the assumption that gender arises from sex and recognised that without a conception of gender it would not be possible to make sense of the body as sexed (Robinson & Richardson, 2015). From the moment of birth, our sex is categorised by others and we are labelled as a baby boy or baby girl, consequently impacted upon by societal and cultural expectations of what it means to be male and female (Walker, 2014). For this reason, it can be argued that sex and gender are explicitly linked as our bodily presentation of male or female impacts how we both understand the world and are understood by others.

Gender theorist Judith Butler (cited in Davis 2017), introduced the term 'sex/gender' and the notion of 'performativity' suggesting that the two concepts are interrelated and socially constructed. She theorised that rather than 'possessing' a gender each person 'does' gender in our actions, for example, how we dress, speak and behave. Connell (2012) notes that the concept of gender is embodied as it arises from this original assignment to a specific sex. As our bodies act as the medium through which our gender is performed and we exist within a social world, gender is consequently subject to social expectations, practices and labels (Walker, 2014).

Despite the changing understandings of the meanings of sex and gender, in the Diagnostic Statistical Manual, 5th Edition, (DSM-V), the American Psychiatric Association (2013) continue to define sex and gender as two distinct constructs. They consider 'sex' as referring to "biological aspects of maleness and femaleness" and 'gender' as encompassing the "psychological, behavioural, social and cultural aspects of being male and female" (Wood-Downie & Wong, 2017, p51). These definitions seem to overlook the interrelatedness of the two constructs instead reverting to the notion of sex and gender as two distinct binary constructs. More recently 'models of gender' have been proposed that consider how gender identity is formed from multiple different sources and exists beyond the binary of male and female (Sargeant, 2020). Sargeant (2020) suggests gender should therefore be understood as a combination of a person's biological configuration, gender identity and gender expression.

2.3 Transgender

Transgender people represent an enormous diversity of humanity, crossing all racial, ethnic, class, and cultural populations, all ages, dis/abilities, and religions. (Lev, 2013, p.290).

Commonly grouped under the wider umbrella of Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex and Asexual (LGBTQIA+), the term transgender is used to describe people whose presentation of gender is different from that which would be expected for their assigned gender (Levitt & Ippolito, 2014). It has been suggested that unlike terms such as lesbian and gay that are concerned with sexual orientation, the term transgender refers to a person's gender identity; "The issue is not who they wish to be with, but whom they wish to be," (Solomon, 2012, p.596). More recently, the term trans has been used as the "umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth." (Stonewall, 2017b). Often used as a shorthand for

'transgender' the term trans is preferred by some in its recognition of a wider variety of gender identities that fall outside of the traditional binary of male and female.

As mentioned previously, traditionally, gender is assumed to be based on a binary system where sexed anatomy leads to the attribution of social characteristics (Oakley, 2016). However, the view of multiple different gender expressions steps aside from this traditional view of gender (Nagoshi & Brzuzy, 2010). Moving from this notion, Roen (2002) suggests the need to see transgender as more than just an 'either/or' concept, proposing the inclusion of 'both/neither'. The term transgender therefore encompasses a wide variety of gender identities including: those who do not identify with their assigned gender; those who do not identify with either male or female; and those who may identify with both (Bowskill, 2017; Stieglitz, 2010). In this way, gender is recognised as a fluid and diverse concept rather than being based on the binary system (Nagoshi & Brzuzy, 2010) with the term 'transgender' used to identify a range of gender identities that fall across, between or beyond the perceived stable categories of 'man' and 'woman' (Hines & Sanger, 2010).

Queer theories attempt to explain how a person's identity is understood through focusing on mismatches between assigned gender, gender identity and desire (Jagose, 1996). Nagoshi and Brzuzy (2010) note that queer theory sees gender identity, gender roles and sexual orientation as social constructs, and suggests these ideas are open to "questioning, subversion and self-construction" (p.434). Previously seen as a derogatory term, 'queer' has come to represent a group identity and coalition for those who are marginalised due to their self-identification (Jagose, 1996).

Tauchert (2002) notes that while essentialist views tend to reinforce traditional stereotypes, viewing gender only as a social construct excludes the aspects of identity that come from a person's body. She suggests instead a "fuzzy gender" approach that recognises the continuity between the body and mind highlighting the interplay between the physical and mental aspects of gender (Tauchert, 2002). Following from this idea, Shotwell and Sangrey (2009) suggest a 'relational model' of transgender, which argues for aspects of self-construction in the formation of gender identity while also acknowledging the impact of a person's interactions with the social environment. In their version of 'Transgender Theory', Nagoshi and Brzuzy (2010) consider a person's identity as a "continually, dynamic interaction among three sources" (p436): the embodied aspect of self; the self-constructed aspects of identity derived from lived experiences; and the socially constructed aspects of self.

Critics argue that in establishing a collective identity by grouping a wide variety of gender identities under one label of transgender, individual differences are being overlooked (Sullivan, 2003) and that in fact transgender people may have more in common with cisgender people than they do with one another (Lev, 2013). Monro (2000) argued the need to understand the lived experiences of transgender people by considering both a person's sense of self alongside the impact of social structures. Hines and Sanger (2010) further argue for a 'sociology of transgender' which would focus on exploration of the social experiences and concerns of transgender people themselves to shed light on how society and culture shape lived experiences. This type of sociological approach would acknowledge the existence of material and social forces while moving beyond the notions of sex and gender binaries that currently exist (Monro, 2010). For these reasons, it seems appropriate to suggest that in order to understand the experiences of transgender people, individual stories must be explored.

2.4 Gender Dysphoria

While identifying as transgender is not considered a mental disorder, the term Gender Dysphoria (GD) remains a diagnosis in the DSM-V (Eckstrand & Ehrenfeld, 2016). The terms gender variance, gender identity disorder, gender non-conformity and most recently GD have all been used to label children and adults experiencing persistent thoughts and feelings about their gender identity alongside accompanying distress. The DSM-V defines GD as "distress resulting from the incongruence between one's experienced gender and one's assigned gender, together with a strong and persistent desire to be of another gender" (APA, 2013). This distress can manifest itself in "intense, often unbearable feelings of 'being in the wrong body'" causing difficulties for CYP in multiple areas of their lives (Holt, Skagerberg & Dunsford, 2016, p108).

While historically the label may have changed, the continued inclusion of GD within the DSM-V has been criticised for continuing to pathologize a transgender identity and ensuring that transgender people are labelled with a mental illness (Davy, 2015; Lev, 2013). This is an issue that has also been raised by the World Professional Association for Transgender Health (WPATH) who released a statement in 2010 calling for worldwide 'de-psychopathologization' of gender variance (WPATH, 2010). This statement recognised that the expression of gender identities that are inconsistent with those usually linked to a person's assigned gender is a "common and culturally diverse human phenomenon" suggesting that it should be seen as such rather than being "judged as inherently pathological and negative" (WPATH, 2010). In addition, it has been noted that "the diagnosis of GD, rather than embracing wide ranging expressions of (trans)gender, renders invisible the complexity in transpeople's lives," (Davy, 2015, p.1174).

Coleman et al (2012), emphasise that it is not that transgender individuals are inherently disordered, rather that the accompanying distress should be seen as the diagnosable concern for which treatment can be sought. In continuing to diagnose this accompanying distress in this way, it has been suggested that access to health care can be granted and treatment options can be explored (Coleman et al, 2012). As a result, the label GD shifts from clinical to economical, becoming a gatekeeper for access to resources and treatment (Davy, 2015). Timimi (2014) suggests that in order to be useful clinical labels need to aid treatment decisions in a way that impacts on outcome, recommending that the role of the professional is to develop an understanding of each client in context in order to create an "integrated whole-person model of healthcare." This consequently raises the question as to whether it may be more worthwhile to explore the lived experiences of transgender people in order to develop ways best suited to support them rather than to rely on labelling and diagnosing.

Davy (2015) notes that it may be the case that CYP with GD show little evidence of distress until they are faced with the reaction of others and the accompanying social disapproval. By acting in a way that does not match society's expectations of gender, CYP may begin to feel distress that otherwise may not have developed. Newman (2002) notes that "cultural context determines whether gender variation is seen as a 'disorder' needing treatment or an understood and tolerated variation," (p.355). In Western cultures, gender is generally perceived as a binary construct yet the same cannot be said across all cultures and throughout history. For example, the term 'two-spirit people' is used in indigenous North Americans to refer to a person living with multiple gender roles and identities, while in Indonesia, the Buginese people have a social system which accommodates five gender categories (Vincent & Manzano, 2017). While gender is articulated in different ways by different cultures and

societies, it remains the case that stigma and discrimination continue to impact upon gender minorities in many nations and contexts (Vincent & Manzano, 2017).

This continued diversity of viewpoints, as to whether or not gender variance should be seen as a diagnosable concern, reflects the complexity of the situation. While most professionals agree that labelling gender variance as a mental health concern continues to attract stigma and prejudice, it's implications for treatment and access to services can not be denied (Lev, 2013).

Their gender is not disordered, indeed their gender is quite ordered, just not in conventional ways. (Lev, 2013, p.290).

2.5 Prevalence and increased awareness

In the United Kingdom (UK), the number of people identifying as transgender appears to be increasing over time (Bowskill, 2017). In their review of gender variance in the UK, Reed, Rhodes, Schofield and Wylie (2009), also reported an increase in the number of transgender people accessing UK clinics with referrals doubling every five to six years. More recently, the number of people accessing support from the Gender Identity Development Service (GIDS) at the Tavistock and Portman National Health Service (NHS) Foundation Trust, saw a 25% increase in 2017/2018 from that of previous years with 2519 referrals being made (Tavistock & Portman, 2018). In 2018/2019, this number again rose with 2590 referrals being made to the service with 79% of these referrals being for secondary age children (11-16 years) (Tavistock & Portman, 2019). This shows a dramatic rise in referrals from the service's first year of operation in 1989 when it received only two referrals (Adams, 2016). GIDS offers support for CYP who present with difficulties linked to their gender identity and accepts referrals from children as young as three years old (Tavistock & Portman, 2018). In

their review of research into GD, Fuss, Auer and Briken (2015), also report a steady increase in referrals made to gender clinics internationally and highlight that GD in CYP may be "far more common than initially anticipated" (p.430). Although referrals are not validated estimates of the number of transgender people in the UK, the increase in the number of people accessing support may indicate that more people are identifying as transgender.

Awareness of transgender issues appears to also be growing alongside the increasing prevalence, with media more frequently telling stories of transgender CYP and their families (Olson, Durwood, DeMeules & McLauglin, 2016). In the documentary, 'Kids on the Edge: The Gender Clinic,' Dr Carmichael reported on the evolving picture of transgender issues, commenting that awareness of transgender has increased exponentially (screened November 2016). She suggested that the evidence base for this population is unable to keep up with the fast-moving changes to culture and society (Carmichael, 2016). Screened in October 2018, television drama series 'Butterfly' portrayed the story of a child identifying with a gender different to that of their assigned gender. Supported by UK charity, Mermaids, this programme again raised awareness by exploring the lives of transgender children and highlighting some of the hurdles that are faced by these CYP and their families (Mermaids, 2018). The positive step of increased awareness of transgender issues has created a space for understanding and acceptance, while also opening debates as to how CYP and their families can be supported (Adams, 2016).

It is important to consider here that while these representations attempt to reflect the genuine distress faced by many transgender CYP, they often overlook other factors which may lead to psychological distress, and the resilience that can develop within these CYP as they become comfortable with their identity (Neary, 2018). By framing the LGBTQIA+ community as

vulnerable and as a group of victims, are we then in fact adding to dominant social discourses and denying individuality in all its expressions? People engage with their gender identity in multiple different ways so by exploring the diversity of lived experiences and a person's capacity for joy, pleasure, agency and creativity we may be better placed to extend societal discourses rather than focusing solely on the narratives of vulnerability that we have come to understand (Bryan & Mayock, 2017).

In a review of the demographics of 218 CYP who were referred to GIDS in 2012, Holt et al (2016), identified that for 42.7% of the participants feelings of GD arose between the ages of 0-6 years while for 34.9% the feelings rose between 7-12 years old. This implies that by the time the children transitioned to high school 78% of the participants had already begun to experience feelings of GD. Hellen (2009) reported similar findings and suggested that gender identity becomes clear to CYP at a younger age than sexual orientation which appears to be contingent on CYP reaching puberty. If it is the case that CYP are aware of their gender identities at this young age, then ensuring schools can recognise and support these CYP should be a priority.

2.6 Impact on children and young people

Recent research has begun to explore the potential impact that identifying with a gender beyond the traditionally assumed binary may have on the lives of CYP. In 2017, Stonewall published a report looking at the experiences of LGBTQIA+ CYP in the UK's schools (Bradlow, Bartram, Guasp & Jadva, 2017). An online questionnaire was completed by 3713 LGBTQIA+ CYP, aged 11-19, who were asked to reflect on their experiences of education. The results showed that 64% of transgender respondents had experienced bullying linked to their sexuality and/or gender identity during their time in school, with one in ten receiving

death threats. 68% of the transgender respondents felt that the bullying they had experienced had had a negative effect on their education, with 40% missing school due to the bullying (Bradlow et al, 2017).

Pressures from societal expectations, along with a CYP's fears of possible attempts to 'cure' them and of facing bullying, have been linked to CYP reporting the need to conceal their gender identity (Hellen, 2009). It could therefore be the case that the true prevalence of transgender CYP is unknown, as some children may remain 'non-apparent' masking their true identities (Hellen, 2009). Lee (2004, cited in Hellen, 2009) described how this hiding of gender identity throughout the teenage years can be experienced for some as like a 'pressure cooker'. For these reasons, it seems important to support CYP to safely explore and come to understand their gender identity rather than them feeling the need to conceal it.

The impact of society's negative responses to gender variance and a CYP's subsequent attempts to conceal their gender identity on their own EWB has been explored in literature. Bradlow et al (2017) found that 84% of the transgender pupils that they surveyed had self-harmed, with 45% attempting suicide. In addition, Grossman and D'augelli (2007) reported that transgender CYP demonstrated high levels of life-threatening behaviour and that the risk of self-harm was increased when the CYP experienced physical and verbal abuse from their parents. For a CYP experiencing this abuse and social ostracisation, attempts to conceal their identity and to conform to 'normal' gender behaviour may seem like the most logical action (Hellen, 2009). However, the long-term effects of concealment, such as links to decreased self-esteem, increased anxiety and absence from education, should not be overlooked (Bradlow et al, 2017; Holt et al, 2016; Whittle, Turner, Al-Alami, Rundall & Thom, 2007).

Chapter 2: Literature Review

While research has demonstrated an increased risk of mental health difficulties and suicidal behaviours among the LGBTQIA+ population, it is important to consider that this 'suicide consensus' may not be true for all members of the LGBTQIA+ community (Bryan & Mayock, 2017). It may therefore be inappropriate to characterise all LGBTQIA+ people as at risk of suicide when this may in fact only apply to some people (Savin-Williams & Ream, 2003). It is important to consider the complex interplay of multiple factors which may lead to a person being 'at risk' of mental health difficulties and suicide, for example comorbid conditions, employment, family situation etc. (Bryan & Mayock, 2017). In addition, there is further need to explore factors and aspects of a CYP's experience that they find supportive and that may protect against some of these difficulties. In 2019, Leonard, attempted to address this gap in the literature by exploring the positive school experiences of transgender CYP. Using semi-structured interviews and an Interpretative Phenomenological Approach, Leonard (2019) identified five themes from the data that were seen as positive and supportive by the participants. The importance of language, individual teacher support, whole school approaches and wider community were identified as external supportive factors, while the skills and resilience developed within the CYP themselves were also identified within the theme 'my own best friend' (Leonard, 2019). Humour, self-advocacy and a desire to support other transgender CYP were identified as positive strengths and strategies held by the participants (Leonard, 2019). While this doctoral research is yet to be published and peer reviewed, its exploration of positive experiences, and desire to highlight the voice of the CYP themselves, further contributes to reframing the negative discourses that have been previously discussed.

Gender norms remain entrenched in society and for this reason it is important to look at the role that culture plays in producing different experiences and outcomes for different people

(Bryan & Mayock, 2017). It is crucial that schools and society are proactive rather than reactive in order to support CYP to feel comfortable in their chosen gender identity (Neary, 2018). This has implications for the role of the EP who may be seen as being best placed to support schools in raising awareness of gender identity and in finding ways to support CYP for whom gender identity is perceived as variant.

2.7 Supporting transgender children and young people

For many CYP who experience GD, the sense of discomfort experienced will not persist into adulthood with reports suggesting persistence rates between 2-27% (Steensma, McGuire, Kreukels, Beekman & Cohen-Kettenis, 2013). The large variation in dysphoria persistence rates reported could be due to the reviewed research having been conducted in different periods of time. As gender variance becomes more prevalent and less taboo in society, the persistence rates may have changed as CYP are increasingly more supported to accept their gender identity as part of the wider LGBTQIA+ community. In addition, in some studies persistence rates are calculated by considering the number of CYP who return to gender clinics later in life for gender reassignment surgery (Steensma et al, 2013). This may mean the rates are not accurately measuring a CYP's persisting feelings of dysphoria as not all transgender CYP will return for reassignment surgery, such as CYP who identify as non-binary. Considering the CYP's desire to be a different gender at a young age is also important in identifying factors related to persistence of discomfort. Steensma, Biemond, deBoer and Cohen-Kettenis (2011) identified the period between the ages of 10-13 to be crucial in the developmental trajectories of their 25 participants who identified three factors that had contributed to their feelings of GD. For 14 of the participants, their feelings of GD were reported to have intensified in this period which was linked to societies' stricter reinforcement of gender roles and stereotypes, pubertal changes which felt like their bodies

were growing in the 'wrong direction' and sexual attraction to others of the same assigned gender which was not felt by them to be a homosexual attraction (Steensma et al, 2011). For these participants, the intensified feelings of GD at this stage of development were reported to contribute to their later desire to make a full transition and access gender reassignment surgery (Steensma et al, 2011). It is important to consider that this study asked participants to give retrospective accounts of their childhood experiences which may have led to bias in the telling of their stories with participants focusing on particularly emotive memories rather than their day to day experiences. In addition, the research focuses on participants who identify within the gender binary, with only one participant reporting that they felt "50% male and 50% female" at the time of interview (Steensma et al, 2011, p14). It may be important to further consider how GD may persist or desist in non-binary adults who do not seek gender reassignment surgery but may continue to experience feelings of distress linked with their gender identity. Importantly, the research suggests that while for some CYP, the distress associated with GD may not persist into adulthood, finding ways to support CYP as they explore and understand their gender identity should be a priority (Steensma et al, 2011).

One method of comprehensive support recommended by the American Academy of Paediatrics is 'Gender Affirmative Care' (Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018). This approach aims to support CYP to understand and appreciate their gender experience in a non-judgemental fashion in order to reduce accompanying distress (Hidalgo et al, 2013). Rather than seeing gender variations as disorders, the diversity and variety of gender presentation influenced by biology, development, socialisation, culture and context is appreciated. Through listening to CYP, the model aims for 'gender health' which can be viewed as a CYP's "opportunity to live in the gender that feels most real or comfortable to that child and to express that gender with

freedom from restriction, aspersion, or rejection" (Hidalgo et al, 2013, p.286). Rather than assuming a 'best-fit' approach where all transgender CYP would need the same 'treatment', this model considers the individual and generates a plan based on how best to meet their needs.

In the UK, GIDS provide a staged approach to support CYP with GD that is in line with service specifications set out by the NHS (NHS England, 2016). These guidelines ensure providers take into account both a CYP's physical and psychological development through a four-staged model of care (NHS, 2016):

➢ Stage one: Assessment and exploration

➢ Stage two: Physically reversible interventions (hormone blockers)

➢ Stage three: Partially reversible interventions (cross sex hormones)

➢ Stage four: Irreversible intervention (surgical procedures)

In line with an affirmative approach, GIDS first considers the individual's lived experience during stage one assessment, before developing a plan to support them in their understanding of their gender, while aiming to reduce the associated feelings of distress that accompany their gender identity.

One option for CYP who identify with a gender identity that is different to that of their assigned gender is to seek medical treatment. 'Puberty blockers' have been used to prevent the onset of puberty in CYP with GD for whom the development of gender specific features would increase the level of distress they feel with their bodily presentation (Olson & Garofalo, 2014). These blockers are intended to give adolescents time to consider their gender presentation without accompanying anxiety that may be linked to undesired physical pubertal development (Olson & Garofalo, 2014). While treatment with puberty suppression

drugs has been shown to improve psychosocial functioning in adolescence and young adulthood, it is not without risks (DeVries, Steensma, Doreleijers & Cohen-Kettenis, 2011). Waylen and Wolke (2004) considered the impact of pubertal timing and found that delayed puberty can be stressful for CYP, impacting on their self-esteem and increasing risk-taking behaviour. If this is the case, could it be that in delaying puberty for transgender CYP, risks in other areas of their lives may be unintentionally increased?

In addition, there has been recent controversy regarding the Tavistock and Portman NHS Trust's administration of hormone blockers to CYP under the age of 16. A judicial review began in March 2020, where lawyers debated as to whether CYP are able to give fully informed consent to treatment that aims to delay puberty or support them to transition (Holt, 2020). Media quickly reported stories from families and CYP both in favour and against this review, detailing how support from the trust and access to hormone blockers had affected their EWB and development (Holt, 2020). Dr Carmichael, the director of GIDS, commented that she "fully supports the judicial review" and recognised that the service approach follows NHS guidelines aiming to balance the lived experiences of CYP, and their feelings of distress linked to their gender identity (Carmichael, 2020). She further noted that research has shown that with support CYP can understand "really quite complex things when given the information over time in a variety of ways," (Carmichael, 2020). For this reason, Dr Carmichael remained confident that the trust's approach to consent in CYP under the age of 16 is "robust" and that these CYP are able to have capacity to make decisions about their lives (Carmichael, 2020). This once again highlights how crucial it is that a CYP's lived experiences is fully explored before any treatment commences.

Another option for supporting CYP with GD may be to support them to make a 'social transition'. The term social transition refers to the "nonmedical decision to allow a child to change his or her first name, pronouns, hairstyle, and clothing to live everyday life as one's asserted gender" (Durwood, McLaughlin & Olson, 2017, p.117). More recently, the term 'social transition' has been referred to as 'social affirmation,' restorying this process as one of reflection and acceptance rather than focusing on change (Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018). Social transitions are reported to be increasingly common for transgender CYP, yet little is known about their well-being before, during and after this process (Durwood et al, 2017). For this reason, Durwood et al (2017) sought to explore the mental health and self-worth of CYP who had made social transitions. They found that the mental health of CYP who had been allowed to make a social transition showed little variation from their age matched peers or siblings, reporting "normative rates of depression and slightly increased rates of anxiety" (Durwood et al, 2017, p121). These results were consistent with those found in other studies and suggest that making a social transition may be an effective intervention for at least some transgender CYP (Durwood et al, 2017; Olson et al, 2016).

Although the research suggests positive outcomes for CYP who are able to make a social transition, it is important to consider that there may be other factors, which also impacted on these outcomes. For example, it may be the case that CYP who are able to make a social transition are better supported by their families and schools initially which enables them to make the transition successfully. Additionally, the participants in the previous study were CYP who presented with binary gender identification suggesting research still needs to be explored for CYP who present with a more fluid and changing gender presentation (Durwood et al, 2017). Furthermore, it has been suggested that the research and literature in this area is

insufficient to predict the long-term outcomes for CYP who make a social transition in early childhood (Coleman et al, 2012). Consequently, there has been a call for research exploring the outcomes for children who complete early social transitions in the hope that this would greatly inform future clinical recommendations (WPATH, 2012).

In contrast to the positive outcomes experienced by CYP who make a social transition, making such a transition in adulthood is reported to not always contribute to the same positive outcomes (Budge, Adelson & Howard, 2013). It may be the case that for adults a social transition is seen as 'too little, too late' with transgender adults lacking the social support that may be offered by the families of transgender CYP. Additionally, adults would have already developed the secondary sex characteristics linked to their assigned gender, which could make this transition even more challenging and less successful (Durwood et al, 2017). This research again highlights the importance of childhood and adolescence in a CYP's development of their gender identity.

As a large portion of a CYP's childhood is spent in school, it is important that research considers how schools may be best placed to support. The evidence suggests that schools may be unaware of the potential psychological and educational damage being experienced by transgender CYP (Hellen, 2009). For CYP who make a social transition, the role of school becomes even more crucial. Bradlow et al (2017) report that 33% of the participants surveyed were unable to use their preferred name in school, while 58% were unable to use their preferred toilet. While only demonstrating a superficial lack of understanding around gender identity, these results further highlight the importance of CYP feeling supported in school. If this is the case it is crucial that schools are supported to develop their understanding of gender in order for them to best meet the needs of the CYP within their settings.

From the research around supporting CYP with GD, it seems clear that enabling them to share their stories and build on literature exploring lived experiences is crucial. In order to decide how best to support CYP to develop their understanding of their gender identity and to reduce the potential accompanying distress and mental health concerns, we must first attempt to fully understand the situation they find themselves in. While there is growing literature around how best mental health professionals can work with transgender CYP, the same cannot be said for how schools can offer support (Luecke, 2011). As educational psychologists we are well placed to work with CYP and their families to support them to achieve the positive outcomes that all children are entitled to.

2.8 The role of education and the educational psychologist

A child's experience at school can significantly enhance or undermine their sense of self. Furthermore, children need to feel emotionally safe in order to learn effectively… This is especially true for gender-variant and transgender children, who frequently are the targets of teasing and bullying. A child cannot feel emotionally safe, and will most likely experience problems in learning, if they regularly experience discrimination at school.

(Brill & Pepper, 2008, pp.153-54)

Research has shown that educators can have a crucial role in facilitating supportive school cultures for transgender CYP (Luecke, 2011). In particular, the development of supportive policies has been shown to help teachers to create school cultures, which are affirming for transgender students (Jones, 2015 cited in Bartholomaeus, Riggs & Andrew, 2017). A key barrier to the inclusion of transgender CYP within education has been identified as the extent to which school staff understand gender, and whether or not discussions around gender are viewed as taboo or positive within the school environment (Pullen Sansfaçon, Robichaud &

Dumais-Michaud, 2015). Limited knowledge and acceptance among educational professionals have meant that parents often feel a responsibility to educate schools about gender diversity and contribute towards training and the creation of policies while also advocating for their CYP (Bartholomaeus et al, 2017). This leads to the question as to whether the pressure to educate school staff should lie with parents or whether there is a role for other professionals in supporting schools to become more nurturing environments for transgender CYP.

Recent research suggests the important role school counsellors and psychologists can have in supporting transgender CYP in school (Riggs & Bartholomaeus, 2015). In 2016, Yavuz explored the role of the EP in supporting transgender CYP. She considered the literature surrounding gender variance and the ways in which EPs are well placed to work across the three levels of child, family and school to offer psychological understanding, relevant literature and evidence-based ideas in order to support transgender CYP and their families (Yavuz, 2016). In working in this way, it was further suggested that EPs are able to both support and challenge local authorities, schools, practitioners, families and CYP in the way in which they think about gender and encourage the notion of gender existing not as a binary system but as a continuum (Yavuz, 2016).

In 2018, Johns, Beltran, Armstrong, Jayne and Barrios, conducted a review of literature to identify protective factors among transgender youth. Factors identified were considered in relation to the four levels of Bronfenbrenner's socioecological model – individual, relationship, community and society (cited in Johns et al, 2018). The review identified 27 protective factors relating to the health and wellbeing of transgender CYP, including an individual's self-esteem, their relationships with parents and peers, and the presence of gay-

straight alliance groups within school communities. This review contributed a relatively new perspective by focusing on protective factors linked to transgender experiences (Johns et al, 2018). However, Johns et al (2018) note that there is potential that the review may be unbalanced due to both the selected search terms used to identify the reviewed literature and potential publication bias due to only considering peer-reviewed literature. They recommend further exploration of the literature using different search terms and an expansive search of "gray literature" to further supplement their initial review (Johns et al, 2018, p296).

Schools and colleges have been identified by the DfE (2017) as vital in promoting the EWB of all CYP. When exploring how the mental health of CYP is supported, the DfE (2017) concluded that counselling and educational psychology support were the most frequently offered services (61%) within schools and colleges. This further highlights the important role EPs have in supporting CYP's EWB and the link this may have in strengthening a CYP's developing understanding of their gender identity. It has also been noted that with the increased visibility of transgender CYP in education settings, school staff are increasingly being asked to challenge and discuss topics including gender diversity and sexuality for which they may not have been adequately trained (Payne & Smith, 2014). This may cause increased feelings of fear and anxiety leading to reduced feelings of competence and consequently generating resistance to the development of supportive environments (Payne & Smith, 2014). It is important that in order for schools to best support these CYP, staff are trained to deepen their own understanding of gender and reduce associated fear in order to fully 'welcome the Other' as opposed to merely 'tolerating' (Zembylas, 2009). I feel that as EPs we are well placed to deliver such training drawing on our psychological knowledge to support school staff in this way.

To truly welcome the transgender child, we must face our own fears and acknowledge that the dichotomy on which so much of our social structure is grounded is culturally constructed and not clearly pink or blue. (Payne & Smith, 2014, p.416).

2.9 Current legislation

The United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989) protects the rights of all CYP. Defined as "anyone under the age of 18" children's rights are covered by 54 articles, many of which have been identified as relevant in protecting the rights of transgender CYP. In their 'Guide to Supporting Trans Children and Young People,' Action for Children (2016), commented on six of these articles as especially relevant including: Article 12 highlighting respect for the child's views and opinions; Article 13 protecting the child's right to freely express themselves; and Articles 28 and 29 protecting the child's rights to an education that develops their personalities, talents and abilities. In addition, Article 8 concerns the protection and preservation of a child's identity meaning a CYP should not be discriminated against in relation to their gender identity or expression.

In the UK, the rights of transgender CYP are further considered under three additional acts. The Human Rights Act (HRA, 1998) aims to ensure all people are treated with equality and dignity, supporting the right for transgender people to live in their identified gender. While not explicitly mentioning gender identity, a number of Articles within the act support the rights of transgender CYP. In particular, Article 8 referencing everyone's 'right to respect for private and family life,' Article 10 referring to everyone's right for 'freedom of expression,' and Article 14 prohibiting discrimination in the application of a person's human rights (HRA, 1998). These articles mean that transgender individuals have the right to freely express their gender identity without fear of discrimination.

In 2004, the Gender Recognition Act (GRA) was introduced enabling transgender people to have their gender legally recognised in the form of a Gender Recognition Certificate at the age of 18. This certificate amends an original birth certificate to match a person's identified gender. As part of the national LGBT survey in 2018, the government reported that since the GRA came into force in 2004, 12% of transgender respondents had acquired a gender recognition certificate despite 92% stating they would be interested in getting one (Government Equalities Office, 2018). Recently, LGBTQIA+ organisations across the country have asked the government to consider reforms to the GRA that would enable the recognition of non-binary gender identities, allow transgender people to self-declare rather than being required to provide proof of a diagnosis and change the age of recognition from 18 to 16 (Stonewall, 2017a).

The 2010 Equality Act (EA) provides transgender individuals with specific legal protection against direct or indirect discrimination by defining gender reassignment as a protected characteristic. Unlike the HRA which simply states in Article 2.2 that everyone has the right to access education, the EA makes specific reference to schools and education in chapter six. The act means that it is unlawful for "schools and education providers to discriminate against, harass or victimise a pupil or potential pupil in relation to admissions, inclusion and the provision of available facilities" (EA, 2010). Schools are therefore prevented from denying school admission to transgender CYP, as well as being required to provide all CYP with sufficient and appropriate facilities e.g. bathrooms, changing facilities etc.

2.10 Involving children and young people in the research process

"Probably the most reasonable person to ask is the person themselves" – participant 3

(Bowskill, 2017, p103)

The right for CYP to express their thoughts about anything that may affect them has been highlighted by the UNCRC (UN, 1989). As EPs we are well placed to elicit the voice of the CYP we work with. Benefits to well-being, increased self-efficacy and self-esteem alongside other positive effects have been reported when CYP are involved in decisions being made about them (Hall, 2010). However, despite the evidence suggesting the importance of exploring the lived experiences of transgender CYP with the CYP themselves, research listening to the voices of CYP in relation to their gender identity remains sparse (Bowskill, 2017). Although research exploring a sensitive topic with CYP can be questionable, I recognised the value of listening to the stories CYP have to tell about their experiences and aimed to do so in a sensitive and respectful manner.

The importance of schools and education in the development of a CYP's understanding of their gender identity has been highlighted in retrospective research with adults reflecting back on their childhood (Bowskill, 2017; Riley, Clemson, Sitharthan & Diamond, 2013). However, research in this way brings its own challenges as memories fade and adults may focus on significantly positive or negative moments, forgetting the day to day experiences that may provide us with clues as to how best to support CYP. Additionally, researchers have begun to explore the views of parents on their CYP's developing understanding of their gender identity (Freedman, 2019; Pullen Sansfaçon et al, 2015). Again, this research has helped to build our understanding of protective and risk factors in a CYP's development of their gender identity but may not be a true representation of the CYP's thoughts and feelings. For example, how could another person reliably speak on internalised thoughts and

behaviours that may be held by a CYP making a social transition in school? (Durwood et al, 2017). Winter et al (2016) suggest that "the only valid route to understanding a person's gender identity is to listen to them," (p393). In moving forward with research in this field, that is exactly what I intended to do.

2.11 Summary and research questions

This literature review highlighted a gap in research working with transgender CYP. I hoped that by collaborating with transgender CYP and listening to their individual stories, I would be able to deepen my own understanding of their experiences. By comparing and contrasting these stories, I aimed to produce knowledge that could then be used to generate recommendations for educational professionals working with transgender CYP. Additionally, facilitating positive SEMH in CYP is a priority for EPs. In completing this research, I aimed to build on growing literature in this area and impact how educational professionals and psychologists can support transgender CYP in the future.

As a result of the literature review the following Research Questions (RQ) were identified:

RQ1: What are transgender CYP's stories of their educational experiences?

RQ2: What can we learn from these stories to better understand transgender CYP and support their SEMH and educational experiences?

RQ3: What are the implications for EP practice?

In line with participatory approaches, as the research progressed, the RQs were discussed with the co-researchers (CRs). Following their suggestions, and in agreement with my own ideas about the research, RQ1 was altered to acknowledge that not all of the CRs were living in their preferred gender identity while in education. The CRs felt that rather than focusing

solely on educational experiences it would be important to expand the research to consider all areas of transgender adolescents' lives in order to then further consider the impact this may have on their SEMH and educational experiences. The following RQ1a was used throughout the research process.

RQ1a: What are the similarities and differences between transgender people's stories of their experiences?

(NB: Throughout this research, due to restrictions of the word count, my reflections will be indicated in the main body of the text and can be located in Appendix A. Reflections from the co-researchers themselves are included in text boxes within the main body of the text.)

Chapter Three: Methodology

3.1 Overview

The previous chapter outlined the literature related to the experiences of transgender people and highlighted the importance of listening to individual stories to develop our understanding of how best to support these CYP. The literature provided the rationale for the current research and led to the development of the previously defined research questions.

This chapter will begin with an outline of my positioning as a researcher and the influence this has had on my methodological selections. I will then discuss the methodological approach that has been taken in this research.

3.2 My positionality

It has been suggested that a research paradigm may be considered a "basic belief system based on ontological, epistemological and methodological assumptions," (Guba & Lincoln, 1994, p107). In order to maintain consistency, coherence and logic, my decision making throughout this research process was guided by consideration of a research paradigm linked to my beliefs in relation to: ontology (the nature of reality), epistemology (the nature of knowledge), methodology (how knowledge may be obtained) and axiology (the nature of ethics) (Lincoln & Guba, 2005).

Locating this research within an interpretivist approach, I accepted the existence of multiple versions of reality, shaped by context, evolving and changing based on an individual's experiences (Mack, 2010). Rather than seeking one objective truth, I aimed to "understand, explain and demystify social reality through the eyes of different participants," (Cohen,

Manion & Morrison, 2007, p.19). I focused this inquiry on developing an understanding of how CYP make sense of their own reality and adopted a social constructionist approach acknowledging the impact of history and culture on our understanding of the world around us (Burr, 2003).

I chose to engage in a methodology that would allow for a small number of co-researchers (CRs) to be recruited. This type of approach allowed for a greater level of involvement with the CRs and aligned with my view that generated knowledge would be subjective, unique and personal. I hoped to collect rich and meaningful data by taking this approach and focusing on individual voices in order to explore lived experiences. Willig (2013) notes that qualitative research is "genuinely interested in novel insights and new understandings... of complex social and psychological processes," (p158). This definition, alongside my desire to focus on participant defined meaning and collect rich data, further influenced my selection of a qualitative approach to research.

My belief that our knowledge of the world is based on our own understanding of our lived experiences and personal interpretation, influenced by history and culture, led to my exploration of research methods that emphasise the voice of the participants. Rather than try to distance myself as a researcher and view the research from an outsider position, I recognised the impact my presence, beliefs and values would have on shaping the research and the findings. I aimed to work in collaboration with the CRs to co-construct meaning from their experiences to generate understanding. I sought to offer insight into the constructions of reality presented by a group of individuals who held shared characteristics, in this case self-identifying as transgender.

In an attempt to empower the CYP involved in this research, I chose to engage with a participatory approach, seeking to facilitate the research process by making available a selection of data gathering and analysis skills (Willig, 1999 cited in Burr, 2003). In line with humanistic approaches, I viewed CYP as having agentic potential and intent, seeing them as "competent beings" rather than "incompetent becomings" (Thomson, 2009, p.1). This value underpinned my choice of a participatory approach and subsequent attempts to empower the CYP as CRs to shape the research and the knowledge thus generated. This seemed especially important when working with a population whose voices are often silenced or overlooked.

3.3 Participatory approach

In an attempt to highlight the voices of the transgender CYP I worked with and to empower them to share their stories, I aimed to position this project as participatory. It has been suggested that full participation in research is often denied to people who are defined as 'vulnerable' (Aldridge, 2016). I acknowledged that transgender CYP may be positioned as 'vulnerable' and as such attempted to engage them in the research in a sensitive and respectful manner to elicit their individual voices. I intended to work collaboratively with the CRs and promote their active involvement throughout the research process in order to explore ideas they viewed as important. In this way I hoped to work 'with' the CRs rather than doing research 'on' them (Chevalier & Buckles, 2013, p.10).

Cornwall and Jewkes (1995) question "If all research involves participation, what makes research participatory?" (p.1668). The location of power at various stages within the research process and the emphasis on participant voice has been identified as key in separating participatory methods from other research approaches. (Cornwall & Jewkes, 1995). In addition, the continued involvement of participants throughout the research process itself has

been suggested as central to participatory methods (Wallace & Giles, 2019). This may

include supporting participants to make decisions related to research design and research

methods, engage in data collection and analysis and disseminate findings to wider audiences

(Bagnoli & Clark, 2010).

Participatory approaches to research align with humanistic psychology and consider

'participants' as more than just 'subjects.' Rather than researchers assuming an outsider

position to observe participants, the aim of participatory approaches is to empower

individuals through acknowledging their agency and valuing their contribution to the research

process (Wallace & Giles, 2019). In 1992, Hart's Ladder of Participation, was one of the first

conceptualisations of children's participation. This ladder was developed following the

UNCRC (UN, 1989) and formed part of a United Nations Children's Fund publication.

Consisting of eight different levels, the model provided a representation of participation.
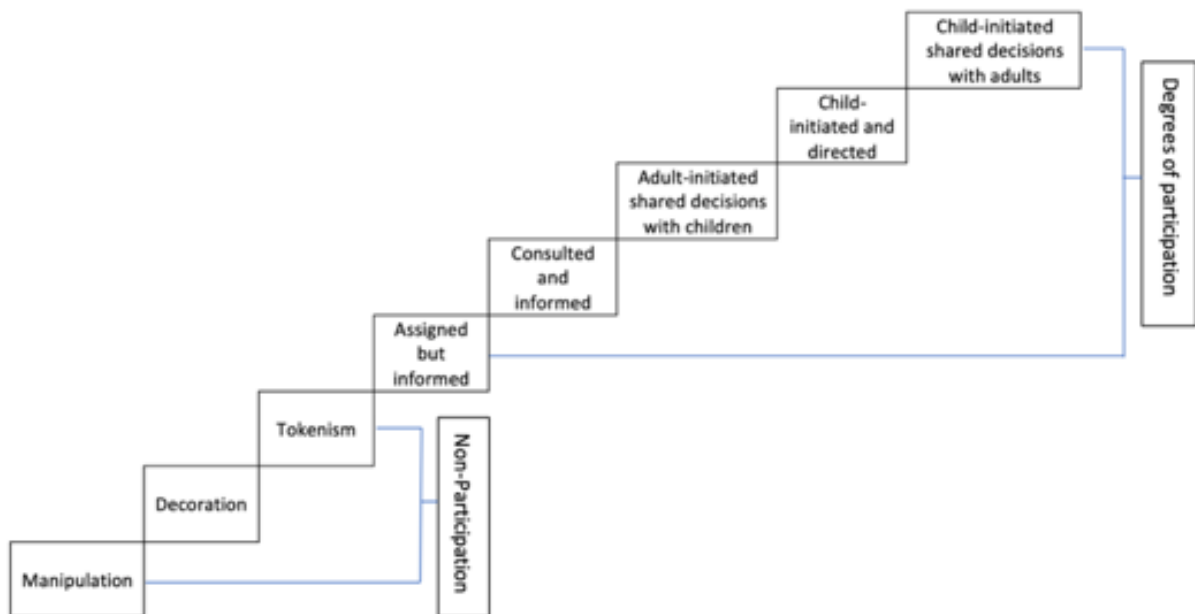
Figure. 3.1: Adapted from Hart's ladder of participation (Hart, 1992).

Since this time, a variety of models have developed to attempt to provide frameworks for participatory approaches to research. One such model was suggested by Aldridge (2016) and considered the various roles participants may take within a research project.
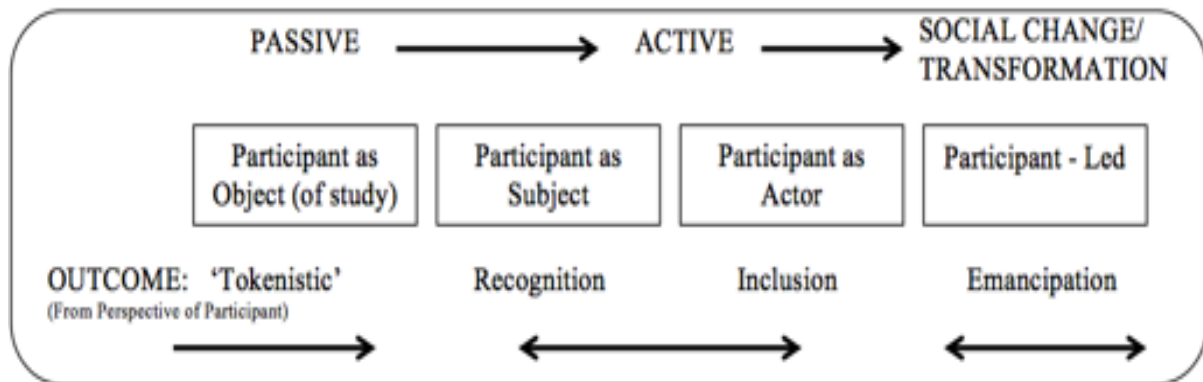
Figure. 3.2: Adapted from 'Participatory Model' (Aldridge, 2016)

While participant-led research, as defined by the model, is desirable, it was not possible in this project. In order to gain ethical approval through the University, I had to make decisions about aspects of the research in advance such as sampling criteria, approach to data collection etc. In an attempt to avoid 'tokenistic' participation, I intended to engage the CRs throughout the research process at a level at which they felt comfortable by encouraging an approach referred to as 'pockets of participation' (Franks, 2011). In this way, I hoped the CRs would become active stakeholders in the overall research project, taking ownership of different aspects of the process. This required ongoing discussions with the CRs and the establishment of relationships between us based on trust, mutuality and understanding, in order for their voices to be effectively listened to and acted upon (Aldridge, 2016) (see reflection A, Appendix A).

Aldridge (2016) suggests that participatory research aims to be "transformative with respect to social, political and cultural change" (p140). This concept appealed to me as I hoped to

produce research that would develop understanding of how best to support transgender CYP while also potentially challenging preconceived perceptions and beliefs held by others. By aiming to consider the implications of this research for EP practice, to respond to RQ3, I hoped to impact change for CYP.

3.4 Narrative-informed approach

Narrative psychologists believe that we all live 'storied lives' and that CYP are constantly telling and retelling stories about their experiences (Leitch, 2009). Rather than aiming to reveal hidden truths in these stories, narrative research with CYP aims to create an understanding of their lives through working with them (Engel, 2005). Aldridge (2016), suggests that the "broad, all-embracing and interdisciplinary nature" (p.2) of narrative research aligns well with the aims of participatory research. Narrative approaches assume that humans are natural storytellers and that we each hold and carry with us stories that shape who we are and the way we live our lives (Connelly & Clandinin, 1990). By focusing on individualised accounts through the recollection of lived experiences, it is anticipated that new knowledge will be produced (Aldridge, 2016).

Storytelling has been reported to be therapeutic and have potential transformative effects for the storyteller (Aldridge, 2016). However, it has also been suggested that not all people are natural storytellers or able to turn personal experiences into narratives (Strawson, 2004). In order to support CYP to tell their stories, it is important to adopt methodological flexibility and creativity to ensure a suitable research approach is taken. For vulnerable CYP, it has been suggested that the use of interviews to elicit narratives may be challenging as they may need space and support to verbally recall and retell their stories (Aldridge, 2016). Such difficulties may be overcome through the use of visual research methods which support CYP to 'speak'

about their experiences in different ways (Thomson, 2009). For CYP, participatory research that encourages co-production and prolonged participation could be considered "alien and unfamiliar" (Bergold & Thomas, 2012). This further highlights the importance of selecting an appropriate methodological approach when working with CYP in this way.

Glaser (2001) comments that "all is data" (p145). This concept is especially relevant in the selection of a visual approach to research where alternative forms of data are generated rather than approaches which rely solely on verbal data gathered through interviews. I aimed to select a research method that would support the CRs to effectively tell their stories and produce meaningful data to be analysed and shared as a result (see reflection B, Appendix A).

3.5 Use of visual methods

In an attempt to elicit stories from the adolescents consulted within the project, visual methods were used to build on the narrative informed approach (Reissman, 2008). Reavey and Johnson (2017) note that using visual methods in research can "open up a range of new and exciting possibilities for qualitative researchers" (p.358) offering accessible tools for participants, researchers and readers alike (Barragry, 2017). Rather than being restricted or controlled by a person's cognitive ability, visual methods are reported to offer supportive, non-confrontational experiences and to encourage personal expression (Lynch & Chosa, 1996). In my role as a TEP and in previous experiences supporting vulnerable CYP as a counsellor, I recognised the potential arts-based approaches had in creating a safe space for CYP to begin to talk about their experiences without the added pressure sometimes experienced by direct questions in one-to-one situations.

Drawing on innovative and imaginative processes, creative methods, such as photography and drawing, serve as tools enabling participants to give meaning to their experiences by describing and analysing them (Veale, 2005). Researchers have suggested that data gathered through the implementation of visual approaches goes beyond oral and written data, subsequently allowing different insights into social phenomena (Bolton, Pole & Mizen, 2001). Visual methods are able to offer researchers and participants a range of accessible, flexible and inclusive tools that can be fit for a variety of purposes (Burke, 2008). This type of approach is inherently collaborative as relationships between all parties involved are needed to make and interpret images (Banks & Zeitlyn, 2015). Aligning with participatory values, visual approaches are thought to empower participants by giving them space for self-expression (Rose, 2007). This allows participants time to reflect on and consider their own stories before disclosing them to researchers (Knowles & Cole, 2008).

A CYP's style of communication may differ from that of an adult. When working with CYP it is therefore important to use a medium with which they feel comfortable and that allows them the freedom to communicate in their own way (Grover, 2004). The use of child-centred research methods enables CYP to clearly articulate their views, opinions and stories (Barker & Weller, 2003). Lived experiences can be represented visually through engaging CYP in a creative and practical process that connects with the imagination (Anning & Ring, 2004).

3.5.1 Collage

Bradley and Harvey (2019) note three broad categories that encompass the field of creative inquiry as part of research: research with the arts, research into the arts and research through the arts. In an attempt to research 'through' the arts, collage was selected as the visual approach for this project. Collage, derived from the French verb, 'coller' (to stick), is the

method of gluing pieces of images and materials to flat surfaces to portray a phenomenon (Butler-Kisber, 2010). Prasad (2018) employed collage as a research method with children as co-investigators and demonstrated how visual methods were able to complement traditional language-based forms of data to examine the lived experiences of CYP. In her work, Prasad (2018) used the visual artefact, in this case collages, to facilitate artefact-based interviews enabling the CYP in the position of 'creative experts' and the researcher as 'attentive audience'. In the presented project, collage was used as an elicitation process (Butler-Kisber, 2010) placing the CRs as 'creative experts' by enabling them to first reflect on and piece together their thoughts and experiences. The visual artefacts could then be used in order to facilitate conversations with me as the 'attentive audience'. Unlike other visual methods, collage is reported not to stimulate individual concerns about artistic ability (Leitch 2009) as it draws on existing, readily available materials rather than requiring skilful artistic techniques (Prasad, 2018). This was an important consideration when working with older CYP as I hoped to engage them in a practical visual process without it being faced with resistance or viewed as 'childish'. In addition, the use of collage as a visual research method has been thought of as a 'safe container' (Kramer, 1975, cited in Leitch, 2009). Through collage it was hoped that the CRs would be able to generate emotional and moving personal stories through the production of "rich, varied powerful representations of deeply held, unarticulated hopes, confusions and fears" (Leitch, 2009, p.44).

3.6 Summary

It was hoped that the chosen participatory approach would empower the CRs and support them to share their unrestricted voices. The generation of their individual stories through collage making and subsequent discussion sessions could then be analysed independently before being compared and contrasted. Rather than aim for 'total participation,' I hoped to

distance the research from 'tokenistic' participation and to involve the CRs in the process at the extent to which they felt comfortable.

The following chapter will explore in detail the method and design selected for this research before discussion of issues related to ethics and the quality of research.

Chapter Four: Research Design and Procedures

4.1 Overview

Chapter three explored the epistemological and ontological beliefs that led to the selection of a participatory approach to the presented research. This chapter will discuss the chosen research design with a detailed explanation of the procedures followed. A consideration of ethical concerns will be addressed, and the chapter will be concluded with discussions related to the quality of the research.

4.2 Outcome and purpose

The aim of this project was to explore the experiences of transgender CYP in order to add insight for schools and educational professionals as to how best support them. I aimed to elicit the voices of transgender CYP and to engage them as co-researchers providing them with the opportunity to act as 'experts' in their own lives to share their knowledge and experiences.
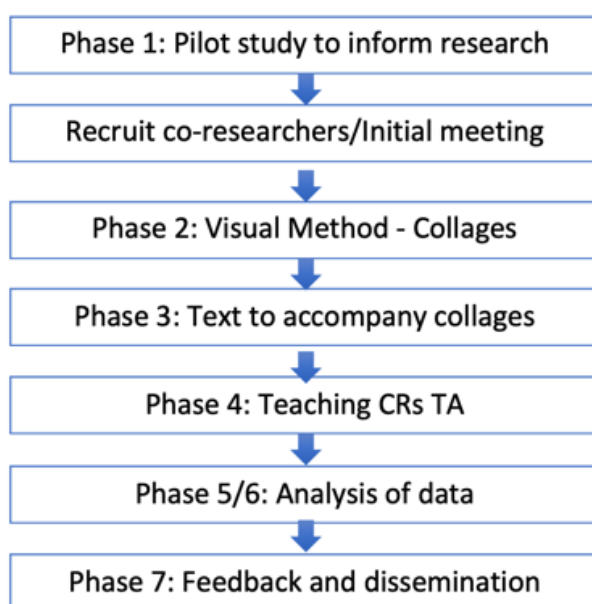
Figure 4.1*: Overview of the research process*

4.3 Co-researchers and sampling

In line with participatory approaches, throughout the research the recruited participants are known as co-researchers (CRs). This term was chosen by the group in the initial stages of the research to indicate their role as working in collaboration with me to complete the research rather than as purely participating in telling their individual stories.

Co-researchers were recruited using purposive sampling to meet the following selection criteria:

> ➢ Aged between 11-18
> ➢ Identify as transgender
> ➢ In full time education
> ➢ Accessing support from outside professionals e.g. charity groups etc. (Lowe, 2019, p.14)

As the research progressed, in order to recruit more co-researchers by accessing a larger potential pool, the selection criteria were expanded to include:

> ➢ Aged between 11-25
> ➢ In full time education or have left full time education within the last five years.

(see reflection C, Appendix A).

4.3.1 Sample size

In this qualitative research, four CRs were recruited, keeping the sample size small to allow for individual experiences to be discussed in depth. I aimed for a deeper insight into human experiences by focusing on this more personal and individualised approach (Aldridge, 2016).

In line with a participatory approach, the small number of CRs also supported the creation of collaborative relationships both between the CRs and with me. In order for the CRs to generate both visual and textual data as part of their collages, and to analyse and reflect on the research process, prolonged engagement over multiple sessions was required. By keeping the sample size small, it was hoped that the CRs would remain involved throughout the process.

4.3.2 Age

As noted previously, gender identity is thought to become apparent to CYP at a young age (Hellen, 2009) with research highlighting the importance of exploring individualised lived experiences of transgender CYP (Bowskill, 2017; Monro, 2000; Sullivan, 2003). To avoid the deterioration of memories over time that may occur through talking with adults reflecting back on their childhood, it seemed important to listen to transgender CYP as they live through adolescence and secondary education (Birbeck & Drummond, 2009).

In order to work ethically with CYP under the age of 18, who are often perceived as vulnerable, Alderson (1995) suggests that the research questions being addressed are necessary and valid. On this occasion, the research questions were discussed and altered by the CRs in an attempt to ensure their validity and necessity. Thomas and O'Kane (1998) note the importance of seeking a CYP's 'active agreement' to participate in research rather than relying on the 'passive agreement' given by caregivers. Through employing a participatory approach to research, I aimed to do this by giving the CRs control over the extent of their participation and withdrawal from the research process. When actively involved in research, it has been shown that CYP are able to learn from the experience, promote change and ensure a better understanding of their lives is shared as a result (Davis, 2009). Furthermore, CYP

should be considered to have an 'expert' role in talking about their own lives and cultures (Thomson, 2009).

In mid-adolescence CYP are thought to master a greater range of cognitive skills, enabling them to tell complex self-stories of their experiences (McAdams & McLean, 2013). Notions of childhood have previously viewed CYP as 'becoming' and viewed their stories as 'immature' or not to be taken seriously (Thomson, 2009). From the start, I adopted the view that CYP are able to produce expert testimonies about their experiences and should be considered competent 'beings' (Thomson, 2009). In initial discussion with the recruited CRs, the term 'adolescent' was agreed on to describe their age within the process rather than CYP.

> Reflection - Abraham: You're not putting us in a box, you're putting us, oh this's so pretentious, on the stage, so for the purposes of this we are separated from others who don't experience that (being transgender) but only so that others can learn, so what you are doing is an amazing thing.

4.4 Recruitment Process

The British Psychological Society (BPS) reports that to work with CYP under the age of 16 consent must first be sought from their parents (BPS, 2014). To begin the recruitment process, I met with the leader of a support group for LGBTQIA+ CYP within my local authority. I asked if they would be able to identify CRs who would fit the selection criteria and share information about the research with their parents. Information sheets were provided that asked the parents to express an interest in their adolescent participating in the research. I was then able to approach the adolescents themselves to inform them of the research and seek informed consent from both them and their parents (see reflection D, Appendix A).

Chapter 4: Research Design and Procedures

4.5 Informed consent and confidentiality

Informed consent refers to a person's autonomous decision to participate in research (Flick, 2014). Separate information sheets were created for both the parents and adolescents (Appendix B) and shared with them at an informal meeting. At this time, I was able to fully explain the nature of the research, their expected involvement and answer any remaining questions that they had. In order to gain fully informed consent from both parties, they were provided with consent forms to sign to indicate their desire to participate in the study (Appendix C). When expanding the selection criteria to include 18-25-year-olds, I repeated this process with an adapted consent form to seek informed consent from each CR themselves (Appendix D). I also made an amendment to my ethical approval through the university and returned to the parents and younger CRs to explain the change in selection criteria and seek further consent for their ongoing participation.

Additionally, all CRs were reminded that the nature of consent is ongoing and that they were able to withdraw from the research at any time. This notion of 'informed dissent' considers consent as a process rather than an event (Bourke & Loveridge, 2014). In line with this principle, I checked with each CR at the beginning and end of each session to ensure that they would like to continue onto the next phase of the research. Additionally, as voicing dissent may be uncomfortable for adolescents, I used an adaptation of an approach described by Helseth and Slettbø (2004). Each CR was given a coloured fan to use during the sessions to express their feelings. A green fan represented them being happy to discuss a topic, with yellow representing a warning that a conversation was becoming uncomfortable and red showing a desire to end a particular conversation.

Reflection - Mary: I'm not good at that (saying when I feel uncomfortable) so having cards would help.

To ensure confidentiality and protect CRs from potential future harm, real names have not been used in the presentation of this research. In line with participatory approaches, CRs were given the opportunity to select a pseudonym to be used. They were asked to select a pseudonym that would not make them identifiable. The data collected was then identified by that pseudonym. Furthermore, any identifiable information such as the local authority, schools, support groups and charities that were involved in supporting recruitment of CRs is not named in this research. (see reflection E, Appendix A).

4.6 Ethical considerations

Ethical research with adolescents presents ethical issues that are salient when working with individuals of any age (Thomas & O'Kane, 1998). Consequently, issues relating to informed consent, confidentiality, anonymity, sensitivity and consideration of the impact of the research on CRs must still be addressed. The nature of this research meant that I would be working with potentially vulnerable CRs. The CRs were considered to be vulnerable as some of them were under the age of 18. Additionally, the topic I intended to explore in this research, gender identity, may be considered 'highly sensitive'. Due to the age of some of the CRs, they could not be approached without initial consent from their parent/guardian (BPS, 2014). It has been suggested that there is a tension which should be recognised in participatory research with CYP in that it attempts to engage CYP competently and autonomously in research while also acknowledging their vulnerability (Aldridge, 2016).

'Power' can be experienced in different ways and it is important to consider this when working with vulnerable groups. I aimed to ensure that the CRs did not feel pressured or coerced into participating in the research. The use of a participatory approach in this project aimed to reduce the power imbalance between the CRs and myself as a researcher by

encouraging them to become more involved in the research process (Thomas & O'Kane, 1998). Throughout this project, power was passed between different stakeholders who each shaped the way the research progressed. For example, the research was designed and led by me before university held the power to shape the process through ethical approval. The CRs then held the power in the pilot stages to edit the design and throughout the project to make changes to different elements. I aimed to be transparent about this with the CRs, discussing with them the balance of power throughout the project.

Full ethical approval in line with university procedures was gathered prior to the commencement of this project (Appendix E) (see reflection F, Appendix A)

4.6.1 Co-researcher wellbeing

While there was no risk of physical harm for the CRs, I had to consider the potential psychological harm that they may have faced in taking part in the project. This research meant I aimed to explore a period of their lives that may be or may have been difficult and/or distressing. This meant that there was a potential risk that the CRs may have identified events in their stories that caused an emotional response or that they may have made disclosures about their current experiences. One of the selection criteria for inclusion within the research was for the CRs to be accessing support from professional agencies. This ensured that if the CRs experienced discomfort or distress from participating in the research, they could be signposted to support from agencies that they were involved with and given the opportunity to speak with trusted keyworkers. If they made disclosures linked to their current experiences, the CRs were informed sensitively that I would give feedback to the named link person within the support group who would then follow their safeguarding procedures.

Chapter 4: Research Design and Procedures

It is the responsibility and the role of the researcher to be sensitive to CYP showing signs of distress and for them to be respected and responded to appropriately (Haverkamp, 2005). I aimed to do this by noticing potential examples of distress or discomfort such as: reddening of face, hand twisting, movement in the seat, head dropping, decreasing eye contact (Bourke & Loveridge, 2014). CRs were reminded that they were able to withdraw from the research at any point. In addition, all CRs were provided with a debrief at the end of the research process and given the opportunity to talk further about their experiences with staff from the support group (Appendix F).

4.7 Data collection

4.7.1 Overview

The design of this study meant that CRs were able to gradually explore and discuss their experiences of being transgender. Informal meetings at the beginning of the process to gather informed consent aimed to ensure that all CRs were familiar with me and could ask questions freely. The research was conducted over multiple sessions with the CRs, varying in length from thirty minutes to two hours. The meetings were all held at a location and time that was convenient for the group. The total number of completed sessions at each phase of the research is noted in Figure 4.2. Before each session, I made contact with either the parent or CR themselves, through means decided on by them e.g. phone call, letter, email etc. to remind them of the session and to gain informal consent for their ongoing participation.

4.7.2 Stages of the research process

Despite intending to work with the same CRs throughout the process working with adolescents in this way raised a number of challenges, in particular CR drop-out. Where

initially four 11-18-year olds had expressed an interest in participating in the research, only two became CRs in the main study. In addition, the use of a participatory approach led to discussions with the CRs that resulted in some changes to the initial research design and selection criteria. Consequently, I completed the initial phases of the research process with two groups of two CRs before coming together as a larger group of four to analyse the data.

At each phase, I aimed to distance the research from 'tokenistic' levels of participation to allow the CRs to take more control over different aspects of the process. Through continuous reflection, I considered the level of participation being experienced by the CRs and my own role in the process as detailed in Figure 4.2 on the following page (see reflection G, Appendix A).

	Level of participation	Number of sessions
Phase 1 – pilot study	Researcher facilitated focus group. CRs made decisions to refine RQ, considered prompts, language and generated ground rules for sessions. Mutually arranged dates/times/location for following sessions	1 with pilot group
Phase 2 – collage making	Researcher collected images/materials to use, gave prompts. CRs collected images prior to session to use. CRs selected paper size, images, words to construct collage. Group 1 CRs consult on decision to recruit further CRs and who to approach (i.e. older CYP)	1 session with older, 1 session with younger group to create collages.
Phase 3 – Written text	Researcher facilitates session using prompts. CRs member check transcripts from collage sessions and generate written text to accompany collages. CRs select what to include in text and pen portraits about themselves.	1 session with three CRs then included an additional session with Mary who was unable to attend with the other three CRs
Phase 4 – Teaching thematic analysis	Researcher facilitated by teaching CRs used data from pilot study to practice.	1 session with all four CRs
Phase 5 – Thematic analysis	CRs familiarise with data and generated initial codes. Researcher used CRs generated codes to generate themes/subthemes.	1 session with each group to code their own collages.
Phase 6 – Member checking	CRs member check the generated themes and identify evidence from data to support each theme. CRs member check an example write up of theme/subtheme. Asked CRs to identify the relative strength of the themes to identify which to include in the main body and which to place in the appendix due to word limit restrictions. Generation of a glossary from terms used by the CRs which may be unclear within the research.	1 session with all four invited to check and edit themes, then 1 session with each of the groups to gather evidence for each theme. Intended to have 1 further session with all four CRs but unable to arrange for all 4 so ended up having 1 session each with older and younger groups.
Phase 7 – Dissemination	Meeting with CRs to discuss potential dissemination in the future	1 session with all four CRs invited

Figure 4.2: Phases of research demonstrating levels of participation at each stage

Figure 4.3 demonstrates the various phases of the research process completed by each group of CRs. I began the research with two 11-18-year-old CRs completing the collage session. Following discussion with the CRs, I then recruited and repeated this process with two 18-25-year-old CRs. After these sessions, I met with all four CRs to teach analysis skills before working with them to analyse their collages.
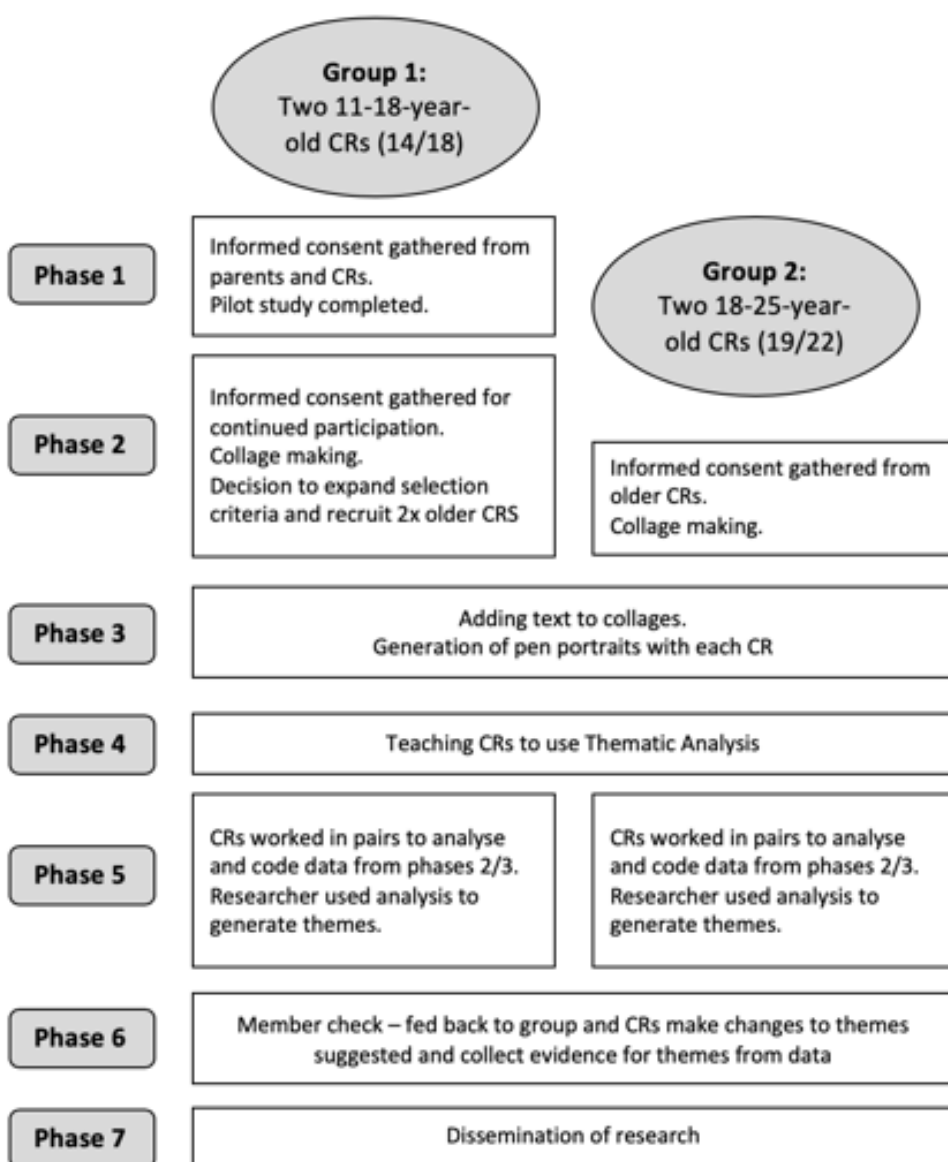
Figure 4.3: Phases of the research process completed by each group of CRs

4.7.3 Pilot study

Davis (2009), recognised the positive impact of involving CYP in pre-data collection stages to advise on research design. Consequently, in the first phase of this project, I worked with three CRs to discuss different aspects of the research design. I was aware that as an 'outsider' to the LGBTQIA+ community I wanted to work with the CRs to discuss the language and methods I intended to use for the project. I hoped to facilitate conversations with and between the CRs by remaining curious and neutral to generate a safe space for them to discuss, and potentially change, elements of the project (Bergold & Thomas, 2012). I also used this time to introduce the CRs to aspects of research such as confidentiality, anonymity etc. I also shared with the group my ideas to use visual methods and reflected on the process of collage making. The CRs responded positively to this idea and shared that they would like to complete the sessions as a group rather than independently.

The CRs were then offered the opportunity to participate further in the research in a number of different ways. I shared with the CRs the potential for them to end their involvement with the research following the pilot study or for them to continue on by:

- ◆ Supporting with recruitment

- ◆ Supporting with elements of research design

- ◆ Participating in the research themselves i.e. sharing their stories

- ◆ Supporting with analysis of the data

- ◆ Supporting with dissemination of the data.

Each of the three CRs expressed an interest in continuing with the research and consent was sought from them and their parents. One CR ultimately decided not to continue to participate

in the research and as a result I moved forward with two of the original CRs (see reflection H, Appendix A).

4.7.4 Collage making

Prior to this phase of the research, I met briefly with the CRs to explore examples of collages and to deepen their understanding of this visual method. I asked each member of the group to collect ideas and visuals over the coming weeks that they might like to use in their collages to bring to the arranged session. I also began to collect magazines etc. for the CRs to use but hoped that in the initial discussion I had been able to generate an interest that would encourage the CRs to bring their own ideas, rather than the potential selection bias that may have occurred from them using images preselected by myself.

At the collage session, I prompted each CR to make individual collages that expressed "My experiences as a transgender adolescent." Each CR was encouraged to create their own collage and prompted with questions to verbalise their thinking (completed collages can be seen in Appendix G). Throughout the sessions, I aimed to engage in a conversational approach with the CRs through the use of warm and friendly dialogue as this has been suggested to build rapport and close the perceived gap between researcher and CRs (Banister & Booth, 2005). In addition, through the employment of Rogerian humanistic principles, I attempted to create a safe space for the CRs with a focus on warmth, empathy and genuineness (Rogers, 1951). Through summarising what the CRs said, reflecting these ideas back and prompting further discussion through the use of open questions, I attempted to build positive relationships with the CRs, empowering them to share their thoughts and ideas openly. The sessions were audio recorded and field notes were generated to act as an 'aide

memoir' for the CRs in later discussions. These field notes allowed the CRs to reflect and build on earlier conversations over multiple sessions (Appendix H).

> <u>Reflections - Matthew</u>: I have enjoyed the collages and discussing our experiences in a group with others. <u>Mary</u>: I like doing both, like I think actually talking and doing a collage, I think it helps for me to like, write it down whilst talking. Like I know I haven't done much but it's like helping me talking. Otherwise like if you'd have set me off and we were sat silent I would have just seen pizza that's it. It's definitely gone a lot quicker than if I was just set off silently.

4.7.5 Text to accompany the visuals

It has been noted that the interpretation of visual images can be ambiguous and subjective leading to criticisms being levelled at the use of visual methods in research (Thomson, 2009). In order to avoid this, during phase three of the research I met with the CRs and sought their perspective on the work that had been created. The CRs were asked to thicken their stories by adding text to their visual images. They were asked to consider why they had chosen each of the images, what the images represented to them and if there was anything else, they wanted to add to their collages. In addition, each CR produced a 'pen portrait' to accompany their collages. These pen portraits included details from their stories that each CR felt was relevant to accompany their visual collage, for example pseudonym, age, gender identity etc. These pen portraits can be seen in Chapter Five.

During this phase, the CRs were also asked to check the field notes from the previous sessions and their additional reflections were noted. On some occasions, edits were made to the field notes where CRs asked for certain elements to be removed to respect confidentiality and protect themselves from harm. In this way, by allowing CRs control over what was shared, I again attempted to address potential power imbalances and acknowledge the fluid construction of their reality that was being created.

Reflection- Ace: I am enjoying these sessions and it is giving me the opportunity to further understand other people's identities as well as my own which can be good to reflect on. Everybody is communicating and being open with no judgement of each other which I think is good.

4.8 Analysis

Through the interpretation and classification of materials, data analysis can be considered a creative process of 'meaning making' (Flick, 2014). The presented project involved the generation of visual and textual data, as part of the CRs' collages, which were both seen to be integral to the research process. Edmondson (2013) notes that despite the increase in research exploring the use of visual methods, little guidance has been produced as to how to analyse combinations of both visual and textual data. In participatory research, CRs should be seen as integral during the analysis phase in their ability to add meaning and context to their stories (Aldridge, 2016). In contrast to conventional approaches where the researcher is responsible for data analysis and interpretation, participatory approaches consider the analytic role a key part of the collaborative process (Aldridge, 2016). Involving CRs in the analysis phase of research ensures various perspectives flow into the interpretations being made and that insight is gained from a variety of different viewpoints (Bergold & Thomas, 2012). In addition, seeking the views of the CRs who created the data being analysed ensures that the story being told is interpreted in the way it was intended (Aldridge, 2016). Interpretation of visual data by an outsider can mean that the authenticity of what was produced is lost in an attempt to extract theory (Nind, 2008). Involving the CRs in analysis of the data attempts to decrease the chances of this happening and facilitate the generation of authentic knowledge, therefore enhancing the validity of the research (Thomas & O'Kane, 1998).

Chapter 4: Research Design and Procedures

Thematic analysis (TA) has been suggested as an approach that can be applied to a variety of research designs (Boyatzis, 1998). Its flexibility of application and compatibility with a variety of epistemological and ontological positions means TA has the potential to provide rich and detailed accounts of collected data (Braun & Clarke, 2006). Rather than seeking the 'truth' hidden in the data, TA is concerned with meaning making and the ability to tell and interpret stories (Braun & Clarke, 2019). It has been suggested that TA "offers a useful – and a relatively easy to teach and learn – basic introduction to qualitative analysis" (Clarke & Braun, 2013, p.120). As the CRs had no experience of data analysis or research methods it was important that the method chosen would be accessible to them.

The CRs were taught TA in the form of a step-by-step lesson, allowing them to become familiar with the terminology and aspects of the analytical process (Appendix I). The lesson was led by me and followed the phases of TA as described by Braun and Clarke (2006).

Stage 1 ⟶ Familiarisation with the data

Stage 2 ⟶ Generation of initial codes

Stage 3 ⟶ Generation of themes

Stage 4 ⟶ Review themes

Stage 5 ⟶ Define and name themes

Stage 6 ⟶ Produce the report
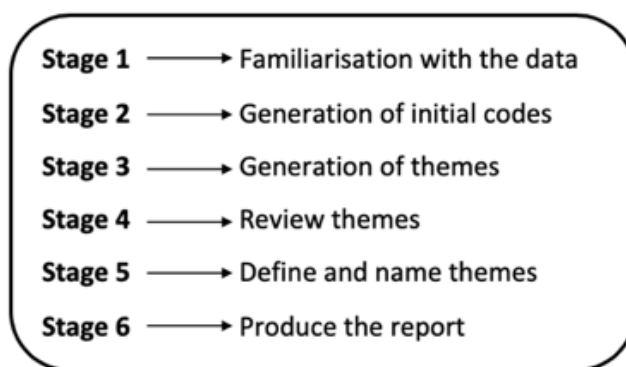
Figure 4.4: Stages of thematic analysis adapted from Braun and Clarke (2006).

During this session, the CRs were asked to practice this method of data analysis by coding example data and discussing their ideas as a group. It was hoped that this joint session would deepen the CRs understanding of coding and allow for similarity in their approach in the following sessions.

Following this initial lesson, I met with the CRs in their respective pairs to analyse their data by generating codes for their own collages (Appendix J). The CRs looked at their own collages to code what the chosen images and words meant to them. I was then able to use these codes to generate themes before returning to the group to ask them to check and edit the generated themes. The CRs then looked at the field notes from the previous sessions to identify quotes which further strengthened each subtheme. This process is discussed more thoroughly in chapter five. (see reflections I & J, Appendix A).

<hr>

Reflections
<u>Abraham</u>: We'll never get anywhere in a four.
<u>Ace</u>: We all have very different experiences and we are all very open about sharing them. Everyone gets a chance to speak.

<hr>

4.9 Quality in research

<hr>

<u>Reflection - Abraham</u>: What you're doing is important because at the end of the day children, children are the future and stuff like that and if you are going to be educating children and if you are going to be an educational psychologist you need to know about what affects children.

<hr>

Standards of validity, reliability and generalisability that would usually be used to assess the quality of research are not easily applicable to qualitative research which can pose a challenge when considering how to evaluate this type of project (Kitto, Chesters & Grbich, 2008). Since the 1980s various attempts have been made at creating alternative criteria for assessing qualitative research (Flick, 2014) (see reflection K, Appendix A and comparisons of criteria Appendix K). Tracy (2010) recognises that quality values for research are "ever changing and situated within local contexts and current conversations," (p.15). She suggests an expansive conceptualisation of quality that can be applied flexibly to a variety of qualitative research approaches.

4.9.1 Worthy topic

Good quality research can be thought of as "relevant, timely, significant, interesting or evocative," (Tracy, 2010, p.84). The increased awareness and prevalence of transgender CYP alongside a lack of research exploring their own voices was highlighted as part of the literature review and supports the relevance of the presented research. My own experiences as a TEP being asked to work with this population further emphasises the significance of this research in developing the knowledge base for educational professionals. Building on from previous literature with transgender adults reflecting back on their experiences, I aimed to produce timely and interesting participatory research with adolescents themselves.

4.9.2 Rich rigor and credibility

Qualitative research allows for an abundance of rich data to be collected. The prolonged nature of my involvement and that of the CRs throughout the process demonstrates the commitment we each had to the research. Considerable amounts of time were given by each of the CRs and me through multiple sessions to collect and engage with the data before analysing it. I attempted to ensure rigour in the analysis process by teaching the CRs skills and enabling them to use thematic analysis on example data before coding and theming their own data. Rather than seeking one objective reality, I aimed to ensure the conclusions being made were credible to the interpretation of reality experienced by the CRs. It has been suggested that all data, including the visual is "susceptible to manipulation, distortion, or misuse" (Mathison, 2009, p187). Mathison (2009) proposes four considerations that should be made in establishing the credibility of visual research: "(1) quality of the research design, (2) attention to context, (3) adequacy of the image from multiple perspectives, and (4) the contribution images make to new knowledge" (p188).When using images generated by participants, pairing them with textual interpretations is thought to establish context and

therefore enhance both credibility and reliability (Mathison, 2009). I aimed to do this by asking the CRs to create images and add text to them thus ensuring rich data was gathered from multiple sources and triangulated.

In addition, in order to ensure rigour in participatory approaches there must be clarity in reporting of the nature, extent and limitation of participation (Aldridge, 2016). I hoped to collect evidence that would facilitate meaningful change to practice through eliciting voice at an individual level. It was important for me to recognise the skills I could bring as a researcher while also considering the perspectives and actions of the CRs. In recognising the limits of participation, I attempted to teach new skills to the CRs while also recognising when I would need to act in a leading role to complete certain aspects of the research process e.g. ethics application etc.

4.9.3 Sincerity

Tracy (2010) suggests that sincerity can be achieved through "self-reflexivity, vulnerability, honesty, transparency and data-auditing," (p.15) By working reflectively and reflexively throughout the research process, I hoped to give careful consideration to decisions I made (Rose, 2007). Bergold and Thomas (2012) suggest four types of reflection that should be considered in participatory research including reflection on personal attitudes, social relationships within the group, the research process and the wider social field. In order to do this, I engaged with a research diary and invited the CRs to reflect on their role in the research at various stages of the process (see reflection boxes). The research process and materials used have been described and can be seen in the appendices in order to increase transparency and replicability of the research. By describing the CR selection criteria, sample size and data collection methods in detail, I have attempted to convey the boundaries of the

present study. Step by step explanations have been reported that demonstrate both my own and the CRs roles at each stage of the research with excerpts of textual data and the analysis process provided in the appendices to ensure transparency. Additionally, throughout the decision-making process the CRs were consulted with to ensure transparency between us.

4.9.4 Resonance and significant contribution

Through a participatory approach to research, I have attempted to provide direct insight into the lived experiences of the CRs. Yardley (2008) suggests the "decisive criterion by which any piece of research must be judged is, arguably, its impact and utility," (p.223). The impact and implications of the presented research will be fully considered in the discussion chapter. It is hoped that the findings from this research will have the potential to make a difference and provide practical implications for EPs and educational professionals. This research was generated following a review of the literature exploring the existing research base linked to transgender CYP which highlighted gaps in listening to and respecting the voice of transgender CYP. It was hoped that this research, using a participatory approach, would enable adolescents to share their views and build on the existing literature in a sensitive manner. The limited research in this area indicates the potential this study may have in building on our growing understanding as to how best to support transgender CYP and their families. It is my intention for the research findings to be disseminated, with the support of the CRs, to the wider community and EP profession through publication and presentation.

4.9.5 Ethical

As discussed earlier in the chapter, in order to complete this research project, I had to submit for approval a university ethical application. Changes to the selection criteria, required me to resubmit my ethics application and consider how the changes may impact upon previously

recruited CRs. In addition, I remained reflexive throughout the project, considering situational ethical tensions when they arose and seeking supervision and guidance when I was unsure on how to proceed. I was able to engage in debrief sessions at regular intervals with my research supervisor who was able to support me in considering alternative actions, noticing flaws and developing ideas. Ongoing reflection in my research diary and conversations with peers also aided me to consider alternative viewpoints, challenge my perceptions and develop my explanation of the research process as it progressed. I also joined a participatory research special interest group to make links with other researchers using this approach in order to remain as close as possible to participatory values (see reflection L, Appendix A).

4.9.6 Meaningful coherence

This study aimed to explore the lived experiences of transgender adolescents using a participatory approach to research. I aimed to remain true to the participatory nature of this project through constant reflection in an attempt to achieve the stated purpose of the research. Due to the participatory nature of the project and social constructionist approach, generated themes were not reviewed by an independent researcher acting as a 'critical friend.' Instead, in aiming for coherence, the CRs worked in collaboration to complete member reflections on the field notes and generated themes allowing space for further reflection rather than seeking a single truth. Chapter three aimed to explain my rationale for the project and the direction I took to interconnect my epistemological and ontological beliefs with the chosen research design, data collection and analysis. Through constant consideration of the RQs and relevant literature I have attempted to demonstrate coherence and consistency in approach.

Chapter 4: Research Design and Procedures

4.10 Summary

Within this chapter, I have described the design and process of this research alongside explanation of CR recruitment and sampling. Ethical considerations related to my desire to work with vulnerable young people were discussed before the quality of the research design was evaluated. The following chapter will present the findings from the research.

Chapter Five: Analysis and Findings

5.1 Overview

The previous chapter provided a description of the method and research design applied in the presented research. The current chapter aims to outline the main findings generated from the research in order to answer the research questions:

- RQ1a: What are the similarities and differences between transgender people's stories of their experiences?

- RQ2: What can we learn from these stories to better understand CYP and support their SEMH and educational experiences?

- RQ3: What are the implications for EP practice?

This chapter will begin with a description of each of the CRs in the form of a pen portrait. This will be followed by an explanation of the approach to analysis that was undertaken in collaboration with the CRs. The identified themes will be presented and explored supported by visual and textual data extracts.

5.2 Co-researcher pen portraits

As the presented research is interested in individual stories and experiences of being transgender, it was felt by the CRs and myself that it would be helpful to start this section with a brief description of each of the CRs. These descriptions were written by the CRs themselves. They were asked to include any details that they felt were important for the reader to know in adding understanding to their stories. In line with participatory values, I also completed a pen portrait to share with the CRs which is included in figure 5.1.

Abraham	Ace
• 21 years old • Emotionally unstable personality disorder • Anxiety • Catatonic/paranoid schizophrenic • Autistic • Non-binary, gender fluid • Came out at the age of 17 to friends, age 20 to certain family members, realised at age 12. • Bisexual • Privately educated throughout schooling experience • Interests – writing and animals • Careers – tattoo artistry, child play therapy	• 19 years old • Depressed, anxious • Half Asian/half Caucasian • Transgender man • Bi/panromantic asexual??? • Public education – was very open about LGB but nothing about the T • Started questioning gender at 13, accepted myself at 15, started coming out at 18 • Had Caucasian upbringing mostly but with some Asian influences from paternal side

	Mary
My name is Matthew. I'm 17 years old. I just finished high school and I'm now at college. I'm unemployed, which is partially due to anxiety residing alongside my gender identity. I came out to my parents 2-3 years ago and to my teachers earlier this year, however I struggled to make progress in school life. However, I'm not defined by my gender identity, more so my interests. I love music and I find emotional release in it – along with art and drawing. Well that's me.	• Age 14 • At secondary school, started at new school one year and a few months ago • Dysphoria
	My name is Rachael and my pronouns are she and her. I am a second-year trainee educational psychologist and currently work in the North West of England. Prior to this I worked as a teacher for four years. I have worked with children and young people with special educational needs for over 20 years. I am keen to learn more about the experiences of transgender adolescents and am looking forward to working with you over the coming months.

Figure 5.1: Pen portraits of the four CRs written by them alongside my own pen portrait shared with the group in the initial session.

5.3 A participatory approach to data analysis – Thematic Analysis

As discussed previously, Thematic Analysis (TA) was chosen as the method of analysis for this research. In an attempt to remain true to the participatory values of the research, CRs were invited to be involved in the data analysis process. It was hoped that through the active involvement of CRs in this stage of the process an analysis could be conducted that remained true to the CRs' own stories and their interpretations of them without imposing only my own interpretations. This felt important in this research, aligning with the epistemological and ontological foundations that aimed for the co-constructed generation of meaning from the CRs' experiences in order to generate new understanding.

Chapter 5: Analysis and Findings

In a continued effort to give the CRs an opportunity to share their voice rather than simply generate a re-articulation of adult ideas (Pole, Mizen & Bolton, 1999), I attempted to emphasise the idea of co-ownership and co-production in the approach to analysis that was used. It has been noted that in research that encourages and promotes participation and collaboration, there is a concern that when CRs are not involved in the analysis process the stories that are presented may vary from the ones originally told (Aldridge, 2016). For this reason, it was hoped that a collaborative approach to analysis could be undertaken that acknowledged the skills I would bring as a researcher in teaching analytic approaches while also recognising the expertise of the CRs in their own understanding of their stories. Ongoing engagement with the CRs throughout the analytic process attempted to address imbalances in researcher-CR relationships and ensure the CRs could be open and honest in their responses. Through coding the stories of each CR independently and then collating the codes to generate themes it was hoped that voice would be facilitated at the individual level while action for change could be facilitated from the research findings (Aldridge, 2016).

It has been suggested that strict formulaic approaches to analysis should be surrendered in participatory research in favour of more flexible approaches to 'reading' the data (Aldridge, 2016). For this reason, TA was chosen as the method of analysis and taught to the CRs in a lesson delivered by me. The CRs had the opportunity to learn new skills, such as coding and theming of data, and to practise with data taken from the pilot study. It was hoped that this would enable a level of internal consistency in later coding when the CRs came to code their own data. The following table highlights the six stages of TA as identified by Braun and Clarke (2006) alongside their criteria for 'good' TA and a description of the actions taken by the CRs and me at each stage of the process.

Chapter 5: Analysis and Findings

Phase	Description of the process	Criteria for good Thematic Analysis	Actions taken in current research
1) Familiarisation with the data	Transcribe the data, read and reread the data, note down initial ideas.	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for "accuracy"	CRs revisit the collages and add text where appropriate. Field notes generated from multiple sessions and read by the CRs. Notes made in the form of a reflective diary and in verbal comments recorded during sessions.
2) Generation of initial codes	Code interesting features of the data in a systematic fashion across the entire data set, collate data relevant to each code.	Each data item has been given equal attention in the coding process.	Data driven coding – each CR identified codes in their own collage, me and other CRs acting as critical friend to ensure internal coherence across the entire data set
3) Generation of themes	Collate codes into potential themes, gather all data relevant to each theme.	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.	Codes colour coded for each CR printed and cut up into slips of paper. Initial themes were then generated, reviewed and edited. A mind map was then created with potential themes.
4) Review themes	Checking the themes work in relation to the coded extracts and entire data set, generate a thematic 'map' of the analysis.	All relevant extracts for each theme have been collated. Themes are internally coherent, consistent, and distinctive	Initial themes shared with CRs and edited based on feedback to generate a thematic map. Quotes from the field notes were identified that linked to each theme. Thematic map again edited after the CRs identified elements that appeared relevant to their stories. Final thematic map generated
5) Define and name themes	Ongoing analysis to refine the specifics of each theme and the overall story the analysis tells; generate clear definitions and names for each theme.	Themes have been checked against each other and back to the original data set.	Themes named with CRs. Exploration as to whether the themes appeared across all four CR data sets and how often they appeared to identify the strength/prevalence of themes.
6) Produce the report	The final opportunity for analysis. Selection of vivid extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a report of the analysis.	A good balance between analytic narrative and illustrative extracts is provided. The assumptions about, and specific approach to, thematic analysis is clearly explicated.	CRs supported in selection of extract examples used for each theme. Write up completed by researcher to be shared with CRs.

Table 5.1: Columns one, two and three adapted from Braun and Clarke (2006) tables one and two. Column four describes the actions taken in the current research.

In approaching the analysis, I began by asking each CR to code their own collage, a specific data item within their data set. The collages contained both visual and textual data. The CRs coded in their respective pairs and I attended both sessions, acting as a critical friend to

ensure consistency in codes generated. A code can be thought of as the term given to a feature of the data "that appears interesting to the analyst" (Braun & Clarke, 2006, p.88). Boyatzis (1998) explained that codes refer to "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon," (p.66) and support in the organising of the data into meaningful groups (Tuckett, 2005).

Following the coding sessions, I typed, and colour coded the generated codes linked to each CR before beginning to theme. I generated an initial idea for themes before returning to the CRs to share my ideas. At this session, the CRs looked at the potential themes and made some edits based on their own ideas to begin to create a thematic map. The CRs also collated further evidence for each of the subthemes by identifying relevant quotes from the field notes for the recorded sessions. The generated themes aimed to respond to the research questions by highlighting patterns within the data. An inductive semantic level approach was followed ensuring the generated themes lay close to the data itself and were identified within the surface meaning of the data (Braun & Clarke, 2006). It was hoped that by engaging in a reflective and thoughtful way with the data throughout the analytic process, creative and interpretative stories as themes could be generated in line with Braun and Clarke's concept of reflective TA (2019).

5.4 Themes

The following themes were identified and agreed by the CRs as evident in the data collected and relevant to RQ1a: What are the similarities and differences between transgender people's stories of their experiences? Supporting evidence for each of the themes and subthemes was collected initially from the CRs' collages and supplemented by extracts from the field notes

of each of the research sessions (see examples in Appendix L). Ten themes were generated which were further subdivided to generate 32 subthemes (Figure 5.2).

Reflection - Abraham and *Matthew:* I think there will be crossovers between any of them, you could pick any and they will overlap. *They all stem from each other and link together. Family is other people's perceptions, belonging to a community is wider society, support comes from wider society, knowledge needs to be given to wider society,* you learn knowledge from support and the wider community, *stereotypes stem from wider society, language is also wider society,* but stereotypes are perpetuated by the community. I think that's as accurate as it's gonna be to us while also being as clear as it can be to other people. You could have a million different themes.

Ace: This is gonna get messy. The subthemes they all just go through each other but that could be a mess. It doesn't look like that (the theme map), it's never gonna look like that, but we want it to look like that.

As noted above by the CRs, creating a thematic map was challenging due to the interrelated nature of the some of the subthemes and themes. In addition, due to restrictions of word count, it was not possible to fully discuss all 32 subthemes within the main body of this thesis. Consequently, I asked the CRs to consider which themes seemed the most relevant and important to them. The strength and prevalence of each theme was explored in order to establish the similarities and differences between the CRs' stories. We considered the number of codes generated for each theme from the collages and the number of additional quotes identified from the field notes in support for each theme (Appendix M) as well as the prevalence of each theme in each of the CRs' stories. The CRs were also asked to complete a card sort activity with the themes and subthemes to elicit the value they each placed on them (Appendix N). They were asked to consider which themes they felt were particularly important to be discussed in detail in the main body of the thesis. As a result, four superordinate themes and accompanying subthemes were identified and are explored in detail in this chapter. These four represent the themes that appeared most relevant in responding to the RQs and were highlighted as important by the CRs for detailed explanation in the main body of the thesis. The other six themes and the accompanying subthemes can be located in Appendices O-T. They are further discussed in response to RQ1a in chapter six.
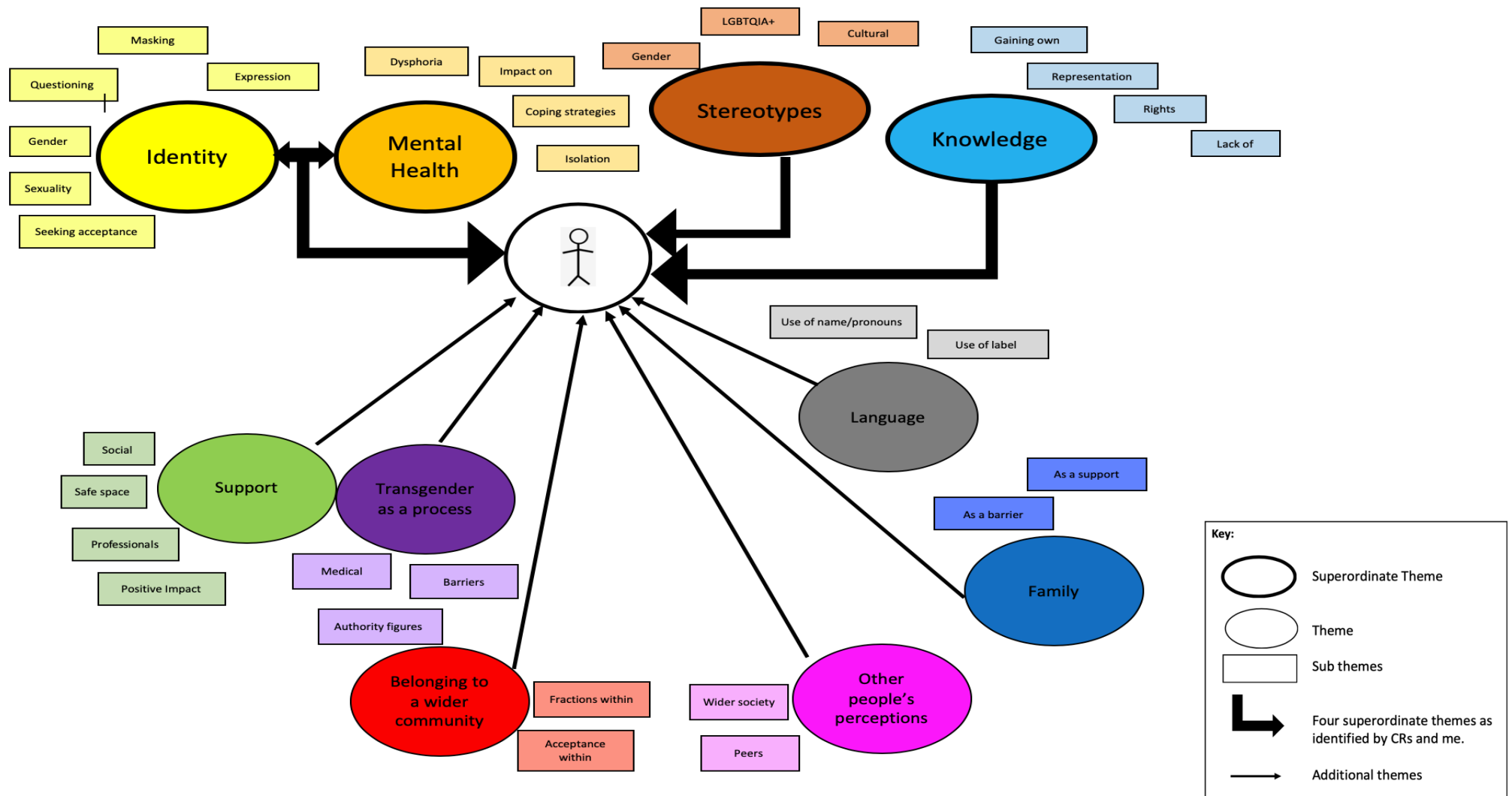
Figure 5.2: Thematic Map

5.4.1 Superordinate theme – Mental Health

All four CRs' collages linked in some way to their own perceptions of their mental health. Throughout our discussions, it became very clear that each CR viewed their experiences of being transgender as intricately linked to their own mental health and EWB. This theme was further subdivided into four subthemes as each CR further explored their own mental health and different coping strategies.
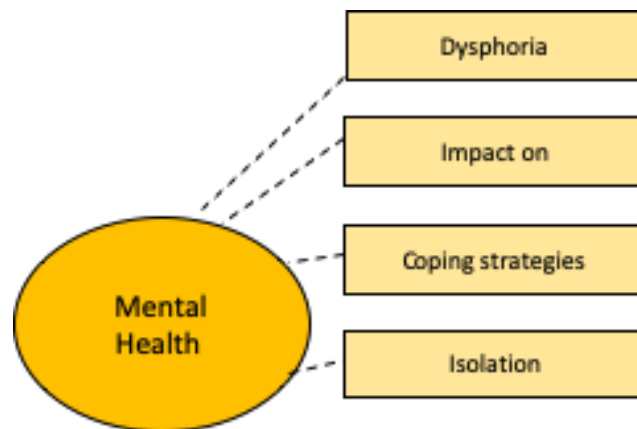
Figure 5.3: Thematic map illustrating the superordinate theme 'Mental Health' with the four generated subthemes.

5.4.1i Subtheme – Impact on mental health

Each of the CRs coded their collage with 'impact on mental health' without specifically stating what that impact was. Ace was the only CR to code specific details separately coding his own *"insecurity from body issues and own perception of self"* commenting *"I didn't understand why I was feeling the way I was feeling. Crippling depression from looking at my own boobs in the mirror."*

Figure 5.4: Image from Abraham's collage. *"Every moment I was alive was causing myself more pain, the barbed wire stays the same but makes every moment more and more difficult. Everyone else likes them (boobs) but me. Self-doubt, mental health and questioning permeates through everything."*
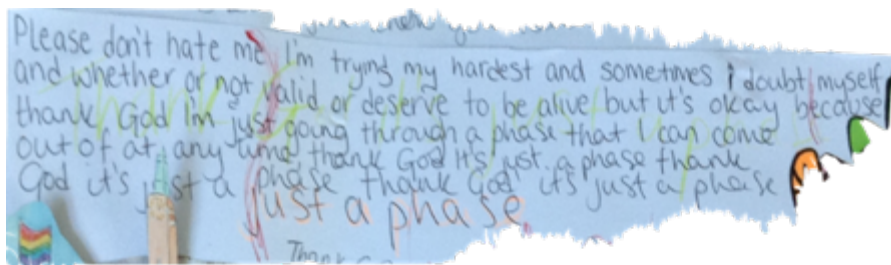
Figure 5.5: Abraham wrote: *"Please don't hate me I'm trying my hardest and sometimes I doubt myself and whether or not I'm valid or deserve to be alive but it's okay because thank God I'm just going through a phase that I can come out of at any time, thank God it's just a phase, thank God it's just a phase, thank God it's just a phase."*

The younger CRs spoke in length about their own emotional wellbeing discussing their worries, thoughts and feelings linked to their identity. In particular, Matthew commented that *"People, in my personal opinion, need to understand being trans isn't fun and,* (looking at Mary) *I'm sure you'll agree, it's not a fun experience. For most trans people it takes a massive toll on you."* Both Mary and Matthew recalled incidents from their recent experiences where they had to seek support from peers and professionals in relation to their

mental health. In addition, they commented on the negative outlook they have towards their future and the concerns they have in relation to gaining employment.

> Mary: *I'm scared. Yeh I think like I'm just gonna get, like go to a job and they are just gonna reject me.*

> Matthew: *I'm not optimistic for myself but I am for other people.*
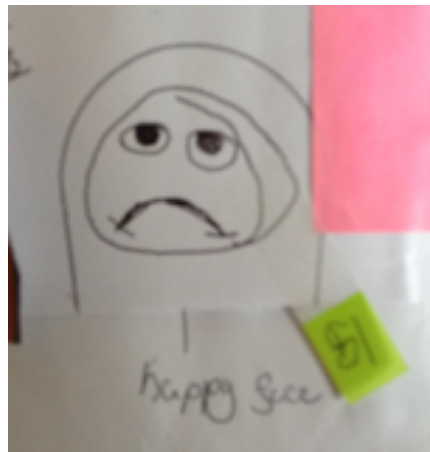
Figure 5.6: Image from Mary's collage linked to her own mental health. *"I look happy but when I'm actually smiling, I'm not."*

All of the CRs additionally noted the feeling that they were being asked to wait for their mental health to 'be worse' and for needing to justify and explain themselves before they were able to access support.

> Ace: *I have had with so many medical professionals is why are you treating me for my depression, but you are not treating me for WHY I'm depressed?*

> Abraham: *You've gotta already be in a dark mental health situation for them to want to give you help.*

Matthew: *I was told to go to the school nurse because I was feeling really sad, like SO down, and she was like 'So you're sad? You're having thoughts about death? Have you self- harmed?' and I said 'No' and she was like 'Well I can't help you then' and I was like 'What? That doesn't make sense you are supposed to stop me from getting to that point.'*

Mary: *It's an ignorance like you've got to get to a certain point that we don't want you to get to for us to help you.*

5.4.1ii Subtheme - Dysphoria

Dysphoria was highlighted on multiple occasions, mainly by the younger CRs, as a subtheme under the umbrella term of mental health. The younger CRs reflected on their own understanding of dysphoria stating:

Matthew: *I think of it as feeling like you are in the wrong body in gender terms. Cos there are other things when you feel you are in the wrong body but it's not the same thing. I just mean you feel like, you know, this isn't my body why am I here? That's like the best way I can describe it. To be fair, I wouldn't be trans if I didn't have dysphoria, so I guess that's the biggest thing.*

Mary: *It's just like a feeling that's like going on in your head that you just can't really stop. It's not something that like, like from what I've heard from people who've even got all the surgeries and everything it doesn't really go away and it's always there and it's always reminding you that you were born in the body that you were.*

For both of the younger CRs, it became apparent that they viewed having dysphoria as integral to their identity as being transgender. In addition, both of the younger CRs commented on the negative impact dysphoria has on their own mental health.

Matthew*: Everything is bad. Just overall awful stuff. It's like you put like a barrier up, like I'm not talking right now cos my voice makes me want to throw up. A lot of mental illnesses will stem from dysphoria.*

Mary: *When I am dysphoric, like walking home today, I had literally gone from really, really, talkative to just walking with my head down trying to get away from it. It's linked to a ton of distress. A lot of people just don't want to talk about it because it makes them feel really bad.*

While both of the younger CRs felt the negative impact of dysphoria, they reflected on their attachment to the label as an understanding of their transgender identity and appeared to be accepting of it.

Matthew: *Doctors use it. It sounds like a bad word, but I don't think it is.*

Mary: *There are lots of people that walk around the word dysphoria and I'm like it's fine.*

While dysphoria presented as a key topic in discussion with the younger CRs, it was less prevalent in conversation with the older group who reflected more on other mental health difficulties and coping strategies. They mentioned dysphoria briefly when working with the younger group, but the subtheme did not appear as important to their experiences as transgender adolescents.

5.4.1iii Subtheme – Coping strategies

Strategies that were perceived by the CRs as both positive and negative were identified as helping them to cope with their mental health difficulties.
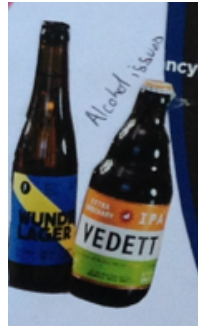
Figure 5.7: Ace: *"Because I couldn't express how I felt because I didn't have the language so coping mechanisms to bottle it up and down."*

The older CRs recognised some of the negative strategies they had used to cope with their own mental health difficulties, including drinking and self-harm. They commented that they hoped the younger two would have different coping strategies.

Ace: *I used to self-harm. I've tried to kill myself several times but I didn't because part of me always knew that it would hurt the people around me too much.*

Figure 5.8: Abraham chose an image to express their coping method: *"I hope they have different coping mechanisms. I would go through that 100 times, I know I can get through it."*

Music was identified as a positive coping strategy by both Matthew and Ace. Matthew spoke about the strength he gained from listening to a specific band and the lyrics of their songs, as well as a sense of belonging and identity to the wider fan group, "*They have such a good*

message. That's like coping isn't it, finding ways to cope," with Ace adding, *"Music is so good for coping."*

Figure 5.9: Matthew chose an image to reflect his coping strategies: *"BTS, though it may seem stupid have been amazing help in terms of bringing my mood up, distracting me and helping me through the process of transitioning. One member's lyrics in particular help me."*

 Ace also reflected on his childhood, highlighting his use of reading and stories as coping strategies.

> Ace: *I was a little quiet kid, I was a bookworm because I could get lost in stories. Stories were such a good coping mechanism for me.*

The younger CRs also commented on the strength they felt when talking with other transgender people to normalise their worries and through increasing their social networks. Being able to talk with peers and people in school was noted as a coping strategy, despite both Matthew and Mary acknowledging that their peer groups consisted of other people with mental health difficulties.

In addition, the use of humour was commented on by the older CRs within their discussions, with the pair commenting:

> *"The reason why we are laughing so much, we are taking this seriously, but the reason why we are laughing is because If you don't laugh about it you'd cry. I think we've said it once but when we talk about something dark, we laugh or make a joke."*

5.4.1iv Subtheme – Isolation

While all of the CRs coded for 'mental health' within their collages, the younger two CRs commented specifically on the feelings associated with it. In particular, Mary coded for feeling alone, unsafe and not listened to. Not being able to access the toilet linked to her identified gender was commented on multiple times by Mary and she further explained the isolation she felt as a result:

> Mary: *Being banned from the toilets that you identify with, but all your friends go in there at lunch, so you have to wait outside really awkwardly and then you get questioned by the cleaners why you don't go in.*

Figure 5.10: Image from Mary's collage linked to her feelings of isolation at her old school. On top of the pizza, Mary wrote *"Awful school, bullying, bad and orange teachers, bad at mental health."*

As well as feeling excluded from social situations, Mary commented on feeling unsafe in toilets after seeing incidents online, *"You do see videos of people online going into the toilet and harassing people just because they are trans."*

Both of the younger CRs spoke about feeling isolated from peers and the feeling of not having strong friendships in school. They commented on their dislike for break times where they would have to stand alone and feel bored rather than interact with peers.

5.4.2 Superordinate theme – Knowledge

For all CRs, knowledge appeared as important within their collages. This knowledge came in the form of them seeking ways to increase their own knowledge in relation to being transgender e.g. through role models, representation, understanding of rights etc. In addition, the CRs commented on interactions with other people and the lack of knowledge they perceived them to have as a result.
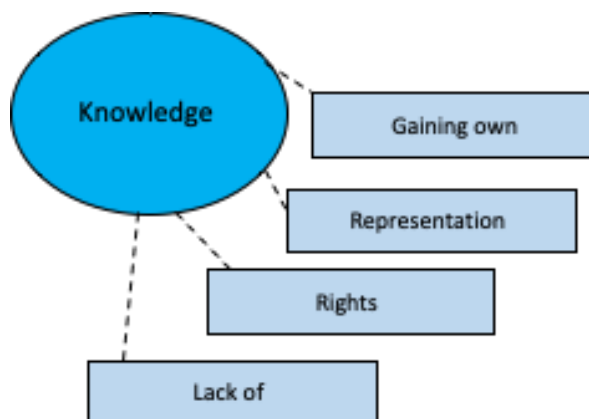
Figure 5.11*: Thematic map illustrating the superordinate theme 'Knowledge' with the four generated subthemes.*

Reflection - Abraham: I think insider perspective goes with gaining own knowledge because you will learn, this is why you've come to people who are in the community, you've not read up on it because you want to know like kinda straight from the horse's mouth what's important to us.

5.4.2i Subtheme – Gaining own knowledge

The CRs spoke about how they had been able to find out about being transgender and come to their own understanding as to what it means for them. All of the CRs commented on not knowing about transgender until they did their own research and spoke about the importance of this knowledge in supporting them to understand themselves.

> Ace: *I'd never heard of trans people for soooo long, like I didn't even know they existed until pretty much I was like why am I feeling this way like what is wrong with me?*

> Matthew: *It is confusing. The thing is I came to this entirely by myself, I didn't tell anybody else, I went on google and I remember I was talking to someone on Instagram in the comments section on a picture and they were like… we just talked about it.*

In addition, the CRs reflected on the wealth of knowledge available when they were researching for themselves and the importance of getting 'true' information from reliable sources which they recognised can be difficult.

> Matthew: *I can say a good start (for information) honestly is the NHS. But the thing is sometimes people claim false information and disguise themselves so it can be really difficult.*

> Mary: *Schools should be put in contact with support groups and should be telling people about transgender at a younger age, so they start accepting it. They need to tell you what it is, how you feel, just so that you are not doing your own research and finding out because it's really hard to find out.*

Figure 5.12: Image from Matthew's collage demonstrating his ability to gain knowledge and support from a local LGBTQIA+ support group.

5.4.2ii Subtheme – Lack of knowledge

All of the CRs commented on the lack of knowledge they perceived other people to have in their understanding of the transgender community. For the younger CRs, the comments reflected the lack of knowledge and understanding they perceived schools to have and the impact this has on their ability to support transgender pupils.

> Mary: *Schools are doing the bare minimum not to get in trouble. They say they are supportive and make you think it but actually they're not.*
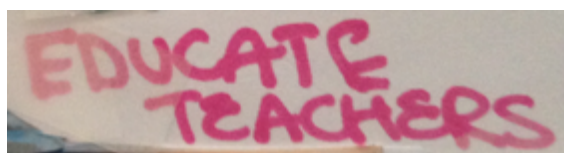
Figure 5.13: Matthew commented *"Teachers need educating because if I went to a certain teacher in my school, he would be more focused on revision and would skip to the conclusion 'This doesn't affect your revision' and I would be like that's not the point."*

A lack of knowledge and understanding was also experienced in comments made by peers, family members and the wider community to each of the CRs. It was clear that while the CRs felt the need to educate themselves in relation to being transgender, they also felt they were then required to educate other people.

Ace: *I will always say feel free to ask me questions, but there are some people who take that TOO far.*

Mary*: My friend doesn't believe in dysphoria. I have to keep telling them like it's a real thing and that people have it. And that you have like brain scans to get diagnosed with it like properly, but then erm they said 'well you haven't had them so you can't be diagnosed with it so therefore you aren't trans' and I'm like"*

Figure 5.14: Ace reflected on the lack of knowledge he felt people had living in a small town. *"small towns, nice and quiet as long as you are a cisgender male."*

5.4.2iii Subtheme – Representation

The CRs commented on the representation of transgender people in public discourse and the impact this has on them as individuals. Abraham commented on the difference between representation and tokenism in TV shows and films with Matthew noting the positive impact this increasing representation has on developing the understanding of other people.

Matthew: *My grandad was talking about it* (a TV show with a trans character*) and he was like 'I never knew it was like that, I never knew that that's what being trans was' and I was like wow this is positive.*

The CRs also commented on the representation of the wider LGBTQIA+ community being biased

> Ace: *LGBT people ending up in the media because they've been attacked or murdered, or they've committed a sexual assault or a crime. We have such little representation and the bad representation is so much stronger than the good representation.*

> Abraham: *In the community, your role models aren't people who are nice and caring, they are people who had to put other people down, no peaceful protest in the queer community, they had to, to be respected, so our role models tend to differ a bit.*

5.4.2iv Subtheme – Rights

Figure 5.15: In relation to their chosen image, Abraham commented *"Literally just let us live. Treated the same at best."*

Although not mentioned frequently, each of the CRs made reference to an understanding of their rights. Mary and Matthew commented on their right within education for their name change to be acknowledged and for different relationships and genders to be taught as part of the curriculum. Abraham and Ace further commented on the ways in which transgender people are treated in wider society and acknowledged the right to protection from hate crimes.

Discussions in later sessions, focused on the difference between fairness, equality and equity, with the CRs recognising that rather than everyone being treated the same there needs to be recognition of individual differences in order to *"level the playing field."*

Figure 5.16: Abraham added the binoculars to their collage and commented *"Need to take a greater look to see the individual people."*

5.4.3 Superordinate theme – Stereotypes

Both of the older CRs generated codes within their collages for stereotypes they felt linked to gender and the wider LGBTQIA+ community. In addition, Ace reflected on the impact of culture and his Asian heritage on his experiences. This theme was not noted in the younger CRs' collages but was noted in some of their discussions and the field notes.

> Reflection - Abraham: I bang on about politics and stereotypes a lot and I think that's because I present myself as quite femme so I can sort of go under the radar and see people's opinions and stuff whereas erm (looks at Matthew) yourself and Mary because you're still in school and stuff it's more about questioning and finding your identity at this time and that may be because I'm slightly older.
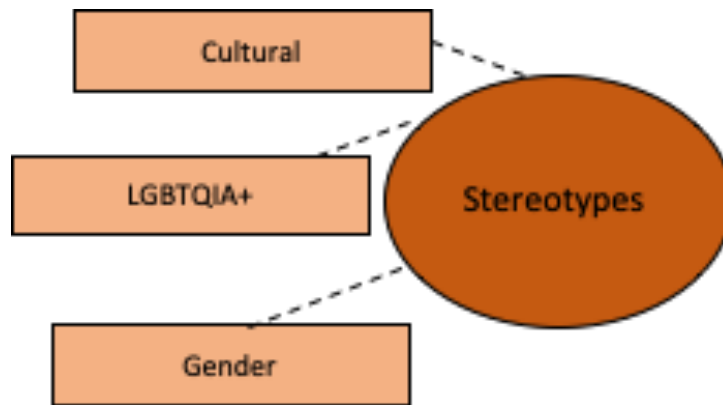
Figure 5.17: Thematic map illustrating the superordinate theme 'Stereotypes' with the three generated subthemes.

5.4.3i Subtheme – Gender stereotypes

Gender stereotypes were commented upon multiple times by all of the CRs throughout the research process. The use of humour permeated these discussions as the CRs considered the impact of societal expectations and stereotypes on their own identity development

Matthew: *I was obsessed with Monster High so I thought oh I can't be a guy.*

Abraham: *People always say to me "God if only we could go back to then and like girls just knew.."*(Laughter) *like the point wasn't that girls knew not to eat Yorkies that wasn't the point. The point was that women are going to eat the Yorkies anyway! Yeh jokes on you, maybe the reason that I'm trans non-binary is because I loved Yorkies. I loved them! I can't be a woman because I ate Yorkies as a child.*

Ace: *It's that, it's that oh that boy likes to play with barbies, he must be gay. I wanna play with Legos not Barbies. Like I wanna read books, I don't wanna go to parties, that was me.*
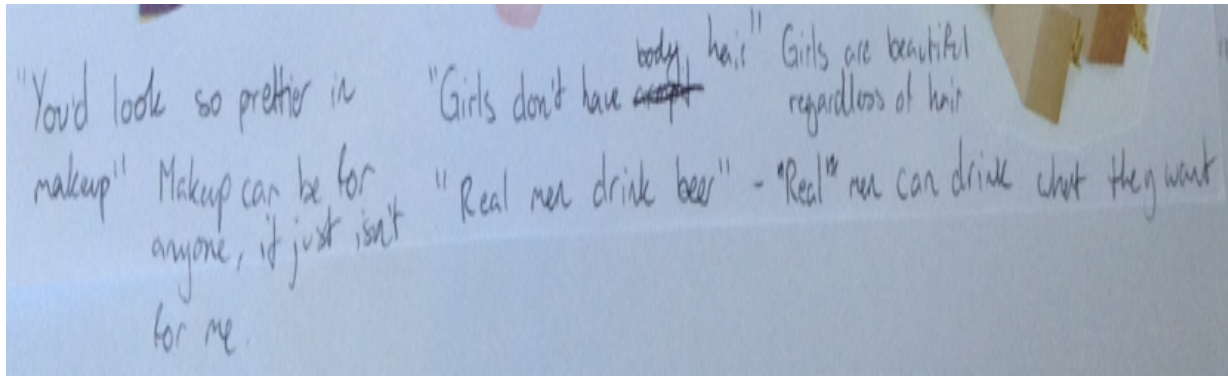
Figure 5.18: Ace wrote *""You'd look so prettier in makeup" Makeup can be for anyone it just isn't for me. "Girls don't have body hair" Girls are beautiful regardless of body hair. "Real men drink beer" "Real" men can drink what they want."*

The CRs also commented on their decision whether to comply with gender expectations or to subvert them and the impact this had on their own gender identity. For Mary, it was noted to be important to fit with societal expectations of 'being a girl' by growing long hair, while for Ace and Abraham there was more fluidity in their choices of matching or subverting gender expectations.

> Abraham: *I love women's clothes, but I love subverting the gender thing, it's such a shame I was born a woman. My dream is to look like a big butch lad but then like 'Yes wear them heels.' I wanna be that but I can't because I already look too feminine.*

> Ace: *Something that I can applaud with transgender people is people who go outside the gender norms. So like transmen who wear like long hair and don't bind and like women with short hair and like beards. They're still very much valid in like how they express themselves and that shouldn't be negated. That's why I fight stereotypes so much because it's just like, if you fit in that stereotype that's amazing, that's great you're still valid, you're still beautiful but for me it's like even if you don't fit in that stereotype you shouldn't be any less valid.*

5.4.3ii Subtheme – LGBTQIA+ stereotypes

As well as gender stereotypes, the CRs discussed various stereotypes of the LGBTQIA+ community and the impact they have had on their own identity development. For example, in discussions about their older relatives' stereotypical views, Abraham reflected on their aunt's belief that all male dancers must be gay. In particular, the stereotypes associated with being transgender were discussed by the younger CRs.

> Mary: *It's like saying all trans people are suicidal, all trans people self-harm. It's portraying a negative stereotype.*

The impact of such stereotypes was also linked to the lack of knowledge and misunderstanding within the perceptions of wider society that continue to reinforce false ideas about being transgender.

5.3.3iii Subtheme – Cultural stereotypes

Figure 5.19: Ace selected a razor for his collage and made links with cultural stereotypes in relation to the expectation for women to shave body hair.

Coming from an Asian background, Ace commented on his feelings of having to *"fight for things like my Britishness, my gender and my sexuality."* It was also noted that some of the gender stereotypes commented on earlier were linked to British and Western culture. In

addition, the feeling of different levels of acceptance of the transgender identity in different cultures was briefly mentioned by Abraham who commented that *"In America, it's vilified to be trans, in the UK trans people tend to be more ostracised, in Europe it's more accepted."*

5.4.4 Superordinate theme – Identity

All four of the CRs' collages explored their own understanding of their identity in relation to gender, and for Ace, sexuality. Each CR reflected on their own understanding of their identity through 'questioning', 'masking' and 'expressing'. The younger CRs also referred to wanting acceptance and to 'fit in' in relation to their identity. Codes linked to identity appeared multiple times in each of the CRs' collages and were further supplemented by quotes from field notes.
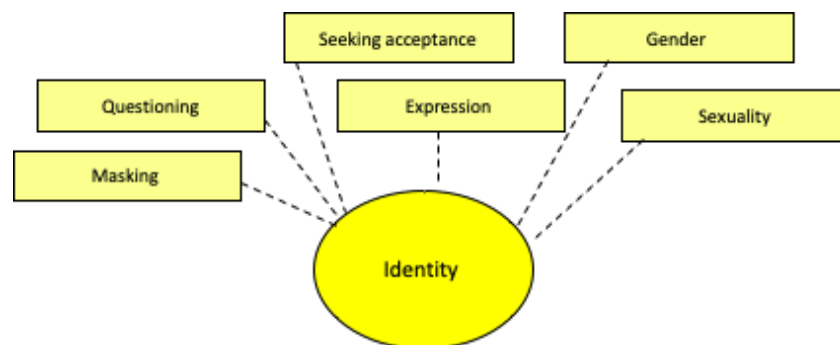
Figure 5.20: Thematic map illustrating the superordinate theme 'Identity' with the six generated subthemes.

5.4.4i Subtheme – Expression of identity

Within each of the CRs' stories, discussions centred around their own ability to express themselves and their identity in a way they chose. These discussions also highlighted their understanding of when they may choose not to express their identity and how they became

comfortable in expressing themselves over time. The CRs commented that their own individualism and being able to express their identity in ways they chose gave a sense of freedom.

Abraham: *To me it's freedom, I think the most freeing thing about gender is that it is fluid. It's my freedom.*

In addition, comments made by the group suggested the importance of them expressing their own identity within the wider LGBTQIA+ community.

Abraham: *Group identity and then individuals under the layers.*

Figure 5.21*: Ace: "My labels don't stack neatly; I have boxes inside boxes that "shouldn't fit" just due to my expression. Labels aren't always neat. A person isn't a "fit for all" item of clothing"*

5.4.4ii Subtheme – Questioning identity

The CRs explored the self-doubt they feel linked to their understanding of their own identity and the impact other people's comments and beliefs have on their own identity formation. Abraham commented "*All I've ever done is doubt whether I am valid*" while Mary commented on her fear of "*Becoming one of those*" in relation to her growing understanding of her transgender identity.
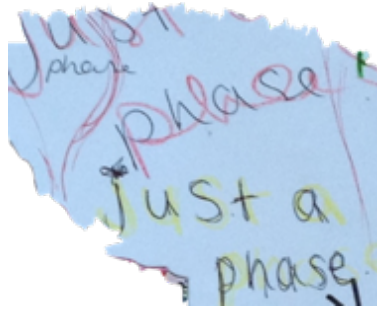
Figure 5.22: Abraham discussed comments made by other people linked to them questioning their own experiences *"Trying to convince yourself when everyone's telling me it's a phase. I'll come out of it, but I know that I never will because this isn't a phase."*

Abraham in particular commented on the journey they had taken in coming to understand their gender identity and the questioning that had occurred as a result. During the research process, Abraham continued to explore and question their identity moving from identifying as non-binary to gender fluid. They explained how they will often question their own identity as transgender and change the way they express themselves as justification.

> Abraham: *I'm proud of who I am as a trans person but then on the other side "what if I'm not? I haven't worn men's clothes in a while, I'm wearing makeup, even though I look at my naked body and hate it because it's very feminine maybe it's just the clothes that I'm wearing" It's like the chicken or the egg, am I trans because I hate wearing dresses, or do I hate wearing dresses because I'm trans?*

Figure 5.23: Ace's chosen image linked to justifying and questioning his own identity
"Trans people now more ok with saying 'I'm a man and I have periods' Other people saying "I don't get how you are a man with a vagina"

The impact of wider society's perceptions was noted by the CRs who reported the ways in which they questioned their own identity based on the perceptions of others. The reverse was also noted with the CRs discussing the ways in which wider society continues to question their gender identity. Abraham again used humour to comment on the ways in which they were able to cope and respond when asked about their gender.

> Abraham: *Here are some things to say when someone asks what your gender is 'Do you believe I didn't get one?' or 'I come from a do it yourself family and my mum just never got round to it' or 'They are just so expensive' because if you don't have one you can't answer.*

5.4.4iii Subtheme – Masking identity

For the CRs the questioning of their own identity and fear for their own safety was linked to them sometimes choosing to mask their identity. Ace reported that the journey to identifying with a transgender identity began with an exploration of his sexuality, identity as transgender man and decision to mask his identity "*for fear of getting attacked. Self-preservation above self-expression.*"

Figure 5.24: Ace's chosen image linked to his thoughts around masking *"Some people wear makeup to mask certain physical flaws that they think they have. It's less fit me and more fit in. Being forced into it. Everyone wants to fit in. When you succumb to it, you end up believing it."*

Discussion also linked to Ace's ongoing questioning of his identity and his feeling that he will continue to *"lie about my label solely because there is less acceptance of non-binary people than there is of people who are still in the binary but transgender. So I am still living a lie but that is for my own safety."* Abraham added the need to balance acceptance of their own identity with a desire to fit in and match societal expectations *"You don't want to lose your morals, but you do really want to fit in.'*

5.4.4iv Subtheme – Gender identity

Initially, Matthew was the only CR to code his collage specifically with 'gender identity' commenting on his own identity as transgender as being central to his identity.

> Matthew: *All of these* (points to other images) *stem from that. I wouldn't have to worry about going to the toilet if I wasn't trans, I wouldn't be so emotionally attached to BTS, I wouldn't have to go through all the doctor's stuff.*

Figure 5.25: Image from Matthew's collage linked to his uncertainty as to which gender to identify with in selecting a bathroom to use.

All of the CRs later identified comments that they had made during our meetings that linked to the concept of gender identity with Ace commenting *"Gender is not the first fight for me and it won't be the last."* The complexity of gender was also recognised by the CRs who noted that gender identity and expression would in their opinion be different for each person.

> Abraham: *Gender is one of the most confusing, fascinating and amazing things that we have. I believe there are as many different genders as there are people.*

5.4.4v Subtheme – Sexuality

The older CRs engaged in discussions related to sexual orientation and commented on its part in their understanding of their own identities. Both Ace and Abraham stated their sexual orientation as part of their pen portraits (Figure 5.1) and discussed how they had considered their own sexuality prior to their gender identity. Sexuality was not seen as relevant for inclusion in the pen portraits by the younger CRs.

Ace commented on the impact his transgender identity has on his ability to make romantic relationships.

> Ace: *Cisgender women on tinder don't see me as a man, a lot of cisgender men don't see me as a man, so gay men won't date me because they see me as a woman, straight women won't date me because they think I'm a woman, I don't wanna date lesbians because that's invalidating, in some cases depending on how they feel that can invalidate their sexuality and it can also invalidate my gender, so it's very difficult because my options are essentially date someone who's bi, pan, queer or whatever or date a trans person who just doesn't care because they are in the same boat or whatever.*

In addition, it was noted by the CRs that while schools teach about sexuality, they are less likely to cover gender identity. Ace shared that for this reason he was able to first explore his sexuality before considering his gender identity.

> Ace: *They* (school) *were very open about sexuality but not about gender identity. They never once mentioned that trans people existed and for me, looking back, I wish someone had. I really, REALLY wish someone had rather than me going what is wrong with me.*

5.4.4vi Subtheme – Seeking acceptance

Figure 5.26: Image from Mary's collage linked to her discussion of feeling accepted when she moved to a new school. On top of the pizza Mary wrote *"Amazing school, LGBT friendly, good with mental health"*

The younger CRs commented on their desire to be accepted and fit in, *"Understanding that there's no issue with it and just accepting it"* (Matthew). Mary commented that this feeling of being accepted had helped her to have someone to talk to and to 'normalise' what she was feeling.

In addition to their desire to fit in, the CRs commented on there being an acceptance and understanding that being transgender was viewed as only part of their identity rather than their entire identity.

> Ace: *I am trans but it's not everything that I am, that's not my entire personality, It's just a little part of me. I do photography, I work, I have hobbies, I do have a life outside of being trans in case you didn't know.*

5.5 Summary

This chapter presented the analysis and findings from the research following thematic analysis that was conducted by the CRs and myself. The themes and subthemes were summarised with four superordinate themes being explored in detail with examples from the CRs' collages and texts. Due to restrictions of the word count, the other six themes and corresponding subthemes can be located in Appendices O-T. The findings attempt to answer the previously generated RQs and will be further explored in chapter six alongside examples from the literature. The strengths and limitations of the research will be discussed and directions for future research highlighted.

Chapter Six: Discussion and Reflections

6.1 Overview

Chapter five provided an overview of the analysis and findings from the presented research exploring the experiences of transgender adolescents using a participatory and visual approach. The current chapter will reconsider the RQs generated from the literature review and further explore how the findings from this study can be consolidated and linked to current literature to answer each of these questions. An evaluation of the research will then be completed with discussions linked to the strengths and limitations of the participatory and visual approach before suggestions are made for future research directions. The chapter will conclude with plans for dissemination of the research and closing statements from myself and the CRs.

6.2 Revisiting the aims and research questions

This research aimed to give voice to transgender adolescents in order to hear and begin to understand their experiences. I hoped to uncover stories of strength as well as to unpick challenges and identify potential ways to offer support to CYP for whom gender identity differs to the gender that was assigned to them at birth. Through the use of a participatory approach to research and visual methods, the voices of four transgender adolescents as CRs throughout the process have been reported. Their stories have been shared and analysed with them to generate themes which can be used to respond to the RQs that were initially generated as a result of the literature review.

Chapter 6: Discussion and Reflections

6.2.1 RQ1a: What are the similarities and differences between transgender people's stories of their experiences?

The use of thematic analysis allowed the individual stories of the four CRs to be synthesised and for themes to be generated that they each shared in common. In total, ten themes were generated with a further 32 subthemes identified by the CRs and me. The weight given to each theme by the four CRs was explored highlighting which themes were felt to be most important to them alongside similarities and differences in their stories which will be explored further in this section.

6.2.1i Impact on EWB and mental health

Each of the four CRs spoke in detail about their own links between their EWB, mental health and their identity as transgender. For each of the young people, the negative impact on their mental health was commented upon multiple times. Research has explored the mental health difficulties of transgender CYP and made links to their attempts to conceal their gender identity, a lack of acceptance and difficulties fitting in with those around them, problems accessing gender realignment and negative behaviours directed towards them (Yavuz, 2016). In addition, the CRs commented upon a variety of both positive and negative coping strategies that they had employed to help them to manage their feelings of anxiety and unease. Budge et al (2013) note the difference between avoidant coping strategies, where individuals seek ways to prevent emotional responses, and facilitative coping strategies used to seek support and alternative positive ways to cope. In particular, avoidant coping strategies such as self-harm, using alcohol and thoughts of suicide were noted by the older CRs. This aligns with research that has shown that transgender CYP demonstrate high levels of self-harm and life-threatening behaviours and of engaging in self-hazardous behaviours e.g. drinking (Coulter, Bersamin, Russell & Mair, 2018; Grossman & D'augelli, 2007).

The CRs further acknowledged facilitative coping mechanisms that had helped them to avoid relying on these negative strategies. For Matthew and Ace, music and belonging to fan groups had expanded their interests and offered a way to cope. In addition, the CRs recognised their use of humour as a coping strategy. Humour in particular has been recognised as a coping strategy used when people are faced with types of adversity and has been linked to decreased stress and anxiety (Abel, 2002). While the majority of the research exploring the experiences of transgender CYP highlights negative outcomes and experiences, protective factors have also recently been evaluated (Leonard, 2019). Leonard (2019) noted the skills identified by transgender CYP within themselves that were used as coping strategies such as developing a sense of self-advocacy as well as external perceived positive support systems. It will be important to identify and utilise these skills in the CYP we work with as educational professionals.

For the two younger CRs in particular, the link between being transgender and having dysphoria was commented upon multiple times. These CRs felt strongly that being transgender meant they also experienced dysphoria in their feelings linked to their own bodies. As mentioned previously, the concept of GD remains controversial within the wider transgender community with groups calling for worldwide 'de-psychopathologization' of gender variance (WPATH, 2010). Meadow (2018) notes the paradox present in a transgender identity that while being recognised as a human experience there remains a need for many for a diagnosis and access to medical intervention. While not all of the CRs discussed dysphoria directly they each talked about finding an explanation for their feelings and labelling their identity as part of their developing understanding. It has been suggested that 'claiming' a transgender identity supports a person to understand and conceptualise their experiences

allowing for personal growth and a sense of congruence with their identity (Riggle, Rostosky, McCants & Pascale-Hague, 2011). It may be that for the younger CRs in this research their identity with the label of GD supported their growing understanding of their transgender identity (see reflection M, Appendix A).

6.2.1ii Developing a transgender identity

Developing an understanding of their thoughts and feelings, by meeting and talking with other transgender CYP, was noted as important by the CRs. In particular, their attendance at a LGBTQIA+ support group was reported by all CRs to provide a 'safe space' for them to explore their own identities and develop their understanding of the wider community. Support groups and access to knowledgeable professionals have been noted in research as valued by transgender CYP in developing their sense of belonging and sense of self while also establishing peer relationships (Formby, 2015). The younger CRs also spoke about seeking knowledge online and through talking to perceived professionals e.g. Child and Adolescent Mental Health Services. However, the dangers of misinformation were noted by the CRs as well as frustrations felt when faced with professionals who had a limited understanding of transgender. As well as professionals, the CRs' families, peers and teachers were all reported to have limited understanding or awareness of transgender. The CRs reported these groups needed to seek information in their attempts to support the CYP. In particular, lack of knowledge among school staff has been shown to make educational experiences more challenging for transgender CYP (Riggs & Bartholomaeus, 2015). The CRs spoke positively about people who had attempted to develop their own understanding of gender by seeking out additional information. This increased effort and interest was seen as facilitating the development of supportive relationships with the CRs and enabled them to further develop their own understanding of their gender identity.

Chapter 6: Discussion and Reflections

As well as talking to professionals, the CRs commented on their experiences of seeking information from other transgender people. This included talking with peers at the support group as well as role models in media and online. The younger CRs both noted that talking with their "first transgender person" had helped them to put a name to what they were feeling and to begin to explore their own identity as transgender. This corresponds with research suggesting that awareness of and engagement with other transgender people links to decreased fearfulness and suicidality with increased sense of comfort and self-identity for CYP (Testa, Jimenez & Rankin, 2014). The ability for transgender CYP to use the internet as a source for information gathering as well as for them to develop their own sense of belonging to the wider community has also been recognised as a protective factor and related to positive health and well-being outcomes in the literature (Johns et al, 2018). Role models are cited as important in adolescent development in reducing risk and increasing protective factors for healthy development (Bird, Kuhns & Garofalo, 2012). Transgender CYP may be more able to access media-based role models than meet other transgender people in real life and consequently begin to explore their identities through the experiences of these people (Bird et al, 2012). However, research suggests that having inaccessible role models, such as celebrities, may lead to increased distress for CYP, exacerbating their feelings of loneliness by reminding them that they do not have people in their lives to build these relationships with (Bird et al, 2012). This further emphasises the importance of supporting transgender CYP to build direct relationships with peers and adult role models who are better able to help them to understand and overcome challenges in their daily lives.

Once the CRs reported being comfortable with their identity their attempts to share this with those close to them were reported to varying degrees of success. The responses by different

people were noted in respect to their acceptance of each CR's identity. In particular, the CRs discussed the use of chosen names and pronouns as a sign that those around them were respectful and supportive of their identity. It has been suggested that language use can be a powerful tool in the construction of a person's self-concept and identity (Walker, 2014). This aligns with research which has shown that the use of a transgender CYP's chosen name across multiple contexts affirms their gender identity and has a positive impact on EWB and mental health (Russell, Pollitt, Li & Grossman, 2018). For the younger CRs this was especially evident in school where changes of names and pronouns were needed to be made by staff on both formal and informal documentation. The challenge of making these changes was also commented on and the accompanying fear of being 'deadnamed' or 'misgendered' was discussed by the CRs. Formby (2015) further highlights the negative impact incorrect use of name and pronouns can have for transgender CYP leading to increased stress, frustration and anger.

6.2.1iii Transgender as a process

The CRs discussed the processes associated with being transgender and making a transition from their assigned gender. This topic centred on medical discussions and the process of transitioning from one binary gender to another through hormone blockers, hormone injections, surgery etc. The impact of authority figures as barriers in this process was also discussed. In the UK, the transition process for CYP is provided by GIDS in line with service specifications set out by the NHS (2016). CYP are assessed by professionals before being granted access to both reversible and irreversible interventions. This process was discussed by three of the CRs in particular linked to their frustrations with wait times and access to support in the form of hormone blockers. For Mary, this frustration led to her family seeking private medical support rather than waiting for the NHS. This feeling of unknowing and

waiting as part of a 'battle' to get support was talked about by the CRs in the form of them

perceiving they had been told to wait for things to get worse before they were able to access

help, especially for their own mental health. It has been reported that there remains a

'persistent conflict' for transgender CYP and their families between greater visibility and

perceived understanding with the need for a medical label (Pullen Sansfaçon et al, 2015).

While the label of GD may offer access to services and 'treatment' it is noted that it often

leads to the dynamic, individual nature of each CYP being overlooked (Pullen Sansfaçon et

al, 2015).

For Abraham this area of discussion was different with them identifying as non-binary,

gender fluid. Abraham noted that for them, being transgender still felt like a process but that

there was no step by step path to follow to reach a specific outcome as their gender identity is

fluid. This aligns with research which suggests a person's gender identity formation is an

ongoing process with an attempt to balance authenticity and necessity (Levitt & Ippolito,

2014).

> Reflection - Abraham: I've not got anything on 'trans as a process' because being non-binary there is none, transitioning to a binary gender there is sort of a set thing like I will have top surgery, bottom surgery, hormones. With non-binary there isn't that because you aren't trying to be either.

It has been suggested that despite an increased awareness of a non-binary identity there

remains little exploration of their experiences and needs in research literature (Rimes,

Goodship, Ussher, Baker & West, 2019; Taylor, Zalewska, Gates & Millon, 2019). In

addition, the open-ended and dynamic nature of the transition process has been noted for non-

binary people whose identities can be constantly changing, evolving, bending and flexing

(Bornstein, 1994; Diamond & Butterworth, 2008). Research further identifies low mental

health for non-binary youth who are reported to be less widely understood and acknowledged

than their binary peers (Veale, Watson, Peter, & Saewyc, 2017). For these reasons it may be that Abraham's experiences varied significantly from the other CRs and may be explored further in research focusing on the experiences of non-binary CYP (see reflection N, Appendix A).

6.2.1iv Family

The stories the CRs told of their experiences with family varied. For Mary, a positive and supportive relationship with her mother was identified as a strength. Mary spoke fondly of the relationship and gave multiple examples of the support her mother had offered. For the other three CRs their relationships with family members was reported as less supportive. Each of the CRs recognised selecting different family members to talk to for different situations and having different family members offer varying levels of support. Lack of family support was noted as a barrier in accessing additional support for their identity and in being recognised and respected when sharing their feelings with others. Research has shown that parent support is an important factor for transgender CYP while lack of support can lead to increased feelings of anxiety and depression (Riley, 2018; Yavuz, 2016). It has been reported within the literature that parents and families may experience feelings of uncertainty and loneliness when supporting transgender CYP and that this can lead to stress and anxiety within the family unit (Pullen Sansfaçon et al, 2015). It may be the case that support, and guidance is needed not only for transgender CYP but also for the wider family.

6.2.1v Perceptions of wider society

As conversations progressed, it was noted that the CRs constantly question and notice the perceptions of other people with a consequent impact upon their behaviour and decisions whether to mask or reveal their gender identity. Abraham and Ace spoke about being

misgendered in work where their physical appearance meant members of the public used varying pronouns with them. For Matthew and Mary, peers were discussed and the varying ways in which they responded to them. Research suggests that differences may exist in the way transgender CYP see themselves and are perceived by others which may lead to different gender presentation in order to self-protect in different social situations (Cashore & Tuason, 2009)

Adolescence is recognised as a time of changing relationships for CYP with them becoming less reliant on parental support and more independent in tackling problems (McElhaney, Allen, Stephenson & Hare, 2009). In addition, the way an individual is perceived by others is reported to become more important at this time and to impact on a CYP's developing sense of self (Blakemore, 2018). For these reasons, peer relationships and acceptance may be especially important in adolescence and for transgender CYP developing their own identity. The risk of losing friendships and social isolation may also impact upon a transgender CYP's disclosure of their identity (Wilson, Griffin & Wren, 2005). Access to supportive peer environments can be seen as protective for transgender CYP enabling them to share and make sense of their experiences while feeling less isolated and building friendships (Riley et al 2013). Research suggests that schools with gay-straight alliances and similar support groups can empower LGBTQIA+ CYP and provide safe spaces for them to build peer relationships with different people (Johns et al, 2018).

While 'other people's perceptions' was identified as a theme with two subthemes, the CRs and I recognised that multiple different elements could be considered in this area and overlap from other themes. In particular, we discussed the use of stereotypes and whether or not these themes could be combined. Gender stereotypes have been defined as "a set of specific beliefs

about the characteristics that women and men are likely to possess" (Kessels, 2005, p310). Research suggests that gender stereotypes are engrained from the earliest life stages and that CYP who do not conform to "heteronormative societal values" are at risk of victimization during adolescence (Toomey, Ryan, Diaz, Card & Russell, 2010, p.1580). Read, Sargeant and Wright (2020) further identified the impact heteronormative, essentialist and conservative views have on CYP's attitudes towards the transgender population. They recognised that educating CYP about more inclusive models of gender and the diversity of lived experiences may begin to strengthen positive attitudes and reduce prejudice towards the transgender population (Read et al, 2020). Encouraging professionals to be aware of these stereotypes and avoid inadvertently reinforcing them seemed important to the CRs who each gave examples of stereotypes in their discussions and collages.

> Reflection – Abraham and *Matthew*: I think in the wider society and opinions bit there's so many things you could put. *Stereotypes stem from wider society, language is also wider society,* but stereotypes are perpetuated by the community.

6.2.1vi Belonging to a wider community

"We just want to make it easier for future generations because it wasn't easy for us." (Ace).

Throughout the research process it became evident that the CRs saw themselves as representatives of both the transgender and the wider LGBTQIA+ community. This was particularly the case for the two older CRs who further commented that they hoped that by sharing their stories people could learn and that future generations would not need to go through what they had. Each CR reported a felt responsibility to represent and challenge perceptions held by wider society to impact change. Lev (2013) questions whether "the acronym LGBT has become a moniker, a catch-all expression meant to include a group of people who may not have all that much in common (p.289). He further notes that within the

literature the 'B' and 'T' are often missing. Some research has shown the positive aspects of a transgender identity and that recognition as part of the wider community can lead to increased feelings of belonging, self-awareness and understanding (Riggle et al, 2011). This sense of belonging has been linked to transgender people taking a role in activism as role models and educators for other CYP (Riggle et al, 2011).

6.2.2 RQ2: What can we learn from these stories to better understand transgender CYP and support their SEMH and educational experiences?

"If I could make one change to support children and young people, it would be for kids' views to be taken seriously and treated with respect." (Calvert, 2008, cited in Groundwater-Smith, Dockett & Bottrell, 2014).

In considering what could be learnt from the stories of each of the CRs, I was initially struck by the impact of listening to each of them and holding them as experts in the stories of their own lives. Rather than me assuming the role of 'expert researcher,' I recognised the value of using a participatory approach to attempt to balance the power that may otherwise have been felt. The SEND CoP (DfE, 2015) recognises the importance of the views of CYP stating that they must be consulted with and included in decision making and planning support to meet their needs. In addition, legislation protecting the rights of all CYP such as the UNCRC (UN, 1989) highlights the importance of respecting the views of CYP and enabling and supporting them to freely express themselves. Furthermore, when considering how best to support transgender CYP it has been suggested that if the voice of CYP is missing from our conversations then we may be at risk of losing the CYP altogether (Asquith, 2020 cited in Swerling, 2020). If this is the case it seems inconsistent that the views of transgender CYP are often missing in research with other people speaking for them or retrospective views being provided by adults. In response to RQ2, it seems valid to suggest that in supporting

transgender CYP the first step would need to be to consult with them and to listen to their views before planning action on their behalf. As noted in RQ1, each of the four CRs' stories shared both similarities and differences, again suggesting that rather than a 'one size fits all' approach it will be important to have flexibility in the way in which CYP are supported.

In an attempt to further synthesise the research findings to consider how to support transgender CYP, I reflected on Johns et al (2018) review of the literature that theorised protective factors for transgender people across four levels.
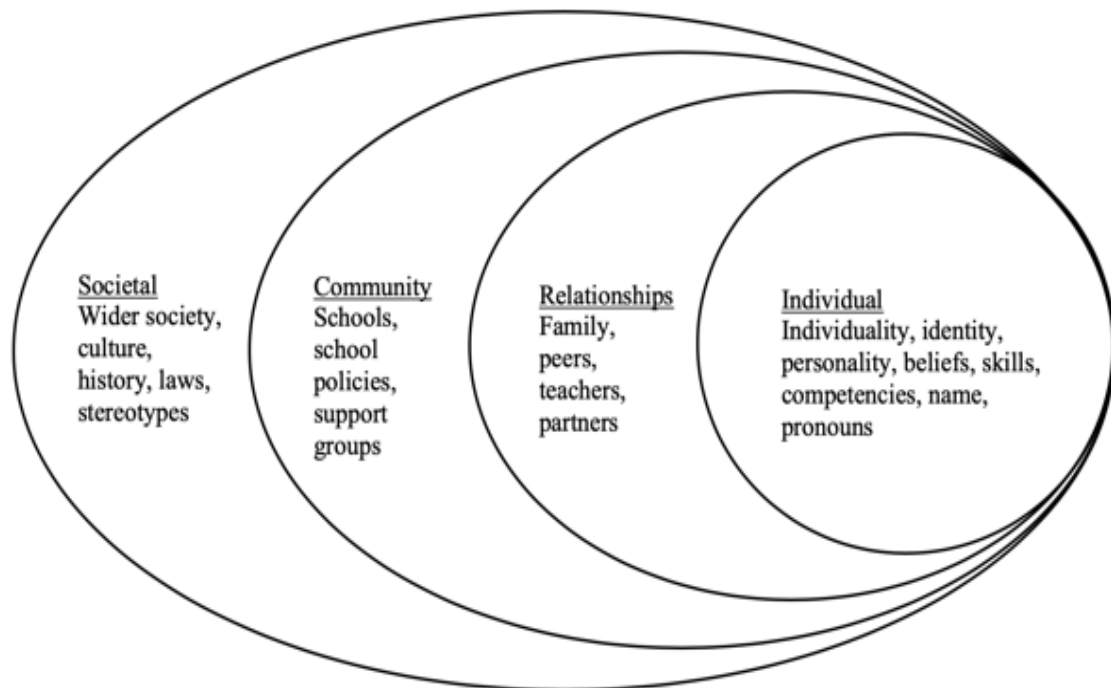
Figure 6.1: Adapted version of Bronfenbrenner's socioecological model cited in Johns et al (2018)

I felt this model offered a good fit for this research in considering ways in which to support the SEMH and educational experiences of transgender CYP based on the stories the CRs had told. Each of the four levels will be considered in relation to RQ2.

6.2.2i Individual child

"I think that's one of the base lines of this, everyone is unique, everyone is different." (Ace)

As mentioned above, in order to best support CYP it is important to initially consider the individual. This appears to be especially important when working with transgender CYP who are frequently grouped together under the wider LGBTQIA+ label. The stories of the CRs in this project highlight the variety of each of their experiences and suggest the importance of initially working with CYP to gain their views. In particular, the use of language, names, pronouns etc. was highlighted as important to the CRs. The CRs further expressed a desire to be known for more than being transgender and for adults and professionals working with them to show an interest in them. It would therefore be helpful to begin to consider the individual beyond the label of transgender and to recognise other aspects of their varied lives e.g. interests, strengths etc. In doing so, educational professionals may be better placed to consider ways to support CYP starting with their specific experiences and interests and working from there to consider other systems of support.

At an individual level, CYP may also need support to begin to explore and fully understand their experiences. All of the CRs expressed a sense of 'not knowing' in relation to their transgender experience with some commenting that initially they had questioned their own sexuality and mental health before coming to understand that their feelings of something being 'not right' were linked to their gender identity. For each of the CRs a feeling of understanding was experienced once they learnt about being transgender and spoke to other people with similar experiences. As educational professionals, we may be well placed to support CYP to do this and to signpost to reliable information and services that can offer advice and guidance.

Chapter 6: Discussion and Reflections

The discussions by the CRs linked to their own mental health suggest the importance of supporting the wider EWB of transgender CYP. This concept aligns with Government policy and documentation such as the 'Future in Mind' report (Department of Health, 2015) and Mental Health Green Paper (DfE, 2017) which have brought conversations about mental health into education and proposed the location of mental health specialists within every school. Both Mary and Matthew commented on seeking support from these professionals to varying degrees of success dependent upon their perceived understanding of transgender. This highlights the importance of CYP having access to trained professionals to support their EWB and mental health in schools.

6.2.2ii Relationships

Relationships were commented on in multiple ways by each CR. In particular, relationships with family members, peers and school staff were identified as both supportive and a challenge for each CR in different ways. Ryan and Deci (2000) note that everyone has a need for belonging and to feel a sense of connectedness to others and that when this need is not met there may be consequences for a CYP's EWB. It would appear then that the facilitation of positive relationships is supportive for CYP in promoting emotional well-being. This seemed to be the case for the CRs who each spoke about different people they had positive relationships with: Mary and her mother; Abraham and their partner; Matthew and his teacher; Ace and his friend. It seems appropriate to suggest that enabling positive relationships should be a target for educational professionals working with transgender CYP, if not all CYP.

In particular, peer relationships and relationships with other members of the LGBTQIA+ community appeared to be protective for the CRs. These groups have the ability to empower

CYP, supporting them to gain knowledge of their rights, develop a sense of self-agency and build friendships (Leonard, 2019). When run by knowledgeable and supportive workers, these groups have the potential to support CYP and their families through their gender identity exploration, in particular around the time of transition (Formby, 2015). For these reasons, it seems especially important for educational professionals to enable and support in creation of these types of groups and to signpost CYP to them to help them to explore their gender identity in safe environments. In addition, participating in groups may further reduce the isolation felt by CYP through the formation of peer relationships that may promote EWB and improve mental health.

6.2.2iii Community

For adolescents, the majority of their time is spent in education, so the school community remains an important area for support to be accessed. It is important that educational professionals develop their own understanding of transgender to ensure they are well placed to offer support as the presence of trusted adults in school has been associated with positive outcomes and increased self-esteem for CYP (Dessel, Kulick, Wernick & Sullivan, 2017; Leonard, 2019). Feeling a sense of connectedness and belonging to school environments, through the development of these positive relationships, may consequently have a positive impact on the school experiences of transgender CYP who regularly report negative experiences of their time in school (Bradlow et al, 2017).

Language was highlighted by each of the CRs as important to them. As a result, it will be important for school professionals to consider the language they use and the ways in which gender is expressed more widely across their classrooms and schools. Sargeant (2020) notes that schools and wider society are "generally binary, constantly reinforcing the notion of two

distinct genders, male and female," for example through school uniforms, gendered bathrooms, gendered changing rooms etc. Consequently, it is important to consider how difficult it might be for transgender CYP to find a sense of belonging in a school and world that was designed in this way without thinking about what their individual needs may be (Sargeant, 2020). Neary (2018) comments that rather than waiting to 'react' to individual stories of transgender CYP, it would be more effective for schools to begin to critically interrogate their "restrictive gender practises and attitudes" (p445). Davis (2017) suggests schools and organisations conduct gender audits to consider how and where gender is being reinforced and to look at ways to alter practice to meet the needs of all CYP. A recently developed tool, the Transgender Inclusive Behaviour Scale (Kattari, O'Connor & Kattari, 2018) may support schools to consider their own settings and assess how inclusive they are for gender diverse pupils. Having supportive leadership teams and inclusive school policies have also been shown to develop a sense of acceptance and safety for transgender CYP leading to positive outcomes (Bartholomaeus & Riggs, 2017; McGuire, Anderson, Toomey & Russell, 2010).

6.2.2.iv Society

Transgender CYP are growing up in a society where awareness of transgender issues is rapidly increasing but acceptance may not be. Steinmetz (2014) referred to a "transgender tipping point" noting the increased visibility of transgender people in society while acknowledging the 'long way' still to go. CYP are surrounded by a culture and history where the binary gender system is the norm and variations from that are questioned. Sargeant (2020) challenges professionals to consider two questions "What genders is it possible to be?" and "What makes a person the gender they are?" moving from our fixed notion of a binary system to a more fluid model of gender. Davis (2017) notes "the high number and wide range

of sex-classification policies that govern our individual and social lives" shaped by strong

social customs that influence how we talk, behave and treat others (p.13). Furthermore,

stereotypes linked to the LGBTQIA+ community, reinforced by representation in media and

news, continue to embed and grow misunderstanding as reported by incidents each of the

CRs had experienced. At the same time, laws and policies are increasingly being created and

questioned in order to protect the rights of all transgender CYP. The impact of society on the

experiences of transgender CYP should not be overlooked and needs to be considered by

educational professionals who interact with CYP on a daily basis.

6.2.3   RQ3: What are the implications for EP practice?

Educational psychologists should encourage practitioners not to divide into categories

and encourage a gender divide but to work to eliminate it. (Yavuz, 2016, p.403).

As EPs, we are well placed to consider the CYP we work with as nestled among the wider

systems they interact with including their schools, homes and communities. In addition, EPs

are able to recognise and share the most recent research and recommendations with others

(Yavuz, 2016). The BPS notes that an assessment of a CYP and any planned intervention

should not be disconnected from an analysis of their interactions with the wider context and

environments that they find themselves a part of e.g. families, peers, classrooms and

communities (BPS, 2015). It is therefore important for EPs to continue to explore the

multiple systems interacting with CYP in the work that we do.

Beginning with transgender CYP themselves, Yavuz (2016) suggests:

There should really be little reason why an educational psychologist would need to

work directly with the young person other than if their voice is not being heard or if

the educational psychologist is required to advocate on their behalf (p.403).

Chapter 6: Discussion and Reflections

As a profession, we are well positioned to initially gather the views of CYP and support them to share their strengths and concerns using a variety of methods. It has previously been argued that EPs "commonly do things *to* children and *for* children, yet too infrequently do things *with* children" (Burden, 1996, cited in Harding & Atkinson, 2009, p126). Our training in a variety of consultation and assessment tools allows us to select the most appropriate to support CYP to share their voice as central to our work. Harding and Atkinson (2009) report the use of discussion-based methods, task-related procedures, therapeutic-based approaches and indirect methods by EPs in eliciting the voice of the child. The presented research drew on creative approaches which can also be used during assessment to encourage CYP to speak openly and honestly.

It was noted by the CRs that support for their families, both in deepening their own understanding of transgender and in identifying ways to support their CYP, would have been beneficial. Smith, Jones, Ward, Dixon, Mitchell and Hillier (2014) report that knowledgeable mental health professionals have a role in supporting and educating the parents of transgender CYP. As EPs we may be able to do this by engaging in difficult conversations and offering support through consultation. EPs may also have a role in signposting families to relevant organisations and reliable sources of information to provide safe spaces for open and honest discussions. In employing psychological approaches as part of consultation, we may be able to offer families support to manage feelings of grief and loss which they may experience when their CYP initially share with them concerns related to their gender identity (Pullen Sansfaçon, 2015; Wren, 2002).

Within school systems, supporting educational professionals to develop their own knowledge through training, may be an effective way for EPs to offer support. Payne and Smith (2014)

note that "in the absence of meaningful knowledge about gender identity, gender variance, or transgender identity, educators framed the presence of a transgender child as a 'crisis'" (p415). Research suggests that teachers often feel deskilled in their own understanding of how to support transgender CYP and to create safe and supportive environments (Payne & Smith, 2014). From 2020, the government required that all secondary schools teach about sexual orientation and gender identity as part of the sex education curriculum and that all primary schools teach about different families, including LGBTQIA+ families (DfE, 2019). In order to ensure this is effective, teachers will need further training and support to build their own knowledge prior to teaching CYP. This widening of the curriculum may also allow schools to challenge gender stereotypes and recognise transgender people, creating an inclusive and accepting environment for all (Smith et al, 2014).

In addition, it may be helpful for EPs to work directly with professionals in school who work to support the EWB of CYP such as mental wellbeing staff, tutors etc. Grossman and D'Augelli (2007) note that mental health and educational professionals need additional education programmes to support them in developing their own understanding of gender and consequently, reduce the distress CYP may feel when exploring their gender identity. Training and supervision for school counsellors and psychologists was also recommended by Riggs and Bartholomaeus (2015) who suggest that training encompasses not only the participants awareness of their own understandings and beliefs but also considers how this may impact on their work with transgender CYP.

At a wider level, EPs may be involved in supporting schools and systems to develop policies linked to inclusion and gender equality which facilitate the creation of safe and supportive school environments for transgender CYP (Formby, 2015). Through consultation with staff

members, EPs are positioned to assist schools to reflect on their own practices of gender expectations and stereotypes (Yavuz, 2016). Research suggests that schools which have specific policies around gender identity can lead to transgender pupils experiencing less gender-related discrimination and victimisation (Kosciw, Greytak, Zongrone, Clark & Truong, 2018). In addition, it has been suggested that in schools with strong leadership, flexibility in gendered practices and staff who take a stand against bullying, transgender CYP are more likely to have good EWB and to succeed (Smith et al, 2014). As this is a hope for all CYP it seems appropriate for EPs to intervene to support leadership, policies and practices within schools to strive for this level of success.

It will also be important in moving forward, for local authorities and EPs to continue to work together to develop policies and best practice guidelines to increase acceptance and to support transgender CYP and their families (Leonard, 2019). Some local authorities already have guidance in place (e.g. Brighton & Hove, 2013) which could be modified to align with practice within different local authorities across the country. These types of policies state practice which would be needed to support transgender CYP and promote environments based on fairness, respect and inclusion, for example use of chosen names and pronouns (Cannon & Best, 2015). Through working in collaboration with transgender CYP and placing their voices central to these policies it may be that we are better informed to ensure the recommendations made meet their needs and are relevant to them.

6.3 Evaluation of the research

Authentic research…research which gives power and voice to child research participants and which provides insights into their subjective world (Grover, 2004, p.81).

6.3.1 A participatory approach

In an attempt to generate 'authentic research' (Grover, 2004) a participatory approach was selected to give power and voice to the CRs, enabling them to share insights into their own experiences. As a cisgender female with no experience of transgender other than what I had seen on the TV or read in the news, I was keen not to impress my own interpretations and limited understanding to inaccurately represent the stories that the CRs told. When working with the transgender community, it is important that researchers are aware of their own biases and belief systems which may consequently impact on their relationships and engagement with CRs (Swann & Herbert, 1999). I aimed to work with the CRs to shape the research process in order to produce meaningful research to make a difference to the way both I and other educational professionals support and work with this population in the future. Through a participatory approach, the CRs were consulted and worked with me at multiple phases of the research process, helping to shape the RQs, design and outcomes. Through ongoing engagement with the CRs, data collected throughout the project was triangulated and member reflections became an integral rather than additional feature of the research. At multiple stages, consent was sought from the CRs who were able to check and edit field notes, suggest analysis ideas etc.

The need for prolonged engagement with the research process enabled me to build relationships with each of the CRs grounded in mutual trust and respect. Over time, as a group, we were able to establish and strengthen relationships while also remaining honest about the constraints we faced e.g. time limitations based on University deadlines, personal commitments outside the research etc. Creating a safe space for discussion is noted as important in participatory research and I attempted to do this by meeting with the CRs at a time and location convenient to them, which fell into their normal routine of attending the

support group. The nature of prolonged engagement also created some barriers in the generation of this work. As time progressed, it became increasingly difficult to gather all four CRs together at the same time with medical issues, work commitments and family events as barriers. In addition, the length of time spent on the project meant that for some of the CRs their own understanding of their identity changed as the process went on which meant their own stories changed slightly each time we met (see reflection O, Appendix A). I also recognised the investment each CR made into the project and aimed to ensure they felt that it had been meaningful for them. The CRs were asked to reflect on their role and to give ongoing consent to continue at each phase of the process. I recognise that the results and data shared as part of this project have changed over time and may be different to those that may have been presented had I only met with the CRs once and used a different approach. I feel that in this situation the use of a participatory approach over a prolonged period of time has allowed for rich data to be collected and explored to present the CRs' views of their realities.

The prolonged nature of this research meant that multiple sessions were completed that were recorded. Field notes from each session were gathered and shared with the CRs, alongside their collages, so that they had control over what was shared. This meant vast amounts of data was collected for each CR that needed to be collated and synthesised to fit within the boundaries of this doctoral thesis. I attempted to do this in a systematic manner by first returning to the CRs and asking them to consider which quotes and details they felt were relevant to be shared. I then took time deliberating and justifying how much synthesis would be needed and which quotes to use in order to meet the thesis requirements without ignoring or reducing the CRs' voices.

Chapter 6: Discussion and Reflections

There is a concern that when CRs are not involved in the analysis process in research which encourages and promotes participation, the stories that are portrayed may vary from those originally told (Aldridge, 2016). For this reason, I trained the CRs to conduct a thematic analysis, enabling them to analyse their own stories and identify themes. It has been argued that this type of analysis can reduce the credibility of the findings as they have been generated by the CRs themselves rather than an impartial observer, and CRs have only had access to short training that may not fully equip them to analyse the data (Kellet, 2005). However, in line with my epistemological and ontological positioning, I hoped that enabling the CRs to conduct the analysis with me acting as a critical friend would align with the objectives of participatory research and ensure I did not impress my own interpretation onto their stories. As a researcher, I was then able to apply my psychological understanding and research skills to use their findings and stories to generate recommendations that would assist educational professionals to support transgender CYP.

It has been shown by other researchers that training CRs to analyse data can be successful (Borrett, 2019). However, it is also important to consider the impact this has on placing the researcher who delivers the training in a position of power and the potential for bias that this may introduce. On reflection, I considered whether it may have been useful to employ the services of a trained outsider who could have delivered the training on TA to myself and the CRs rather than inadvertently placing myself in this position of power. Power imbalances have been suggested as especially pertinent in research with children involving adult gatekeepers e.g. ethics committees, youth workers etc. (Horgan, 2017). Throughout the research, by working with the CRs, I attempted to address power balances between us rather than seek to remove them completely. I aimed to be transparent about potential imbalances and difficulties by sharing limitations and restrictions while also working in a participatory

way to build relationships. I hoped that in this way the CRs would be able to share when they disagreed with ideas presented to them and consequently generate ways to move the research forward.

The use of a participatory approach also enabled both me and the CRs to engage in ongoing reflection which was able to shape the research. This meant that over time various aspects of the process could change, and I remained flexible to this happening. Reflexivity is important as it encourages researchers to notice how their own values, knowledge and experiences may shape the research process (Borrett, 2019). In the case of participatory research, this reflexivity applied to both me and the CRs, examples of which can be seen in reflection boxes throughout the thesis.

6.3.2 Visual methods

Through the use of a visual method, collage, I attempted to employ a research method that would engage the CRs to share their stories. When working with CYP the importance of seeking a research method that will "capture the nature of their lives" rather than placing them in formal interview sessions has been noted (Alanen et al, 2005, p3). Barker and Weller (2003) further note the development of methods to support CYP to communicate their ideas for example through drawing, photography etc. I selected a visual method in the hope that this would facilitate discussion amongst the CRs in a less formal manner. It has also been suggested that working in this way enables CYP to have psychological distance from the topics being discussed and allows conversations that may otherwise have been overlooked (Lavergne, 2004). When asked, each of the CRs agreed that they had enjoyed the collage process and felt that they were more able to initially talk about their experiences when busy

creating the collages. I felt that the initial collage sessions also helped to build rapport with the CRs enabling them to begin to build relationships with each other and me.

Despite my intention to reduce selection bias by asking the CRs to bring their own images to add to the collage, only Matthew produced images himself. In future research, providing additional sessions prior to beginning the collage work may enable the CRs to fully understand the nature of collage and be inspired to invest their time into collating images. In this research, the visual image became a tool to facilitate discussion. On reflection, I considered whether a more structured approach to collage and a greater understanding of the process for both myself and the CRs was needed prior to beginning the work in order for the visual artefact to have remained the focus of data collection. During the research process, I met with other academics with an interest in visual approaches who recommended that in conducting creative inquiry work it is helpful to work with artists to develop the visual element of the research (J. Bradley, personal communication, 29th October 2019). I feel the direction this research took may have been different if I had focused more on the visual data. However, in line with participatory approaches, I aimed to follow the research in the direction the CRs wished to take it. They expressed on multiple occasions their preference for working and talking together, and as a result multiple data items were collected through audio recordings made at various sessions. I felt these recordings and field notes supplemented the visual data and helped the CRs to explain what they had been sharing in their initial collages. Often the discussions centred around what they had initially used in their collages and developed from there into more detailed conversations.

6.3.3 Challenges of recruitment

Often one of the greatest challenges in conducting research with the transgender population is the identification and access process (Bettinger, 2010). On this occasion, I was able to identify and access a pre-existing support group within the local authority and begin to develop relationships with stakeholders who were able to support in identifying potential CRs. I was able to conduct the research sessions at the same location and time of the support group to allow the CRs access to support from trusted professionals if they needed it throughout the process. However, this also proved a challenge in limiting the potential time for sessions to take place and meant that the project was conducted over multiple months rather than weeks.

While the LGBTQIA+ support group offered a potential pool of CRs, it initially presented as a challenge to access younger transgender people and meant that the initial selection criteria and RQ were changed to access an older group of potential CRs. This meant moving away from my initial intention to work with CYP currently in secondary education. In addition, it may be that by selecting CRs from an already active group within the community I encountered selection bias by working with CRs who have previously been involved in research and community projects. Indeed, Abraham commented in our first session together that they had often been asked to write speeches for the support group to present for different occasions with Ace noting that he felt '*the weight of the community'* and a need to speak out about his experiences as transgender.

In selecting a qualitative research method, I chose to work with a small group of CRs aiming for depth of their stories rather than generating large amounts of generalisable information. Due to the initial pool of potential CRs to work with, I completed the study with a mixed

sample in relation to age and gender identity. This may have introduced further difficulty in generalising some of the ideas the CRs spoke about. The age of the CRs varied from 14-22 which is a larger range than I had anticipated and meant that the youngest CR was still attending high school while the oldest was no longer in education. This may have meant their experiences varied significantly due to the rapidly changing social world we live in and increased awareness of transgender issues.

Further to this, as previously discussed, the CRs gender identity was mixed with both binary and non-binary transgender CRs involved in the process. In beginning this research, I had been naïve as to the impact that this may have had on their experiences and wonder if, on reflection, it may have been wise to use a more specific selection criteria rather than using the term 'transgender' as the identifier. As I have progressed in the research, through the support of the CRs, I have developed my own understanding of the terminology used within the transgender community and recommend all educational professionals do so themselves to ensure a non-judgemental and supportive approach when working with this population.

6.4 Suggestions for further research

The presented research has shown that transgender adolescents are able to reflect on their experiences in order to share examples of things working well, challenges and consider future directions. As the research progressed, I became aware of the different stories and explanations given by Abraham as to their experience of being transgender non-binary. I found limited research into this specific aspect of being transgender and wondered if this may be a direction for future research to take. While some similarities in experiences of all four CRs have been noted, I feel there is potential to further explore the experiences of non-binary

CYP whose identity is fluid and consider the challenges and support they may encounter while living in the binary gendered world.

In addition, while completing the research, I was able to interact with Mary's mother on a number of occasions to arrange sessions. From listening to Mary's stories and interactions with her mother, I began to wonder how families might talk about the experiences they have of their transgender CYP. Rather than seeking only the views of parents, I feel that research working with parents and transgender CYP together could be interesting and add to the literature in this area. Freedman (2019) recently completed a similar piece of work with parents and transgender CYP but noted that this research had been conducted with supportive parents and that accessing a wider breadth of families over an extended period of time may add to research in this area.

Furthermore, research using creative inquiry and participatory approaches may support marginalised communities to continue to share their voice and stories in order to begin to impact change. This is important to me in my future role as an EP and I hope to be able to use the research skills I have developed during this project to raise the voices of the people I work with.

6.5 Plans for dissemination

I aimed to ensure that this research remained important and meaningful for the CRs who had invested their time and effort into months of work with me. I contacted the group on completion of the project to work with the CRs who wished to continue to be involved to present the research to the support group that had been influential in supporting this project. In addition, I hoped to share the work with the wider local authority and EP service. On

meeting with the CRs, it was decided that they would like to present the research to secondary school SENDCOs in the local authority. Matthew commented that *"If you create something to give to people, they won't read it, talking to them is more personal."* For this reason, we aimed to create a PowerPoint to use to feedback to the SENDCOs at a forum meeting (see Appendix U). We also hoped to create resources for the SENDCOs to share with school staff and professionals to support them to engage with CYP presenting as transgender or questioning their gender identity. Unfortunately, these meetings began at the same time as Government restrictions were put in place due to the global Coronavirus pandemic. As a result, the group were unable to meet in person and dissemination plans were placed on hold. I anticipate that we will be able to meet again as a group in the future to complete the dissemination and generate the resources we aimed to create (see reflection P, Appendix A). It is also my intention for the research to be written up and published so that the findings and recommendations can be shared with the EP profession. In addition, I have been asked to consider collaborating with the CRs and other EPs to write a chapter for a book that aims to re-story vulnerability by sharing stories narrated by CYP of their experiences.

6.6 Unique contribution

Mary:	*Is this the only study of its kind?*
Me:	*Hmmm there's been others but there's not been many with young people. They're getting there, there's more happening now.*
Mary:	*Oh so are you the first?*
Me:	*I don't know if I'd say I'm one of the first but I'm trying to add something different. So there's not been one as far as I can see that uses collages like this so that's something different.*
Mary:	*So we're the first study to include us as researcher in (town name) for transgender adolescents?*
Me:	*100% definitely we can put that as our badge.*

Figure 6.2: Field notes from session one discussion

Chapter 6: Discussion and Reflections

As noted in the conversation with Mary, I hope that this research has added value and a new perspective in working with transgender adolescents rather than conducting research on them. This research has added a unique contribution in its use of a participatory approach and visual method to research working with transgender adolescents. It has highlighted areas of similarity in the CRs' experiences as well as noting differences and considering directions for future research. Through employing a visual method, I have explored the use of creative inquiry in psychological research and added to literature in this area. In identifying areas of similarity in the stories of the CRs, I have been able to add to the constantly evolving literature in this field and to consider ways in which we as EPs and educational professionals are best placed to support transgender CYP.

"Listening to trans stories told by trans people is more important now than ever before. We thank anyone who amplifies their voices" (Mermaids, 2020)

6.7 Conclusions

Through the use of a participatory approach to research and visual methods, this project aimed to explore the lived experiences of transgender adolescents. The research highlighted similarities and differences between the stories of the four CRs and led to recommendations for EPs and educational professionals.

At an individual level, transgender CRs recalled the impact of their experiences on their own mental health and EWB. The CRs each struggled with developing an understanding of their own gender identity and managing negative feelings through different coping strategies. Transgender adolescents report the importance of individuality in the approach that professionals take with them rather than resorting to a 'one size fits all' approach. The use of language, in particular respecting the individual's choice of name and pronoun, was also

highlighted as important. Through attending support groups and working with knowledgeable professionals, the CRs expressed a sense of developing understanding and exploration of their own gender identity that supported their own emotional wellbeing.

Relationships with key figures were also reported as supportive by each of the CRs. These relationships varied for each CR and were reported with family, school staff, peers, partners and professionals. For the CRs, the people who expressed an interest in deepening their own knowledge and showed respect for the individual's choices e.g. name, pronoun requests, were valued in building relationships. These relationships were seen as supportive in having a person to talk to and in building positive support systems for the individual's EWB and mental health.

Within the wider school community, the impact of relationships with specific teachers and knowledgeable mental health professionals was seen as supportive for the CRs. Social support was noted as important, highlighted in discussions linked to support groups and interests the CRs held beyond their transgender identity. Policies and practices within schools that were felt by the CRs as tokenistic in support were discussed and ideas were suggested that would enable staff and school systems to improve their own understanding through training etc.

It was noted that transgender CYP are growing up in a time and culture that continues to be steeped in gender stereotypes. Further discussions around transgender role models and representation in media led to consideration of the importance of representation in supporting CYP and other members of society to gain accurate knowledge about transgender lives. In

addition, the impact of the CRs' membership to the wider LGBTQIA+ community was considered in relation to both the support and challenges perceived by the adolescents.

While recognising the importance of listening to CYP as central to EP work, this research further highlights the need for EPs to work systemically. EPs are able to work across multiple systems to support CYP including working with families, schools and wider local authority systems. It will be essential that the points raised in this research are disseminated to a wider audience and acknowledged when working with CYP to ensure we are able to learn from the experiences of the CRs to facilitate support and enable best outcomes for all young people.

6.8 Final reflections

This research process has been a journey of learning for me; learning how to do research, learning about the transgender community and learning about myself. I have enjoyed the flexibility of a participatory approach and the feeling of working with the CRs to facilitate meaningful research. In beginning this journey, I was aware of the questions I would face each time I was asked "What are you researching for your doctorate?" What I was not aware of was the different responses I would encounter and the questions I would begin to ask of my own understanding of gender. I have acknowledged from the start that as a cisgender woman I would never be able to fully put myself in the shoes of the CRs nor would they be in mine but I hoped that in working in this way I could deepen my own understanding and that of those who read this. I feel that I have only touched on the beginning of my work and interest in the field of gender identity. I look forward to working further with the CRs to share the work we have created together and to begin to impact change, even if only in a small town in the North of England.

Chapter 6: Discussion and Reflections

I feel fortunate to have met and worked with an incredible group of CRs whose stories, and words have both moved and inspired me. I wanted to leave the last words to them to share their thoughts on the journey we have been on together.

Abraham: *It's a big one. The whole experience has opened my eyes to a lot of things I wouldn't have even considered. I feel intelligent doing this.*

Ace: *Yeh you have picked a really wide topic. Can you sum it up in 35,000 words? This is very simplified and it's going to be very different for everyone. There has to be a general idea but not too vague because no-one will understand it but not too specific either because no-one will relate to that.*

Matthew: *I'm glad I did this. It has been way more fun than I expected.*

Mary: *It's been good and enjoyable.*

Ace: *The research could go on for years.*

Abraham: *And it should.*

References

Abel, M. H. (2002). Humor, stress, and coping strategies. *Humor–International Journal of Humor Research*, *15*(4), 365-381.

Action for Children. (2016). *A Guide to Supporting Trans Children and Young People*. Watford, UK. Retrieved from: https://www.actionforchildren.org.uk/media/6718/a-guide-to-supporting-trans-children-and-young-people.pdf

Adams, T. (2016). Transgender children: The parents and doctors on the front line. Retrieved from: https://www.theguardian.com/society/2016/nov/13/transgender-children-the-parents-and-doctors-on-the-frontline

Alanen, L., Alderson, P., Alderson, P., Barter, C., Renold, E., ... & Faulkner, D. (2005). Researching children's experience: methods and methodological issues. In S. Greene. & D. Hogan. *Researching children's experience* (pp. 2-21). Sage.

Alderson, P. (1995). *Listening to children: Children, ethics and social research.* London, UK: Barnardos.

Aldridge, J. (2016). *Participatory research: Working with vulnerable groups in research and practice*. Policy Press.

American Psychiatric Association [APA]. (2013). *Diagnostic and statistical manual of mental disorders.* (5th ed.). Washington, DC: American Psychiatric Press.

Anning, A., & Ring, K. (2004). *Making sense of children's drawings*. McGraw-Hill Education.

Bagnoli, A., & Clark, A. (2010). Focus groups with young people: a participatory approach to research planning. *Journal of youth studies*, *13*(1), 101-119.

Banks, M., & Zeitlyn, D. (2015). *Visual methods in social research* (2nd ed.). Sage.

Banister, E. N., & Booth, G. J. (2005). Exploring innovative methodologies for child-centric

consumer research. *Qualitative Market Research: An International Journal*, *8*(2),

157-175.

Barker, J., & Weller, S. (2003). "Is it fun?" Developing children centred research methods.

International journal of sociology and social policy, *23*(1/2), 33-58.

Barragry, A. (2017). *How do adolescent girls experience having a mental health issue whilst*

at secondary school? A narrative study using creative arts. (Doctoral

dissertation, University of Sheffield).

Bartholomaeus, C. & Riggs, D.W. (2017). Whole-of-school approaches to supporting

transgender students, staff, and parents. *International Journal of Transgenderism*,

18(4), 361–366.

Bartholomaeus, C., Riggs, D. W., & Andrew, Y. (2017). The capacity of South Australian

primary school teachers and pre-service teachers to work with trans and gender

diverse students. *Teaching and Teacher Education*, *65*, 127-135.

Bergold, J., & Thomas, S. (2012). Participatory Research Methods: A Methodological

Approach in Motion. *Forum: Qualitative Social Research, 13*(1).

Bettinger, T. V. (2010). Ethical and methodological complexities in research involving sexual

minorities. *New Horizons in Adult Education and Human Resource*

Development, *24*(1), 43-58.

Birbeck, D. J., & Drummond, M. J. (2009). Research with young children: Contemplating

methods and ethics. *The Journal of Educational Enquiry*, *7*(2).

Bird, J. D., Kuhns, L., & Garofalo, R. (2012). The impact of role models on health outcomes

for lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, *50*(4),

353-357

Blakemore, S. J. (2018). *Inventing ourselves: The secret life of the teenage brain.* New York, NY: Public Affairs.

Bolton, A., Pole, C., & Mizen, P. (2001). Picture this: Researching child workers. *Sociology*, *35*(2), 501-518.

Bornstein, K. (1994). *On Men, Women, and the Rest of Us*. Routledge

Borrett, E. (2019). *Using Visual and Participatory Research Methods to Describe Processes of Educational Resilience in Returners to Education.* (Doctoral dissertation, University of East London).

Bourke, R., & Loveridge, J. (2014). Exploring informed consent and dissent through children's participation in educational research. *International Journal of Research & Method in Education*, *37*(2), 151-165.

Bowskill, T. (2017). How educational professionals can improve the outcomes for transgender children and young people. *Educational & child psychology*, *34*(3), 96-108.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.

Bradley, J. & Harvey, L. (2019). Creative Inquiry in Applied Linguistics: Language, Communication and the Arts. In: C. Wright, L. Harvey & J. Simpson. (eds.) *Voices and Practices in Applied Linguistics: Diversifying a Discipline*, pp. 91–107. White Rose University Press.

Bradlow, J., Bartram, F., Guasp, A., & Jadva, V. (2017). *School report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017.* London, UK: Stonewall.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health,11*(4), 589-597.

Brighton & Hove City Council (2013). *Trans* Inclusion School Kit: Supporting Transgender and Gender Question Children and Young People in Brighton & Hove Schools and Colleges*. Brighton, UK: Brighton & Hove City Council's Standards & Achievement Team and Allsorts Youth Project. Retrieved from:

https://www.theproudtrust.org/resources/research-and-guidance-by-other-organisations/trans-inclusion-schools-toolkit/

Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. Cleis Press.

British Psychological Society [BPS]. (2014). *Code of Human Research Ethics.* Leicester, UK: British Psychological Society. Retrieved from:

https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf

British Psychological Society [BPS]. (2015). *Guidance for Educational Psychologists (EPs) when preparing reports for children and young people following the implementation of The Children and Families Act 2014.* Leicester, UK: British Psychological Society.

Bryan, A., & Mayock, P. (2017). Supporting LGBT Lives? Complicating the suicide consensus in LGBT mental health research. *Sexualities*, *20*(1-2), 65-85.

Budge, S. L., Adelson, J. L., & Howard, K. A. (2013). Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *Journal of consulting and clinical psychology*, *81*(3), 545.

Burke, C. (2008). 'Play in focus': Children's visual voice in participative research. In P.

 Thomson (Ed.), *Doing visual research with children and young people*. (pp.23-36).

 Routledge.

Burr, V. (2003). *Social constructionism* (Second ed.). Routledge

Butler-Kisber, L. (2010). Collage Inquiry. In Butler-Kisber, L. (2010). *Qualitative inquiry*

 [electronic resource]: Thematic, narrative and arts-informed perspectives. Sage.

Cannon, S. & Best, T. (2015). *Cornwall Schools Transgender Guidance.* Cornwall, UK: The

 Intercom Trust & Devon and Cornwall Police.

Carmichael, P (2016). *Kids on the Edge: The Gender Clinic.* Retrieved from:

 https://www.channel4.com/programmes/kids-on-the-edge/on-demand/59713-001

Carmichael, P. (2020). *Woman part of legal action against NHS gender clinic following*

 teenage transition. ITV News. Retrieved from: https://www.itv.com/news/2020-03-

01/woman-part-of-legal-action-against-nhs-gender-clinic-following-teenage-transition/

Cashore, C, & Tuason, T. G. (2009). Negotiating the Binary: Identity and Social Justice for

 Bisexual and Transgender Individuals. *Journal of Gay & Lesbian Social*

 Services., 21(4), 374-401.

Chevalier, J. M., & Buckles, D. J. (2013). *Participatory action research: Theory and methods*

 for engaged inquiry. Routledge.

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and

 developing strategies for effective learning. *The psychologist*, *26*(2), 120-123.

Cohen, L. Manion. L., & Morrison, K. (2007). *Research methods in education.* Routledge.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ...

 & Monstrey, S. (2012). Standards of care for the health of transsexual, transgender,

 and gender-nonconforming people, version 7. *International journal of*

 transgenderism, *13*(4), 165-232.

Connell, R. (2012). Gender, health and theory: conceptualizing the issue, in local and world perspective. *Social science & medicine*, *74*(11), 1675-1683.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational researcher*, *19*(5), 2-14.

Cornwall, A., & Jewkes, R. (1995). What is participatory research?. *Social science & medicine*, *41*(12), 1667-1676.

Coulter, R. W., Bersamin, M., Russell, S. T., & Mair, C. (2018). The effects of gender-and sexuality-based harassment on lesbian, gay, bisexual, and transgender substance use disparities. *Journal of Adolescent Health*, *62*(6), 688-700.

Davis, J. (2009). Involving children. In K. Tisdall. & M. Gallagher. (Eds), *Researching with Children and Young People [electronic resource]: Research Design, Methods and Analysis*. (pp. 154-192). Sage.

Davis, H. F. (2017). *Beyond trans: Does gender matter?* NYU Press.

Davy, Z. (2015). The DSM-5 and the politics of diagnosing transpeople. *Archives of Sexual Behavior*, *44*(5), 1165-1176.

Delphy, C. (2016). *Close to home: A materialist analysis of women's oppression*. Verso Books.

Department for Education [DfE] (2015). *Special Educational Needs and Disability Code of Practice: 0-25 years.* London, UK: DfE. Retrieved from:

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Department for Education [DfE]. (2017). *Supporting Mental Health in Schools and Colleges.* London, UK: DfE. Retrieved from:

https://www.gov.uk/government/publications/supporting-mental-health-in-schools-and-colleges

Department for Education [DfE] (2019). *Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory Guidance for Governing Bodies, Proprietors, Head Teachers, Principals, Senior Leadership Teams, Teachers.* London, UK: DfE. Retrieved from:

https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education

Department of Health (2015). *Future in Mind. Promoting, protecting and improving our children and young people's mental health and wellbeing.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Dessel, A. B., Kulick, A., Wernick, L. J., & Sullivan, D. (2017). The importance of teacher support: Differential impacts by gender and sexuality. *Journal of adolescence*, *56*, 136-144.

DeVries, A. L., Steensma, T. D., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *The Journal of Sexual Medicine*, *8*(8), 2276-2283.

Diamond, L. M., & Butterworth, M. (2008). Questioning gender and sexual identity: Dynamic links over time. *Sex roles*, *59*(5-6), 365-376.

Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self- worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, *56*(2), 116-123.

Eckstrand, K., & Ehrenfeld, J. M. (Eds.). (2016). *Lesbian, gay, bisexual, and transgender healthcare: A clinical guide to preventive, primary, and specialist care*. Springer.

Edmondson, A. J. (2013). *Listening with your eyes: Using pictures and words to explore self-harm* (Doctoral dissertation, PCCS Books.)

Engel, S. (2005). Narrative analysis of children's experience. In S. Greene. & D. Hogan

    (Ed.), *Researching children's experience: Approaches and methods*. (pp.199-216).

    Sage.

Equality Act (2010). Retrieved from: http://www.legislation.gov.uk/ukpga/2010/15/contents

Flick, U. (2014). *An introduction to qualitative research* (5th ed.). Sage.

Formby, E. (2015). Limitations of focussing on homophobic, biphobic and transphobic

    'bullying' to understand and address LGBT young people's experiences within and

    beyond school. *Sex Education*, *15*(6), 626-640.

Franks, M. (2011). Pockets of participation: Revisiting Child-Centred participation research.

    Children & Society, *25*(1), 15-25.

Freedman, A. (2019). *The experiences of transgender young people and their parents:*

    Informing the work of Educational Psychologists. (Doctoral dissertation, UCL

    Institute of Education).

Fuss, J., Auer, M. K., & Briken, P. (2015). Gender dysphoria in children and adolescents: a

    review of recent research. *Current opinion in psychiatry*, *28*(6), 430-434.

Gender Recognition Act (2004). Retrieved from:

    http://www.legislation.gov.uk/ukpga/2004/7/contents

Gill-Peterson, J. (2018). *Histories of the Transgender Child*. University of Minnesota Press.

Glaser, B. G. (2001). *The grounded theory perspective: Conceptualization contrasted with*

    description. Sociology Press.

Golombok, S., & Fivush, R. (1994). *Gender development*. Cambridge University Press

Government Equalities Office (2018). *National LGBT Survey. Summary Report.* Retrieved

    from:

    https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachme

nt_data/file/722314/GEO-LGBT-Survey-Report.pdf

Grossman, A. H., & D'augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and life-threatening behavior*, *37*(5), 527-537.

Grover, S. (2004). Why won't they listen to us? On giving power and voice to children participating in social research. *Childhood*, *11*(1), 81-93.

Groundwater-Smith, S., Dockett, S., & Bottrell, D. (2014). *Participatory research with children and young people*. Sage.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, *2*(163-194), 105.

Hall, S. (2010). Supporting mental health and wellbeing at a whole-school level: Listening to and acting upon children's views. *Emotional and Behavioural Difficulties*, *15*(4), 323-339.

Harding, E., & Atkinson, C. (2009). How EPs record the voice of the child. *Educational Psychology in Practice*, *25*(2), 125-137.

Hart, R. (1992). *Children's Participation: From Tokenism to Citizenship*. UNICEF International Child Development Centre.

Haverkamp, B. E. (2005) Ethical perspectives on qualitative research in applied psychology. *Journal of counseling psychology, 52*(2), 146.

Hellen, M. (2009). Transgender children in schools. *Liminalis: journal for sex/gender emancipation and resistance*, 3, 81-99.

Helseth, S., & Slettebø, Å. (2004). Research involving children: some ethical issues. *Nursing Ethics*, *11*(3), 298-299.

Hidalgo, M. A., Ehrensaft, D., Tishelman, A. C., Clark, L. F., Garofalo, R., Rosenthal, S. M., ... & Olson, J. (2013). The gender affirmative model: What we know and what we aim to learn. *Human Development*, *56*(5), 285-290.

Hines, S., & Sanger, T. (Eds.). (2010). *Transgender Identities: Towards a Social Analysis of Gender Diversity*. Routledge.

Holt, V., Skagerberg, E., & Dunsford, M. (2016). Young people with features of gender dysphoria: Demographics and associated difficulties. *Clinical child psychology and psychiatry*, *21*(1), 108-118.

Holt, A. (2020). *NHS gender clinic 'should have challenged me more' over transition.* BBC News. Retrieved from: https://www.bbc.co.uk/news/health-51676020

Horgan, D. (2017). Child participatory research methods: Attempts to go 'deeper' *Childhood*, *24*(2), 245-259.

Human Rights Act (1998). Retrieved from:

http://www.legislation.gov.uk/ukpga/1998/42/contents

Jagose, A. (1996). *Queer theory: An introduction*. NYU Press.

Johns, M. M., Beltran, O., Armstrong, H. L., Jayne, P. E., & Barrios, L. C. (2018). Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *The journal of primary prevention*, *39*(3), 263-301.

Kattari, S. K., O'Connor, A. A., & Kattari, L. (2018). Development and Validation of the Transgender Inclusive Behavior Scale (TIBS). *Journal of homosexuality*, *65*(2), 181-196.

Kellett, M. (2005). *Children as active researchers: a new research paradigm for the 21st century?* England: Economic and Social Research Council

Kessels, U. (2005). Fitting into the stereotype: How gender-stereotyped perceptions of prototypic peers relate to liking for school subjects. *European journal of psychology of education*, *20*(3), 309-323.

Kitto, S. C., Chesters, J., & Grbich, C. (2008). Quality in qualitative research. *Medical journal of Australia*, *188*(4), 243.

Knowles, J. G., & Cole, A. L. (2008). *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues*. Sage.

Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools*. New York, NY: GLSEN

Lavergne, M. (2004). Art therapy and internal family systems therapy: An integrative model to treat trauma among adjudicated teenage girls. *Canadian Art Therapy Association Journal*, *17*(1), 17-36.

Leitch, R. (2009). Creatively researching children's narratives through images and drawings. In P. Thomson. (Ed.). *Doing visual research with children and young people*. (pp. 37-58). Routledge.

Leonard, M. (2019). *Growing Up Trans: Exploring the Positive School Experiences of Transgender Children and Young People.* (Doctoral dissertation, University of East London)

Lev, A. I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Journal*, *41*(3), 288-296.

Levitt, H. M., & Ippolito, M. R. (2014). Being Transgender: The Experience of Transgender Identity Development. *Journal of Homosexuality*, *61*(12), 1727-1758.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage.

Lincoln, Y.S & Guba, E.G. (2005). Paradigmatic controversies, contradictions and emerging influences. In N.K. Denzin & Y.S. Lincoln (Eds.) *The sage handbook of qualitative research* (3rd ed.). (pp 191-215). Sage.

Lowe, R. (2019). *Exploring the Educational Experiences of Transgender   Adolescents.* (Unpublished research proposal). University of Sheffield.

Luecke, J. C. (2011). Working with transgender children and their classmates in pre-
adolescence: Just be supportive. *Journal of LGBT Youth*, *8*(2), 116-156.

Lynch, R. T., & Chosa, D. (1996). Group-oriented community-based expressive arts
programming for individuals with disabilities: Participant satisfaction and
perceptions of psychosocial   impact: *The Journal of Rehabilitation, 62*(3),75-81

Mack, L. (2010). The philosophical underpinnings of educational research. *Polyglossia, 19,*
5-11.

Mathison, S. (2009). Seeing is believing: the credibility of image-based research and
evaluation. In S.I. Donaldson, C.A. Christie. & M. M. Mark, (Eds.). *What counts as*
credible evidence in applied research and evaluation practice? (pp. 181-196). Sage.

McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current directions in*
psychological science, *22*(3), 233-238.

McElhaney, K. B., Allen, J. P., Stephenson, J. C., & Hare, A. L. (2009). Attachment and
autonomy during adolescence. In R. M. Lerner. & L. Steinberg. (Eds). *Handbook of*
adolescent psychology (3rd ed., Vol. 1). John Wiley & Sons, Inc.

McGuire, J.K., Anderson, C.R., Toomey, R.B. & Russell, S.T. (2010). School climate for
transgender youth: A mixed method investigation of student experiences and school
responses. *Journal of Youth & Adolescence*, 39(10), 1175–1188.

Meadow, T. (2018). *Trans kids: Being gendered in the twenty-first century*. University of
California Press.

Mermaids. (2018). *Butterfly: Episode 3 Statement.* Retrieved from:
https://www.mermaidsuk.org.uk/butterfly.html

Mermaids. (2020, 9th March). Listening to trans stories told by trans people is more important
now than ever before. We thank anyone who amplifies their voices as @StarbucksUK

have done. [Tweet]. Retrieved from:

https://twitter.com/Mermaids_Gender/status/1236962046991904768

Monro, S. (2000). Theorizing transgender diversity: Towards a social model of health. *Sexual and Relationship Therapy*, *15*(1), 33-45.

Monro, S. (2010). Towards a Sociology of Gender Diversity. In S. Hines. & T. Sanger. (Eds.). (2010). *Transgender Identities): Towards a Social Analysis of Gender Diversity*. Routledge.

Nagoshi, J. L., & Brzuzy, S. I. (2010). Transgender theory: Embodying research and practice. *Affilia*, *25*(4), 431-443.

National Health Service [NHS] England (2016). *NHS Standard Contract for Gender Identity Development Service for Children & Adolescents*. Retrieved from:

http://gids.nhs.uk/puberty-and-physical-intervention

Neary, A. (2018). New trans* visibilities: working the limits and possibilities of gender at school. *Sex Education*, *18*(4), 435-448.

Newman, L. K. (2002). Sex, gender and culture: Issues in the definition, assessment and treatment of gender identity disorder. *Clinical child psychology and psychiatry*, *7*(3), 352-359.

Nind, M. (2008) *Conducting qualitative research with people with learning, communication and other disabilities: methodological Challenges*. ESRC. National Centre for Research Methods, Methods Review Paper.

Oakley, A. (2016). *Sex, gender and society*. Routledge.

Olson, J., & Garofalo, R. (2014). The peripubertal gender-dysphoric child: puberty suppression and treatment paradigms. *Pediatric Annals*, *43*(6).

Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, *137*(3).

Paechter, C. (2007). *Being boys, being girls: Learning masculinities and femininities.* Open University Press.

Payne, E., & Smith, M. (2014). The big freak out: Educator fear in response to the presence of transgender elementary school students. *Journal of homosexuality*, *61*(3), 399-418.

Pearce, G., & Bailey, R. P. (2011). Football pitches and Barbie dolls: young children's perceptions of their school playground. *Early Child Development and Care*, 181(10), 1361-1379.

Pole, C., Mizen, P., & Bolton, A. (1999). Realising children's agency in research: partners and participants?. *International Journal of Social Research Methodology*, *2*(1), 39-54.

Prasad, G. (2018). 'How does it look and feel to be plurilingual?': analysing children's representations of plurilingualism through collage. *International Journal of Bilingual Education and Bilingualism*, 1-23.

Pullen Sansfaçon, A., Robichaud, M. J., & Dumais-Michaud, A. A. (2015). The experience of parents who support their children's gender variance. *Journal of LGBT Youth*, *12*(1), 39-63.

Rafferty, J., & Committee on Psychosocial Aspects of Child and Family Health. (2018). Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics*, *142*(4).

Read, J., Sargeant, C., & Wright, S. (2020). What beliefs influence children and young people's attitudes towards the transgender population?. *Educational & Child Psychology*, *37*(1), 11-36.

Reavey, P. & Johnson, K. (2017). Visual approaches: using and interpreting images. In C. Willig & W. Rogers (Eds). *The SAGE Handbook of qualitative research in psychology* (pp. 354-373). Sage.

Reed, B., Rhodes, S., Schofield, P., & Wylie, K. (2009). *Gender variance in the UK:*

    Prevalence, incidence, growth and geographic distribution. Retrieved from:

    https://www.gires.org.uk/information-on-prevalence-incidence-and-monitoring

Reissman, C. K. (2008). *Narrative methods for the human sciences*. Sage

Riggle, E. D., Rostosky, S. S., McCants, L. E., & Pascale-Hague, D. (2011). The positive

    aspects of a transgender self-identification. *Psychology & Sexuality*, *2*(2), 147-158.

Riggs, D. W., & Bartholomaeus, C. (2015). The role of school counsellors and psychologists

    in supporting transgender people. *The Educational and Developmental Psychologist*,

    32(2), 158-170.

Riley, E. (2018). Bullies, blades, and barricades: Practical considerations for working with

    adolescents expressing concerns regarding gender and identity. *International Journal*

    of Transgenderism, *19*(2), 203-211.

Riley, E. A., Clemson, L., Sitharthan, G., & Diamond, M. (2013). Surviving a gender-variant

    childhood: The views of transgender adults on the needs of gender-variant children

    and their parents. *Journal of sex & marital therapy*, *39*(3), 241-263.

Rimes, K. A., Goodship, N., Ussher, G., Baker, D., & West, E. (2019). Non-binary and

    binary transgender youth: Comparison of mental health, self-harm, suicidality,

    substance use and victimization experiences. *International Journal of*

    Transgenderism, *20*(2-3), 230-240.

Robinson, V., & Richardson, D. (Eds.). (2015). *Introducing gender and women's studies*.

    Macmillan International Higher Education.

Roen, K. (2002). " Either/Or" and" Both/Neither": Discursive tensions in transgender politics.

    Signs: Journal of Women in Culture and Society, *27*(2), 501-522.

Rogers, C. R. (1951). *Client-Centred Therapy*. Houghton Mifflin.

Rose, G. (2007). *Visual methodologies: An introduction to the interpretation of visual materials* (2nd ed). Sage.

Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, *63*(4), 503-505.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American psychologist*, *55*(1), 68.

Sargeant, C. (2020, January 10th). *The role of models of gender in how we construct and defend our gender identities* [PowerPoint Slides]. Retrieved from: https://www.kc-jones.co.uk/decp2020

Savin-Williams, R. C., & Ream, G. L. (2003). Suicide attempts among sexual-minority male youth. *Journal of Clinical Child and Adolescent Psychology*, *32*(4), 509-522.

Shotwell, A., & Sangrey, T. (2009). Resisting definition: Gendering through interaction and relational selfhood. *Hypatia*, *24*(3), 56-76.

Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). *From blues to rainbows: The mental health and well-being of gender diverse and transgender young people in Australia*. Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University.

Solomon, A. (2012). *Far from the tree: Parents, children and the search for identity*. Scribner.

Steensma, T. D., Biemond, R., de Boer, F., & Cohen-Kettenis, P. T. (2011). Desisting and persisting gender dysphoria after childhood: a qualitative follow-up study. *Clinical child psychology and psychiatry*, *16*(4), 499-516.

Steensma, T. D., McGuire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistence and persistence of childhood gender

dysphoria: a quantitative follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *52*(6), 582-590.

Steinmetz, K. (2014). *The Transgender Tipping Point.* Time. Retrieved from:

https://time.com/135480/transgender-tipping-point/

Stieglitz, K. A. (2010). Development, risk, and resilience of transgender youth. *Journal of the Association of Nurses in AIDS Care*, *21*(3), 192-206.

Stonewall. (2017a). *A Vision for Change.* Retrieved from:

https://www.stonewall.org.uk/vision-change

Stonewall. (2017b). *Glossary.* Retrieved 13th July, 2020, from:

https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms

Strawson, G. (2004). Tales of the unexpected. *The Guardian*, *10*. Retrieved from:

https://www.theguardian.com/books/2004/jan/10/society.philosophy

Sullivan, N. (2003). *A critical introduction to queer theory.* NYU Press.

Swann, S., & Herbert, S. E. (1999). Ethical issues in the mental health treatment of gender dysphoric adolescents. *Journal of Gay & Lesbian Social Services*, *10*(3-4), 19-34.

Swerling, G. (2020). *Nurse launches legal test case with claim children cannot consent to transgender treatment*. The Telegraph. Retrieved from:

https://www.telegraph.co.uk/news/2020/01/06/children-cannot-give-consent-transgender-treatment-nurse-launching/

Tauchert, A. (2002). Fuzzy gender: Between female-embodiment and intersex. *Journal of Gender Studies*, *11*(1), 29-38.

Tavistock & Portman (2018) *GIDS Referrals Increase in 2017/2018*. Retrieved from:

https://tavistockandportman.nhs.uk/about-us/news/stories/gids-referrals-increase-201718/

Tavistock & Portman (2019). *Referrals to GIDS 2014-2015 to 2018-2019.* Retrieved from:

https://gids.nhs.uk/number-referrals

Taylor, J., Zalewska, A., Gates, J. J., & Millon, G. (2019). An exploration of the lived

experiences of non-binary individuals who have presented at a gender identity clinic

in the United Kingdom. *International Journal of Transgenderism*, *20*(2-3), 195-204.

Testa, R. J., Jimenez, C. L., & Rankin, S. (2014). Risk and resilience during transgender

identity development: The effects of awareness and engagement with other

transgender people on affect. *Journal of gay & lesbian mental health*, *18*(1), 31-46.

Thomas, N., & O'Kane, C. (1998). The ethics of participatory research with children.

Children & society, *12*(5), 336-348.

Thomson, P. (Ed.). (2009). *Doing visual research with children and young people*.

Routledge.

Timimi, S. (2014). No more psychiatric labels: Why formal psychiatric diagnostic systems

should be abolished. *International Journal of Clinical and Health Psychology*, *14*(3),

208-215.

Toomey, R., Ryan, C., Diaz, R., Card, N., & Russell, S. (2010). Gender-Nonconforming

Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young

Adult Psychosocial Adjustment. *Developmental Psychology,46*(6), 1580-1589.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative

research. *Qualitative inquiry*, *16*(10), 837-851.

Tuckett, A. G. (2005). Applying thematic analysis theory to practice: a researcher's

experience. *Contemporary nurse*, *19*(1-2), 75-87

United Nations (1989) *Convention on the Rights of the Child.* Retrieved from:

https://www.unicef.org.uk/what-we-do/un-convention-child-rights

Veale, A. (2005). Creative methodologies in participatory research with children. In Greene, S., & Hogan, D. (2005). *Researching children's experience: Approaches and methods*. (pp. 253-272). Sage.

Veale, J. F., Watson, R. J., Peter, T., & Saewyc, E. M. (2017). The mental health of Canadian transgender youth compared with the Canadian population. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, *60*(1), 44.

Vincent, B., & Manzano, A. (2017). History and cultural diversity. In C. Richards, W.P. Bouman & M. Barker (Eds.). *Genderqueer and non-binary genders* (pp. 11-30). Palgrave Macmillan.

Walker, M. (2014). Gender and language: Examining the use of diagnostic language in the discussion of gender variance. *International Journal of Child, Youth and Family Studies*, *5*(2), 332-345.

Wallace, F. & Giles, D. (2019) Participatory Research Approaches in Educational Psychology Training and Practice. *Educational Psychology Research and Practice, 5*(1), 1-9.

Waylen, A., & Wolke, D. (2004). Sex 'n' drugs 'n' rock 'n' roll: the meaning and social consequences of pubertal timing. *European Journal of Endocrinology*, *151*(Suppl 3).

Whittle, S., Turner, L., Al-Alami, M., Rundall, E., & Thom, B. (2007). *Engendered penalties: Transgender and transsexual people's experiences of inequality and discrimination*. Wetherby: Communities and Local Government Publications.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education.

Wilson, I., Griffin, C., & Wren, B. (2005). The interaction between young people with atypical gender identity organization and their peers. *Journal of Health Psychology*, *10*(3), 307-315.

Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016).

>Transgender people: health at the margins of society. *The Lancet*, *388*(10042), 390-
>
>400.

Wood-Downie, H., & Wong, B. (2017). The Hypothesised Female ASC Phenotype:

>Implications for Research and Practice. *Educational Psychology Research and*
>
>*Practice*, *3*(2), 50-58.

World Professional Association for Transgender Health [WPATH] (2010). *Statement urging*

>*the de- psychopathologisation of gender variance.* Retrieved from:
>
>https://www.wpath.org/policies

World Professional Association for Transgender Health [WPATH] (2012). *Standards of Care*

>*for the Health of Transsexual, Transgender and Gender Nonconforming People.*
>
>Retrieved from: https://www.wpath.org/publications/soc

Wren, B. (2002). 'I can accept my child is transsexual but if I ever see him in a dress I'll hit

>him': Dilemmas in parenting a transgendered adolescent. *Clinical Child Psychology*
>
>*and Psychiatry*, *7*(3), 377-397

Yardley, L. (2008). Demonstrating validity in qualitative psychology. *Qualitative*

>*psychology: A practical guide to research methods*, *2*, 235-251.

Yavuz, C. (2016). Gender variance and educational psychology: implications for practice.

>*Educational Psychology in Practice*, *32*(4), 395-409

Zembylas, M. (2009). Global economies of fear: Affect, politics and pedagogical

>implications. *Critical Studies in Education*, *50*(2), 187-199.

Appendices

Appendix A: Reflective Diary

Reflection A
As I read more about participatory research, I began to question how I saw my own role in the research process. As a doctoral student, I was aware that aiming for a fully participatory approach to research was not possible, yet I still wanted to avoid tokenistic levels of participation. In reading Franks (2011), the notion of 'pockets of participation' appealed to me. I wanted to attempt to equalise the power dynamics between myself and the co-researchers as much as possible to enable them to feel heard and respected but also valued the contribution that I, as a researcher, made to the direction and outcome of the research process. I reflected on whose voice the research truly represented and on how I could work collaboratively with the co-researchers to produce a meaningful outcome for themselves and for the research. In beginning to write up the project, I was aware of using phrases such as 'my research' and using the pronouns 'I/my'. I initially felt uncomfortable with this but on discussion with my supervisor was able to consider how this would still align with a 'pockets of participation' approach for me to value both my contribution and that of the co-researchers. I began to see myself as facilitator within the research process, guiding the co-researchers to share their stories in a way they felt comfortable, supporting them to learn new analysis techniques and making my own contribution in shaping and writing up the research process. It became clear to me that at the end of the process, this research would ultimately have my name on it, and I would be the one to argue its case at viva, so I needed to acknowledge the role I played in its creation.
Reflection B
In considering the direction I wanted the research to take I was able to consider a variety of research methods. I was initially drawn to narrative approaches but felt that something didn't sit right with me in my own role as 'expert' and how reliant this type of approach appeared to be on me interpreting the stories of other people. I was highly motivated to seek a participatory approach to research so as not to impress my own interpretations onto the stories of the CYP I worked with. I aimed to work in collaboration with them to hear their stories and understand what each of them meant. I was aware that often the voices of this population can be misrepresented in discourses in society, acknowledging that my own understanding of transgender at the start of this process came from socially constructed stories and ideas I had been exposed to rather than any personal experience of the transgender community. I was aware that I wanted to avoid any further misrepresentation and stay as close to the CYPs lived experiences as possible valuing their voices and role where possible throughout the research process.
Reflection C
I realised tonight that from the get-go I could have been accused of seeing transgender as a mental health concern. In linking my selection criteria to 'accessing support,' I immediately placed transgender as a 'condition' that one might need support with. I have noticed in all four of the CR's stories how mental health, self-identity and confidence have all been intricately linked and discussed in multiple ways. I wondered if by only selecting

people 'receiving support' I have limited the potential pool of transgender CYP to only those identifying with mental health needs. This is an idea the younger two CRs have shared repeatedly stating that you can only be transgender if you have dysphoria (mental health) and I realised tonight I have definitely been thinking that – how could I not after listening to their stories? But then is it the case that I have selection bias? Have I only heard from those who do have associated mental health difficulties? Are there transgender young people out there who don't? Am I silencing other transgender voices by assuming it has to be a mental health concern? I think my argument would be no. I am cautiously listening to the stories of four transgender CRs and considering what they have in common. I'm not saying these commonalities are true for every transgender person there ever has been and ever will be, but I am saying that for these four young people this is their construction of their reality as it stands. If this is how they see the world, what impact does that have on their lives and how can we best support them. If I know from these four CRs that most of their time is consumed in wondering 'how will someone else see that?' then I know there isn't much time to focus on what is being taught in their maths lessons. I know not everyone will agree with this research and importantly I know not every person that identifies as transgender will hear their own voice in the stories of these four CRs, but I hope that there is something to learn from this. If nothing else I have learnt a lot from these four CRs. I hope that I can do their stories justice and empower them to feel listened to and respected, or, as Abraham said last week, 'at best treated the same'.

Reflection D

Getting the initial response forms proved tricky with the young people interested but forgetting to return the form that would give me parental consent. I already feel like I messed up once by changing the form to ask for 'birth name' following the support group leader's advice that the parents would be used to completing that information as part of consent forms they complete to attend the support group itself. A number of parents seemed to be frustrated by this, writing 'no' or 'not needed' so I hope that when I meet I can explain that this is exactly why I need participatory research so that I can avoid alienating or making assumptions from an outsider perspective. I want this research to mean something for the young people who complete it and to be as valid as possible, truly representing their views and stories. I have arranged my initial meeting to gain informed consent from four families and am hopeful that the CYP will want to continue as co-researchers to share their stories and expert knowledge. I want to make sure I am as prepared as I can be and to make a good first impression to build rapport and trust rather than alienate anyone further.

Reflection E

I have been thinking about the ethics of using pseudonyms with the co-researchers who have commented on multiple occasions about the importance of their names. I think that originally, I had planned to conduct the research with CYP who the BPS would consider vulnerable under the age of 16 and as a result wanted to protect them from harm by using pseudonyms. I however now find myself working with 16-25-year olds and as a result question whether I should have given them the opportunity to use their name in the research process. As the research has progressed, I have also been offered the opportunity

to potentially present the research as part of a book and to the wider local authority, again raising questions as to whether or not the co-researchers should have the chance to have their names used in the study. I have thought about our authority policies and how they assume that at 16 a CYP is able to make the decision to consent to involvement from ourselves and so could the same be said in this situation? Are the co-researchers able to consider the impact of their names and identities being known not only now but also in the future? I hope a conversation with the CRs and, where appropriate their parents, might help to put my mind at ease over this choice.

Reflection F

Ethical approval!!! I was really pleased when I found out today that my ethics application has been approved and that I am able to move ahead with my ideas to explore the educational experiences of transgender adolescents. I sent my proposal and ethical approval to the support group in my authority to consider whether or not they might be able to help me. I am excited to get started and feel that this research has the potential to be very important for my practice and others in the profession. The fact that this has been approved when a similar proposal a few years ago was rejected also suggests to me that times have changed and that this is a highly relevant topic to explore. While I am excited, I am also a little nervous as to how to ensure I am able to recruit co-researchers and work effectively WITH them. I know that gender identity can be a sensitive topic and that as an outsider I don't want to place my views or ideas on the CYP. I want this research to be about them and led by them as much as possible.

Reflection G

I've been reflecting on how participatory this project actually is. I think in hindsight I gave the young people too much information prior to the pilot study and came into this project with my ideas fairly well formed. I know this is mainly because I felt that to pass ethics with my proposal and to complete the work in a year I had to have some ideas on what I wanted to do and why, but am now wondering if I could have been more open in the 'how' I would go about collecting the data. I did speak to the group about my ideas to use collage and ask them what they thought about it, but I think on reflection that they may not have felt comfortable disagreeing with my ideas so early on in our interactions with one another. Although I attempted to 'balance the power' that might have been felt by young people talking with an unknown adult, I am aware that in reality they may have complied with my ideas rather than appear argumentative or challenging. I think also they were all just really keen to get on with it and share their stories so they may not have wanted to delay the process by talking about potential changes and different methods. I hope that in moving forward and being aware of this potential tension I will be able to find ways to continue to make the research as participatory as possible e.g. data analysis, dissemination etc

Reflection H

And just like that I have three co-researchers fully consenting to take part in the pilot and interested in the full study. I stuck my foot in it at least once with 'you guys' only strengthening my desire to complete participatory research rather than being an 'expert researcher.' Each of the young people reacted differently to our conversation, as did their parents giving me lots to think about in preparation for the main study. Questions were

raised as to why I'd asked for birth name and why I was focusing on transgender in particular. One parent rightly pointed out that in doing so I am isolating other people, and will no doubt be open to criticism. I tried to explain that my limits are tight to make the project manageable and reasonable but that my intention is not to isolate anyone. We also spoke about the potential impact of the project and its relevance in today's society where increases in discussions about LGBTQIA+ issues are prevalent. I also got a feeling that all parents and CYP were excited for the potential impact of such a project.

Reflection I

I talked with the younger and older co-researchers and the support group leaders to arrange dates/times to run the analysis sessions and we came up with the idea of coding the collages in their respective pairs rather than as a group of four. In my head this made sense for a number of reasons but now I have begun to question whether I am ok working with the two groups separately and then coming back together. My thinking about this was twofold - firstly I have already asked a lot in terms of time commitment from the group in getting this done and didn't want to use a further four two-hour sessions for them. Secondly, I was thinking ethically in terms of protection for each group in that they met with me separately to tell their stories so I wasn't sure how comfortable I felt, or they would feel all together. I also think the older group may have spoken more than the younger group and the stories could have got lost that way. I wondered if seeing as I would be teaching them to analyse together and present for the coding sessions if I could consider myself a critical friend overseeing the process?

Reflection J

It was great tonight to hear from the CRs the impact of being involved in the research so far beyond just sharing their stories. Matthew was keen to show me a transcript he had written as part of an English assignment that had been graded with "This is as good as a professional transcript" and commented that he had been one of the only ones in class that had known what the symbols meant. It was great to see the truly participatory intent in action with Matthew having learnt and applied a new skill. Mary also reflected on enjoying the sessions as a group of four and her excitement that I planned to redo this in the coming weeks.

Reflection K

In addressing the quality of the presented research, I was initially drawn to criteria defined by Lincoln and Guba (1985) and Yardley (2008) however I felt some tensions aligning these criteria with the participatory, visual approach I planned to take. I attempted to compare and contrast the two approaches and consider where criteria may overlap or contradict one another. My supervisor suggested I look into evaluations of these approaches and other criteria that have been developed to assess qualitative approaches leading to my decision to address quality using the criteria suggested by Tracy (2010).

Reflection L

I have been feeling really conflicted since my tutorial with my supervisor last week where it was suggested that I might need to add a second layer of analysis following the thematic analysis I am currently conducting with the CRs. I couldn't understand how my interpretation of the data fit with my participatory values and instead just saw how this may

conflict with my desire to respect the voices of the CRs. I have been exploring this further and had a phone conversation with a recently qualified TEP who has completed participatory research. She shared that initially she fell into this and did a second layer of analysis until she was questioned by her supervisor as to why she had done that. She reminded me that I am not doing this research alone and that whenever I have a decision or face a conflict it would seem sensible to go back to the CRs and ask their thoughts and opinions. We also discussed how ethical it would be for me to now add my own interpretation into the research process when that is not what the CRs had agreed to and would it in fact invalidate the collaborative approach and relationships I have worked so hard to build?

Reflection M

I have been reflecting on recent discussions with the CRs and in particular on their understanding of the term 'Dysphoria'. For the younger two CRs, Mary in particular, Dysphoria is seen as integral to their identity as transgender, to the extent that Mary commented that in her mind you can't be transgender without dysphoria. Yet the older two CRs did not mention this until discussing the collages as a whole group. I began to wonder if there may be a developmental aspect to their understanding of their genders or whether for some CYP the use of a label helps in their understanding of their experiences. I reflected on how this aligns with other diagnostic labels such as anxiety, depression etc. which can be seen as helpful to some in their understanding of their experiences and access to treatment but also negative in the attached stigma that often comes with a label.

Reflection N

As I completed this process, I became increasingly aware and uncomfortable of my own role as an EP in reinforcing binary notions of gender e.g. asking for gender on referral forms, tracking cases based on gender of CYP etc. I considered how even these apparently small processes continue to reinforce the binary norms and the impact this may have on transgender CYP in society. If we strive for 'autism friendly' and 'dyslexia friendly' schools could the same not be suggested in relation to gender?

Reflection O

Following discussions with my supervisor, I have begun to question the role this research project may have played in Abraham's changing gender identity. I was asked whether I felt the process may have been transformative to them and led to the changes they made in their own identity. Initially, I hadn't considered this but began to consider how extended contact with CRs in this way has the potential for change for them by providing a safe space to explore identity and aspects of their lives as a group. I wondered if Abraham's change of identity has more to do with their continuous exploration of their identity outside of the group and that this had collided with the research. Abraham had recommended Kate Bornstein's book 'Gender Outlaws' and explained that for them they see their gender in this way as constantly in a state of change. I wondered if the 'ever present possibility of change' commented on in some of the literature around non-binary identities may have prompted Abraham's change in self-identity or whether the research process itself had been transformative.

Reflection P

I had initially hoped that during the COVID19 pandemic I would be able to utilise technology and meet 'virtually' with the CRs to complete the dissemination part of the project. I hadn't realised the emotional impact this pandemic would have on both myself and the CRs. I questioned the ethics of meeting virtually where the CRs would be at home and potentially unable to speak openly and honestly and contribute in the same way they had previously. I also knew from listening to their stories the difficult home lives some of the CRs had and questioned how it may put them in a difficult position asking them to work with me while at home. I contacted the CRs and the support group they were involved with to talk through these concerns and we all agreed to press 'pause' on the dissemination plans until things began to settle back to our 'new normal.'

Appendix B: Information sheets for parent and co-researchers

<u>**Research Project Title:**</u> <u>Exploring the experiences of transgender adolescents using the creative arts and a participatory approach to research.</u>

My name is Rachael Lowe and I am a Trainee Educational Psychologist studying for a Doctorate in Educational and Child Psychology at the University of Sheffield.

I am writing to inform you of a research project I am conducting with children and young people who identify as transgender. I am asking if you would consider giving permission for your child to participate in this project. Before you decide it is important that you understand why the research is being done and what it will involve.

Please take time to read the following information carefully and discuss it with your family/child.

Please ask if there is anything that is not clear or if you would like more information.
Thank you for reading this.

What is the project's purpose?

This research study is about exploring the experiences of transgender adolescents. The main purpose of this project is to get an understanding of their educational experiences and to consider how schools and Educational Psychologists can help to support their needs. This is a participatory piece of research. The aim of this type of research is to engage participants in the research process as co-researchers. This means that they may help to set research questions, produce and analyse data, reflect on the research process and help to feedback on results.

Why have I been chosen?

You child has been invited to take part in the study because they have been identified as meeting the following selection criteria:

➢ Aged 11-18
➢ Identifies as transgender
➢ In full time education
➢ Accessing support from external agencies/professionals.

I am therefore interested in their views. Two/three other children will also be involved in this project.

Does your child have to take part?

It is up to you to decide whether or not you want your child to take part. If you do decide for your child to take part, you will be given this information sheet to keep and be asked to sign a consent form. Your child will also be given a consent form to sign if they wish to partake in the study. Both you and/or your child can withdraw from the study at any time. You do not have to give a reason if you choose to withdraw.

What will happen to my child if they take part?

If your child were to take part, they will be involved in the project, to take place in the summer and/or autumn term 2019.

1. If your child is interested in taking part and you are willing for them to participate, then please return the slip below.

2. An initial meeting will be arranged, to which both you and your child will be invited, which will last approximately half an hour. This will be to further explain the research to you and your child and to gain consent to participate. It will also be an opportunity for me to get to know your child a little before the interview and for you to ask any questions about the research. The meeting can take place at a neutral location e.g. youth base, at the educational setting your child accesses or at home or if that is preferred. We will also make arrangements for the next phase of the research. At the end of this session, I will leave a book with your child for them to begin to record some of their ideas and thoughts about school ready for when we meet in the future to create a collage. This collage will be about their experience of education.

3. **Session 1** (lasting up to an hour and a half). This part of the project will involve your child creating a collage to represent their experiences. They will be prompted to use images, words, drawings etc. to create a collage that explores their experience of being transgender. Before they leave this session, I will share with them some questions to reflect on about their experience of creating the collage.

3. **Session 2** (lasting up to an hour). During this session, I will ask your child to discuss their collage with me and to create written text to accompany the image sharing their views and interpretation of the picture they create. The sessions will be audio-recorded.

4. **Session 3** (lasting up to an hour). I will meet with your child to ask them to support in an interpretation of the work they have created and to identify any themes from their story. They will be asked to check notes and ideas made. This is known as 'member checking' and allows the child the opportunity to confirm or refute any ideas that I have about their work.

5. Ongoing – during the project, your child may be asked to reflect on how they have found each part of the research process. What has doing the research meant for them? How did they find the process? What ideas, thoughts and experiences did they have whilst doing the research?

6. Sharing the findings – your child will be offered the opportunity to further participate in sharing the findings of the research. This may involve your child meeting with the other co-researchers, sharing their stories and working with me to further share the findings. Due to the participatory nature of this project, the extent to which your child participates in this stage of the process will vary depending on their preference. Privacy and confidentiality will be respected throughout the process.

What do they have to do?

It will not be necessary for your child to do anything specifically in preparation for participation in the research study. If your child chooses however, they could reflect on their experiences prior to the sessions taking place. The main thing required is that they come with an open mind and a willingness to explore their personal experiences in the hope that this information may go on to help others.

What are the possible disadvantages and risks of taking part?

Although no physical risk will be posed, there is a potential risk that children may identify key events in their stories that cause an emotional response. As a support mechanism, there will be a key person identified linked to your child's current professional support system to provide follow-up support to children if necessary. The risk of distress is further minimised by my practice of consultation as part of my doctorate training and prior experience as a primary school teacher. Therefore, I have been trained to conduct interviews in a sensitive manner, with empathetic listening and responses to children's emotional needs.

In the event of your child appearing to become upset during a session, they will be reminded that they can pause/stop at any point. They will also be reminded of their right to choose not to answer certain questions or to fully withdraw from the research. If I feel that your child is experiencing significant distress, I will stop the session in a supportive manner.

It is advised that children who are experiencing significant stress or emotional difficulties should not participate in the study.

What are the possible benefits of taking part?

One of the benefits of doing participatory research is the opportunity for participants' voices to be heard. The information gained from this study may also have implications for improved educational practice for both educational provisions and professionals working with transgender children and young people.

What happens if the research study stops earlier than expected?

In the unlikely event that the research study stops earlier than expected, you and your child will be informed, and reasons will be provided.

What if something goes wrong?

If you have a complaint you wish to share at any time during the research it should firstly be addressed to the lead researcher (Rachael Lowe) rlowe3@sheffield.ac.uk and the supervising tutor (Martin Hughes) via email: m.hughes@sheffield.ac.uk. However, should you feel that your complaint has not been handled to your satisfaction you can contact the University's Registrar and Secretary via email: registrar@sheffield.ac.uk.

Will my child's participation be kept confidential?
Ethical guidelines will be followed and all information that is collected from your child's involvement in the project will be kept confidential. Your child's name will not be used in the writing up of the final report. During the research tasks, participants may adopt a pseudonym, which they will be referred to. Family relationships or professional roles may be referred to (e.g. sister, teacher), however no person, third parties or schools will be named.
Your child will be able to inform me at any point, if there is anything that they would like to be left out. If, for any reason, I become concerned about your child's or others' safety and/or well-being, there is an obligation to pass on this information to the designated person within the support group who is responsible for matters of this kind.

What is the legal basis for processing my child's personal data?
According to data protection legislation, I am required to inform you that the legal basis I am applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)).
Further information can be found in the University's Privacy Notice:
https://www.sheffield.ac.uk/govern/data-protection/privacy/general.
As I will be collecting some data that is defined in the legislation as more sensitive, information about gender identity, I also need to let you know that I am applying the following condition in law: that the use of your child's data is 'necessary for scientific or historical research purposes'.

How will the data my child produces be stored and used?
The visual images produced by your child will be photographed and stored alongside their written stories on a password-protected computer held by the researcher. The audio recordings will be stored on a password-protected USB and computer. Upon completion of the project, the original images will be returned to your child and additional copies of the data will be destroyed.

What will happen to the results of the research project
The results of the project will be drawn together to be included in a thesis and may be published in a journal. Your child and their school will not be identified in any reports of publications. You will be informed of the research summary, once the thesis is completed and approved, summarising key findings from the research project. You will be informed if the data is published in a journal and asked if you would like a copy of the report.
General findings, which may improve educational practices, may be shared with educational professionals in local secondary schools. Children who participate in the research will be given the option to keep the visual collages that they create, and they will receive a personalised debrief/summary at the end of the interviews.

Who is organising and funding the research?

The research project is part of the requirements for completion of my Doctorate in Educational and Child Psychology and does not have any sponsorship or funding.

Who is the Data Controller?
The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.

Who has ethically reviewed the project?
This project has been ethically approved via the University of Sheffield's Education Department ethics review procedure. Should you decide to take part, you will keep this information sheet and be asked to sign a consent form.

Thank you for taking the time to read this information. **If you decide for your child to take part, please fill in and return the slip to at the bottom of the page to Rachael Lowe (lead researcher) to the address outlined below.** If you have any further questions or concerns then please do not hesitate to contact me.

The supervising tutor for this project is Martin Hughes and his contact details are as follows, should you wish to contact him:
m.hughes@sheffield.ac.uk

Return slip
I am interested in my child taking part in the research project and wish for Rachael Lowe (lead researcher) to contact me to make arrangements to further discuss the project.
Name of parent(s):
Name of child:
Age of child:
Home Address:
Contact Number:

Research Project Title: Exploring the experiences of transgender adolescents using the creative arts and a participatory approach to research.

Part 1: Summary

I would like to invite you to take part in a research project. I am happy to go through the information sheet with you now and answer any questions you have. This will take about 15 minutes.

The research is about the experiences of transgender children and young people. I am interested in finding out about your story of your education journey and experiences. I want to explore what is important to you, what things might have been challenging and what things have helped you.

As well as making sure that you are happy to take part in this project, I have also asked for permission from your parents/carers.

If you are interested in this study, please read Part 2 below. It is entirely YOUR CHOICE whether or not to participate in the study.

Part 2: Further Information about study

What will happen to me in the study?
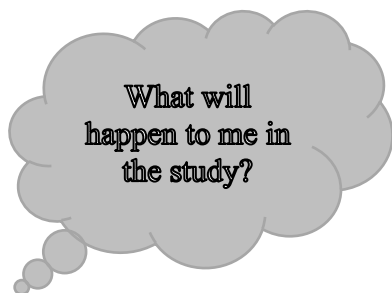
Today, I will explain the research to you and ask for your consent to participate. You can ask questions about any part of the study. I will be able to get to know a little bit about you too.

When you leave today, I will leave a book with you to record some of your ideas and thoughts about school ready for when we meet in the future to create a collage. This collage will be about your experiences of being transgender.

I will then meet with you again and I will ask you to create a visual collage to tell me about your experiences. You can use drawings, images, words, etc. to create your collage. Before you leave this session, I will share with you some questions to reflect on about your experience of creating the collage and your experiences.

We will then meet to reflect on your collage and to talk about your school and your journey, what might have been hard and what has helped you along the way. There are no right or wrong answers – it is your story that I am interested in. I hope for us to create written text to go with your collage to explain your views and ideas. These sessions will be audio recorded so that we can listen back to what was said.

When we meet the next time, I will share some ideas with you that I have had about your story and ask what you think. I will then ask you if you would like to be involved in further parts of the research to share your story with the other participants and think about how we can use the information to share the ideas to more people. You could be involved in analysing your story to look for similarities and differences with the other participants.

You can have your parents/carers at any of these sessions if you think this would help you feel more comfortable and relaxed.

BENEFITS:

- ✓ Information gained from you and other children may help to improve how school staff work with children.
- ✓ Talking about your experiences and having someone interested in your story and listening to you can make you feel good.

What are the possible benefits and risks?

RISKS:

- No physical risk – you will not be hurt.
- You might think about things during the interview that cause you to become upset. To support you, there will be a familiar adult to provide follow-up support if necessary. You can also stop the interview at any point if you become upset and we can always rearrange the interview for another day if you would prefer.

When will the study begin and end?
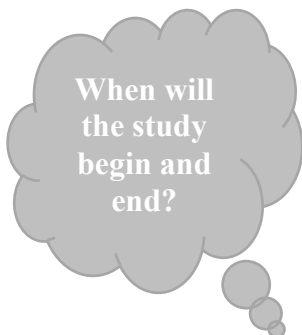
You will be involved in the initial stages of the research process, which will take place in July, September or October 2019. The research project will last up to 14 months until it is fully written up which will be summer 2020.

Please feel free to ask me (Rachael) or my supervising tutor (Martin) any questions using the contact details provided below. Please keep this information sheet in a safe place in case you want to read it again in the future.

Name of Researcher: Rachael Lowe	Name of Research Supervisor: Martin Hughes
Email: Rlowe3@sheffield.ac.uk	Email: m.hughes@sheffield.ac.uk

What is the legal basis for processing my personal data?
According to data protection legislation, I am required to inform you that the legal basis I am applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)).   Further information can be found in the University's Privacy Notice: https://www.sheffield.ac.uk/govern/data-protection/privacy/general.   As I will be collecting some data that is defined in the legislation as more sensitive, information about gender identity, I also need to let you know that I am applying the following condition in law: that the use of your data is 'necessary for scientific or historical research purposes'.
Who is organising and funding the research?
The research project is part of the requirements for completion of my Doctorate in Educational and Child Psychology and does not have any sponsorship or funding.
Who is the Data Controller?
The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.
Who has ethically reviewed the project?
This project has been ethically approved via the University of Sheffield's Education Department ethics review procedure. Should you decide to take part, you will keep this information sheet and be asked to sign a consent form.

Appendix C: Consent forms for parent and co-researchers

Title of Project: Exploring the educational experiences of transgender adolescents.

Name of Researcher: Rachael Lowe

Participant identification number/pseudonym: _____

If you agree for your child to participate in this research, please read each statement below, indicate your response and sign below to give your consent.

	Please tick the appropriate boxes	Yes	No
Taking Part in the Project:			
I have read and understood the project information sheet dated April 2019 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)		☐	☐
I have been given the opportunity to ask questions about the project.		☐	☐
I agree for my child to take part in the project. I understand that taking part in the project will include my child creating a collage of their experiences and discussing their experiences with the researcher.		☐	☐
I understand that taking part is voluntary and that I can withdraw my child from the study at any point, up to 7 days after completion. I do not have to give any reasons for why I no longer want my child to take part and there will be no adverse consequences if I choose to withdraw.		☐	☐
How my information will be used during and after the project:			
I understand my child's personal details such as their name, phone number, address and email address etc. will not be revealed to people outside the project.		☐	☐
I understand and agree that my child's words may be quoted in publications, reports, web pages, and other research outputs. I understand that they will not be named in these outputs.		☐	☐
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.		☐	☐
I understand and agree that other authorised researchers may use my child's data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.		☐	☐
So that the information you provide can be used legally by the researchers:			
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.		☐	☐

_____   _____   _____

Name of parent/carer   Date   Signature

_____   _____   _____

Lead Researcher   Date   Signature

(To be signed and dated in presence of the participant)

Copies: *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the information sheet and any other written information provided to the participants. A copy for the signed and dated consent form should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.*

Title of Project: Exploring the experiences of transgender adolescents.

Name of Researcher: Rachael Lowe

Participant identification number:/pseudonym: P_____

Please make sure you have read (or listened to) the Information Sheet before filling in this form. Please read the statements below and put your initials at the end if you agree with them.

I have read (or listened to) and understood the Information Sheet (April 2019) for the above study.		
I have had time to think about the information, ask questions and have had these answered.		
I confirm that I am choosing to take part in this project and have not been pressured. I understand that taking part in this project will involve me making a collage and discussing my experiences. Interview sessions will be audio recorded.		
I understand that I can withdraw from this project at any time, up to 7 days after the project has ended, without giving a reason. If I withdraw, my data will be destroyed.		
I understand that I do not have to answer any questions during the session(s) that I do not want to or feel able to.		
I understand that the things I talk about in this project will be written in a report. My name will not be used in the report. Extracts from the conversations may be used as quotes to illustrate certain points however no actual names will be used.		
I agree for the data collected about me to be used in an anonymised report for publication within a peer-reviewed journal		
Yes, I agree to take part in the above study.		

_____   _____   _____

Name of participant   Date   Signature

_____   _____   _____

Lead Researcher   Date   Signature

Copies: *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the information sheet and any other written information provided to the participants. A copy for the signed and dated consent form should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.*

163

Appendix D: Adapted consent forms for older co-researchers

Title of Project: Exploring the experiences of transgender adolescents.

Name of Researcher: Rachael Lowe

Participant identification number/pseudonym: _____

If you agree to participate in this research, please read each statement below, indicate your response and sign below to give your consent.

Please tick the appropriate boxes	Yes	No
Taking Part in the Project:		
I have read and understood the project information sheet dated April 2019 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)	☐	☐
I have been given the opportunity to ask questions about the project.	☐	☐
I agree to take part in the project. I understand that taking part in the project will include creating a collage of my experiences as transgender and discussing my experiences with the researcher.	☐	☐
I understand that taking part is voluntary and that I can withdraw from the study at any point, up to 7 days after completion. I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw.	☐	☐
How my information will be used during and after the project:		
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.	☐	☐
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs.	☐	☐
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
So that the information you provide can be used legally by the researchers:		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.	☐	☐

_____   _____   _____
Name   Date   Signature

_____   _____   _____
Lead Researcher   Date   Signature

(To be signed and dated in presence of the participant)

Copies: *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the information sheet and any other written information provided to the participants. A copy for the signed and dated consent form should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.*

Contact Email Address: _____

Appendix E: Ethical approval

The
University
Of
Sheffield.

Rachael Lowe
Registration number: 170109909
School of Education
Programme: Doctorate of Educational and Child Psychology

Dear Rachael

PROJECT TITLE: Exploring the educational experiences of transgender adolescents
APPLICATION: Reference Number 024977

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 16/04/2019 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 024977 (dated 15/04/2019).
- Participant information sheet 1059299 version 2 (15/04/2019).
- Participant information sheet 1059298 version 2 (15/04/2019).
- Participant information sheet 1059297 version 2 (15/04/2019).
- Participant information sheet 1059296 version 2 (15/04/2019).
- Participant consent form 1059303 version 1 (03/04/2019).
- Participant consent form 1059302 version 1 (03/04/2019).
- Participant consent form 1059301 version 1 (03/04/2019).
- Participant consent form 1059300 version 1 (03/04/2019).

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Yours sincerely

David Hyatt
Ethics Administrator
School of Education

Email correspondence with Ethics department following change in age of co-researchers:

Hi Rachael,

The feedback from the lead reviewer is as follows:

I think that if everyone involved (both older and younger co-researchers and parents, where appropriate, have given their fully informed consent to the changes below in the participant community, then I would be happy to approve these changes.

I will upload this to the existing ethics application.

Kind regards,
Becca

Appendix F: Debrief form

Debriefing Information Sheet

I would like to take this opportunity to thank you for taking part in this research project.

If you found the process of talking about your experiences upsetting and these feelings continue to persist after the research project has finished, below are some local support services that you may already be familiar with.

Your GP, family and friends are all immediate sources of comfort and support.

The 'Local' website offers information and signposts to links for local and national support services.

Local Group- Teenagers, Gender & Sexuality (previously known as GLYSS) The groups offer young people, who identify as LGBTQ+, a safe place to meet peers and find support and acceptance. The groups are part of Council's Youth Service.

- **Group (for 17-24 year olds)** runs every Monday, 6:00pm-9:00pm. This group aims to help young people explore their transition to adulthood; develop support strategies; and challenge policies relating to the LGBTQ+ agenda. For more details about ring:
- **Youth Group (for 11-16 year olds)** runs every Wednesday, 6:00pm-9:00pm. This group aims to help young people explore issues around sexuality and gender. It also provides support to young people, wherever they may be in terms of their LGBTQ+ journey. For more details ring:

There are also national organisations and charities available to offer support:

- The Beaumont Society (This is a national self-help organisation run by and for the transgender community. The Beaumont Society offers support to people who identify as transgender, and to their partners and families. The Society can also provide advice and training on transgender issues. The website has a page especially for transgender teenagers.)
- Mermaids (Mermaids supports children and young people (up to the age of 19) who are experiencing gender identity issues. Support is also available to families and professionals involved in the care of children and young people. The organisation provides support through a helpline, email, an online parents' forum and a separate teens' forum.)
- The Proud Trust (This charity supports LGBT young people in the North West. Support is offered through a range of different groups (many of which meet in Manchester) and through the Peer Support Project. The Peer Support Project provides confidential support to LGBT people aged 12-25. Young people who contact the Proud Trust can be linked to another LGBT young person of a similar age, who is a trained Peer Supporter. The role of the Peer Supporter is to listen to you without judgement; to chat with you; and to signpost you to other support you might need. Peer support can be provided face-to-face, by text, Facebook, email or telephone.)

You are also welcome to contact me again to discuss any part of your involvement in the research project.
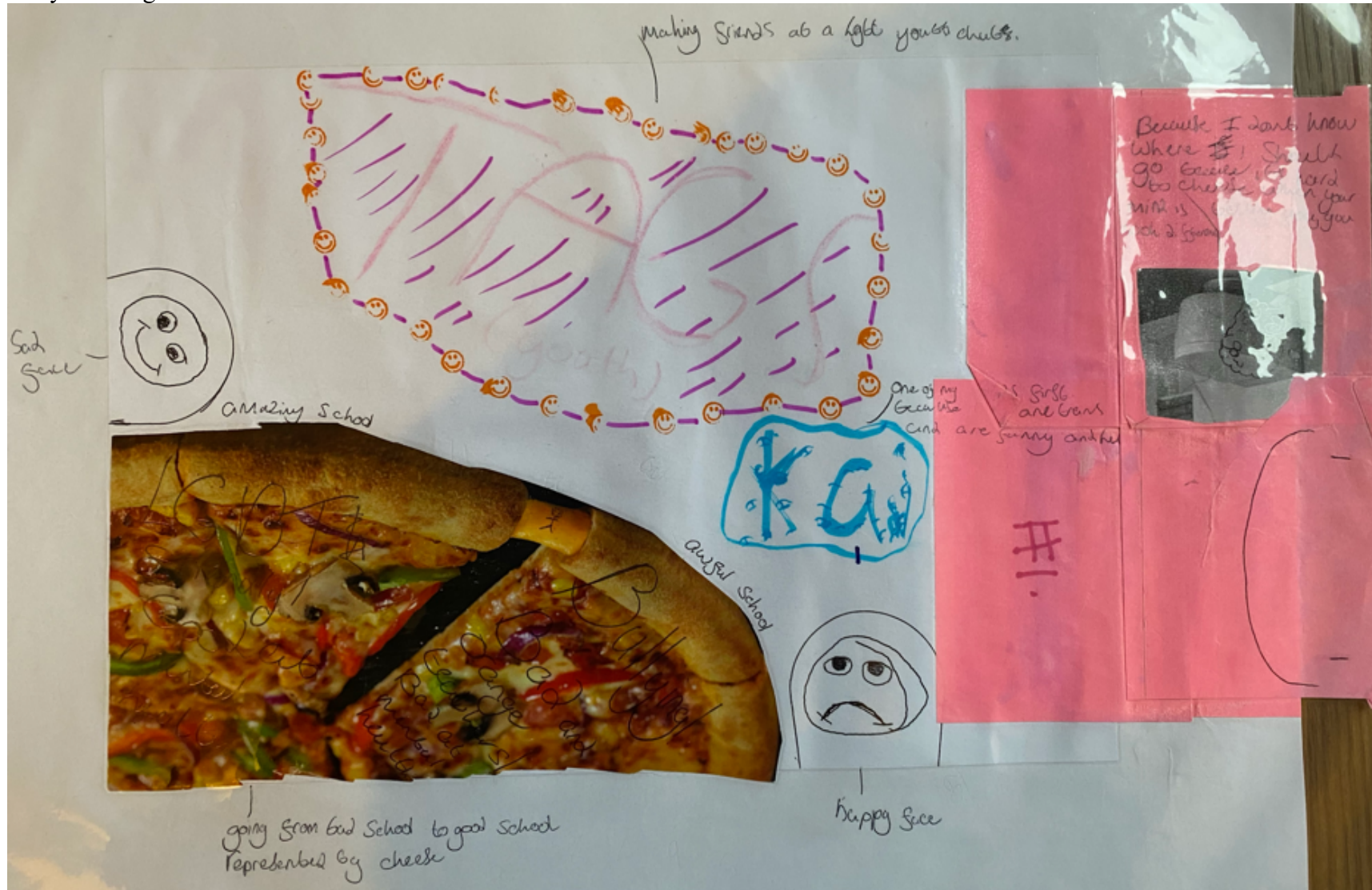
Best wishes

Rachael Lowe
Trainee Educational Psychologist

Appendix G: Collages with text
Ace's Collage:

Transphobic attacks, are more common than homophobic in the last year homophobic attacks doubled, trans attacks tripled.

GIRL

Lesbian Gay Bisexual Trans

small town, small voices, small issues
ourtown

Self harm scars

Alcohol issues

My labels don't stack neatly, I have boxes inside boxes that "shouldn't fit" just due to my expression. Labels aren't always neat, A person isn't a "fit for all" item of clothing.

"You'd look so prettier in makeup" Makeup can be for anyone, it just isn't for me.

"Girls don't have ~~except~~ body hair" Girls are beautiful regardless of hair

"Real men drink beer" - "Real" men can drink what they want

Mary's Collage:

Matthew's Collage:

I put the toilet on the collage because of the confusion and struggles I faced while in school interms of which toilets to use, hence the '?'s

WC
?
LGBT SUPPORT

The 'HELP' thing has a double meaning, partially to do with me finally calling out for help but also the emotional release in music, as the Beatles helped me too.
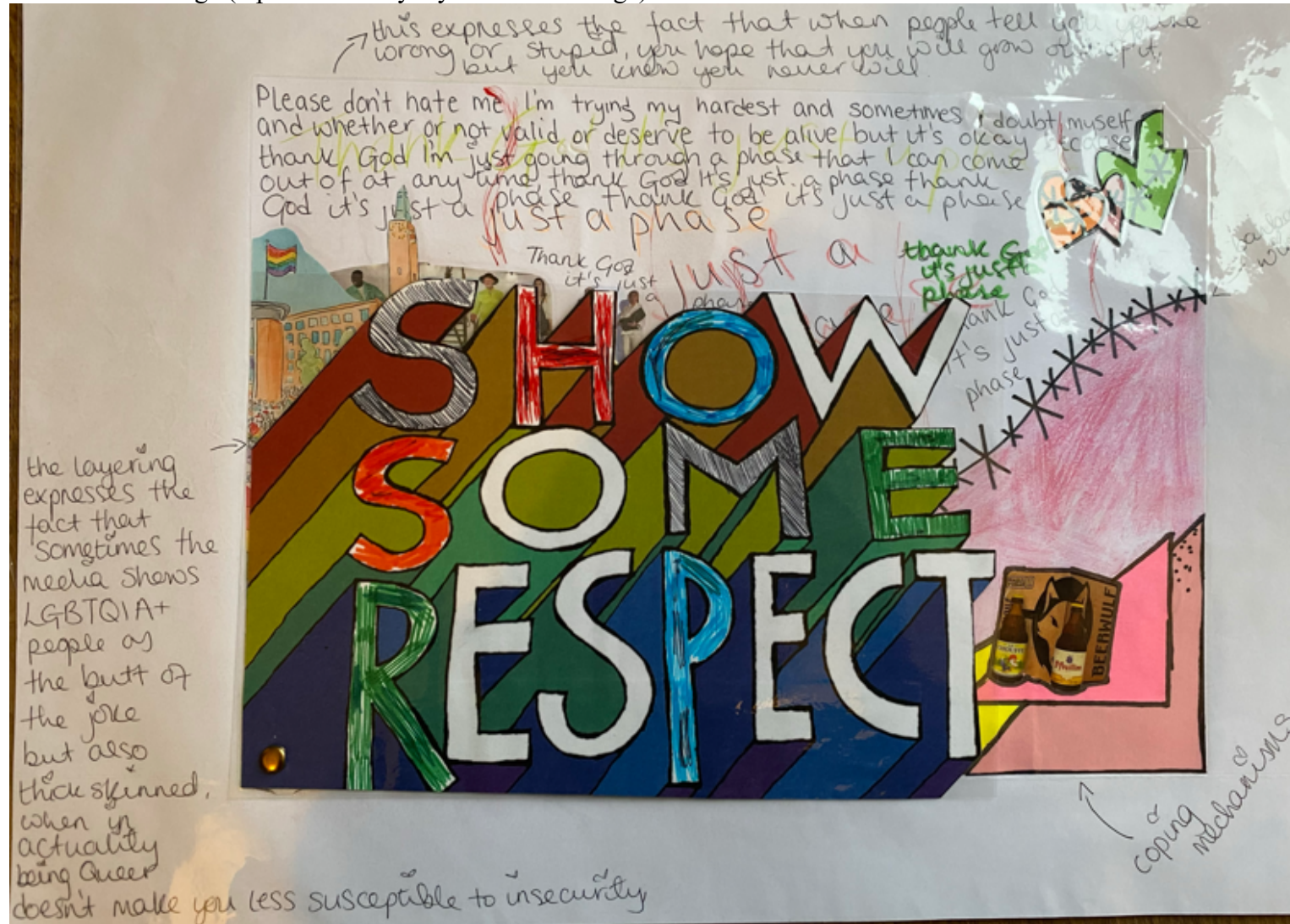
ART
T.A.Gs
HELP HELP

YOU SHOWED ME REASONS I SHOULD HAVE MYSELF

BTS, though it may seem stupid, have been a massive help in terms of bringing my mood up an distracting me and helping me through the process of transitioning. One member's lyrics in particular help me (His stage name being Agust-D)

AT TIMES, I'M SCARED OF MYSELF TOO

KNJ PJM
KSJ KTH
MYG JJK
JHS BTS

AGUST · D

WAITING....
Tick
TEDIOUS
EDUCATE TEACHERS

24 hours
48 hours
2 weeks

The waiting times represent my times waiting for referrals in the doctors for my gender.

T.A.G·S is a youth group I attend, a place that's helped me with referrals and has given me comfort when I needed it most.

The nintendo switch is something I enjoy playing it takes my mind off things.

Abraham's Collage (2 photos as they layered their collage):

this expresses the fact that when people tell you you're wrong or stupid, you hope that you will grow out of it but you know you never will

Please don't hate me I'm trying my hardest and sometimes i doubt myself and whether or not valid or deserve to be alive but it's okay because thank God I'm just going through a phase that I can come out of at any time, thank God It's just a phase thank God it's just a phase thank God it's just a phase just a phase

Thank God it's just a phase

just a thank God it's just please

thank God it's just phase

****

SHOW SOME RESPECT

the layering expresses the fact that sometimes the media shows LGBTQIA+ people as the butt of the joke but also thick skinned, when in actuality being Queer doesn't make you less susceptible to insecurity

coping mechanisms

BEERNULF

this expresses the fact that when people tell you you're wrong or stupid, you hope that you will grow or but you knew you never will.

Please don't hate me, I'm trying my hardest and sometimes I doubt myself and whether or not valid or deserve to be alive, but it's okay 'because thank God I'm just going through a phase that I can come out of at any time thank God it's just a phase thank God it's just a phase thank God it's just a phase thank God it's just a phase

just a phase

Thank God it's just a phase

just a just a phase

phase

Just a phase

thank G it's just phase

Thank God it's just phase

the layering expresses the fact that sometimes the media shows LGBTQIA+ people as the butt of the joke but also thick skinned, when in actuality being Queer doesn't make you

5 year guarantee!

Our great quality, best selling binoculars

—ever felt like you're being watched and judged

BEERWULF

& coping mechanisms

171

Appendix H: Field Note Extract

Sign	Convention
(.)	A pause of less than a second
(2)	Longer pause (number of seconds elapsed in bracket)
CAPITAL	Emphasis placed on words
(-)	Interrupted speech
(sigh)	Non-verbal expression
XXX	Unclear speech
No-o-o-o-o	Held sounds

Matthew   Mary   Abraham   Ace   Rachael

Time	Quote
9:27	They (school) were very open about sexuality but not about gender identity. They were very much like 'Oh it's ok to be gay but you have to be comfortable in your own body and there's nothing we can do about it.'
9:42	It's ok to be gay but it's so ok you can go and find that out yourself, they didn't give you any (-)
9:48	Oh no they educated us on it. Oh did they? They were all like lesbians use oral damns and this that and the other and we were like ok cool. We were told it was a sin but never mind.

A conversation began about the research question which led to a discussion regarding the terms transgender and gender non-conforming (GNC)

Time	Quote
11:58	Trans people can still relate to erm (.) gender non-conforming people, like non-binary people because some people do go through like (.) hormones or surgeries but then other non-binary people just express and like how they present themselves so it just depends xxx
12:16	I would say that I as a GNC person am still trans, I myself use trans as the umbrella term so it's ok it's just that there are (-) there are people that aren't like that (-) there's trans, transwomen, transmen, GNC, gender fluid, so I personally don't mind using that term.
12:55	Can we exclude all the ridiculous genders that people have made up like tree gender, autism gender?
13:12	The reason why I would say that GNC people still come under trans is that I was born a woman, I wasn't born non-binary, and although I felt that way the doctor didn't look at me and go 'ah a non-binary person' that doesn't happen so I've transitioned from being a woman to being non-binary in my development.
13:42	A lot of people use their own terms for it, like some people use F to M, M to F but then some people chose transgender man, transgender male everybody picks whatever label but it all kinda means relative…

A conversation began about some of the similarities and differences that had been noted in their stories so far.

Time	Quote
17:34	Cos obviously we all (.) at some point in our lives were like cool I'm not the gender I was assigned at birth what does this mean?
17:43	Yeh so that is a similarity among you. And you've all said similar that you knew before you came out to anyone?
17:50	Rather a long time before we came out. Yeh. Yes
17:54	Different maybe when you came out and then we could look at why is that. Because I think you said Abraham that for younger people like Mary your hope is that they would be able to come out sooner?
18:04	Yeh. Absolutely.

18:11	The other thing is like (.) are we all in different places in terms of like transitioning? Like ourselves, socially and physically?
18:24	I don't think there's any way for you to be in the same place. Exactly. Some people have naturally higher levels of testosterone for example so they, technically no-one is the same amount of trans as anyone else everyone XXX
18:35	(Laughter) That sounds so weird, but I get what you're saying.
18:37	I know it sounds strange but I have quite a high level of testosterone in my body that's why I can't have kids, but I have a low level of oestrogen, if there was someone else in exactly the same boat who's GNC, assigned female at birth but they didn't have the same levels, like higher oestrogen and lower testosterone, they possibly wouldn't present in the same way I do or (.) but I know what you mean like have people started transitioning, are people going through like xxx
19:03	I don't mean to be like invasive but it's just like everyone's always at different places in terms of where they're comfortable in terms of being socially transitioning and physically transitioning and the barriers that they may face and that's all part of the development, yeh definitely, not just the coming out and the realisation but also then where you take it.
19:22	Yeh, it's not just (.) it's literally, I'm trans now what?
19:30	Yeh it's not like you just go oh I'm trans and then (clicks fingers) you're magically (laughter)
19:33	You wake up one day and you never wear dresses anymore and people are all calling you by the name that you want to be known as that's not how it works at all.
19:40	Yeh and you can't just go up to your mum and be like 'yeh I'm trans' and she be like 'oh that's cool my son' No no, that does not happen. (laughter). At least for some people it does happen like that with family but..
19:51	My mum personally was like, well yeh I'll do it, like she was really nice about it, but she had to make sure that it was actually the right thing so she said come back to me in two years. So I just came back to her in two years without like anything in between and just said I'm still feeling like it.
20:15	My mum is very much like what I call 'one step forwards, two steps backwards' (laughter) so I'll be like oh we're making progress cos she'll call me he/him and then the next day she'll go 'I don't understand why you can't just be a lesbian' (laughter)
20:32	Oh honey. I think what we're tryna say is that it's always, there isn't like, it's not like with Pokémon when you start as like a little Pokémon and evolve into something a bit bigger, like a full tran (laughter) no no seriously like that's not what it is.
24:10	So while we're educating you, you're also educating us?

The group were shown an extract of a transcript and asked to read it in line with step 1 of TA – familiarisation with the data. I then asked for their initial thoughts on reading the data.	
29:47	I think about names. Err (.) I think about how at 32:00 'they changed my name on the registers but not on the lunch thing' they did the same at work with me. So I have two contracts at work, one is concession where I report to someone else and the other is [shop name]. so on my rota in the week it will say Abraham on it and then on a Sunday it will say [birth name]. on receipts where it says who served you it says [birth name] and the amount of times I've said, [shop name] right, a place that you would think would be very forward, where we have gender neutral changing rooms, there's been a lot of pride collections come out and things like that, still won't change my name on the system and they've said that they can't when in actual fact I've spoke to HR not long ago and they said 'we can do that that's fine' so my manager just couldn't be arsed.

Appendix I: Thematic Analysis lesson plan

Analysing the data

- RQ1a: What are the similarities and differences between transgender people's stories of their experiences?
- RQ2: What can we learn from these stories to better understand transgender CYP and support their SEMH and educational experiences?
- RQ3: What are the implications for EP practice?

1

Thematic analysis (TA)

Key reading:
- Braun & Clarke (2006) Thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Thematic analysis is "a method of identifying, analysing and reporting patterns within data"

Polytextual – assumes all texts including visual can be read in reference to others

2

Why use thematic analysis?

- Is a flexible method
  - Only provides an analytic method – does not prescribe methods of data collection or theoretical frameworks
  - Can be deductive or inductive
- Good 'starter' method for those new to qualitative research
- Relatively quick and easy to learn
- Results of thematic analysis can be accessible to an educated wider audience

(Braun & Clarke, 2013)

3

Phase Number	Phase Name	Description of Phase
1	Familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2	Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3	Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4	Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6	Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Braun & Clarke (2006)

4

6 stages of thematic analysis (1)

1) **Familiarising yourself with the data and identifying items of interest**
- Read through each focus group transcript/look at collages and note items of interest.
- Read actively, analytically and critically
- *Ask self:* Does this data allow me to answer my initial research question? **If not, revise research question!!**

2) **Generating initial codes**
- "Codes identify a feature of the data (semantic content or latent) that appears interesting to the analyst, and refers to 'the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, p63, quoted in Braun & Clarke, 2006, p88)

5

Coding

I wanted a name that began with the first letter of my birth name so that my mum didn't feel so bad.

So far, I'm not allowed to use the girl's bathroom but I use the girl's gender neutral toilets.

6

6 stages of thematic analysis

3) 'Searching' for themes

- Searching for themes is an active process, they don't emerge from the data fully formed

- Identity
- Change of identity
- Change of name
- Use of correct pronouns
- Use of toilets
- Relationships with parents

- Relationships with teachers
- Peers
- Belonging to trans community
- Mental health
- Fear of others responses
- Negative terminology

7

Step 4: Refining themes

- **Relationships**
  - With teachers
  - With parents
  - With peers
- **Identity**
  - Changing name
  - Changing pronoun
  - Trans community

- **Mental Health**
  - CAMHS/Kooth
  - Self-harm
  - Dysphoria

8

Step 5: Defining and naming your themes

- For each theme you need to decide what is included and excluded.
- **Identity**: *In this theme, co-researchers spoke about the importance of their own personal identity and the ways in which it was supported or hindered. Co-researchers identified a strong sense of their own identity with changes to names and pronouns being viewed as central to this development.*

9

Stages of thematic analysis

6) Producing the report

- Analysis consists of thematic headings, analytic commentary, and data extracts
  - Your data should tell a 'story'
- Select vivid and compelling examples of data to illustrate each theme
- Relate analysis to research question and the literature (and the wider context)
- Be prepared to let things go!

10

Weaknesses of thematic analysis

- Sometimes seen as lacking substance of other analytic methods
- In practice, analyses are often very descriptive rather than analytical
- Lack of guidance for how to do more interpretative analysis
- Cannot provide a sense of the individual – focus on patterns across data instead
- Cannot make claims about effects of language use

(Braun & Clarke, 2013)
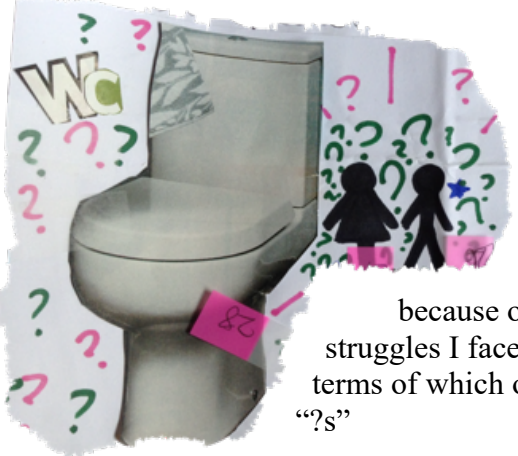
11

Summary

- Qualitative research is not just one thing
  - Includes many methods of data collection and analysis
- Semi-structured interviews are most common method of analysis
- Different methods of analysis – your choice depends on your epistemological and ontological positions
  - Most common method (particularly for psychology students!) is thematic analysis
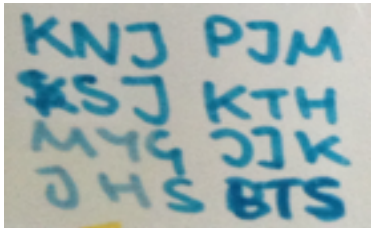
12

Matthew's Coded Collage

Image	Code	Verbal comments
Matthew wrote: I put the toilet on the collage because of the confusion and struggles I faced while in school in terms of which ones to use, hence the "?s"	Gender identity	If I went to the girl's toilet I'd wanna eat myself, if I went to the guys toilet I wouldn't wanna eat myself as much. So I'd be happier but also I don't wanna face that cos there's other people in there.
	Safety	If I was to go to the guys toilets I'm not sure it would be such a problem for me, but for somebody who's not out and they want to go to the guys toilets cos they identify as a guy.
	Other people's perceptions	People might not react very well. In college I use the disabled toilets.
Matthew wrote: BTS, though it may seem stupid have been amazing help in terms of bringing my mood up, distracting me and helping me through the process of transitioning. One members lyrics in particular help me.	Coping mechanism	That's like a coping thing isn't it, finding ways to cope.
	Positive role models	They advocate a very positive message, they're really good at that.
	Social aspect	Then you find other people as well cos they have a massive fan base like 20 million followers so it's like there's so many people and you talk to people as well.
	Accepting community	Being in an accepting community, that's good, that's a good one.
	Mental health	The lyrics yeh, because he did go through a lot of mental health stuff and he's kind of like, he's not completely overcome it but that's the thing of it, but he writes lyrics about it.

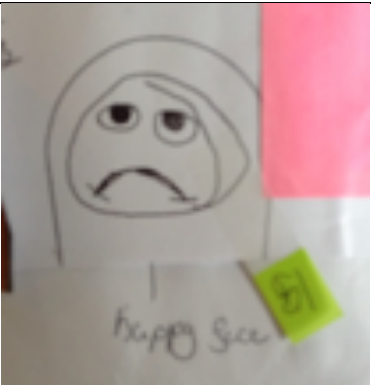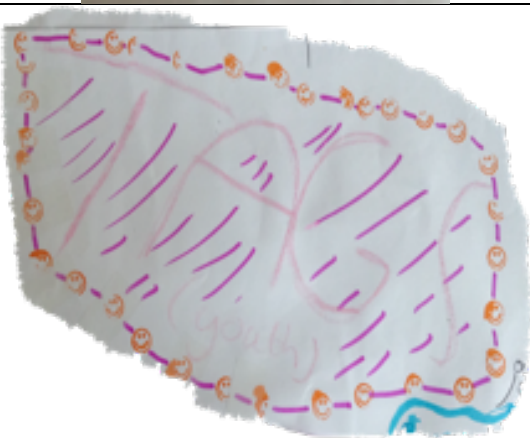|	Authority figures – doctors	Someone making decisions for you. If they say no it's kind of a bit transphobic, it's a bit against the law.
Matthew wrote: The waiting times represent my times waiting for referrals in the doctors for my gender. 	Limitations – can't move forward	They have the ability to refer you even if they don't. I can't go on testosterone without going to the doctor and being like 'refer me' then waiting loads of months and having therapy for them to be like 'you do have dysphoria'. I can't move forward without the doctor.
	Medical need	Hormone blocker injections, testosterone as I don't need hormone blockers because I've gone through puberty now. A lot of trans people don't choose to go down medical ways which is their choice.
	Unsupported	Wait for most of the time for them to just say no because they are so unsupportive.
	Mental health	Dysphoria. Impacting on my emotional well-being.
	Long process – multiple steps	I had a slow process with my doctor. The Tavistock have removed their waiting list. It was 22 months and now they don't know how long it will take. A big step process.
	Unsupported	I thought the one that would be least supportive was really supportive. Acting supportive when they are not.
	Authority figures – teachers	I can't access my main area on the school system to see what I'm labelled as. Some teachers I wouldn't have gone too, I had Mr [X] a legend.
	Education on the LGBT community needed	Schools are doing the bare minimum not to get in trouble. They say they are supportive and make you think it but actually they're not. Teachers need educating because if I went to a certain teacher in my school he would be more

		focused on revision and would skip to the conclusion this doesn't affect your revision and I would be like that's not the point. Need educating on mental health and LGBT issues. My school said 'we do LGBT stuff' no we learnt about gay marriage once and learnt that straight people divorce more than gay people.
Matthew wrote: The 'HELP' thing has a double meaning, partially to do with me finally calling out for help but also the emotional release in music as The Beatles helped me too.	'Faking it' others helping	Faking actually trying to help sometimes. Not even just trans things.
	Feeling safe	Being in a safe environment.
	Having courage to speak out	He was like, why don't you try coming out to other teachers? And I did it and now my confidence is up, and I can go to like my collage tutors and be like 'hey I'm trans'
	Feeling supported	
	Increased confidence in coming out	
Matthew wrote: [NAME] is the youth group I attend, a place that's helped me with referrals and has given me comfort when I needed it most.	Wanting acceptance	Understanding that there's no issue with it and just accept it.
	Fear of other's perceptions	Don't be a melt, don't stone gay people. Someone said to me gay people are just doing it for attention, you can't change your gender. Then she wonders why I don't like her, you literally just denied me.
	Feeling part of a wider community	Even though none of them like each other (LGBT) feeling part of a community.
	Safe place	It's safe.
	Gaining knowledge	Schools should be put in contact with support groups and should be telling people about transgender at a younger age, so they start accepting it. They need to tell you what it is, how you feel, just so that you are not doing your own research and finding out because

		it's really hard to find out. It's so hard to find information, they don't know what it is , they don't know how to accept it, you are already an emotional wreck from telling them.
	Signposting and referral	They give you direction on where to go and can refer you on. If I went out there and asked can you refer me to Tavistock they would.
	Support	It's scary to come out to people.
	Identity to a group	It's identity.
	Gender identity	Self-identity and expression.
	Being trans as central concept	Being trans is all of it. All of these (points to other images) stem from that. I wouldn't have to worry about going to the toilet if I wasn't trans, I wouldn't be so emotionally attached to BTS, I wouldn't have to go through all the doctor's stuff.
	Names being important	I should just scroll [name] right across it. The scariest thing for me is going to the airport when they read out your name and look at your photo. What if they deny me because I don't look like my passport? Every young person has the right to a name. You could take legal action (if they won't change your name). It's scary to ask someone though (to change your name) Do you want me to? I'll go in.

Mary's Coded Collage

Image	Code	Verbal comments
Mary wrote: because I don't know where I should go because it's hard to choose when your mind is telling you you look different	Exclusion from social	Being banned from the toilets that you identify with but all your friends go in there at lunch so you have to wait outside really awkwardly and then you get questioned by the cleaner's why you don't go in. The male toilets are tiny, the female toilets are huge. When I get longer hair I will sneak into the girl's toilets with my friends because it's unfair.
	Questioning your self	Feeling weird for being banned from something. Like I'm not gonna go in there and rape everyone. I'm banned by the mental health teachers. They think I will go in and go on a mad spree doing really bad stuff.
	Other people's perceptions	I wouldn't go in there anyway because I'd be way to uncomfortable myself and I don't want to make other people uncomfortable. Being scared of what other people may think. I don't want to feel uncomfortable and I don't want other people to feel uncomfortable. Do you think I'm some sort of disgusting thing if I do that?
	Feeling unsafe	If no one is staring it at you it feels like everyone is just starting at you with intense really uncomfortable stares even though no one actually is.
Awful school: Bullying, bad and orange teachers, bad at mental health	Barrier to identity	Changing name on the register – I've asked them multiple times now.
	Not listened to	When I corrected and said 'actually no it's Mary' she just ignored me.

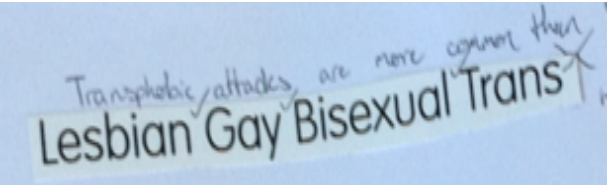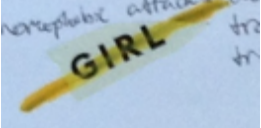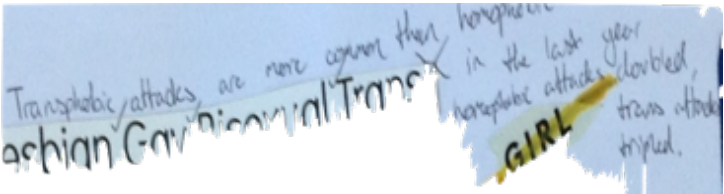|		
	Feeling unsafe	I literally walked past, and they said, 'move out the way of the trans slur word' I don't like to say it, it begins with 't'.
	Feeling unsupported Feeling alone	If you are acting like you are supportive why haven't you changed it. They are trying to get an award so I feel like they could be more supportive. There was only one person you could speak to and they were rubbish, they literally gave you hot chocolate and sent you on your way. They did nothing.
	Other peoples' opinions	Even just starting a conversation at school with people is terrifying. There's so many different outcomes and I just think the worst.
	Misjudged by others	Like people think, I'm gonna do something awful even though I've got no intention to, it's really upsetting.
Amazing school: LGBT friendly, good with mental health	Wanting to fit in	Some boy said to me 'can you be my girlfriend?'
	Mental health	Trying to help a bit more than the other one.
	Support from professionals	If I was feeling really down one day and didn't want to do stuff the mental health teachers snap me out of it. That is a big thing. School's don't get them in enough. My school didn't have enough money so here's one person to save everyone that's sad.
	Name and identity linked	

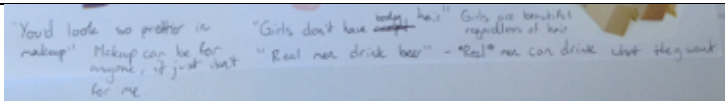|		
	Masking emotions	I look happy but when I'm actually smiling, I'm not. That's only at school though not here [support group] because here it's a genuine smile.
  Mary wrote: Making friends at an LGBT youth club	Having a safe space	The best place on the planet that I've ever been.
	Relationships – supportive authority	You can speak to other people, the people running it. Amazing support people.
	Express identity	Free to do anything in terms of LGBT, you can use they/them pronouns, you could use different names every week.
	Educate self	
	Developing confidence	The first week I came I was that nervous I said my birth name and male pronouns, the next week I was shaking so much when I said it and I didn't stop shaking all night but I felt really good. Even though I don't have much of it (confidence).
	Feeling supported	
	Being a community	

		Social inclusion	Being with friends that are actually funny.
Mary wrote: one of my friends first because they are trans and are funny and help a lot		Supportive friends	Once a week I can meet them in person.
		Acceptance	The big smiley face for feeling accepted. When people say pride they say 'gay pride' but it's not it's everyone.

Ace's Coded Collage

Image	Code	Verbal comments
	Mental health	I didn't understand why I was feeling the way I was feeling.
	Authority figures – medical	My own experiences with health, with all my illnesses and my own mental health at the time. People in authority – doctors tend not to believe you and stuff. It is to do with the authorities. Even now, because of my depression, it's like you can't transition because you have depression and anxiety and it's like ok but you aren't understanding the depression and anxiety is caused by that.
My labels don't stack neatly, I have boxes inside boxes that "shouldn't fit" just due to my expression. Labels aren't always neat. A person isn't a "fit for all" item of clothing	Individual expression	Individualism or expression.
	Justification of identity/self	Using labels to try to justify it to others. Because I wear makeup and I don't bind any more they think I use he/him pronouns to look cool on my Instagram bio, no it's not. I got misgendered today because of my nail varnish. Labels comes into both – I think it will permeate through all of it as overarching. Yeh labels come into most of mine. Depression is your label, trans is your label.
	Individual expression	We don't want to shave, but I do and people tend to overpower your individual expression and say you can't not
	Mental health	Self-harm
	Gender stereotypes	Body hair – girls don't have body hair and you'd be more attractive if you shaved,
	Cultural differences	In America it's vilified to be trans, in the UK trans people tend to more ostracised, in Europe it's more accepted. Not shaving being different in different cultures.

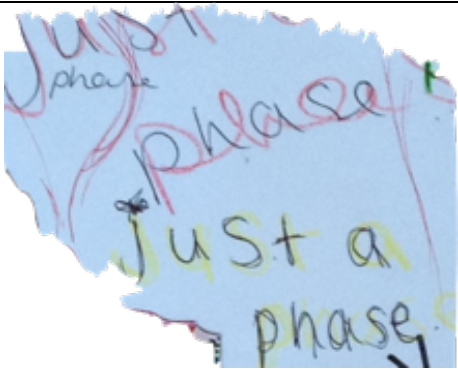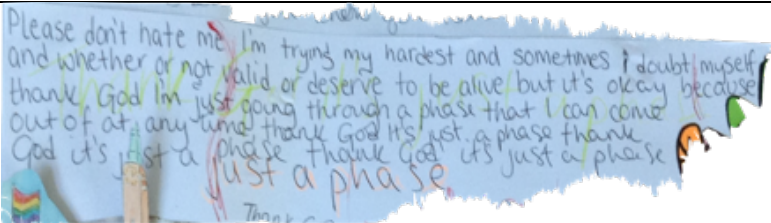|		
	Gender stereotypes	"You'd look so much prettier in makeup" and I'd answer that quote – makeup up can be for anyone it just isn't for me.
	Induvial expression	Being forced into it.
	Masking	Some people wear makeup to mask certain physical flaws that they think they have. It's less fit me and more fit in.
	Authority figures – society	Because doctors won't sign off on you having a hysterectomy. Society influences – periods etc. I'm a people pleaser.
	Biological differences	As in you will always have your period because you will always be a woman. Women have periods, men don't have periods. I don't want this but I know I need this because this is how my body should function.
	Justification of identity/self	Trans people now more ok with saying 'I'm a man and I have periods' Other people saying "I don't get how you are a man with a vagina"
	Coping mechanism	
	Mental health	
	Gender stereotypes	"Real men drink beer"
	Authority figure – peers	I still do (cave) to people telling me to drink, peer pressure
	Authority figure - parents	My stepdad "Oh if you are a real man you'll drink this"
	Authority figures – medical	Trying to get referred they shut me down, 'we don't do that kind of thing here'
	Individual expression – lack of	Small towns drown out your voice, this isn't right, get some help.
	Romanticising/ tokenism	Link to poetry – small towns, nice and quiet as long as you are a cis gender male.

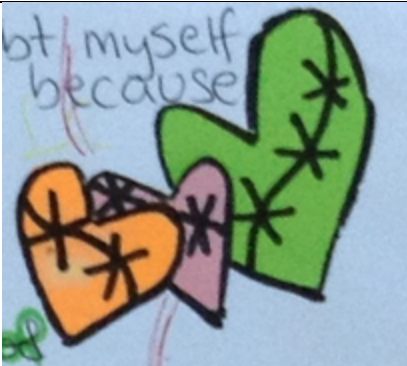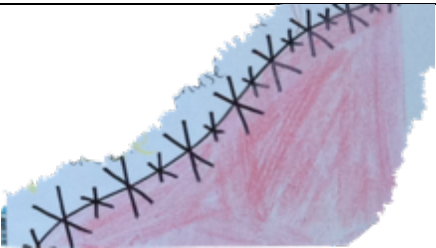|		Anything slightly sad or out of the ordinary is romanticised and tokenised.
	Labels	Like 'you can be gay but you can't be lesbian' 'you are either one or the other you can't be bisexual' MTF less accepted than FTM. People want you to have that label so they can go 'you're this, you're this, that's all you will ever be'
	Self-expression	
	Sexuality	Education system – covered sexuality but no one ever covered gender
	Duplicitous community – hypocrisy	Not us vs them as sexuality and gender go hand in hand but rather than that it's like a war. We're all holding a gun to each other's heads at this point. Supposed to be a big community when in reality everyone pits each other against each other. The queer community because people stop at LGB not LGBTQIA+
	Denying labels	Denying my label, even now I am very much like, 'oh I'm a girl'
	Self-expression	
	Authority figures – family	If I brought someone home to my family they would use she/her and dead name me. Fitting in.
Ace had written "Transphobic attacks are more common than homophobic, in the last year homophobic attacks doubled, trans attacks tripled"	Masking – self-preservation	Masking – hiding identity for fear of getting attacked. Self-preservation above self-expression.
	Self-expression	Lack of masking if you are out and get attacked
	Authority figures – society	Other people's opinions – society's response
	Representation	LGBT end up in the media because they've been attacked or murdered or they've committed a sexual assault or a crime.
	Role models	Other people before us fighting for our rights. In the community your role models aren't people who are nice and caring they are people that had to put other people down, no

		peaceful protest in the queer community, they had to, to be respected, so our role models tend to differ a little bit.
	Obligation – weight of the community	Being someone's first trans person you are giving them their entire view for the rest of their life on how trans people are so if you are a dick they will think all trans people are dicks, if you are sweet and caring they will think all trans people are sweet and caring. Throw us in with the rest of them. If you do it wrong that can change someone else's life.
	Gender stereotypes	People see us differently. Misgendered for wearing nail polish.
	Gender Stereotypes	
	Self-Preservation	When you succumb to it. You end up believing it.
Ace had written: "You'd look so prettier in makeup" Makeup can be for anyone it just isn't for me "Girls don't have body hair" Girls are beautiful regardless of body hair "Real men drink beer" "Real" men can drink what they want.	Insecurity – body issues – own perception of self	
Whole collage:	Disjointed – dissociation	
	Mental health	
	Self-identity	

Abraham's Coded Collage

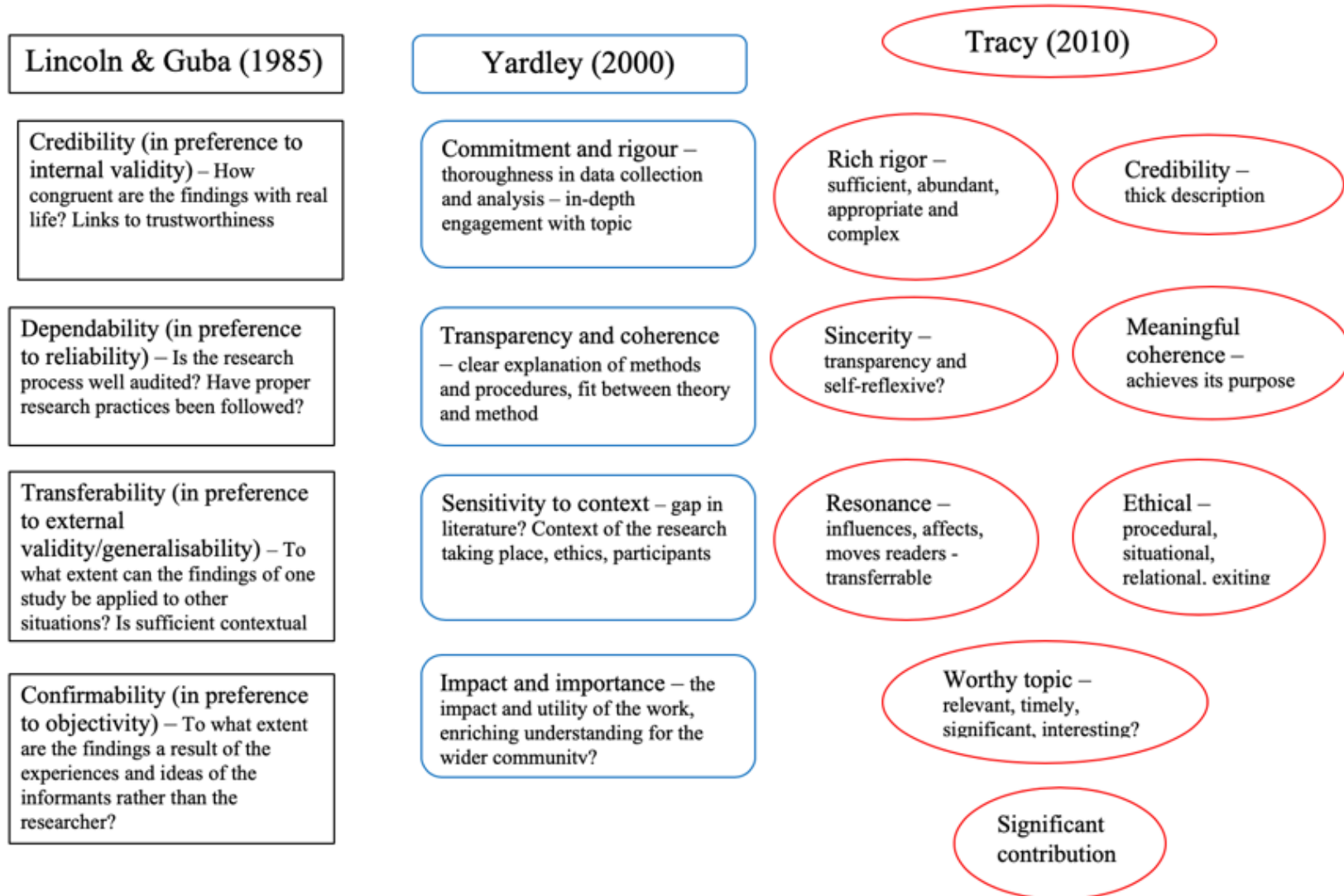| Image	Code	Verbal comments
	Self-expression/ individualism	Group identity and then individuals under the layer
	Stereotypes- within LGBTQIA+ community	The flouncing gay man that minces about.
	Masking	Hiding behind the labels
	Self-doubt behind the mask	I'm proud of who I am as a trans person but then on the other side "what if I'm not? I haven't worn men's clothes in a while, I'm wearing makeup, even though I look at my naked body and hate it because it's very feminine maybe it's just the clothes that I'm wearing"
	Internalised -phobias in self	Hearing other people say things. Self-hatred from hearing others e.g. dad saying 'gay boy' led to internalised trans and homophobia. If my parents hate them they must be bad people.
	Intention behind language	Use of the language – the word queer and how people see it. Reclaiming the terms
	Misuse of privilege – by others	If I'm ok with a term, then others think they can use it. Because I can say the word queer then my cis friends think they can. Using words to cause a reaction, show off.
	Misuse of privilege – by self	How we use the language as some people don't like certain words. Knowing when to use certain terms. Misusing it as someone who is part of the community.
	Human rights	Literally just let us live. We are being dehmuanised when we just want to be humanised. Treated the same at best.

		Duplicity in the community – hypocrisy	Gay people are fine, trans are freaks. I will show respect to some of the community but not all of the community. Only the ones that don't creep me out. Show 'some' respect. Differences within – lumped together but when it suits people we are all individuals. Together but individual.
		Tokenism	Not totally coloured in. Advertising and stuff e.g. pride month. As much as they have so much colour and meaning they miss the genuine intention. It's still missing part of it.
		Insider perspective	Insight and analysis to the individuals to get a greater understanding of the general community. Looking into how we experience the world which will be different and similar in some cases.
		Human rights	Need to take a greater look to see the individual people. We are still people and we aren't less susceptible to insecurities. Having a form of adversity it becomes easy to lump all the same people together.
		Together but individual	Lumped together but when it suits people we are all individuals. Together but individual.
		Loss of expression	Everyone wants to fit in
		Stereotypes within the LGBTQIA+ community	When you're a woman who likes women you have certain stereotypes and are supposed to fit into them
		Self-preservation loss of identity	You don't want to lose your morals but you do really want to fit in. Trying to fit in at the detriment of own identity.

	Self-doubt	All about doubt and trying to distract myself. I dress like this; I present femininely and doubt my own validity. Because I use, he/him pronouns, my boyfriend sees me as his girlfriend. All I've ever done is doubt whether I am valid and whether at some point I will say 'I was just butch' Trying to convince yourself when everyone's telling me it's a phase. I'll come out of it, but I know that I never will because this isn't a phase.
  Abraham wrote: Please don't hate me I'm trying my hardest and sometimes I doubt myself and whether or not I'm valid or deserve to be alive but it's okay because thank God I'm just going through a phase that I can come out of at any time, thank God it's just a phase, thank God it's just a phase, thank God it's just a phase.	Mental health	An insecurity
	Authority figures – parents	People thinking they know you better than you know yourself. Both my parents have mental health and have experienced it, so they think I suffer mental health issues and an going through the exact same thing when I'm not.
	Lack of knowledge	They actually don't know what they are talking about.
	Stereotyping – label	Depressed – need to give support and unconditional love, autism – don't touch them, be nice and explain things – no I'm autistic and I'm sarcastic – stereotypes linked to labels
	Arrogance – thinking know more than they do	Easier to use a label than explain it fully. Others attempting to diagnose – thinking they know more than they do, reading stuff online – an arrogance in other people thinking they know more than they do
	Overgeneralising/ assuming	Ignoring what other people are saying and acting like you know more.
	Mental health	Every moment I was alive was causing myself more pain, the barbed wire stays the same but makes every moment more and more difficult.

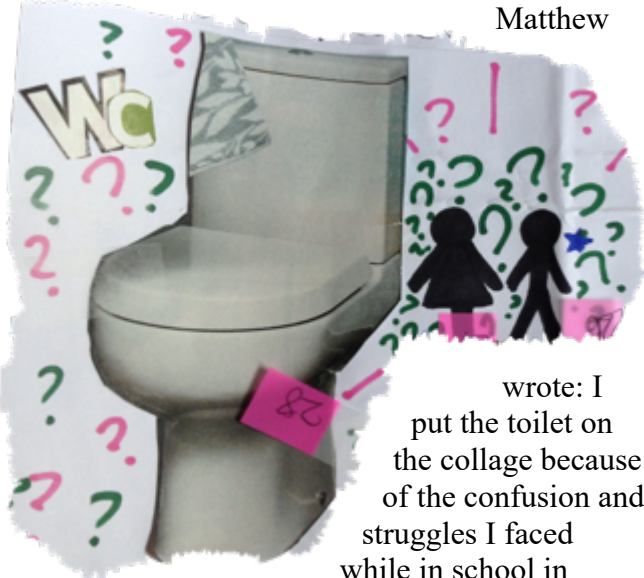|		
	Authority figures – society, family	Worrying too much about whether other people think I'm trans enough. Preserve my parent's illusion of me.
	Stereotypes	Linked to what trans is to different people
	Self-preservation other's opinions	I would want to preserve my parent/families ideas of me as someone before I was trans and confused and 'in that phase' We were born in the wrong body but there's no possible way we were so we're just stupid/attention seeking.
	Self-expression	Separation of self from before/after – different personalities Part of me has died and I am so thankful she has like a sort of ancestor – I wouldn't be doing what I'm doing now without Abraham.
	Mental health	Crippling depression from looking at my boobs in the mirror. Everyone else likes them but me. Self-doubt, mental health and questioning permeates through everything. Self-mutilation and the remaining scars. It will be there forever now no matter how much I want to get rid of them.
	Coping mechanism	Because I couldn't express how I felt because didn't have the language so coping mechanisms to bottle it up and down. I would never want anyone to go through the shit that I have gone through. I hope they have different coping mechanisms. I would go through that 100 times, I know I can get through it.

Appendix K: Approaches to evaluate qualitative research

Lincoln & Guba (1985)	Yardley (2000)	Tracy (2010)
Credibility (in preference to internal validity) – How congruent are the findings with real life? Links to trustworthiness	**Commitment and rigour** – thoroughness in data collection and analysis – in-depth engagement with topic	**Rich rigor** – sufficient, abundant, appropriate and complex / **Credibility** – thick description
Dependability (in preference to reliability) – Is the research process well audited? Have proper research practices been followed?	**Transparency and coherence** – clear explanation of methods and procedures, fit between theory and method	**Sincerity** – transparency and self-reflexive? / **Meaningful coherence** – achieves its purpose
Transferability (in preference to external validity/generalisability) – To what extent can the findings of one study be applied to other situations? Is sufficient contextual	**Sensitivity to context** – gap in literature? Context of the research taking place, ethics, participants	**Resonance** – influences, affects, moves readers - transferrable / **Ethical** – procedural, situational, relational. exiting
Confirmability (in preference to objectivity) – To what extent are the findings a result of the experiences and ideas of the informants rather than the researcher?	**Impact and importance** – the impact and utility of the work, enriching understanding for the wider community?	**Worthy topic** – relevant, timely, significant, interesting?
		Significant contribution

Appendix L: Examples of subtheme data gathering

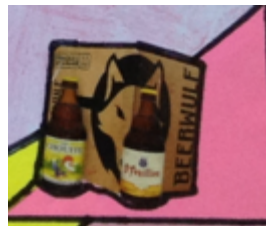**Theme:** Identity   **Subtheme:** Gender

<table>
<tr>
<td rowspan="1">Matthew

wrote: I put the toilet on the collage because of the confusion and struggles I faced while in school in terms of which ones to use, hence the "?s"</td>
<td>Gender identity</td>
<td>If I went to the girls toilet I'd wanna eat myself, if I went to the guys toilet I wouldn't wanna eat myself as much. So I'd be happier but also I don't wanna face that cos there's other people in there.</td>
</tr>
<tr>
<td></td>
<td>Gender identity

Being trans as central concept</td>
<td>Self-identity and expression.

Being trans is all of it. All of these (points to other images) stem from that. I wouldn't have to worry about going to the toilet if I wasn't trans, I wouldn't be so emotionally attached to BTS, I wouldn't have to go through all the doctors stuff.</td>
</tr>
</table>

Field Note	Page/Time	Quote
A	(17) 1:46:07	I remember the first time it clicked I was in year 5 and we were doing sex education and they were like 'this is a boy and this is a girl' and I was like (.) erm don't like that. So yeh that was nice.
A	(7) 51:36	I think when I get long hair I'm just gonna (.) you know the first thing I'm gonna do (.) in school (.) is I'm gonna see if they notice like (.) from the behind that it's actually me on the first day.
G	(2) 44:27	It's just one of those things that would make me feel more complete

B	(22) 1:23:00	Gender is not the first fight and it won't be the last fight for me (4)
D	(1) 24:53+	Nowadays I'm trying to use 'they/them' more because you can't always assume, but at the same time I know a lot of people can get offended when you use 'they/them' and it's like ahhhh. The way I view my pronouns now is like you know when people say 'it's always 6 'o' clock somewhere' Yeh. Because I'm gender fluid if someone calls me she I'm like well I was about 6 hours ago and I will be in about 12 hours so yeh that's fine as long as they aren't doing it maliciously. If someone looks at me and they are like 'er (2) she?' like ok, it's fine, I'm dressed very femininely and I always am so I understand if people misgender me and it's fine because I don't make a clothing effort I understand. It's like the same with people who are drag queens and stuff and they always call them a she.
I	(1) 28:37/29:00	Gender is one of the most confusing, fascinating and amazing things that we have. I believe there are as many different genders as there are people.

Theme: Mental Health   **Subtheme:** Coping Strategies

	Coping mechanism	Because I couldn't express how I felt because didn't have the language so coping mechanisms to bottle it up and down. I would never want anyone to go through the shit that I have gone through.
	Coping mechanism	I hope they have different coping mechanisms. I would go through that 100 times, I know I can get through it.

| | Coping mechanism | That's like a coping thing isn't it, finding ways to cope. |
| Matthew wrote: BTS, though it may seem stupid have been amazing help in terms of bringing my mood up, distracting me and helping me through the process of transitioning. One members lyrics in particular help me. | | |

Field Note	Page/Time	Quote
A	(5) 35:38	They (BTS) have such a good message.
A	(7) 46:24	Oh I know what helped. Talking to the first trans person ever that I'd met
? G	(1) 42:15	Having someone to talk to for once. It kind of helps to normalise things.
A	(13) 1:22:34	Anyway that was great, but I can talk to the people here about how I'm feeling in terms of (.) gender and how that effects me.
A	(12) 1:09:50	I've had this thing where erm for a few years I told my friends everything like that was going on and then I realised oh I think I might be making it worse for them because I realised and then they started telling me that they had mental health problems as well, one of them was seriously self-harming erm one of them had anorexia, one of them has PTSD and it's just like oh erm and then like instead of me doing it just changed to them instead so now it's them telling me and like that's just much better. It feels much better on me, it feels like I'm not the burden anymore
A	(12) 1:10:35	Do you know what I find, and this is really weird, but in school, you've got so many different kinds of people that er the people who feel like outcasts because of what goes on in their heads always end up just er friends or in two separate groups (.) and they're just. I dunno that happened in my school. All, well not all of my friends but some of my friends are like (.) you know they've got depression and they've got anxiety and they you know (.) it's like you know (.) they just, we because we all understand it. But the thing is you don't know when you become friends with them but then you do. And afterwards and it's just like 'same' that's really really weird.

195

B	(3) 10:35	The reason why we are laughing so much, we are taking this seriously, but the reason why we are laughing is because (.) If you don't laugh about it you'd cry
B	(21) 1:18:05+	Like I wanna read books, I don't wanna go to parties, that was me. That was. I was a little quiet kid, I was a bookworm because I could get lost in stories. Stories were such a good coping mechanism for me.
B	(22) 1:24:32	I used to self-harm (.) erm (4) I've tried to kill myself several times but I didn't because (2) erm part of me always knew that it would hurt the people around me too much.
B	(22) 1:25:10	Er.. that is something that has probably helped me a lot, is (.) unfortunately knowing that other people rely on me and that I have other people to be responsible for. It's that (.) If I died tomorrow, I know how much of an impact it would have on the people around me (.) I know (.) how many people would be so upset or angry with me if I just ended it. (2) erm (2)
D	(1) 11:10	To be fair though, like music is so good for coping. It is. Like (.) ridiculously.
F	(5) 40:40	I was obsessed with Monster High so I thought oh I can't be a guy. If you played with Monster High you are LGBT now, I'm sorry about it (laughter). When all the other kids were playing with barbies, a blonde woman and you were playing with a werewolf with nice tits I'm not being funny you're LGBT now.

Further themes and subthemes available by request from the author.

Appendix M Weighted themes

Theme	Subthemes	Codes from collage	Number of text extracts
Identity (All 4) 31 codes from collages	Gender identity (Matthew)	gender identity (1)	6 with all 4 CRs
		gender identity (31)	
		trans as central (32)	
	Sexuality (Ace)	sexuality (25)	3 (Ace only)
	Seeking acceptance (YCR)	wanting to fit in (9)	4 from Mary & Ace
		wanting acceptance (22)	
	Expression of identity (3/4)	self-expression/individualism (1)	2 from OCRs
		self-expression/individualism (29)	
		individual expression (3)	
		individual expression (5)	
		individual expression (10)	
		self-expression (24)	
		self-expression (28)	
		self-expression (31)	
		expression of identity (16)	
		self-identity	
	Questioning identity (3/4)	self-doubt (18)	4 from all but Ace
		self-doubt behind the mask (4)	
		justification of identity/self (4)	
		justification of identity/self (14)	
		questioning yourself (2)	
		disjointed - dissociation	
	Masking identity (OCR)	masking (3)	1 (Ace)
		loss of expression (15)	
		self-preservation - loss of identity (17)	
		self-preservation - other opinions (28)	
		masking - self-preservation (30)	
		masking (11)	
		individual expression -lack of (21)	
		labels - denying (27)	
		self-preservation (38)	
Mental health (All 4) 21 codes from collages	Impact on mental health (all 4)	mental health (19)	18 from all 4 CRs
		mental health (25)	
		mental health (30)	
		mental health (1)	
		mental health (6)	
		mental health (16)	
		mental health (39)	
		insecurity/body issues (39)	
		mental health (8)	

		mental health (13)	
		mental health (10)	
		masking emotions (13)	
	Coping strategies (3/4) (Mary reports social as coping)	coping mechanism (31)	12 from all 4 CRs
		coping mechanism (15)	
		coping mechanism (4)	
	Isolation (YCR)	exclusion from social (1)	6 from YCRs
		not listened to (6)	
		feeling alone (25)	
		feeling unsafe (4)	
		feeling unsafe (7)	
		lack of safety (2)	
	Dysphoria		17 from YCRs
Support (YCR) 17 codes from collages	Safe space (YCR)	feeling safe (19)	3 from YCRs
		safe place (25)	
		safe space (14)	
	Professionals (YCR)	authority figures - teachers (16)	7 from YCRs
		signposting & referral (27)	
		support from professionals (11)	
		relationships with supportive authority (15)	
	Positive impact (YCR)	courage to speak out (20)	2 (Matthew only)
		increase confidence to come out (21)	
		supported (20)	
		support (28)	
		developing confidence (18)	
		feeling supported (19)	
	Social (2/4)	social aspect (6)	5 from YCRs
		accepting community (7)	
		social inclusion (23)	
		supportive friends (24)	
Knowledge (All 4) 14 codes from collages	Lack of (3/4)	arrogance - assuming know more than do (23)	21 from all 4 CRs
		lack of knowledge (21)	
		overgeneralising/assuming (24)	
		tokenism (10)	
		romanticisation/tokenism (22)	
		educating on LGBT community (17)	
	Gaining own knowledge (3/4)	insider perspective (13)	5 from all but Abraham
		gaining knowledge (26)	
		educating self (17)	
	Representation (2/4)	representation (33)	3 from YCRs
		role model (34)	
		positive role model (5)	

	Human rights (Abraham)	human rights (14)	3 from all but Ace
		human rights (9)	
Transgender as a process (comments here mainly from Ace/Matthew, Mary supported well by mum/private GP etc so less barriers? Abraham non-binary- doesn't see trans as a process) 12 codes from collages	Medical (2/4)	biological differences (13)	6 from all 4 CRs
		long process - multi steps (14)	
		medical needs (11)	
	Authority figures (2/4)	authority figures - medical (2)	2 from Matthew & Ace
		authority figures - medical (20)	
		authority figures -society/medical (12)	
		authority figures - doctors (9)	
	Barriers (YCR)	faking it' others helping (18)	7 from all 4 CRs
		limitation - can't move forward (10)	
		unsupported (12)	
		unsupported (15)	
		unsupported (8)	
Belonging to a wider community (All 4) 10 codes from collage	Acceptance within (YCR)	identity to a group (30)	3 from older CRs
		belonging to wider community (24)	
		acceptance (26)	
		being in a community (22)	
	Differences within (OCR)	duplicity in the community (11)	2 from Abraham & Mary)
		internalised -phobia (5)	
		misuse of privilege - other people (7)	
		together but individual (12)	
		duplicity in community (26)	
		obligation - weight of the community (35)	
Stereotypes (OCR) 9 codes from collages	LGBTQIA+ (Abraham)	stereotypes - labels (22)	6 from all but Abraham
		stereotypes - LGBTQIA+ community (2)	
		stereotypes - LGBTQIA+ community (16)	
	Cultural (Ace)	cultural differences (8)	3 from OCRs
	Gender (Ace)	gender stereotypes (7)	13 from all 4 CRs
		gender stereotypes (9)	
		gender stereotypes (17)	
		gender stereotypes (36)	
		gender stereotypes (37)	
Other people's perspectives (3/4)	Peers (2/4)	authority figures – peers (18)	4 from YCRs
		other people's perceptions (3)	
		other people's perceptions (20)	
	Other people (3/4)	other people's perceptions (3)	15 from all 4 CRs
		fear of other's perceptions (23)	
		misjudged by others (21)	
		authority figures – society	

7 codes from collages			
Language (All 4) 6 codes from collages	Name (YCR)	importance of a name (29) name and identity link (12)	15 from all 4 CRs
	Label (OCR)	intention behind language (6) misuse of privilege - self (8) stereotypes – Labels label (23)	3 from Matthew & Abraham
Family 4 codes from collages	As a support		9 from YCRs
	As a barrier (OCR)	authority figures - parents (20) authority figures (26) authority figures - parents (19) authority figures - family (29)	12 from all 4 CRs

Appendix N: Card sort

Following conversations with the CRs, it was decided that we needed a way to consider the importance of each of the themes/subthemes to the group. I asked each CR to rank the themes and sub themes. Their responses were then scored and averaged. These scores were considered alongside the relative weight of each theme (see previous appendix) to consider which themes would be included in the main body of the text.

Only 2 CRs completed the card sort (Mary and Matthew) as the other two chose not to continue to contribute to the project following the Christmas break.

Please rank the themes in order from most to least important for you when considering your experiences of being transgender

Most Important	←								Least Important

Please rank the subthemes in order from most to least important for you when considering your experiences of being transgender

Most Important	←																							Least Important

Important to me

Not important to me

Appendix O: Theme – Support

> Ace: *Support can constantly grow and progress along with society's growth and progressive understanding of these things and I think that's really good.*

This theme was initially heavily loaded with codes generated from the younger CRs' collages. Both of the younger CRs identified elements of support within their experiences that had helped them in their own understanding of being transgender and the positive impact this support had on their own emotional well-being.

> Reflection - Abraham: We (Abraham and Ace) don't show on the support one because in your (to Matthew) generation you will have more support and the further back you go the less representation there will be. I think one of the patterns and maybe the reason why Ace and I didn't mention things that supported our identity was because we kind of had to do that ourselves.

Figure P1: Thematic map illustrating the theme 'Support' with the four generated subthemes.

Subtheme – Safe space

Figure P2: Image from Matthew's collage depicting a place he feels safe.

Both of the younger CRs made reference to the support they felt after accessing what they considered a 'safe space' at the local LGBTQIA+ support group with Mary commenting *"It's the best place I've ever been."* Matthew added *"I can sit here as opposed to sitting in school and people won't pick on me specifically because I'm LGBT which was something that just did happen."* When considering safe spaces with the school environment, both of the younger CRs made reference to mental health professionals within school, supportive adults and having access to a different area if they felt they needed it.

> Matthew: *"There was a place in mine called* (name). *I used to go there a lot to talk to* (name) *but erm, it was like the place, people with anger issues tended to go in there like if they ever needed to, if they like walked out of lessons that's where they'd go. I was given permission to just leave lessons and go there.*

Subtheme – Social support

Figure P3: Mary wrote the initials of a peer and commented *"One of my first friends because they are trans and are funny and help a lot."*

As well as providing a safe space, the local support group was identified as a place where Matthew and Mary were able to develop a social network and make new friends. In addition, both of the younger CRs commented on their peers within wider social networks with Matthew identifying peers with similar interests in music and Mary commenting on peers within school. Having accepting friends, and friends that were interested in finding out more, were identified as supportive factors by Mary and Matthew.

Matthew: *Being in an accepting community, that's good. With me it was so easy with my friends because they are all gay so I just went up them and was like 'I'm trans' and they were like yeh, cool.*

Mary: *They've been like the best, like they actually knew before anyone else about me being trans and they were supportive as soon as they found out they were like 'Do you have any preferred names or anything?'*

Subtheme – Positive impact on emotional well being

Figure P4: Matthew reflected on the positive aspects of receiving help. *"He was like, why don't you try coming out to other teachers? And I did it and now my confidence is up, and I can go to like my collage tutors and be like 'Hey, I'm trans'"*

From feeling supported, Matthew commented on his increased confidence in being able to talk about his gender identity with new peers at college. He recognised that through having support at secondary school he felt more able to go to college and discuss his gender identity with his peers and teachers. In addition, Mary reflected on feeling scared to come out to people initially but the positive impact this has had on her after first doing so.

Mary: *It's scary to come out to people The first week I came, I was that nervous I said my birth name and male pronouns, the next week I was shaking so much when I said it and I didn't stop shaking all night but I felt really good after,*

Subtheme – Support from professionals
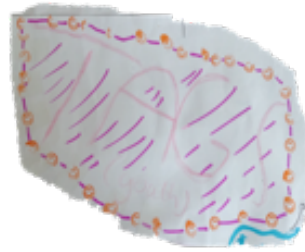
Figure P5: Mary reflected on the support she receives at an LGBTQIA+ support group. *"You can speak to other people, the people running it. Amazing support people."*

Mary considered the professionals that she felt had supported her in understanding her own gender identity. She commented on 'mental health professionals' supporting her in school as well as the leaders of the local support group signposting and helping her with her understanding of her own identity.

> Mary: *The first people I told were actually mental health teachers. Then they were like now we can get it sorted.*

Matthew commented multiple on times on a relationship he had developed with a specific supportive teacher in school. He reflected on advice they could give in relation to signposting as well as them showing interest and finding out more about the wider LGBTQIA+ society in order to best support him.

> Matthew: *Some teachers I wouldn't have gone too, I had Mr [X] a legend. I remember when I told him he was like 'Do you know I'm gonna do some research on this' and the next time I saw him after the first time he just came back and was like 'Did you know there's a thing called non-binary? I was reading about that for hours I didn't understand it at first' and I was just there like. It is, it was really nice.*

Appendix P: Theme – Transgender as a process

This theme was populated by codes generated by three of the four CRs in their original collages. It became clear that the CRs viewed their experience of being transgender as a process, sometimes with no clear end or steps to follow. In addition, the barriers felt along the way and the medical nature of the process was explored with links to doctors, waiting times and frustration being identified. Although coded separately within the collages, each of the subthemes were seen as intricately linked to one another by the CRs whose discussions in this area generally included reference to multiple subthemes at one time.
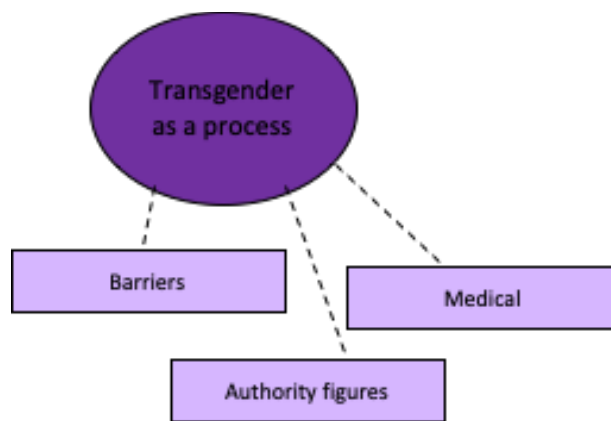
Figure Q1: Thematic map illustrating the theme 'Transgender as a process' with the three generated subthemes.

Subtheme – Medical process

Figure Q2: Image from Ace's collage representing the medicalised nature of being transgender as well as other linked illnesses. *"My own experiences with health, with all my illnesses and my own mental health at the time."*

Throughout the discussions, the medical nature of the CRs experiences were noted with comments being made related to doctors, hormones, surgery, labels and diagnoses. It was acknowledged by the CRs that in order to make their transition from one gender to another a medical element would be needed and this was viewed as both a barrier and part of the process by them. Mary in particular commented on the medical element of her transition and her family's choice to access private gender clinics to speed up the process of transitioning by removing the long wait times within NHS clinics and enabling her quicker access to 'puberty blockers'.

Subtheme – Authority figures

Figure Q3: Matthew selected an image of a doctor and commented on their role within the process. *"I can't go on testosterone without going to the doctor and being like 'refer me' then waiting loads of months and having therapy for them to be like 'you don't have dysphoria.' You can't move forward without the doctor."*

Authority figures were seen as both a barrier and a gatekeeper to the CRs' decision to transition to their identified gender.

Ace: *Trying to get referred they shut me down, 'we don't do that kind of thing here'*

Matthew: *One of my biggest fears about going to the doctors is that they will be like*

'You're not trans'. Cos what if they are like 'Actually you're not a guy'

Subtheme – Barriers to the process

Figure Q4: Linked to Matthew's experiences with authority figures he added the image of clocks to his collage and commented *"They (doctors) have the ability to refer you even when they don't. The waiting times represent my times waiting for referrals in the doctors for my gender."*

Waiting times within the NHS were noted as a barrier to Matthew and Mary's transition. In addition, perceptions of those in authority were noted to be key to allowing the CRs to progress with their transition. For the younger CRs, age was also seen as a barrier to transition with them recognising being asked to wait before transitioning and the impact this has on their own mental health.

Mary: *The NHS are taking too long, we're not gonna get blockers in time, I don't wanna go down into a mental health spiral*

It was noted by the CRs that they are each at different stages of their transition and face different challenges as a result *"Everyone's always at different places in terms of where they're comfortable in terms of being socially transitioning and physically transitioning and the barriers that they may face"* (Ace). However, despite their individuality, each CR

reflected on the feeling of being prevented from moving forward with their transition and overcoming different barriers as part of the process.

Abraham's reflections in this section focused on their transition as an ongoing process rather than as one with a distinct end goal.

> Abraham: *Being non-binary is a form of trans because you transition but there's never an end goal. My biggest barrier in being non-binary, gender fluid is that if I make a choice I will never look like a man but if one day I go oh I'm really feminine but I had my tits cut off last week and I've had testosterone for six months, heartbroken. If I was able to transition where I could be like a play dough hair salon and pull out different hair each day. It's something that medically we will never be able to achieve it but it's still a barrier.*

Appendix Q: Theme – Belonging to a wider community

This theme initially appeared to be split with the older CRs identifying fractions and differences among the wider LGBTQIA+ community while the younger CRs reflected on the sense of belonging and acceptance they felt. When adding in quotes from the field notes, it became clear that all four CRs had both positive and negative thoughts linked to their experiences as part of the LGBTQIA+ community.

Figure R1: Thematic map illustrating the theme 'Belonging to a wider community' with the two generated subthemes.

Subtheme – Acceptance within

The CRs reflected on their identity as part of the wider LGBTQIA+ community and the different transgender identities that form part of that community.

> Ace: *Trans is the biggest umbrella term then under that there's the non-binary, transman, transwoman. A lot of people use their own terms for it, like some people use F to M, M to F but then some people chose transgender man, transgender male everybody picks whatever label but it all kinda means relative…*

In addition, the CRs commented on feeling accepted within the wider community and the feeling of support from being around other LGBTQIA+ people *"This group is the accepting part. This is where everyone basically accepts everybody regardless."* (Ace)

Figure R2: Mary added a smiley face to her collage commenting, *"The big smiley face for feeling accepted."*
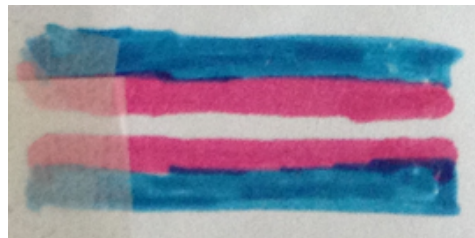
Figure R3: Matthew added the transgender flag to his collage and commented, *"It's identity."*

Subtheme – Fractions within

As well as reflecting on the sense of belonging they felt within the wider LGTQIA+ community, the CRs also noted fractions and differences among the community, linked in some way to a person's identity to the different parts of the group. Reflections were made around feeling *"lumped together"* under the wider label while at the same time being treated differently depending on which label they identify with *"Gay people are fine, trans are freaks. I will show respect to some of the community but not all of the community,"* (Ace).

Figure R4: Abraham added an image to represent 'together but individual' and commented *"Supposed to be a big community when in reality everyone pits each other against each other. The queer community because people stop at LGB not LGBTQIA+"*

Ace commented on the divides he feels as part of the wider community: *"We mainly talk about the divide within the community than the togetherness, and there is some togetherness, don't get me wrong. There is acceptance but it's finding the right... it's like in any community there will always be toxic people and I think I've mainly only been around the toxic elements."* There was also an understanding by the CRs that as members of the community they were representatives for those outside the community which could be both positive and negative.

> Ace: *Being someone's first trans person you are giving them their entire view for the rest of their life on how trans people are so if you are a dick they will think all trans people are dicks, if you are sweet and caring they will think all trans people are sweet and caring.*

Figure R5: Abraham commented on 'Me' within the word 'Some' on their collage and commented *"We need to take a greater look to see the individual people. We are still people and we aren't less susceptible to insecurities. Having a form of insecurity, it becomes easy to lump all the same people together.*

Appendix R: Theme– Other people's perceptions

Throughout discussions with the CRs, the impact of the perceived perceptions of other people were commented on multiple times. Within the collages themselves, this was given less prominence and featured mainly within the younger CRs' collages. It was commented on during discussion that this theme could be populated by many of the other areas and could perhaps be seen as more of an overarching theme. However, the CRs felt that they wanted to keep it as a separate category to demonstrate the importance that the perceptions other people hold have on their own experiences.
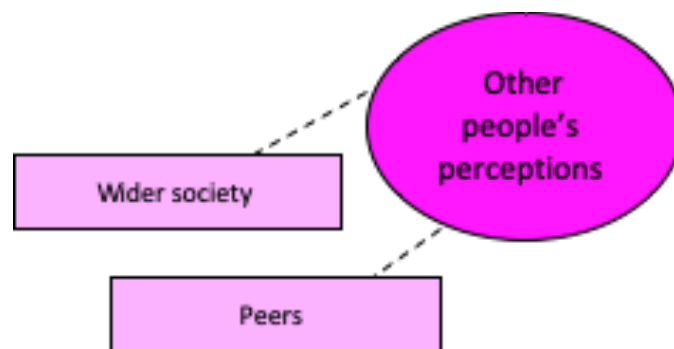
Figure S1: Thematic map illustrating the theme 'Other people's perceptions' with the two generated subthemes.

Subtheme – Peers

The CRs commented on the importance they placed on the perceptions their peers held of them. In particular, during conversations around which toilets they were able to access at school, the younger CRs commented on their own concerns over how their peers viewed them. Rather than explaining why he used a disabled toilet in school, Matthew noted that when asked by peers why he used a separate toilet he would say *"My poo's just really smelly. And they believed me. That went around a bit, but it was better."* Being questioned by peers was also commented on by Mary who noted that she had come up with ways to try to explain her transgender identity to her peers to change their perceptions of it being a choice, *"They just kept questioning me and I came up with this thing, imagine yourself in the future, do you*

like it or not? That's how mainly I knew. I imagined myself as a really old man and I really

hated it and that's how I knew."
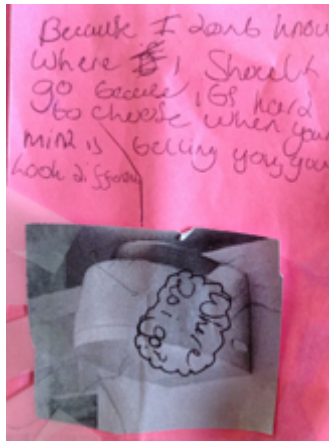
Figure S2: Mary selected an image of a toilet and commented, *"Being scared of what other people may think. I don't want to feel uncomfortable and I don't want other people to feel uncomfortable."*

Subtheme – Wider society

Across all of the themes, the CRs made reference to the impact of wider society's perceptions had on them as transgender individuals. In particular, the belief that being transgender is a choice made by people, was commented on multiple times.

> Matthew: *Oh people think it's a choice, trust me it isn't. I didn't wake up one day and think ahhh discrimination would be nice. You know? It wasn't something I thought ahh that's a good idea. Let's do that. That will be fun.*

> Mary: *Someone said to me, people are just doing it for attention, you can't change your gender.*

These comments were also frequently coded within 'lack of knowledge' with the CRs noting that wider society generally makes assumptions about transgender people that demonstrate a lack of knowledge and understanding and that they feel some obligation to change these perceptions.

Ace: *I'd love to be stealth and to not have to educate people and to carry the weight of the entire community on my shoulders… Your identity will help them to accept other people who are different from who they are.*
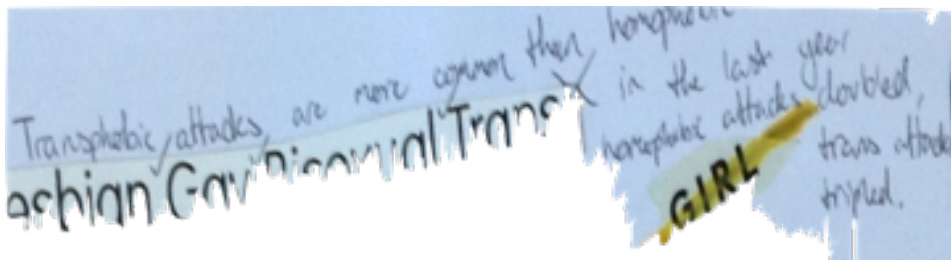
Figure S3: Ace wrote: *"Transphobic attacks are more common than homophobic, in the last year homophobic attacks doubled, trans attacks tripled."*

Appendix S: Theme – Language

This theme was commented on multiple times in different ways by all of the CRs. It became

clear that the language that people use about them, as well as the language they use

themselves, was felt to be important. For the younger CRs, language linked to the use of

pronouns and names by both themselves and others. While for the older CRs, language was

considered at a wider systemic level and the notion of 'privilege' in how language can be

used was discussed.

Reflection - Abraham: To me the thing about name is and the same with pronouns which I'd say name/pronouns if
you were gonna put it on there. When I came out as trans I was identified as male, like non-binary people hmm. I
personally think name and pronouns is fine in language because when you use a pronoun, like before you go 'and I
will use he/him pronouns, they/them pronouns' you know how you identity. It's only the use of the language.
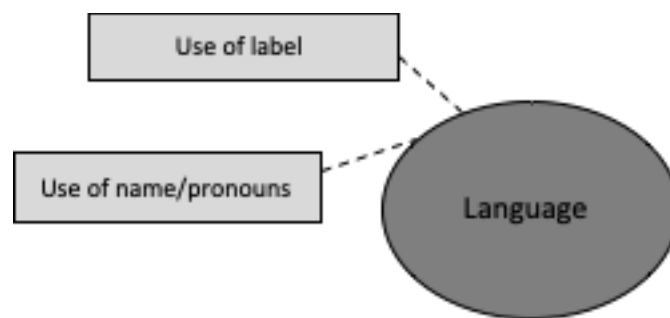
Figure T1: Thematic map illustrating the theme 'Language' with the two generated
subthemes.

Subtheme – Use of name/pronouns

Although not explicitly coded on the CRs' collages, the importance of name and pronoun was

raised multiple times throughout the discussions.
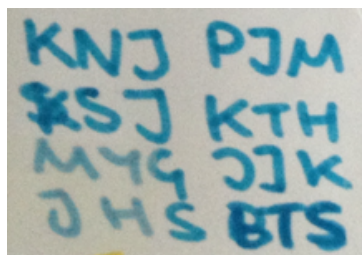
Figure T2: Matthew added initials to his collage and commented, *"I should just scroll
[name] right across it. Every young person has the right to a name."*

Use of name/pronoun was seen as especially important for the younger CRs, following their social transition, when they had asked to be identified by their chosen names and pronouns within the school setting. Mary commented on the difficulties she faced in having her name changed on the register, school computer and dinner systems following her transition, despite teachers using her chosen name. The CRs also commented on the different strategies they used in their selection of their chosen names. Matthew reflected on choosing a name that began with the same letter as his birth name to ease the transition for parents and for practicalities, for example not needing to change his computer log on which used his initial and surname. The CRs chose to code name/pronoun as part of language rather than as linked to their identity, *"It does come under identity but more in language because there's no point identifying with a name if no-one's gonna use it. You need to change your language rather than your identity,"* (Mary).

The CRs also commented on people mistakenly using their 'dead names' and the incorrect pronouns. There was some acceptance by the CRs that this may happen as a mistake and that it may take time for people close to them to remember the changes. However, it was also noted that purposely making this mistake was not helpful. The CRs spoke about being misgendered in everyday life and the impact this has on their own identity and emotional wellbeing.

> Mary: *The scariest thing for me is going to the airport when they read out your name and look at your photo. What if they deny me because I don't look like my passport?*

When talking about pronouns in particular, Abraham commented that for them being non-binary meant a level of fluidity with their selection of pronouns. They noted that *"The way I view my pronouns now is like you know when people say 'it's always 6 'o' clock somewhere'*

Because I'm gender fluid if someone calls me she I'm like well I was about 6 hours ago and I will be in about 12 hours so yeh that's fine as long as they aren't doing it maliciously. The reason why I picked a different pronoun was so that linguistically people would be able to understand what I mean by the fact I'm non-binary."

Subtheme – Use of labels

The CRs made reference to the multiple labels they associated with in relation to their gender identity, mental health and sexuality. For each of the CRs this was slightly different, as noted in their pen portraits (see Figure 5.1).
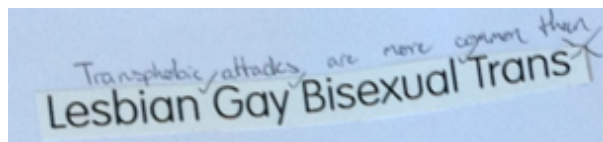
Figure T3: Ace selected an image of the different terms associated with the community and commented *"People want you to have that label so they can go 'you're this, you're this, that's all you will ever be'"*

Discussions also centred around the use of language by wider society in their attempts to understand the LGBTQIA+ community. In addition, the ways in which labels are misused were also noted in discussion with the older CRs who commented on the privilege they felt in using the different terms.

Abraham: *It's like crossing a line with language and understanding how important language is. Saying "I'm a trans ally so I can use the word tranny" that type of stuff.*

Appendix T: Theme – Family

Within the collages themselves, family was identified as a barrier for the CRs and initially themed under 'other people's perceptions.' However, in discussion with the CRs, it was noted that family was also mentioned a number of times through discussion as a source of support, in particular for Mary. For this reason, the CRs chose to identify family as a theme and further subdivide it to highlight the complexity of these relationships.

Reflection - Abraham: Family is so splintered cos my dad still doesn't even, my dad forgets so I'm dreading my boyfriend coming round and meeting my dad because he'll be like "hi you're Abraham's dad" and he'll be like "who the fuck" because he forgets because he, because he, he's always like my child not my daughter because he knows I'm non-binary and he kind of understands it to that level but he forgets that it means I have a different name things like that. So it's, it's educating the less supportive family members.
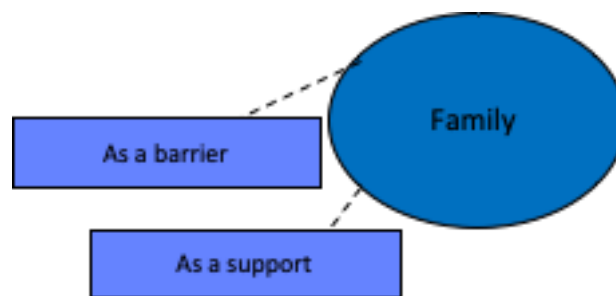
Figure U1: Thematic map illustrating the theme 'Family' with the two generated subthemes.

Subtheme – Family as a support

Both of the younger CRs commented on the attempts made by their family members to support them over time. In particular, Mary commented multiple times on her positive relationship with her mother who had been able to support her throughout her transition. She noted being able to confide in her mother about her feelings linked to her identity and mental health as well as recognising her mother's desire to fight for her and support her through her transition. Mary recognised her mother as the person she would turn to first if she needed support.

Mary: *My mum's amazing. I can tell her pretty much anything and she'd be like 'oh yeh.' I think I would tell my mum straight away if that happened to me and then my mum would be like probably start getting into like a big argument with CAMHS.*

Matthew noted that supporting families would be beneficial in supporting transgender young people commenting, *I think there's a lot more that could be put in place even if it's in schools and stuff about educating people's families."* He further reflected that while initially reluctant or unsure how best to support him, his parents had gradually become more supportive by doing their own research.

Matthew: *My dad researched a bit too far into it. He went on google images and was like 'So is this what you wanna do?' and I was like no.*

All of the CRs noted the different ways in which different family members responded in supporting them. For Mary, her mother was identified as most supportive, while for Matthew his father was. In the same way, the CRs also commented on family members that were less accepting and supportive and their own ability to navigate difficult situations by asking the perceived supportive family member.

Mary: *When I went to the orthodontist last, they were so confused cos I walked in in a skirt and I'd asked my dad to get the name changed. But he just didn't. Like I don't think he's just comfortable with asking.*

Matthew: *I said 'Dad, in college,' and he was like 'What?' and I said 'Can I like go by a different name?' and he was like 'Yeh' and then I asked my mum that and she was just like 'Mmm' and she started crying and I was like well this is nice.*

Subtheme – Family as a barrier
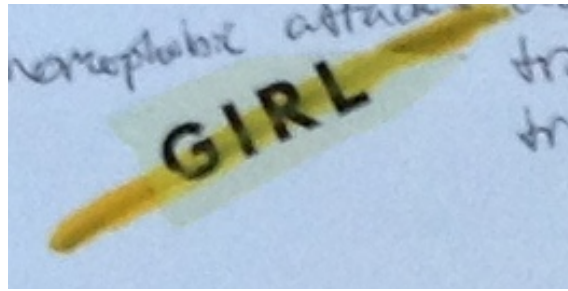
Figure U2: Ace selected the word 'girl' and then crossed it out on his collage commenting, *"If I brought someone home to my family, they would use she/her, and dead name me."*

As well as offering support, family were also perceived as a barrier by the CRs with Matthew commenting, *"If I had to pick the biggest barrier in my life for that it would definitely be my family."* While recognising that family could be seen as a barrier to their identity, the CRs also noted the importance they gave to their family's opinions of them with Abraham commenting on their desire to *"Preserve my parents' illusion of me."* This was also noted by Ace and Matthew who commented on changing aspects of their identity to match their parents' perceptions.

Appendix U: PowerPoint for SENDCo feedback