

A Grounded Theory of Parents' Experiences Supporting Gender-Diverse Children and Young People

Scott Roache

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The candidate confirms that the work submitted is their own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

Introduction: There is a growing body of evidence evaluating the psychological outcomes of gender-diverse youth. However, research exploring the experiences of parents of gender-diverse youth is lagging, particularly in the UK. How parents make sense of their experiences while responding to their child's developing gender-identity is an important area for research owing to the important role parental support plays in improving outcomes for gender-diverse youth.

Furthermore, the emotional and psychological impact of these experiences on parents' own psychological wellbeing is poorly understood and warrants further investigation to address any unmet needs. As such, this study aimed to explore parents' experiences parenting their gender-diverse children and the psycho-social processes which underpin these experiences. The study aimed to produce a theory which explored how parents make sense of these experiences, including identifying factors which are facilitative in this process.

Method: This study employed a convergent mixed methods-grounded theory design (Johnson et al., 2010). Part one involved the completion of a short online survey which explored parents' information and support seeking behaviours, the perceived helpfulness of these resources and the impact of their experiences on day-to-day tasks. In total, 17 respondents completed the survey. Survey data were analysed using descriptive statistics. Part two of the study involved follow-up semi-structured interviews with ten parents (eight mothers and two fathers). Interviews were transcribed and analysed using a constructivist grounded theory (Charmaz, 2006). The method employed credibility checks in line with handling qualitative data.

Results: The survey results are summarised. Participants described seeking information and support via informal and formal routes. The perceived helpfulness of these sources was rated by participants from very helpful to not at all helpful. A theoretical interpretation was developed, grounded in participants' experiences. The interpretation explores the dynamic relationships between the five core categories and 16 sub-categories. The core-categories, '*parental identity*', '*living the process*', '*facilitators to the process*', '*challenges to the process*' and '*growing from the process*', are presented alongside participants' quotes.

Discussion: Salient findings are presented and discussed in relation to the wider literature. The study contributes a theoretical interpretation of parents' experiences parenting their gender-diverse children which is discussed in relation to clinical and stakeholder implications. Lastly, areas for future research are considered in addition to an evaluation of the current study's strengths and limitations.

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Abbreviations

CAMHS	Children and Adolescents Mental Health Service
COVID-19	Coronavirus Disease 2019
EbE	Experts by Experience
EDI	Equality, Diversity, and Inclusion
GAT	Gender Affirming Treatment
GIDS	Gender Identity Development Service
GRA	Gender Recognition Act, 2004
GT	Grounded Theory
CGT	Constructivist Grounded Theory
LGB	Lesbian, gay and bisexual
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and others
NHS	National Health Service
UK	United Kingdom
USA	United States of America
US	United States
UoL	University of Leeds
WPATH	World Professional Association for Transgender Health Standards of Care

Chapter One: Introduction

This study sought to explore parents' experiences of supporting their gender-diverse children. This chapter will provide the reader with a brief introduction to the research project and the concept of gender diversity and includes: an overview of the terminology adopted in this paper, highlights outcomes for people who identify as gender-diverse and their families and describes the research project's aims and objectives.

In order to orientate the reader of this thesis, it is important to acknowledge that this research project was undertaken during a time where the social and political discourses surrounding gender diversity in the UK were highly polarised, often impacting the rights and lives of transgender and gender-diverse individuals. The impact of these debates on transgender and gender-diverse individuals and their families are referred to throughout this document.

Introducing the research project

Parenting can be both a rewarding and challenging experience. Parents are often expected to adopt roles that nurture positive outcomes for their children and see their successful transition into adulthood and beyond. Parental expectations are largely influenced by social, economic, political, and cultural standards and are subject to change across time and place. For parents whose children have a difference, whether through ability, disability, or another reason, expectations of parents and parenting challenges may increase significantly (Harden, 2005; Smith et al., 2022). Such challenges may be unexpected or not even considered a possibility before they are identified. Parenting a gender-diverse child may increase such challenges, as parents often face life-changing decisions which impact them and their children, such as social transition, legal recognition, and gender-affirming medical interventions (Lambert et al., 2022). Research exploring parents' experiences in this area has highlighted challenges for parents, such as a lack of information and support around decision making, barriers accessing support for their child, and associated parental distress (Abreu et al., 2019; Lambert et al., 2022). Most of this research has been conducted in the United States and predominantly focusses on the experiences of parents accessing specialist health services. Consequently, relatively little is known about parents' experiences as they navigate the whole range of their parental responsibilities for their gender-diverse child in the UK and how they make sense of these experiences in the current social, cultural, and political context.

Overview of Gender and Terminology

In Western society, gender is frequently divided into a binary system, male or female. Despite being socially constructed, gender is often conflated with a person's biological sex. Lorber (1994) helpfully makes this distinction clear by explaining that sex is the biological difference

between males and females, whereas gender refers to the societal expectations for how men and women *should* think, behave, and present themselves. The blurring of gender boundaries, particularly in children, is generally considered by society as different and deterred in favour of gender-normative behaviours (Diamond, 2002; Wiseman & Davidson, 2012).

This paper holds the position that gender identity, and expression, such as how a person expresses their gender identity, exist across spectrums rather than being static and binary. That is, people may identify and express themselves as female or feminine, male or masculine, a combination of both or neither. The position that gender is neither static or binary is in direct opposition to the cis-normative assumptions that considers gender to be aligned to a person's biological sex assigned at birth and held tightly around the binary system of male or female.

Terminology used in studies involving gender-diverse populations varies greatly. The terms transgender or trans are most often employed as umbrella terms that reference individuals whose gender identity does not align with the one typically associated with the biological sex they were assigned at birth. However, these terms may not fully reflect the multiplicity of ways in which an individual may identify or express their gender, which may position itself outside of the male/female binary system. For this reason, the term gender-diverse will be adopted throughout this document to reflect a range of gender identities such as transgender, transgender girl/woman, transgender boy/man, gender fluid, non-binary, genderqueer, gender questioning and to include individuals who do not identify with any particular label (Kuper et al., 2012; Richards et al., 2016). The document may reference specific identities when referring to the literature, and the terms used will reflect those used by the referenced authors.

In summary, gender and sex are often conflated when important distinctions have been noted. Gender identity and expressions exist across a spectrum and research exploring issues relating to gender diversity requires careful navigation of these issues to avoid perpetuating cis-normative and binary classifications.

Prevalence

In 2021, the England and Wales Census asked people aged 16 and over about their gender identity for the first time. From the data, 262,000 (0.5%) people indicated that their gender identity was different from their biological sex-assigned at birth. Of these, 0.1% identified as a trans man, 0.1% identified as a trans woman, 0.06% identified as non-binary and 0.04% identified as a different gender identity (Office for National Statistics, 2023). In Scotland, the question regarding gender identity was asked in the Census 2022, however, this data has yet to be released. Northern Ireland do not currently ask the population about their gender identity (Office for National

Statistics, 2022). In short, there is no robust data which captures the whole UK trans and gender-diverse population, although emerging figures from the available census data are comparable to other developed nations (Statistics Canada, 2022). Wider estimates have suggested that there are approximately 500,000 (0.75%) trans and gender-diverse people in the UK (Government Equalities Office, n.d.).

Outcomes

Gender-diverse people routinely have to navigate a world that is organised by and for the cis-heteronormative population. This has a significant impact across the lifespan on their education, health, employment, and life outcomes. Research consistently shows that gender-diverse people experience poorer mental health outcomes when compared to their cis-gender peers (Eisenberg et al., 2017). In the school environment, gender-diverse youth experience higher rates of bullying impacting on their self-esteem and academic achievement (Day et al., 2018). A lack of pastoral support and safe spaces increases the likelihood of gender-diverse youth being physically assaulted and dropping out of school (Bower-Brown et al., 2023).

In the workplace, a UK wide survey exploring gender-diverse individuals experiences of inequality and discrimination, 39% of respondents (total sample = 873) did not feel able to express their preferred gender identity and feared repercussions from colleagues and employers. In addition to this, around a quarter of gender-diverse individuals reported experiences of discrimination and victimisation which resulted in them being pressured to change jobs (Whittle et al., 2007). To combat discrimination in the workplace, research by Huffman et al. (2021), found that a positive transgender organisation climate (i.e., use of gender-affirming pronouns/titles, tackling anti-trans discourses), reinforced by diversity training and company policy improved outcomes for gender-diverse employees including gender identity openness in the workplace.

In terms of access to healthcare, gender-diverse individuals face further barriers and frequently report negative experiences interfacing with health professionals who avoid conversations about gender identity, misuse pronouns and even refuse treatment (Guerin, 2020; Parameshwaran et al., 2017). Indeed, studies have found that health professionals often lack confidence working with the gender-diverse population which has been attributed to limited transgender inclusive education and training amongst healthcare professionals (Burgwal et al., 2021; Rider et al., 2019; Riggs & Bartholomaeus, 2016). The resulting experience is lower rates of healthcare seeking behaviours across the gender-diverse population (Garofalo, 2011). When gender-diverse individuals do seek to access specialist healthcare services they are often met with excessive

waitlists further creating barriers accessing timely and appropriate healthcare (Gender Identity Development Service, 2023a)

In summary, there is an abundance of evidence of poorer outcomes for gender-diverse individuals which is pervasive across the lifespan and across different contexts. Naturally, there is growing interest in factors which improve outcomes for gender-diverse people and their families.

The role of family

Families, in particular parents, play an important role in mediating outcomes for gender-diverse individuals. Research shows consistently that support from family is associated with improved mental health outcomes for gender-diverse youth, including reduced anxiety, depression and suicidality (Ryan et al., 2010). In contrast, family rejection or a lack of family support is associated with poorer outcomes, increased suicide attempts, homelessness and use of alcohol and drugs (Klein & Golub, 2016). Despite holding a crucial role, families report difficulties interfacing with multiple systems, including experiencing direct discrimination with health care and school settings, feeling disempowered by services and difficulties managing the distress caused by excessive waitlists (Carlile, 2020). Indeed, most of what is known about parents' experiences parenting gender-diverse children comes from research recruiting parents who at the time are accessing services with their child (Abreu et al., 2019). Further research is needed to understand the social and psychological processes through which parents make sense of their experiences which has important implications for how stakeholders and organisations can support these processes.

The current research

This project seeks to explore parents' experiences of parenting a child or young person identifying as gender-diverse. Central to this will be exploring how parents make sense of their experiences and the psycho-social processes involved when parenting children identifying as gender-diverse. The research will explore how facilitators and barriers influence parents' experiences parenting a gender-diverse child or young **person** with a focus on developing a theory that is grounded in parents' experiences. It is hoped that the project will deepen the understanding of parents' experiences and their needs as their child develops their gender-diverse identity and inform recommendations to support parents who are seeking information and support.

Chapter 2: Literature Review

This chapter will introduce the current social and political context surrounding gender diversity in the UK, and healthcare pathways for individuals identifying as gender-diverse. The chapter will next offer a critique of influential psychological theories in relation to gender identity development and parenting theories. Given that the research is primarily focussed on the psycho-social processes through which parents make meaning of their experiences parenting a gender-diverse child, the review will consider literature that examines parents' experiences and responses to parenting children who have other differences. The aim of this part of the review is to draw comparisons between parents' experiences and whether the psychological and social experiences of parents with gender-diverse children differ from parents of children with other differences. Next the review will introduce models of coping and responding to parenting a child with other differences. Finally, the literature review will explore approaches to parenting a gender-diverse child, and review the existing literature in this area, before presenting the research question, aims and objectives.

Overview of Literature Search

The literature review was completed across three phases. Once the area of interest had been defined, an initial review of the literature was undertaken in August 2021. The review was revisited in February 2022 ahead of the researcher's transfer viva. PsycINFO and PubMed were used primarily during these searches and research relevant to the search terms were sought. An example of the literature review search terms used is provided in Appendix A. Relevant literature was identified through a scan of research titles and confirmed by reading relevant paper's abstract. The researcher also used a forwards and backwards citation searching approach of reviewing the references of selected papers for further literature. A final review of the literature was undertaken in February 2023 using the same research search terms and process.

Social and Political Context

This section explores the social and political issues faced by gender-diverse people and their families. Exploring the current context is important to place this research within the wider social narratives in which parents are negotiating their roles and supporting their gender-diverse children.

In the UK, people who identify as gender-diverse are protected under the Equality Act 2010. This piece of legislation regards 'gender reassignment' as one of the 'protected characteristics' and, despite its name, refers to individuals at all stages of transition, from proposing gender reassignment onwards. This legislation has also been recently extended to include non-binary and gender fluid identities (Fairbairn et al., 2022). The Equality Act requires organisations to eliminate

discrimination and advance equality of opportunity. This commitment might be achieved through education and training, providing safe spaces, and challenging discriminating practices. However, despite protections in law, cis-normativity (i.e., the assumption that gender identity matches a person's biological sex assigned at birth) is embedded within Western Society and its Institutions. These assumptions privilege people who identify as cisgender and serve to delegitimise the experiences of gender-diverse individuals, resulting discrimination and victimisation (Bower-Brown & Zadeh, 2021).

Another key piece of legislation for gender-diverse people is the Gender Recognition Act 2004 (GRA). Under this legislation, it is possible for gender-diverse individuals to change their name and gender category on most legal documents. This process requires certain conditions to be met including a clinical assessment and a diagnosis of '*stable and permanent*' gender dysphoria (e.g., the discomfort or distress caused by incongruence between a person's gender identity and that person's biological sex assigned at birth). At present it is only possible to change gender identity within the binary system i.e., from male to female or female to male. No provision is available for people who identify outside of the binary system. The GRA was reviewed in 2021, with calls to make the process easier for people wanting to change their gender markers and identity via non-assessments/self-identification pathways. For many individuals, a central issue of the GRA is the pathologisation of gender-diverse identities through the need to diagnose gender dysphoria as a requirement. Recently, the Scottish Government's attempt to reform the legislation was blocked by Westminster which received increased attention from across the social and political spectrum adding to the increasingly polarised and hostile discourses impacting the lives of gender-diverse people and their families (Fae, 2018; Humphrey, 2022; Murray & Hunter Blackburn, 2019).

Reforms to legislation, to be more inclusive of gender-diverse people has triggered an upsurge in anti-trans discourses (Pearce et al., 2020), particularly around issues relating to women-only spaces and "women's sex-based rights", with gender and sex frequently being conflated to mean the same thing. Arguments that changes to the GRA to include self-identification, increases risk to cis women have been purported by high profile individuals and far-right media (Duggan, 2022). As a consequence, support for trans women/girls to be excluded from these spaces has grown, despite evidence rejecting the notion that self-determination increases risks to others in countries where this is already possible (Hasenbush et al., 2019). Public support for transgender rights, including self-determination is varied across different sub-groups in society for example women, younger people and those with left-wing political views are more likely to hold trans-friendly views compared to right-wing voters, men and older people (Smith, 2020). Nonetheless, how parents navigate and respond to their roles and responsibility within different contexts is an

important consideration for this research. Pearce et al. (2020) describes how hostile debates distract from the more pressing issues, such as more equitable access to education, healthcare, and employment for gender-diverse people, and they called for greater alliances and support for gender-diverse lives.

The impact of negative public discourses on parents and families of gender-diverse people is unknown. However, research suggests that this can be harmful for gender-diverse people (Hughto et al., 2021). Using an online survey, Hughto et al. (2021), examined the relationship between exposure to negative trans-content and mental health. Five hundred and forty-five transgender adults in the USA completed the survey. The findings revealed that increased exposure to negative trans-content was associated with increased psychological distress including anxiety, depression, and post-traumatic stress disorder. In contrast, Pham et al. (2020) found through semi-structured interviews with 23 transgender and gender nonconforming youth that positive trans stories and media coverage was associated with improved mental wellbeing and provided counterbalance to the negative portrayals of gender-diverse people. Whilst both these studies were conducted in the USA, where social and political discourse may be different to the UK, the research highlights a relationship between exposure to wider discourses and outcomes for gender-diverse people. More research is needed to explore these relationships in greater depth, particularly with a focus on how discourses might influence how parents make sense of their experiences in the context of wider narratives and the impact this may have on families and gender-diverse youth.

This section sought to orientate the reader towards the social and political context relevant to the current research project and the wider narratives which parents supporting gender-diverse children may be encountering. The next section will introduce the reader to UK standards of practice, before exploring psychological theories associated with gender identity development.

Healthcare for Gender-Diverse Individuals in the UK

Outlined in Chapter One, it is well documented that gender-diverse individuals are more likely to experience poorer outcomes and experience institutional and structural barriers when accessing education, work, and healthcare services. This section introduces the reader to healthcare pathways for gender-diverse individuals and their families.

At present, there are two specialist Gender Identity Development Services (GIDS) in England providing services for gender-diverse young people and their families. Over the last decade, demand for these services have seen a rapid rise in the number of referrals which has greatly exceeded capacity and impacted on the services' ability to meet the needs of children, young people, and their families in a timely way. For example, referrals to GIDS have increased from 210

in 2011-12 to 3585 in 2021-22 (Gender Identity Development Service, 2023b). These services are currently under an independent review (Cass, 2022) and in July 2022, it was announced by NHS England that GIDS would move to a regional model of care for children and young people experiencing gender incongruence and gender dysphoria (NHS England, 2022).

In England, current referral pathways to GIDS for direct assessment and/or intervention can be made by a healthcare professional. Consultation with the referrer about the appropriateness of further specialist assessment and the involvement of appropriate secondary health services is discussed before the referral is accepted. This remains in line with the World Professional Association for Transgender Health (WPATH) Standards of Care, recommending that any underlying mental health concerns are explored and managed by secondary or local services prior to an individual accessing specialist gender care (GIDS, 2023b). However, the multiple steps between referral and being accepted by the service has been described by some as “gate-keeping” healthcare and creating more barriers for gender-diverse individuals seeking gender affirming care (Cass, 2022).

Once accepted, individuals referred to GIDS can expect a tailored gender assessment. Assessment aims to identify and formulate an individual’s needs in the context of a developmental history, exploration of gender incongruence and associated needs and risks (Cass, 2022; GIDS, 2023c). As part of the assessment, families may be involved to provide a developmental history in addition to providing their hopes and expectations for their relatives. Assessment may also cover an assessment of family functioning and quality of relationship, family’s spiritual, cultural, and religious beliefs, and exploration of parent/carer views and family support. Families therefore play an important role in supporting individuals to access healthcare services. Cass (2022) highlights how without appropriate support for parents and carers, it can be difficult for families to navigate assessments and provide their consent for their child to access treatments which can increase family tensions and, in some cases, may even result in family breakdown.

Following assessment, individuals and their families are offered support that is tailored to their individual needs. This may include, but is not limited to, psychoeducation and appropriate signposting to primary and secondary healthcare services, psychological support and interventions including support around social transition and family therapy. For some individuals and their families, accessing ‘puberty blockers’ are a key intervention which pauses the pubertal development, specifically the development of secondary sex characteristics. For some, this results in lowered gendered dysphoria and associated distress amongst gender-diverse youth (Roen, 2011; van der Miesen et al., 2020). However, access to puberty blockers alone may not be sufficient

in improving outcomes for gender diverse youth. Recent research by Carmichael et al. (2021) looked at the short term outcomes of pubertal suppression in 44 gender diverse youth, aged 12 to 14 years old. Data were obtained at 12 months, 24 months, and 36 months follow-up. The results on both self-report and parent-report measures, showed no changes, positive or negative, in psychological functioning or reduction in self-harm across the three time points. Follow-up interviews with participants, however, did suggest that participants were describing positive changes including improved parent-child relationships. Fewer described negative experiences beyond the anticipated side effects and despite these all but one participant proceeded to access cross-sex hormone treatments. It should be noted that these results are based on a small sample and high rates of attrition occurred as only 14 participants were followed up at 36 months. Nonetheless, it feels important that gender-diverse youth and their families have space to explore and process a developing gender identity including future treatment pathways and physical interventions, with consideration of the possible positive and negative changes that might be experienced.

In summary, access to healthcare for gender-diverse individuals is challenged by demand which exceeds resources. Making services more accessible seems to be a priority of the pending review. However, in order to access support, the current model requires that individuals subscribe to a medical model and accept the diagnosis of gender dysphoria. This may not reflect the experiences of individuals who do not see themselves as having a '*medical condition*' including those who may not experience gender dysphoria but who still want to access gender affirming healthcare. Consequentially, many gender-diverse individuals and their families may therefore not come into contact with healthcare services and may be managing **via** different pathways of support.

Psychological Theories of Gender Identity Development

Gender identity development forms one aspect of a young person's developing identity and therefore should be viewed in the broader context of a person's development. This said, classic psychological theories have gone some way to exploring gender identity development, each from their own perspective. Some examples include ideas from social learning theory, cognitive-developmental theories, and psychoanalytic theories; however, each approach is not without limitation. Social learning theory, for example, suggests that individuals learn behaviour and gender identity by imitating the stereotypical gender-behaviours of others in their social environment which is then reinforced by significant stakeholders, i.e., parents, teachers, peers (Bussey & Bandura, 1999). These ideas, however, perpetuate cis-normative assumptions, suggesting that parents are more likely to reinforce girls to play in a more nurturing way while censoring play that is less sociable or boisterous, whereas the opposite is more likely amongst parents of boys. While these

ideas may have likely influenced parenting practices, there is little evidence to suggest that parents explicitly adopt different broad styles of parenting that is dependent on their child's gender (Endendijk et al., 2017; Mesman & Groeneveld, 2018). Instead, gendered parenting is thought to be more implicit, influenced by parents' beliefs and attitudes (Endendijk et al., 2013). A strong critique of these theories relates to the implication that parents shape gendered behaviour in their child's development; therefore, it suggests that gender non-conformity may be 'learned', or that 'undesirable' behaviours can be altered through reinforcing gender conforming behaviours.

Other theorists, such as Kohlberg (1966), have argued that children are more actively engaged in sourcing information to adhere to gender norms (Glick et al., 2000). In a three-stage theory of gender development, Kohlberg suggests that children develop sequentially through three defined stages: (i) gender label, (ii) gender stability, and (iii) gender constancy. At the final stage, typically around seven years old, Kohlberg argues a permanency to gender identity that does not continue to develop or change. While this marries accepted ideas around child-development, the linear progression assumed here is contentious, particularly in the field of gender diversity. For example, the concept of gender permanency provides little space for individuals to explore their gender identity at a later stage of life and it does not explain gender fluidity or experiences where a person de-transitions.

Finally, psychoanalytic theories regarding gender identity development can be traced back to Freud's theory of psychosexual development (Person & Ovesey, 1983). Heavily influenced by heteronormative standards of the era, Freud believed that gender was formed following the child's discovery of their genitalia and a resultant desire to have the 'gender-opposite' parent exclusively for themselves. During this process, the child becomes intensely jealous of others who vie for the desired parent's time. This process is only resolved once the child shifts identification over to the gender 'congruent' parent. Contemporary theories have largely denounced Freud's influence in gender identity development for lacking empirical evidence (Puzio & Forbes, 2021); however, there remains the persistent presence of these ideas in the narratives held by society. For example, where gender diversity in children is attributed to 'absent' fathers or 'over-compensating' mothers (Johnson & Benson, 2014) or that gender non-conformity can be remedied through reparative interventions. These ideas have significant implications for the lives of gender-diverse people and their families.

Consistent across theories is research exploring gender identity and discovery, which suggests that gender-diverse children show an awareness of their gender identity during early childhood. Furthermore, it is true that gender-diverse children often disclose this to their parents

before adulthood (Grossman & D'Augelli, 2007; Grossman et al., 2005). Classic psychological theories influence parenting practices and shape how society has come to understand gender identity development, and this heavily favours cis-normative development. It should be noted that the inclusion and critique of the presented developmental theories were intentional as a means of orientating the reader towards dominant theories which might bear an influence on parents' understanding and responses to gender identity development. The presented theories have been critiqued primarily on their inability to explain transgender identity development or when gender identity development does not follow a linear or 'normative' trajectory. Theories of transgender identity development do also exist (Bockting & Coleman, 2016; Simons & Beck, 2020) – although these may be lesser known to parents, and wider society. Theories, such as Bockting and Coleman (2016)'s model of transgender identity development suggests that transgender identities develop through five stages, ranging pre-coming out, coming out, exploration, intimacy, and identity integration. During early stages, individuals experience and explore gender feelings and behaviours – often these are private experiences which result in a developing self-awareness, characterised by individuals coming out to themselves in the first instance, then others – if it is safe to do so. Later exploration, is associated with practicing gender expression(s), navigating binary views of others, and developing new relationships. During the identity integration stages, individuals accept their transgender identity as being just one aspect of self – although this may be challenged by ongoing discrimination and stigma. The model represents an alternative to normative gender identity development theories, although it also presents linear ideas around gender identity development. Other theorists such as Simons and Beck (2020) argue that transgender identity development is non-sequential, and exploration and expression is influenced by both internal and external processes such as feeling safe to express self, access to gender-affirming healthcare, and intersectionality.

Parenting Theory

Attachment theory has been influential in understanding the role of parents in supporting children to feel safe and secure. Developed by Bowlby (1969), attachment theory suggests that children are pre-programmed from birth to maintain proximity to a primary caregiver. Attachment behaviours are adaptive to seek care and ensure survival; as a result, they can be categorised into distinct attachment styles dependant on how their primary caregiver responds to their needs. A central assumption of attachment theory is that children who receive consistent care from their primary caregiver progress to develop secure attachments, whereas inconsistent parenting styles where a child's needs are neglected or met inconsistently are more likely to develop insecure attachments (Ainsworth et al., 1981). The patterns children develop to gain this sense of security affect subsequent relationships throughout childhood and into adulthood, which in turn affects how

they come to relate to their children. These patterns are referred to as internal working models and act as a blueprint for all future relationships.

Central to a child's development is the emotional climate provided by the available caregivers. Indeed, adverse outcomes for children are routinely attributed to '*bad*' parenting, which can often result in parental stressors such as guilt and self-blame (Moses, 2014; Todd & Jones, 2003). Research shows that parents whose children encounter difficulties may resort to blaming themselves for causing or not preventing their child's distress, in addition to often feeling helpless with their inability to reduce distress (Bernstein, 1990; Fernández & Arcia, 2004; Moses, 2010). This has important clinical implications for this project, as the psychological impact of parenting a gender-diverse child is poorly understood and more research is needed to understand ways of supporting parents who may have a child experiencing distress in relation to their gender identity.

Parental Responses to Child Differences

This section explores parental responses to child differences such as when a child has an experience which sits outside the normative development, such as parenting a child with a disability, long-term health condition, or mental health difficulties. The intention of this section is not to position gender-diverse within these differences, but to draw on parents' experiences of navigating the challenges which differences such as these may present to parents.

Research by Harden (2005) explored parents' experiences living with a young person with mental health difficulties. Through qualitative interviews with 25 parents, 18 mothers and seven fathers, Harden found that parents frequently reported a moral sense of responsibility for their child but that this was often challenged by a lack of knowledge regarding mental health and interactions with mental health professionals. Parents spoke of the challenges associated with no longer being an '*expert*' in their child and feeling blamed for their child's difficulties by health professionals. Themes also highlighted how parents had difficulty adjusting to their child's regression in levels of independence while observing a deviation from the normative path towards adulthood, i.e., child becoming more dependent on parental support. These findings indicate that parents experience difficulties responding to uncertainty and adapting to their child's changing mental health. Challenges may be worsened as parents interact with health professionals and seek information and support. This raises important considerations for this project as gender-diverse youth may also experience a delay in normative developmental shifts, become more dependent on their parents for support and parents may need to engage with healthcare professionals and other agencies in order to seek information and support for themselves and their child.

Smith et al. (2022) conducted semi-structured interviews with parents of children with health conditions (including neurodevelopmental disability, chronic pain, mental health difficulties, congenital health difficulties) about their lived experiences of parental stress whilst caring for their child and factors which reduced stress for these parents. In total, 20 parents were interviewed, ten mothers and ten fathers. The ages of their children ranged from birth to 19-years. Emergent themes reflected parents feeling unheard and unseen by health professionals, being stressed and overwhelmed by increasing pressures and living with unpredictability associated with their child's health. Parents in this study also reflected on the impact having a child with long-term health condition had on their identity and experiences in the workplace, such as stressors having to adopt multiple roles i.e., parent, carer, and advocate. Parents described challenges balancing work demands and increasing home responsibilities with limited resources. For some parents, this meant using annual leave in order to attend appointments and procedures, or care for their child which led to increased stress and exhaustion. As a result, parents described being forced to leave their jobs and give up other restorative activities such as hobbies, travelling – as their child's care took precedence. The study identified how parents' needs are often overlooked by health professionals and other agencies; low control and a lack of resources were attributed to an increase in psychological and physical health problems for parents of these children. The phenomenological nature of this research provided a rich exploration of parents' experiences and differences in parents' experiences were accounted for. However, phenomenological inquiries are less concerned with developing theoretical frameworks which explain the processes through which parents may make sense of these experiences. Nonetheless, these findings highlight important considerations for the current project, such as how parents might negotiate competing demands in relation to their child's developing needs and the impact this may have on their or their child's physical and psychological wellbeing. Particularly as recent research suggests that parents of gender-diverse youth may experience similar proximal and distal stressors such as direct and indirect discrimination, social rejection and victimisation impacting their psychological wellbeing and adjustment to their experiences (Hidalgo & Chen, 2019).

Based on a literature review, Chrisler (2017) produced a theoretical framework to explain the experiences of parents of lesbian, gay and bisexual (LGB) youth in response to learning about their child's sexual orientation. Chrisler suggests that parents are influenced by a series of factors which impact how they make sense of their children coming out. These factors include parents' own characteristics (e.g. age, ethnicity, level of education), parents' suspicion of their child's LGB identity prior to disclosure, confirmation of the child's LGB identity, parents' appraisal of the disclosure (including primary and secondary appraisal), parental response to their child (e.g.,

neutral, positive, negative or combined), and parents' own coping styles (e.g. cognitive avoidance, behavioural avoidance, cognitive approach, and/or behavioural approach). Finally, Chrisler suggested that parents eventually reappraise their relationship with their child through engaging with information-seeking behaviours and resolving concerns they may have as a parent of a LGB child.

Chrisler's framework provides an understanding of the process through which parents make sense of their parenting experiences supporting LGB children. This framework is specific to the coming out process and parents learning of their child's sexual orientation. Whilst gender-diverse youth and their families may experience some similar challenges, it is important to consider that gender-diverse youth are likely to experience unique challenges that are not necessarily shared by the wider LGBTIQ+ community. For example, unlike LGB people who may choose to disclose their sexual orientation privately or in which situations this feels safe to do so, gender-diverse individuals are not always afforded the option of when to or not to disclose their gender identity due to the observable changes in appearance or gender expression (Bethea & McCollum, 2013). Furthermore, gender-diverse individuals and their parents may need to access services seeking gender affirming treatments such as puberty blockers, surgery which itself presents nuanced and complex decision making. As such, it is likely then that the parents of gender-diverse children may encounter unique challenges also.

Parents whose children have a difference, whether through ability, disability, or another reason, face unique challenges which has potential to impact on their psychological and physical health and has implications for the overall functioning of the family. This section has identified a relationship between parents' experiences and the wider system for example, challenges interacting with health professionals and how parents balance the needs of the child and other parental responsibilities. Parents may experience self-blame as a lack of information and support drives uncertainty impacting parental wellbeing. As such, it is important to explore how parents appraise potentially stressful situations and factors which make these experiences easier to cope with. Particularly as research suggests some parents of gender diverse youth may experience greater levels of parental stress which may impact parental support and psychological outcomes for their children (Kolbuck et al., 2019). The next section introduces a model which outlines how different appraisal strategies to potentially stressful situations shape an individual's coping potential.

The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984)

The transactional model of stress and coping (Lazarus and Folkman, 1984) is an established framework for understanding how individuals appraise and respond to potential stressors. This

approach views psychological stress as a process that involves continuous negotiations and adjustments between an individual and their environment. The model suggests that when events are appraised as demanding or exceeding an individual's available resources, they are more likely to experience psychological stress. This transaction goes through two phases that are (i) *cognitive appraisals* and (ii) *coping*.

Phase one involves the cognitive appraisal of events concerning one's own wellbeing, i.e., one must first assess a situation as potentially stressful before they consider their ability to cope. This phase involves two cognitive mechanisms, which are primary and secondary appraisals. Primary appraisals focus on what is at stake: "Am I concerned, in what ways?". Positive responses to this appraisal will lead to the situation being categorised as a loss, a threat, or a challenge. Threats and challenges refer to past and anticipated events, whereas loss refers to past events. Notably, a challenge appraisal would focus on the personal benefits resulting from the situation, such as social rewards, personal growth, and successes. Threat and challenge appraisals are not mutually exclusive. Instead, they may occur simultaneously; for example, Finzi-Dottan et al. (2011) found that parents of children with attention deficit hyperactivity disorder frequently appraised situations as threatening and challenging. Increased threat appraisal was also associated with lower self-report ratings in relation to competence as a parent.

Secondary appraisal, therefore, involves an assessment of one's coping resources and poses the question: "Do I have the resources necessary to cope with this situation?". Coping resources can be physical (e.g., general health, ability), social (e.g., access to family, friends, and social support networks), psychological (e.g., motivation, mood, self-esteem, past experiences, cognitive flexibility), or material (e.g., access to a vehicle, financial security, time).

Phase two sees attempts to reduce, master or tolerate the perceived threat, challenge or loss created by the stressful transaction through cognitive and behavioural strategies (Folkman, 1984). Lazarus and Folkman (1984) suggest that coping strategies can be organised into emotion-focussed or problem-focussed coping. Emotion-focussed coping focusses on the regulation of emotions or distress associated with the stressful event, whereas problem-focussed coping focusses on altering or managing the sources of stress. Research suggests that both coping strategies are frequently used; however, they are often mediated by how the situation is first appraised (i.e., as a loss, threat, or a challenge).

The transactional model of stress and coping has not previously been thought about in relation to parenting gender-diverse children, however, the model offers many benefits for this study. Firstly, the framework emphasises the appraising relationship between the person and their

environment, and as such, it does not locate a '*problem*' within a person but rather explores how a person may relate to a problem. Furthermore, the model does not assume that all stressors will be appraised negatively; instead, it recognises that some stressors may be appraised as challenges with potential benefits which fits with the current project's exploratory and epistemological position i.e., that people's actions and interactions are based on the meanings they attribute to their experiences, and these meanings can differ depending on the context and evolve over time.

There is a need to develop a theoretical framework which seeks to explore parents' responses as they appraise different experiences and understand the social processes that underpin these experiences when responding to their gender-diverse child's needs. The resources and information parents have available to them is likely to influence their responses and adaptability to what is likely to be novel dilemmas. As such, it will be important to consider the available resources for parents which may shape these experiences.

Reparative vs Affirmative Approaches

How parents respond to their child's gender identity may be largely influenced by whether it is appraised as a problem to be '*fixed*' or viewed as an expression of the range of genders that naturally develop in children. Two competing approaches emerge in proposing how parents, health professionals, other stakeholders and society might respond to gender diversity. At one side of the spectrum is the reparative or 'conversion' approach, which encourages a highly cautious approach from parents to facilitating their child expressing themselves as a gender different to that typically associated with the biological sex they were assigned at birth. Canadian researchers, Zucker and Bradley (1995) have been controversial in positioning gender diversity as a clinical disorder that can be '*corrected*' through intervention. Reparative approaches, therefore, argue that children should be actively (re)exposed to gender norms by their caregivers with aims of 'returning' congruency between gender identity and biological sex assigned at birth (Zucker & Bradley, 1995). Arguably, these approaches may tap into uncertain societal discourses surrounding gender diversity and is likely to provide parents who may be experiencing difficulties accepting their child as gender-diverse with a familiar instruction to encourage gender-normative behaviours. Despite reparative approaches receiving absolute condemnation from major health professional bodies (British Psychological Society, 2019; Keogh et al., 2016), the practice of conversion therapy remains legal within the UK for gender-diverse persons over 18-years old (Patel, 2022). The continued presence of these approaches serves to perpetuate ongoing societal stigma surrounding gender diversity and conserves the traditionalist boundaries for boys and girls while perceiving any gender non-conformity as problematic (Carroll et al., 2002; Keogh et al., 2016; Mizock &

Lundquist, 2016). Sadly, such approaches have been shown to significantly impact the mental health of gender-diverse people leading to incidents of substance abuse, self-harm, and suicide (Turban et al., 2020).

Gender affirmative approaches offer a contrasting approach to how society might respond to gender diversity. Advocates of this approach encourage health professionals and wider stakeholders, to work with parents to acknowledge and support the exploration of gender diversity with their child in their self-identified gender (Menvielle & Hill, 2010; Riley, Sitharthan, et al., 2013). Further to the skills and resources needed to support their child in their gender as they experience it, affirmative interventions also take account of the more nuanced experiences parents of gender-diverse children may experience, such as coming to terms with feelings of loss or grief which they may feel as parents, and supporting parents negotiating a new relationship with their child (Brill & Pepper, 2008; Coolhart et al., 2018; Wahlig, 2015). Gender affirming approaches have also received criticism, with some claiming that these approaches inhibit exploration of gender diversity by conflating gender identity with gender expression and assuming all individuals who demonstrate gender non-conforming behaviours are gender-diverse. These claims, however, have been refuted on the basis that gender affirming approaches at their heart, aim to support individuals to live as they are most comfortable by allowing time and space for self-exploration and acceptance (Hidalgo et al., 2013; Hutchinson & Walsh, 2022).

The opposing positions outlined above generate conflicting information for parents in relation to how best to support their child socially, medically and psychologically, potentially obscuring their understanding of gender diversity in the process (Dreger, 2009). This uncertainty is problematic due to the crucial roles caregivers play in promoting best outcomes for their children (Riggs & Due, 2015). Furthermore, prominent narratives, particularly from reparative ideas, are likely to perpetuate stigma attached to gender diversity and result in parents feeling blamed for '*causing*' their child to be gender-diverse (Carroll et al., 2002; Harden, 2005; Saeger, 2006). In response to this blaming narrative, Hill and Menvielle (2009) discuss that parents may need support to understand that they did not cause their child to be gender-diverse and to work through feelings of fear, confusion, and disappointment. Parents may also need support when balancing their child's needs against the constraints of society, such as how to show support for their child in different settings, i.e., school, youth clubs, etc. Similarly, Wren (2002) proposed that caregivers should be supported to enhance their self-awareness through reflection, which may increase a similar awareness in their children and support the ongoing development of secure attachments.

Perspectives of Gender-Diverse Youth on Parental Support

Parental support is an important and protective factor against poor mental health outcomes for gender-diverse youth. For example, Simons et al. (2012) showed a significant relationship between parental support and quality of life outcomes in gender-diverse youth. Participants in this study were sixty-six gender-diverse youth aged between 12-24 years and living in the US. Using a regression analysis, the findings showed that positive parental support was associated with higher life satisfaction ($r=0.324$), lower rates of depression ($r=-0.263$) and gender diverse youth feeling less burdensome on their parents ($r=-0.441$). However, these findings reflect participants who were at the stage of initiating treatment which required some degree of parental support, as such, the findings may not reflect the experiences of gender-diverse youth who do not have parental support or accessing services.

Indeed, parental response to initial disclosure is not always met with parental support and acceptance. Through interviews with fifty-five gender-diverse young people aged between 15 – 21, Grossman et al. (2005) found that three-quarters had confided in their mothers, whereas under half of the responders reported that they had disclosed their gender identity to their fathers. Findings suggested that fathers were more likely to be perceived as responding negatively to the initial disclosure compared to mothers. This was reported to be greatest amongst participants who described greater gender non-conformity.

More recent research by Andrzejewski et al. (2021) conducted interviews with thirty-three transgender youth aged 15 to 24 years. The research explored participants' experiences of parental support and how this fostered resilience and contributed to improved health outcomes in this group. Parental support was divided into four dimensions. Firstly, participants valued the emotional support offered by their parents in relation to coming out and feeling listened to and understood, in relation to their gender experience. Next participants described instrumental support such as parents supporting social and legal transition and support to access healthcare services and gender affirming treatments. Without instrumental support from parents, participants described being unable to move forward in their transition. Appraisal support was considered useful in terms of parents adopting youth's chosen name and pronouns. Lastly, participants described a need for greater access to information support regarding gender identity which was often lacking for parents. The study highlighted key target areas of parental support which are helpful for gender-diverse youth in terms of developing resilience and improved health outcomes. However, the study's sole focus on describing parental support neglected other experiences, such as barriers or challenges in parents' experiences. It would also be important to triangulate these findings with the experiences of parents to compare their perceptions of building resilience and improving outcomes for their children.

Gender-diverse youth's perspective and experiences of parental support is an important and protective factor against poorer mental health outcomes. Furthermore, the ways gender-diverse youth perceive or receive support from their parents has important implications for their resilience, health outcomes and in some case, their access healthcare services. Research by del Castillo (2022) suggests that gender-diverse may experience parental support as unspoken **but** implied, and they suggest parents may need to be more explicit in their support of their children. The next section will critically appraise the existing literature exploring parents' experiences having a gender-diverse child.

Parents' Experiences Having a Gender-Diverse Child

As discussed earlier in this chapter, current public discourse in the UK features increasingly polarised and politicised accounts of gender-diverse people's identities and lives. Recent evidence shows that parents of gender-diverse children are likely to access information and support about gender-diverse from online sources (Carlile, 2020). It is likely then that parents' understanding of gender diversity and their expectations, either for themselves or their child, are to be shaped by the concerns raised in these social, cultural, and political contexts. In turn, this may lead to feelings of guilt, frustration and helplessness in parents (Bosman & Motoko, 2015; Wren, 2002).

Research exploring parents' experiences parenting children who identify as gender-diverse in the UK is limited and no research has attempted the development of a theoretical interpretation to explore these experiences. Recent research by Rickett et al. (2021) has sought to explore parents' experiences of accessing support from health services with their children. Seventy-five parents with children aged between four to eleven years old (average age 8.5 years) completed an e-survey that asked ten open-ended questions about experiences with primary healthcare services and specialist healthcare services. The study found that the majority of parents (68%) sought information online before contacting a gender support group. A large percentage of parents (85%) consulted their GP service; however, only 16% felt their GP was knowledgeable of these issues. Parents also described concerns with waiting for support from health care services which perpetuated a sense that this loss of time may cause unnecessary harm to their child. A final theme to emerge from the survey was associated with isolation, as parents reported feeling isolated from other parents, in addition to fears that they may be judged or misunderstood by others. These findings raise important implications for healthcare providers in the UK, such as the need to increase knowledge of gender diversity issues amongst the primary care workforce and highlights the difficulties parents experience as they interface with health services, such as feelings of loss, isolation, and a need for timely support. The study, however, is limited in that its sample of parents were all interfacing with services; as such,

the experiences may not reflect the experiences of parents who are not currently accessing services on behalf of their child, or supportive of their child identifying as gender-diverse. Furthermore, the children in this study were of primary school age, limiting how generalisable these findings are to parents of older children who may be experiencing different challenges such as the onset of puberty, decisions around accessing GATs or other life events.

In the United States, Gregor et al. (2015) explored experiences of parenting gender diverse children experiencing gender related distress, aged between 6 to 10-years-old. Gregor and colleagues used free association techniques to interview eight parents, five mothers and three fathers. Five themes emerged from the interviews. The first of these themes was 'loss' where parents reported feelings akin to mourning and grief. As part of this process, parents reported 'not thinking', which was characterised by feelings of disbelief and denial. Some parents described feeling worried that they were responsible for their child identifying as gender-diverse, which led to feeling 'ambivalent' towards how they should relate to their child. While all parents in the study expressed it their duty to support their children and do whatever was needed for them, this experience was often coupled with feeling forced or hesitant. The final theme to emerge from the data was 'acceptance'. Parents in the study described an acute awareness of the social stigma and challenges facing gender-diverse children, with a number of parents who made reference to negative media coverage impacting gender-diverse people's lives. The study highlights the need to provide psycho-education to parents who may lack or not understand trans and gender diversity prior to their child disclosing their gender identity or have the words to verbalise their experience (Gregor et al., 2015). A limitation of this study was the use of the free association method; while this allowed parents to speak freely about their experiences, this method requires participants to have good expressive communication skills to be able to articulate their experiences. For many parents, conversations about gender diversity are likely to be novel as parents grow their understanding of these experiences. As such, structured interview schedules may better support parents to express their experiences and discuss themes which might not necessarily be explored during free association. As with Rickett et al. (2021), this study also explored parents' experiences known to healthcare services. Furthermore, the children in this study were all experiencing distress associated with their gender identity; as such, the findings may not reflect parents' experience where gender diversity is not experienced by parent or child as an issue and where neither individual is accessing a healthcare service.

In a wider review of the literature, Abreu et al. (2019) identified 32 studies exploring the experiences of parents who parent gender-diverse children. Most of these studies (n=24) were conducted in the United States, with the remaining split between Australia (n=2), Canada (n=2), UK

(N=2), Spain (n=1) and Japan (n=1). The review separated parents' experiences into four distinct stages, these were: (i) *initial experiences*, (ii) *transformation processes*, (iii) *positive outcomes*, and (iv) *influences on the process*. Parents' initial experiences were characterised firstly by noticing gender-atypical behaviours, followed by a mix of responses, including attempts to discourage their child from engaging in gender-diverse behaviours to parents engaging with and enabling their child to express themselves in their affirmed gender (Kualanka et al., 2018; Rahilly, 2018). Parents also shared diverse emotional reactions such as denial, shock and grief, while others reported positive and loving reactions towards their child (Birnbrant & Przeworski, 2017; Katz-Wise et al., 2017; Kuvalanka et al., 2018). Some parents attributed a lack of information and knowledge of gender diversity as contributory to their initial reactions of shock and grief (Field & Mattson, 2016). During transition, parents described increasing their awareness of gender diversity and developing cognitive flexibility, which contrasted with previously held beliefs about gender. Parents also discussed barriers in relation to seeking support for their child and themselves, while making connections with others in the gender-diverse community was seen as supportive. Parents disclosed the emotional toll on their mental wellbeing and cumulative impact of stress and anxiety due to navigating multiple systems to support their child. Positive outcomes for parents were reflected in narratives where parents described the process of developing a new relationship with their child and imagined a new future their child's future in their affirmed gender. Parents described feeling empowered to advocate on behalf of their child and educate those around them. In terms of influence on the process, parents described how they learned to accept their child's gender identity over time. However, mothers were reported to be more accepting earlier in the process than fathers. The researchers of this review identified two major issues pertinent to this research proposal; firstly, most research reviewed involved White US-based samples, limiting understanding of how different cultural contexts may influence parental reactions (Abreu et al., 2020; Abreu et al., 2019). Secondly, the authors raise the issue that research examining parents of gender-diverse children is lagging compared to research into parents of LGB children. As a result of these limitations, the authors call for more research into the experiences of parents of gender-diverse children to explore the full range of experiences, including the full range of identities of gender-diverse children and their parents, i.e., fathers, step-parents, parents from racialised backgrounds and families not engaged with healthcare service (Abreu et al., 2019).

Recent research by Pullen Sansfaçon et al. (2022) conducted a large study of separate semi-structured interviews with parents and their gender-diverse children about their experiences of gender exploration, coming out and transition. In total, 72 interviews were undertaken with 36 parent-child pairs (33 mothers and 4 fathers). All participants were accessing specialised health

services in Canada at the time the research was conducted. Interviews were analysed concurrently using thematic analysis to compare themes across experiences. The findings highlighted how parents and their children were often “out of phase” with each other and were sometimes moving in opposite directions. For example, prior to ‘coming out’ to their parents, gender-diverse youth described discovering their identity and fearing the reactions of others which impacted on their wellbeing. Coming out led to relief, hope and acceptance which increased the youth’s wellbeing. In contrast, parents described initially noticing their child as unhappy, and being shocked by initial disclosure. Coming out was associated with a decline in parents’ wellbeing as they responded to feelings of loss, concern, and lack of support. Parents’ wellbeing increased in response to seeing their child happy which led to acceptance. Conceptually, this research provides a useful illustration of the journey parents and gender-diverse experience and how these may move through different phases, which at times contrast. However, the existing research in this area has a tendency to focus on parents’ journey towards acceptance as though this both a linear process and a final destination for parents, which once reached is unchallenged (Birnkrant & Przeworski, 2017; Carlile et al., 2021). These ideas may not reflect parents’ experience beyond the point of acceptance nor does it reflect any ongoing challenges which may impact parents reaching and maintaining this position (Wren, 2002). Through interviews with 11 families, including seven parent-child units, Wren (2002) found that acceptance was frequently reported by parents but was often subsumed by other sub-categories such as (i) different levels of acceptance, (ii) reasons for acceptance, (iii) dilemmas around acceptance, and (iv) emotional impact of acceptance. For examples, Wren suggested that parents’ unconditional love for their child, and the child and parent’s moral worth (e.g., tolerance of difference, not hiding their identity and bravery) were linked with greater acceptance. Parents in this study also preferred biological causations of transgender identity development and were more rejecting of psychological explanations – with the latter often being understood in terms of attributing blame. Parental non-acceptance was associated with the perceived maturity of the child to make decisions about their gender identity, and the child experiencing other difficulties. Notably, Wren suggested that parental acceptance is an iterative process – and one which is closely tied to how parents make sense of their experiences.

In summary, research exploring parents’ experiences parenting children and young adults who identify as gender-diverse in the UK context is limited and often relates to families accessing healthcare services or seeking professional support with their child. As such, little is known about families outside of the context of healthcare services, including reasons why parents might seek or avoid contact with healthcare services. Furthermore, there is a limited understanding of the psychological and social processes through which parents’ make sense of their experience and, to

the researcher's knowledge, no study has attempted to explore these processes through a developing a theoretical interpretation. These limitations are important to address to enable stakeholders to understand parents' needs better as they navigate their parental responsibilities for their gender-diverse child, and to inform interventions and support.

Facilitators and Barriers for Parents

More recently, the existing research has focussed on the barriers and facilitators parents encounter when supporting their gender-diverse child. Moving the literature forward in this way is important for a number of reasons. Firstly, exploring ways parents are seeking support and information for either themselves or their child informs stakeholders looking to support this group. Secondly, by examining facilitators and barriers, stakeholders can address ways of making service provision and relevant information more accessible which has great clinical utility. Through an online survey, comprising a checklist and open-ended questions, Matsuno et al. (2022) sought to explore barriers and facilitators parents face when supporting their trans child. Ninety-three US-based parents of trans and non-binary youth (aged between 13-24 years) completed the online survey. Most parents identified as White (90%) and reported that they had known about their child's gender identity for over a year (73%). Common barriers experienced by participants related to a lack of knowledge and skills in knowing how best to support their child. Participants also experienced difficulties adjusting to pronouns and their child's new name. Further barriers included, participants wanting to shield their child from being bullied which deterred disclosure and system barriers for example an absence of inclusive policies, particularly in schools and colleges. In terms of facilitators, participants identified wider support from others, increasing communication with their child and trans visibility as helpful in them supporting their child. This research provides a better understanding of the common facilitators and barriers experiences of parents of gender-diverse youth in terms of the frequency in which they are experienced, however, the brief nature of the open-ended items does not allow for more in-depth exploration of these experiences such as how the facilitators or barriers influence parents' responses to their child to fully understand the change mechanisms underpinning these experiences. The current project seeks to move the literature further forward by producing a theory of parents' experience which is grounded in participants' experiences and explains how barriers and facilitators influence parental experience.

Overall Summary

Gender-diverse youth face significant challenges such as stigmatisation from peers, relations, and in social spaces and organisations (such as schools, colleges and in the workplace). The cumulative impact of these challenges means gender-diverse people are at increased risk of

adverse outcomes, including psychological distress, self-harm and suicidality (Eisenberg et al., 2017; Taliaferro et al., 2018). Parents play an important role in buffering against the potential stressors and adverse outcomes by providing support and advocating for their child's needs. However, there is a paucity of research exploring the experiences of parents with gender-diverse children, particularly in the UK. Furthermore, no UK-based research has attempted a grounded theory to explore the social processes which underpin these experiences and develop a model which explains how parents make sense of their experiences parenting a gender diverse child.

Furthermore, parents of gender-diverse children are themselves subjected to challenges such as lack of information and support, barriers to healthcare, and exposed to polarising discourses surrounding gender-diversity while responding to their child's developing needs which may impact their own psychological wellbeing. Most research exploring the parenting experiences of gender-diverse children have been conducted in Western countries, using small, predominantly White-female samples. Most families adopt an affirmative stance towards their child's gender identity and were accessing services to support their child at the point of research. However, less is known about families who are not currently engaged with services and no adequate model has been developed to reflect these experiences. Indeed, it is important to fully explore the facilitators and barriers for parents having a range of responses when accessing information or support either for themselves or for their children and how this relates to parental support.

Rationale for the Current Research

There is a dearth of research relating to the experiences of parenting a child who identifies as gender-diverse, and research, particularly in the UK continues to overlook this. Most research in this area has been undertaken in in the United States (US), and whilst this offers important insights into the lives of the gender-diverse population and their parents, more research is required to understand the psychological responses of British parents as they navigate this experience. Cultural differences between the US and UK's social, education, healthcare and political systems would suggest that the parenting population may differ in their experiences of parenting a gender-diverse child. As such, it would be prudent to assume the experience of UK based parents based solely on the experiences of parents in other countries.

Furthermore, research in this area has largely focussed on the experiences of parents' accessing healthcare services or charitable organisations with their gender-diverse child, as such, less is known about the experiences of parents who are not interfacing with services and what supporting a child outside the healthcare relationship is like. It is likely that their gender-diverse youth are, in the majority of cases, affirming or at least open to seeking professional support.

Challenges identifying parents of gender-diverse outside of specialist healthcare services or other organisations designed to support gender-diverse people and their families may contribute to why most research focusses on this subgroup of parents. Affirmative parents may also be more willing to participate in research opportunities which presents ongoing challenges for research to hear from a range of experiences.

Finally, the current literature has gone some way to highlight barriers and facilitators parents encounter when supporting their gender-diverse child. However, there is a lack of research exploring the impact of these experiences on parents' psychological wellbeing or indeed, how challenges may be overcome. Developing an understanding and explanation which is grounded in parents' experiences is important for the development of therapeutic interventions to support this group. At present, there is no existing theory which examines how parents navigate their experiences parenting gender-diverse children and the impact of facilitators and challenges in this experience. The current research aims are intended to address these issues.

Introducing the Current Research

This study seeks to extend the existing research on parents' experiences parenting gender-diverse youth. While there has been some advancement in the literature including examining outcomes of gender-diverse youth and their families, exploring themes of initial disclosure, experiences of healthcare services and a general movement away from a deficit approach, the existing literature has largely focussed on individual experiences and rather than through an interpersonal or constructivist lens. The current research aims to use a grounded theory approach to develop theory which is both rich and grounded in participants' experiences. This aims to consider the social processes inherent to parenting a gender-diverse child. It is hoped that these findings will provide a better understanding of parents' needs and contribute to psychoeducational and therapeutic interventions aimed at supporting parents to respond to their own needs, and in turn, support the development of their gender-diverse child. From these findings, the research aims to identify ways to provide information for professionals and organisation to use with parents of gender-diverse children. Finally, it is also hoped that giving a voice to parents in this research will enable them to feel heard and normalise their experience.

Research Questions

1. What are parents' experiences of parenting children and young people developing gender-diverse identities and how do parents make sense of these experiences?
2. What factors and processes do parents experience as they adjust to their child's gender identity and how do these shape parents' experience?

Aims and Objectives

This study aims to:

- To develop a theory grounded in participants' experiences, which seeks to explain parents' experiences as they parent a gender-diverse child or young person,
- To understand the psychological and social impact of this parenting experience and how parents adjust to these experiences, with a particular focus on the emotional and social process of these experiences,
- Identify facilitators and challenges and explore how this impacts on parents' experiences as they parent a child developing a gender-diverse identity,
- Identify the resources and coping strategies used by parents as their child develops a gender-diverse identity,
- Explore differences between parenting experiences including how these relate to support seeking, resources and coping strategies used by parents.

Chapter Three: Methods

This chapter introduces the mixed methodological approach employed by this research, mixed design with Grounded Theory (GT). Methodological considerations will also be shared including a rationale as to why a mixed methods with GT was deemed most suited to answering the research aims and questions and how this aligned with the researcher's own epistemological position. The chapter will also outline the study's design, sampling, recruitment, and data collection procedures. Finally, the chapter will present the process of analysis, in addition to an overview of the main ethical considerations, and credibility checks undertaken.

Design

This study employed a convergent mixed methods-grounded theory design (Johnson et al., 2010). The mixed methods with grounded theory consisted of two parts which ran concurrently. Part one used a tailored unstandardised online survey focussed on eliciting parents' information and support seeking-behaviours. The purpose of the survey was to capture a range of participants' experiences to provide a broad context to parents' experiences and inform the subsequent qualitative inquiry – however, this was challenged by a smaller than anticipated sample. Part two involved the use of semi-structured, remote interviews with a smaller sample of parents to understand their experiences in greater depth. All interviews were transcribed by the researcher, and analysed using a constructivist grounded theory (CGT), as outlined by Charmaz (2006).

Methodological Considerations

Using a Mixed-Methods Design

Psychological research focussing on the experiences of parents of gender-diverse children have largely used purely qualitative designs (Abreu et al., 2019). Fewer studies have utilised quantitative (e.g. Spivey et al., 2018) or mixed methods designs (e.g. Riggs & Due, 2015). Both quantitative and qualitative research designs have their own merits and limitations. A major benefit of using a quantitative design is the researcher's ability to 'distance' themselves from the data collection and analysis, which increases objectivity. The prescribed structures of quantitative designs also make it easier to evaluate a study's reliability and validity and draw conclusions that may be generalised to a wider population and compared to other studies (Creswell & Creswell, 2017; Kruger, 2003). However, quantitative designs are predominately criticised for their narrow focus; as such, some researchers argue that the human experience can only be understood with reference to the meanings and purposes people attach to their experiences (Guba & Lincoln, 1994).

In comparison, qualitative designs focus on the detailed accounts of individuals with the aim of gaining a deeper understanding of human experiences or generating theories about the phenomenon being explored (Denzin et al., 2006). Qualitative designs generate rich descriptions of participants' experiences through which a researcher can explore how participants make sense of these experiences, for example parenting a child with a gender-diverse identity (Charmaz, 2006; Willig, 2013). Unlike in quantitative procedures, the researcher is subjectively involved in the data collection and analysis. As such, it is important for the researcher to employ credibility checks during the research process to increase the study's trustworthiness to other researchers. While it is not the aim of qualitative research, it is often critiqued for lacking objectivity and generalisability (Creswell & Creswell, 2017).

Mixed designs offer an alternative approach to the quantitative-qualitative dichotomy. These methods benefit from the merits of both designs while compensating for the shortcomings of the other; a process typically referred to as methodological triangulation (Jick, 1979). Mixed designs vary amongst themselves depending on when and in what order the data are collected and analysed and the weighting that is given to each phase in data analysis. For this research project, a convergent parallel design was chosen whereby quantitative and qualitative data were collected and analysed simultaneously. Firstly, the use of a survey was intended to capture a broad overview of parents' experiences seeking information and support in addition to the psycho-social impact of their experiences on areas of everyday functioning e.g., attending to day-to-day tasks, work, social etc. Secondly, it was hoped that the anonymous nature of the survey would encourage greater participation from participants who would not wish to share their experience within an interview. Follow-up interviews were then undertaken to develop a richer understanding of the processes underpinning parents' experiences. A mixed methods approach also compliments the iterative nature of grounded theory, whereby data could be collected, and analysed and used to influence the direction of the ongoing enquiry (Creswell & Creswell, 2017). Other mixed design approaches were considered, such as a sequential design, whereby quantitative data are collected and analysed in the initial phase and qualitative data is used to explain these findings. However, owing to a dearth of research in this area, the convergent parallel design was favoured for its ability to create a rich understanding of the phenomenon under investigation, whilst holding in mind the context which surrounds it (Bernard et al., 2016).

Qualitative Methods

Qualitative methods can be divided into two main clusters. The first of these relates to methods that are bound to an epistemological position, such as grounded theory (e.g., Glaser &

Strauss, 1967), interpretive phenomenological analysis (e.g., Smith et al., 2003), and discourse analysis (e.g., Foucault, 1972). These approaches adhere to rigorous analytical procedures during data collection and analysis with the aims of developing understanding of a phenomenon. The second cluster refers to approaches that are independent of an epistemological position, such as thematic analysis (Braun and Clark, 2006). Such approaches afford the researcher greater flexibility in terms of how data are collected and analysed; however, as there are fewer guidelines for implementation, this could potentially impact the credibility of the research (Antaki et al., 2003). With the range of approaches in mind, GT has been chosen as the most suitable approach for the qualitative component of this project. The next section will introduce GT and provide a rationale for its use in this research.

Introducing Grounded Theory

Developed by sociologists Glaser and Strauss (1967), GT provides a framework through which theory can be derived from *within* the research data without the need for underlying hypotheses (Willig, 2013). In its development, Glaser and Strauss sought to converge two opposing positions in research, Positivism and Pragmatism, by joining together the scientific rigour of quantitative analysis with the richness of qualitative analysis (Walker & Myrick, 2006). This was in the context of the 1960s, where most research being conducted was quantitative. In research terms, positivism assumes one universal truth may be discovered through objective measurement (Willig, 2013). Therefore, to uncover a ‘definite’ truth, the researcher must be ‘removed’ and unbiased in their role. However, this approach has been criticised for failing to appreciate influences on interpretation such as social, political or cultural factors (Charmaz, 2006; Willig, 2013). In contrast to positivism, pragmatism rejects the idea of one ‘universal truth’ and views reality as being in a state of constant change.

In the 1980s, GT was subjected to much scrutiny following disagreements between the two founding authors regarding how GT should be applied. This resulted in the emergence of two distinct paradigms, Glaserian and Straussian. The Glaserian paradigm asserted that the researcher is objective and unbiased in their interpretations in order to maintain scientific rigour. Through this, Glaser argues that theory is able to emerge from the data free from interpreter bias. In contrast, the Straussian paradigm considers the complete removal of interpreter bias as an almost impossible task, and as such, promotes the researcher to take a more active role during data interpretation (Charmaz, 2006). In such instances, the researcher must remain aware of their own potential biases and how they may impact data interpretation.

Constructivist Grounded Theory (Charmaz, 2006)

GT has gained increasing popularity since its inception; however, different versions of GT have evolved with different epistemological and methodological considerations (Evans, 2013), as illustrated by this chapter. Developed by Charmaz (2011), constructivist grounded theory (CGT) proposes that themes and developing theories are co-constructed between the researcher and the data. These ideas are rooted in the interpretative constructionist paradigm and underpinned by symbolic interaction theory (Aksan et al., 2009). Symbolic interaction theory explores how individuals interact as social beings with others and their contexts. The theory suggests that people assign meaning to their actions based on their social interactions and considers how these are shaped by individual and shared experiences which can evolve over time (Aksan et al., 2009).

In CGT, data are collected and analysed based on the shared experiences and relationships between the researcher and the participants (Charmaz, 2006). CGT has therefore received criticism for not following an ‘authentic’ GT process, as is outlined in GT’s original publication. For example, Glaser (2007) has argued that the constructionist approach can only produce a ‘descriptive theory’ from its analysis and that ‘explanatory theories’ can only be derived from classical GT methods. However, as the current proposal seeks to ‘co-construct’ meaning rather than ‘discover’ a latent theory, it was felt that constructivist GT was more aligned with the researcher’s epistemological position and the aims and objectives of the project. Furthermore, the use of a mixed design, supported the aims of producing an exploratory theoretical interpretation of parents’ experiences rather than simply describing these experiences.

Rationale for using Constructionist Grounded Theory

The current proposal aims to formulate a theoretical understanding of the social process through which parents make sense of their parenting experiences. As relatively little is known about this area, GT emerges as a preferred methodology for its ability to generate preliminary theories in the absence of pre-existing hypotheses (Strauss & Corbin, 1998). CGT was chosen based on the recognition that parenting itself is influenced by the changing social, political, and cultural landscape and can therefore be understood as a constructed process. CGT also acknowledges that in addition to participants’ experiences, the researcher may also bring their own experiences into any interpretations of the data. The researcher’s knowledge of the subject area was informed by the literature review and critically appraising research that already exists in this area.

During the planning phase of this project, consideration was given to other qualitative methodologies – particularly Interpretive Phenomenological Analysis (IPA; Smith 1996) for its capacity to explore an individual’s experience in-depth and for the recognition that is given to the

two-way relationship between researcher's and participants' interpretations during data analysis. However, IPA is arguably limited in that its focus is largely on understanding a particular experience in-depth and individual's sense making experience, as opposed to GT, which aims to formulate a theory which seeks to explain and explore social processes. Other approaches may have provided a generalisable theory and had scope to answer the research questions, such as framework analysis (Richie et al., 1994). However, the current understanding of parents' experience parenting gender-diverse children is poorly understood as are the impact of wider social discourses and processes on these experiences. Overall, a constructivist grounded theory underpinned by symbolic interactionism theory (Charmaz, 2006), was considered most appropriate to answering the research questions including meeting its aims and objectives.

Epistemological Position

Within mixed designs, there is a recognition that the researcher may adopt multiple positions in the research process. Thus, it is important for the researcher to recognise and make explicit their ontological and epistemological position within the research as this ultimately influences the questions researchers ask and the methodologies they employ to approach these questions.

To begin, ontology refers to the “nature of the world” (Willig, 2013, P.61) and questions ‘what is there to know?’ and epistemology is concerned with ‘how can we know?’ (Willig, 2013). Ultimately, ontological, and epistemological positions come with fundamental assumptions about the world and how it is best understood. The epistemology of the researcher sits within interpretivism, in that knowledge is based on both subjective and socially constructed processes. As such, a flexible approach to research can be undertaken when answering research questions and interpreting data. It is the researcher's position that parenting and gender-diversity are fluid social constructs which are influenced by individual, societal, political, and cultural factors, in addition, they are also influenced by time and place and subject to change. From an interpretivist position, how parents make sense of their experiences of parenting, and gender-diversity will be both a subjective experience and socially constructed.

As discussed earlier in this section, classical grounded theory has its roots in positivism and seeks to generate theory that is explanatory and predictive. In contrast, CGT takes an interpretative position, places greater emphasis on the phenomena of study and seeks understanding rather than explanation (Charmaz, 2006). Furthermore, Charmaz (2006) proposes that a social constructivist approach acknowledges the shared experiences of participants, researchers and seeks understanding of the social processes involved. As such, Charmaz argues that a researcher cannot sit inside a

vacuum separate from the data but instead a researcher interacts with the data and emerging theory through an interpretive process. These ideas are underpinned by symbolic interaction theory (Aksan et al., 2009), which explore how individuals interact as social beings with others and their contexts. The theory suggests that people assign meaning to their actions based on their social interactions and experiences which can evolve over time (Aksan et al., 2009). These underpinnings align with the researcher's interpretative epistemological position and the current research questions and aims.

Furthermore, the explorative nature of this research project connects with the researcher's personal identity and values and with the researcher's professional approach as a psychologist in clinical training. For example, the researcher has received specific training in co-constructing psychological formulations with individuals to make sense of their experiences, often this involves exploring what sense a person has made of their experiences and the psycho-social contexts. Furthermore, the epistemological position of CGT aligns with the researcher's personal and professional values to understanding human experience as a social construction where multiple realities may co-exist and shaped by context. CGT makes clear the distinction that theory is not discovered by the researcher but rather, the researcher constructs it as they interact with the data. This requires the researcher to have developed reflective skills to interact with the data while being aware of their own judgements and assumptions. The researcher is in an advantaged position to engage with this epistemology owing to their professional and clinical training, in addition to their personal background.

The Researcher's Background

This section is written in first person to reflect my background and personal reflections. At the time of conducting this research project, I was 32-years-old. I identify as a White-British, cisgender (pronouns: he/him) gay man from Yorkshire, and in my third-year training as a clinical psychologist at the University of Leeds (UoL). I am the first person in my family to attend university and be working towards a professional doctorate. Growing up in an ex-mining community with high levels of deprivation, I developed a keen sense of the socio-political challenges impacting at both at an individual level and on wider systems. These, and later professional experiences have shaped my interests systemic, community psychology and social constructivism.

My motivators to wanting to undertake this project are underpinned by both personal and professional experiences. Firstly, from my experiences as a gay man, I feel able to draw some parallels between my experiences and the experiences that gender-diverse young people face, such as difficulties regarding peer relations, exploring self-identity, and ongoing development. Central to

my experiences was the support and guidance I received from my family, who at the time did not fully understand this new experience but who were accepting and willing to join me on my journey. However, I remain mindful that there are key differences between sexual-minority experiences and the experiences of gender-diverse people, such as differences in gender expression are often more visible and subjected to different pressures in society. I was also mindful that not all individuals experience affirmative support from their families and that this may lead to adverse outcomes for gender-diverse people and their families.

As a result of my experiences, I have grown to become very passionate about LGBTIQ+ rights and celebrating equality and diversity, which has greatly influenced my clinical and research interests. Through clinical training, I have had opportunities to develop my knowledge and awareness of the specific challenges experienced by the gender-diverse community and how these issues have become increasingly polarised in social discourse. Supporting people to navigate such experiences and adjust psychologically to demanding issues is something I remain passionate about. It is through this lens that I adopt an affirmative and exploratory approach to understanding gender diversity and its development. However, I recognise that my position as a researcher requires me to take a neutral position and reflect on my potential for bias, for example, acknowledging that there may be alternative perspectives to my own, e.g., experiences that are non-affirmative, challenges accessing health services, intersectionality differences. Throughout the research process I utilised several credibility checks which are discussed later in this section.

Sampling

A purposive sampling method was used. This involved the researcher approaching UoL Staff Networks (n.b., UoL Staff Networks can be accessed by all University employees and PhD candidates enrolled at the University), equality, diversity and inclusion (EDI) leadership and departments within the UoL with information about the research. The UoL was chosen as the primary recruitment site for a number of reasons. Firstly, the UoL employs more than 9,200 staff from more than 100 different countries making it one of the largest employers and diverse workforces in the region. Previous research in this area has targeted recruitment at specialist healthcare services and/or LGBTIQ+ organisations; however, the current project sought a broader range of experiences including hearing from parents who may not yet have accessed support from healthcare services and/or other organisations. Owing to challenges identifying parents of gender-diverse children outside of specialist healthcare services and LGBTIQ+ organisations, a large and diverse employer such as the UoL was chosen to increase opportunities to reach this target, yet unknown population.

Participants

All participants were recruited from within the University of Leeds. Recruitment was supported by the LGBTIQ+ Staff Network, and the EDI leadership at the University of Leeds.

Inclusion Criteria

The following inclusion criteria was used for recruitment of participants.

- A parent of at least one child/young person/adult who self-identifies as gender-diverse,

Rationale: In keeping with the project not positioning gender diversity as a ‘*problem*’, it was not a requirement for the gender-diverse child to have had a formal assessment or diagnosis or be accessing healthcare services – only that they self-identify as gender-diverse.

- Parents are actively involved in the gender-diverse person’s care/support.

Rationale: The study aimed to develop an understanding of parents’ experiences parenting gender-diverse children and sought to explore the social processes underpinning these experiences. As such, this required participants to describe their experiences in sufficient detail to support a rich data analysis and the development of a grounded theory. It was assumed that parents who are not actively involved in their child’s care will not be able to provide information supporting this study’s aims and objectives.

- Parents of gender-diverse people of any age

Rationale: The study aimed to explore parents’ experiences and needs rather than the primary focus being on the gender-diverse young person/adult. It was recognised that there may be specific experiences impacted by a child’s age or developmental stage; however, parents of both children and young adults have needs that are unidentified in the literature – the study aimed to explore the social processes underpinning these experiences.

- Participants must be able to provide informed consent.

Rationale: Participants were asked to read the participant information sheet and confirm that they understood and consented to take part in this study.

Development of the Online Survey

An online survey was developed for the study by the researcher. The use of standardised measures was considered however this was decided against primarily as no measure could be identified which captured the broad range of experiences being studied. The purpose of the survey was to gain a broad overview of parents’ experiences including information and help-seeking

behaviours. It was hoped that the anonymous nature of the survey would encourage more participants to share their experiences, who would not feel comfortable doing so within an interview.

The existing literature was used to shape the survey questions and inquiry alongside supervision from the researcher's research supervisors and consultation with the UoL LGBTIQA+ Staff Network. The survey was used to collect demographic information in relation to the parent and the child using closed questions. The survey also utilised, Likert scale and open-ended response options to subsequent questions to gather data about participants' information and support seeking behaviours including how helpful they found these experiences. Open ended questions were offered to provided participants the opportunity to share any additional relevant information about these experiences.

Binary-choice options involving questions about help-seeking behaviours and barriers to accessing support. For example, 'have you sought information regarding gender diversity?'. 'Yes' responses prompted further items such as, 'where did you seek this information?' which required participants to select from pre-determined multiple options. The option of 'other' was available for participants to write their own responses if required. Participants were then asked to rate using a 5-point Likert Scale how helpful the information and support was, and they were asked to provide further details about their experiences via an open-text response. At the end of the survey, participants were asked if they would be interested in taking part in follow-up interviews about their experiences and asked to provide their contact information to be contacted by the researcher.

Development of the Interview Schedule

The interview schedule (Appendix F) was developed in stages over a period of months, which is in keeping with CGT methodology where interview schedules evolve based on the emerging data/theory. Areas of interest were brought together initially by the researcher based on the available literature and discussed in supervision. Gaps in the literature were also considered as areas of interest. The author drafted questions which were discussed with research supervisors during supervision meetings. This resulted in a first draft which was trialled with an expert by experience (EbE). Feedback from the EbE was used to change the wording of the questions to make them more accessible. In addition, the feedback was useful when thinking about the ordering of questions and helped the researcher think about ways to contain participants during the interview i.e., not ending the interview on a question which may bring up difficult emotions for participants. Following this feedback, the wording of questions and ordering were adapted and discussed with

research supervisors. Discussions were also held with the chairs of the LGBTIQA+ Staff Network prior to the interview schedule going live.

In keeping with GT, the interview schedule was kept under review during the process of interviewing participants. Where appropriate, the interview schedule was adapted following survey data and interviews based on participant feedback regarding the phrasing of questions or prompts and the researcher's memos and reflections.

The interview schedule started by exploring participants' experiences of parenthood from a general perspective, *e.g.*, *'tell me what it is like being a parent?'*. The interview then moved to explore ideas of gender and gender roles *e.g.*, *Can you tell me what experiences might have influenced your way of thinking about gender?'*, before moving on to thinking about how parents responded to their child's disclosure of gender diversity *e.g.*, *Can you tell me when you felt there was a change in how they thought about themselves and their gender identity? Did your child talk to you about any issues relating to their gender identity?'*. The interview schedule explored themes relating to facilitators and barriers to support *e.g.*, *Who, if anyone, has been the most helpful to you during this time? How have they been helpful?'* Finally, the interview schedule explored what advice parents have to offer other parents who have a child who identifies as gender-diverse *e.g.*, *Based on your experiences, tell me what top three tips you could offer to a parent going through a similar experience to yours?'*

Recruitment of Participants

During the development stages of the project, consultation was sought from the stakeholders at the UoL including Equality, Diversity and Inclusion representative and the Chairs of the LGBTIQA+ Staff Network. These meetings informed recruitment pathways to reach potential participants. After ethical approval was granted (Appendix B), emails were sent by the researcher to Staff Networks and departments across the UoL. Emails provided information about the project, a recruitment flyer and link for further information about how to participate (Appendix C). The author requested for the flyer to be disseminated within departments via newsletters, online forums, forward emails etc to reach as many people as possible.

Participants reported hearing about the study via a range of sources including direct from the researcher's email, staff networks (*e.g.*, LGBTIQA+, Women at Leeds etc), internal departmental newsletters, and through information about the study being forwarded by colleagues.

A follow-up recruitment drive was undertaken in Autumn 2022 using the same recruitment procedures, this coincided with the start of the academic year and sought to recruit potential participants who may have missed recruitment over the summer break.

Procedure

The researcher sent emails to Staff Networks and Departments across the UoL with information about the study and a recruitment flyer. Eligible participants were asked to follow an embedded link and complete a short online survey which confirmed their eligibility for the study, collected basic demographic information and asked questions specific to information and support seeking behaviours. Starting the project with a survey intended to offer multiple benefits. Firstly, the survey hoped to reach a wider pool of participants and serve as a scoping tool for the project. The anonymous nature of the survey was used to encourage more participants to respond and to hear from potential participants who would maybe feel less comfortable engaging in direct interviews. The survey results were also used to inform and shape the interview schedule. Lastly, the survey served as a recruitment strategy for interviews and participants who were happy to be interviewed were asked to provide their contact information to be contacted by the researcher. Participants who did not want to be interviewed following the survey did not provide their contact information.

The researcher contacted each participant via email with a Participant Information Sheet (Appendix D) and consent form (Appendix E) and requested this form be returned prior to arranging an interview. All interviews were conducted on either Microsoft Teams or Zoom at a time that was convenient for the participant. At the beginning of each interview, the participant was informed that the researcher was in a private space and were not going to be over-heard. The author discussed with each participant a plan for would happen in the event of either party being interrupted during the interview i.e., call back if the issue was technical, re-arrange if either space no longer was private. In no cases did an interruption occur during the interviews.

Interviews with participants ranged from 41 minutes to 66 minutes. All interviews were audio recorded. Participants were informed when the recording had started and ended. Following interviews, participants were given time to ask questions of the researcher about the project. They were also provided with an information sheet about sources of information and support for parents from within the University and external organisations (Appendix G).

Data Collection

The process of data collection was primarily informed by principles of theoretical saturation. Saturation concerns the theoretical categories being developed and is considered to have been met when new data no longer produces new theoretical insights or additional properties to the core theoretical categories – at this point, data collection ends (Charmaz, 2006; Glaser & Strauss, 2017). Within GT, data collection and analysis are understood to have a circular relationship.

In the context of the current project, theoretical saturation was sought however, this was challenged by the project being time and resource limited. Researchers exploring challenges reaching theoretical saturation warn against the improper use of the term *saturation* in qualitative research, and question whether a saturated understanding of any phenomena is even possible (Dey, 1999; LaDonna et al., 2021; O'Reilly & Parker, 2013). Instead, Dey (1999) proposes the idea of *theoretical sufficiency* to describe data that has enough richness to *sufficiently* describe the phenomena, termed data sufficiency, and rigor in the analytical processes, termed analytical sufficiency. These concepts were held in mind during data collection and analysis.

Data Analysis

The quantitative findings were managed using Microsoft Excel. Descriptive statistics were used to examine a sample of parents' parenting children with gender-diverse identities in relation to their support and help-seeking behaviours and the functional impact of these experiences on areas of everyday life. These findings were used also intended to provide a broader context to interviews. For example, the survey and interviews encouraged subsequent interviews to explore the impact of parenting a gender-diverse child on parents' wider relationships – as this was identified by respondents as having a negative impact. This helped contextualise parents' experiences in their wider relationships and interactions with others.

Qualitative data was analysed using Charmaz (2006) as framework for CGT. The data were therefore analysed through a process of open, axial and theoretical coding. The coding process started with the transcribing of interviews which allowed the researcher to familiarise themselves with the data. Remaining close to the data throughout, the coding process employed increasingly sophisticated techniques which enabled higher order categories to emerge from the data. This process is described in greater detail during this chapter. In addition to coding the data at the different levels, further techniques were also employed throughout the process such as memo-writing, diagramming, and keeping a reflective log. These techniques enabled the researcher to track thoughts and emotional responses following interviews and during coding; these techniques enabled the researcher to remain close to the data and allowed for greater transparency of the

process. The additional techniques employed during this project will be described more fully later in this chapter.

Transcribing

All interviews were transcribed verbatim by the researcher within two weeks of completing the interview. This enabled the researcher to familiarise themselves with the data and remain close to the data. Charmaz (2006) suggests that transcribing full interviews provides a deeper level of understanding that would otherwise be missed and allows the researcher to start forming ideas which may lead to new directions being discovered. Once each interview had been transcribed, the researcher replayed the audio recording whilst reading the transcript to check the accuracy.

Grounded Theory Coding Process

Qualitative coding involves moving the data beyond concrete statements towards analytic interpretations. Charmaz (2006) proposes that the process of coding is not simply the initial stage in data analysis, instead they conceptualise coding as generating the bones from which a theoretical skeleton can be assembled. As such, coding shapes the analytical frame from which a grounded theory may emerge. All data were analysed using Charmaz (2006) as framework for CGT. This process is described below.

Open Coding

Open coding is the process of breaking down the larger data set into units of meaning (Charmaz, 2006). During this process, the researcher analysed each transcript separately using a line-by-line approach. This allowed the researcher to think about the data critically and analytically rather than becoming immersed in participants' worldviews. Single units of meaning were generated based on particular words or phrases used by participants. Open codes comprised both descriptive summaries of participants' experiences and abstract meanings underpinning these accounts which were reflected during participants and the researcher's interaction. Charmaz (2006) suggests doing this by using gerunds (i.e., verbs which function as nouns such as, playing, asking, hiding) in the open codes. As such, open codes reflect the actions of participants to highlight the underpinning of social processes as participants interact within their own experiences.

While reading through each transcript, line-by-line, the researcher applied questions to the data such as *"what social process(es) is at issue here?"*, *"What does this mean?"*, *"How did it develop?"*, *"How might this be defined?"*, *"Under what circumstances does this change?"* and *"What are the consequences of this?"*. Remaining close to the data was imperative during this process, as was acknowledging conflicting accounts within transcripts. In total, 2,371 initial codes

were generated from the line-by-line analysis of the ten transcripts. Specific techniques were employed to cleanse the data such as checking for repeated codes within and across transcripts, and constant comparison (e.g., sorting and organising raw data into groups based on related attributed) of the data to ensure established codes remained close to the data and ambiguous codes made clear. An example of the process of open coding is provided in Table 1.

The second phase in open coding involved focused coding. This phase collated the most significant or frequently occurring codes from the line-by-line coding to synthesise and explain larger sections of data. Focussed codes are more directed, selective, and conceptual compared to line-by-line codes and required the researcher to make decisions about what codes make most analytical sense to represent emergent categories. During this stage, initial codes were organised into 798 focussed codes.

Axial Coding

The next phase of the analysis process involved axial coding. Axial coding builds on previous phases by relating categories to subcategories by asking “how are these ideas related?” and specifying the properties and dimensions of each category. Conceptually, axial coding can be thought of as reassembling the data that was broken down during open coding to a new coherent whole (Charmaz, 2006). In the process of bringing the data back together, questions were asked for example, *‘In what context does this occur?’*, *“Who/what influences this process, and in what way?”*, *“What are the consequences of this?”*.

This stage of analysis saw the 798 focussed codes be revisited in order to explore conceptual links within the data. During this process, the researcher sought supervision from research supervisors to consider how the data was being conceptually organised to represent the open and axial codes. Peer debriefing was also sought from a fellow Trainee Clinical Psychologist familiar with GT. The author also used diagramming to show relationships between relevant categories and discussed these in supervision, thus reducing subjectivity and potential for researcher bias. In total, 798 focussed codes were brought together to form five core categories and 16 subcategories. An example of the process of axial coding to shown in Table 2.

Theoretical Coding

Theoretical coding represents a sophisticated process whereby the researcher attempts to develop a theory that describes the relationship between categories (Charmaz, 2006). This process was achieved by revisiting axial codes and emergent categories alongside memos and reflective logs made by the researcher throughout the process. The author used diagrams to represent

Table 1.*Example of Open Coding*

Transcript Exert	Example of Open Codes
Participant 2 <i>“Well, for example, I was round at my mum's house the other day...I don't know, where it came from the conversation turned to trans people in the media or whatever. And my aunt just started saying how it's all made up, and there's no such thing and my mum, in the past has said that she just doesn't understand these trans people. And, and I've said to them, like, just be respectful. You know, I guess you're an older generation, it wasn't as accepted before, just be respectful. But when my auntie started going on this tirade, I said that I can't talk to you about this, because I didn't want to then say what, actually, [child is non-binary? Because I don't even think they'd understand the concept of non-binary for a start to them, you know, they just wouldn't understand...But I hate it. I absolutely hate it. And I don't know why they think like that. And so, I, I just wouldn't even broach the subject with them because they wouldn't understand, and I don't want to fall out with them”</i>	Everyday situation Not expecting the conversation to turn to trans people Influence of media Exposed to polarising views. (Others) lacking understanding Family = misunderstanding Trying to be a mediator Excusing others Gently challenging others. Feeling attacked Shutting down conversations Avoiding disclosure Anticipating rejection (Others) lacking understanding. Avoiding explaining to others Hurting (by family's views) Confused by others' views. Avoiding broaching the topic Trying to maintain relationships

relationships between categories and discussed and refined in supervision. Developed theories were tried by revisiting transcripts to establish how well the theory represented each participant's experience and to identify gaps in the theory or contrasting experiences. A theoretical interpretation is offered in Chapter Three.

Table 2.*Example of Coding Process for Ruby¹*

Initial Open Codes	Focussed Codes	Sub-category (axial codes)	Core Theme	Process Described
Identifying what is important	Parenting > Values	Expectations of self	Parental identity	Parents' expectations, beliefs, values, behaviours.
Learning and adapting	Developing as a parent	Evolving process	Parental identity	
Questioning self	Dissonance	Own emotional journey	Living the process	
Never going to be perfect	Acceptance	Own emotional journey	Living the process	Parents' experiences navigating their responsibilities in relation to their gender-diverse child. Characterised by connection vs dissonance.
Anticipating family rejection	Avoiding disclosure	Negotiating disclosure	Living the process	
Hiding challenges/stigma	Shame/Guilt	Own emotional journey	Living the process	
Needing time to explore	Not charging ahead	Being aligned with the process	Living the process	
New ways of relating to child	Becoming closer	Relationship with child	Growing from the process	Parental benefits i.e., how parents have grown from the process.
Confidence > overtime	Becoming more confident	Self-growth	Growing from the process	
Feeling connected to others	Developing a support network	Relating to others	Growing from the process	
Accessing information online	Understanding > support	External Facilitators: Accessible info/support	Facilitators to the process	<i>Facilitators and challenges as they relate to the experience of connection vs dissonance.</i>
Needing to protect child	Society = harmful	External challenges: Society	Challenges to the process	
Frustrated with pace of support	Services holding power	External challenges: Services	Challenges to the process	

¹ Pseudonym

Additional Procedures used in the Methodology

The sections above outline the frameworks used to inform the data analysis, in keeping with CGT. In addition to what has already been discussed, the researcher employed additional procedures akin to both GT and, more broadly, qualitative research methodologies in a bid to increase the project's credibility and overall trustworthiness.

Constant Comparison

Constant comparison methods are used throughout GT research to establish analytical distinctions by comparing data within and across transcripts to find similarities and differences (Charmaz, 2006). By constantly comparing data, the researcher aimed to confirm and discount emerging ideas. During the open coding phase, constant comparison involved revisiting open-codes alongside transcripts to identify repeated codes. This process was done both within and across participants. At the axial phase, constant comparison was used to compare relationships between codes and if emergent categories were representing the same or different phenomena. Towards the end of the data analysis, the researcher used this approach by comparing the emerging theoretical structure alongside raw data and focussed codes to assess how accurately the grounded theory reflected the stories shared by participants.

Memo-writing

Memo-writing is valued as integral part of GT research and was used throughout the research process. The researcher used memos to capture thoughts, emotional responses, and reflections at different stages in the process. This enabled space to think about the process, discover and shape ideas. Memos proved useful during data analysis, particularly during axial and theoretical coding, as a tool to follow ambiguous and increasingly more abstract processes. Memos were also helpful in capturing the researcher's thoughts and emotional responses to interviews with participants, and any prominent issues that arose during these encounters. Memo writing may have impacted on the data being understood and interpreted. An example memo is shown in Figure 1. Further reflections and mems following interviews with participants are provided in Appendix J.

Figure 1.

Example of Memo-writing

Memo (28.09.2022) Participant describes their experience disclosing their child's gender identity in different situations:

Participant 5: *"It makes me feel sad that I, I have to be cautious about who knows. And that's not for my own sake, but it's for [name]'s sake. When I'm down in [location], most of my friends know. In fact, I think all my friends here are academics and they're younger and this is not an issue. I think all my friends here it's perfectly fine for them to know that [name] is non-binary. In that they won't bat an eyelid."*

Participant 5 talks about their **experiences navigating different situations*** and factors which influence their **decision (not) to disclose*** to others about their child's gender identity. Participant 5 reflects on situations that require 'caution' and a need to protect their child. In situations where participants anticipate others will be accepting they feel more able to share their experiences. I wonder how this impacts on how connected participant 5 feels to others, and the impact non-disclosure has when navigating spaces which feel unsafe??? Does non-disclosure maintain relationships?

Participant 2 and 3 also described their experiences of **navigating disclosure*** in the wider family and **anticipating rejection>avoiding disclosure>manage/preserve relationships***. Participant two describes this as *"painful and upsetting"*. ***Connection to others?** ***emerging social processes**

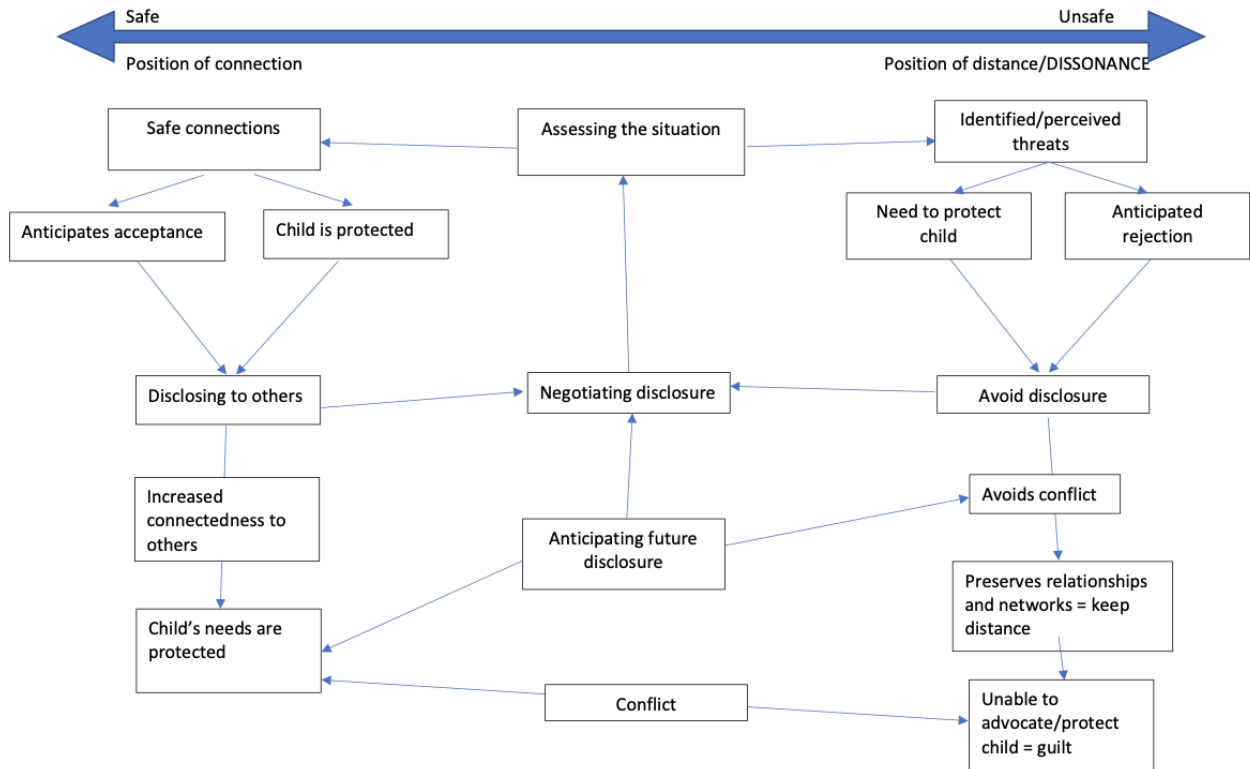
Diagramming

Diagramming was used as a tool throughout the research process. Being able to visualise categories and their relationship to each other was advantageous to developing a grounded theory, particularly when bringing categories together to form a coherent whole. Indeed, Strauss and Corbin (1998) propose that visual images (i.e., diagrams) are an intrinsic part of developing theory as they allow researchers to think beyond the immediate interactions and social structures to greater social conditions and consequences. Throughout the data analysis phases diagramming was used in conjunction with memo-writing which enabled the researcher to develop a stronger, clearer theory. Initially, like the memos being written, the drawing of diagrams were messy, quick sketches based on the researcher's immediate reflections to

interactions with participants. However, as the analysis progressed, so did the detail of memo-writing and diagramming. The results were more coherent and clear visual representations of the data, showing relationships between categories and smaller units of meaning. Diagramming proved particularly useful when handling large amounts of data and supported other processes such as constant comparison and responding to incongruent data. Having the data visually represented supported discussion in supervision about how the emergent theory fit with understanding of the population being studied. An example of diagramming the subtheme '*negotiating disclosure*' is presented in Figure 2.

Figure 2.

Example of Diagramming 'Negotiating Disclosure'



Managing Incongruent Data

It is important in research, that the researcher remains open to data that presents incongruence or contradicts the analysis (Creswell & Creswell, 2017). This fits with the researcher's epistemological position, such as in real life there are many different perspectives which do not always coalesce into one universal truth. At times during the interviews and analysis phases, differences between participants' experiences contrasted with one another. For example, most participants spoke of times during the process that they had felt isolated and disconnected from what was happening, whereas some participants also spoke about how the process has brought them closer to their child and feeling greater connection to others. Although conflicting, the data was discussed in supervision and the researcher used memos and diagrams to think about ways in which the context influenced participants' experiences i.e., what factors contributed to participants feeling more connected/isolated and how did this develop over time. Managing incongruent data in this way enabled it to integrate into the data analysis and broadened the theory to be reflective of different experiences.

Credibility Checks

Use of Supervision

Credibility checks are used to assess the trustworthiness and rigour of qualitative research (Creswell & Poth, 2016). Throughout the research project, the researcher received regular supervision on at least a monthly basis. For a large part of the project, supervision was conducted virtually owing to the pandemic and restrictions meeting face-to-face. During the later stages, supervision was face-to-face which was particularly useful when discussing data analysis. Minutes from supervision were written by the researcher and saved electronically on UoL GRAD system. This was a valuable resource to return to and provided an audit trail of discussions and the development of the project.

As discussed, several steps were taken to promote the overall rigour and trustworthiness of the research project and reduce the subjectivity of the researcher. However, researcher bias is unlikely to be removed completely (Strauss & Corbin, 1998), indeed, CGT acknowledges the researchers position as a co-constructor in the research process (Charmaz, 2006). Nonetheless, it is important to demonstrate an awareness of how biases may have shaped the understanding and interpretation of the data.

Reflexivity

An important aspect of scientific research is for the researcher to continually demonstrate an awareness of their own biases, and the ways in which they may influence the interpretations of data and more generally, the research process. As previously highlighted, several quality checks were employed throughout the research project. Indeed, Birks and Mills (2014) propose that researchers seeking to limit subjectivity and other influences of researcher's bias should keep an account of reflections whilst working with the data and through the overall research process, in addition to writing memos and maintaining an audit trail. These processes afford greater transparency and trustworthiness in the research process (Creswell & Creswell, 2017).

Ethical Considerations

Ethical Approval

The project received favourable review by the School of Medicine Research Ethics Committee at the UoL on 13th June 2022 (Appendix B). The project sought to recruit participants through the UoL rather than through NHS Specialist Gender Services therefore NHS ethical approval was not required for this project.

Informed Consent

Participants invited to take part in this study were provided with an information sheet about the study and given the opportunity to contact the researcher and research supervisors for more information and to ask questions about the study. Prior to taking part in the online survey, participants were provided with an introductory paragraph that contained a summary of the information presented in the information sheet (e.g., voluntary participation, risks, confidentiality, rights to withdraw, and contact information of the researchers). Participants were asked to read several statements to confirm that they had read and understood this information for example, "*I know that taking part in the study is my decision and that I can stop at any time without giving a reason by closing my browser*", before they proceeded with the survey. Completion of the survey was taken as *implied* informed consent.

Participants who provided their contact information to take part in follow-up interviews were contacted by the researcher within three weeks of completing the survey. Participants were emailed a copy of the participant information sheet and a copy of the University Research Participants Privacy notice. Participants were also sent a consent form and asked to confirm that

they had read and understood the information provided and that they were consenting to taking part in interviews. Interviews were scheduled with participants once consent had been returned.

Right to Withdraw

Participants were made aware that taking part in the online survey was completely voluntary and that all responses would be submitted anonymously. If during the survey participants decided that they no longer wanted to continue, they were informed that they could withdraw from the study by closing the browser window. Non-completed surveys would then be removed from the data. Participants were informed that their data could be withdrawn once the survey had been submitted due to the data being submitted anonymously.

Participants were informed that they could withdraw from follow-up interviews by declining an interview slot with the researcher or stopping at any point during the interview. Participants could also withdraw their interview by contacting the researcher up to two weeks following the interview. In this instance, the interview would be deleted by the researcher. The window of two weeks was chosen to allow for time before data analysis began. Participants who did not wish to contact the researcher directly were informed that they could do so via another member of the research team – this was outlined in the participant information sheet. There were no instances of participants requesting to withdraw their data in this project.

Participant Anonymity

The anonymity of participants was maintained throughout the project. Participants completed the online survey without submitting any personally identifiable information. Participants who choose to take part in a follow-up interview were provided with a link embedded into the final page of the online survey. This took them to a separate form where they were asked to provide their contact information. Identifiable data was accessible to the researcher only – this was collected and stored separately from online survey responses in a password protected word document, saved to the researcher's OneDrive account.

All data collected throughout the project were treated by the researcher as confidential. Participants were made aware of clinical guidance relating to confidentiality prior to interviews beginning, for example, that confidentiality may be breached should participants disclose risk to self or others. There were no incidents where confidentiality was breached following interviews.

Interviews were audio taped and transcribed by the researcher. Transcripts were saved in password protected files on university approved cloud computing services (OneDrive). Identifiable information was removed from transcripts such as names of family members,

friends, job roles, and locations. Any quotes selected for the results section were sensitively chosen, to limit information which may identify participants.

Storage of Data

Survey responses were stored electronically in password protected files on the researcher's secure University approved cloud computing services (e.g., One Drive – University of Leeds). One Drive requires 'duo two-factor authentication' and is accessible from any computer device with an internet connect. Data from participants who provided identifiable information to be contacted for follow-up interviews, was collected and stored separately to the survey responses on the researcher's One Drive account. All data will be stored for a period of 3 years after the project's submission date.

All interviews took place virtually, via MS Teams or Zoom. Interviews were audio-recorded on a recording device and stored securely on the researcher's University account. Audio files were made available to the researcher and used for transcription and analysis only.

Following the completion of research project, the researcher will transfer survey data and transcriptions to the UoL Doctorate in Clinical Psychology research coordinator's OneDrive account, where it will be stored for three years before being deleted.

Chapter Four: Results

The results section is divided into two parts. Part I provides a descriptive overview of the survey. Results from the survey were collected primarily to obtain a broader understanding of parents' experiences and support the qualitative inquiry by informing the direction of the semi-structured interviews. Part II provides a detailed exploration of participants' experiences of parenting a gender-diverse young person. A theoretical interpretation exploring participants' experience is provided followed by descriptions of emergent categories. Examples of how categories were constructed are provided including examples of how initial codes, and focussed codes were developed into higher order categories and concepts. Participants' quotes are used verbatim to illustrate the findings of the analysis².

Part I: The Survey

The survey responses were transferred into an excel spreadsheet and analysed using descriptive statistics, primarily measures of frequencies.

The Survey: Demographic Information

A total of seventeen respondents completed the online survey. Complete data was provided by all. In total, twelve mothers and five fathers responded to the survey. The majority of respondents identified as the same gender as that typically associated with their biological sex assigned at birth, with one respondent identifying as '*Genderflux female-non-binary*'. Respondents' ages ranged 39 to 61 years. Most described themselves as White-British ($n=16$), married or co-parenting ($n=15$) and non-religious ($n=11$).

In addition to respondent demographics, information relating to respondents' children was also obtained. This information has intentionally been summarised to maintain confidentiality. The age of the respondents' children ranged from 9-years to 25-years-old. Respondents reported their children as identifying as non-binary ($n=11$), trans man ($n=3$), trans woman ($n=3$), and gender fluid ($n=1$). On average, respondents reported being aware of their child's gender identity for 36.5 months.

² All participants were given pseudonyms to maintain anonymity. Quotes were carefully selected, and any identifying information was removed.

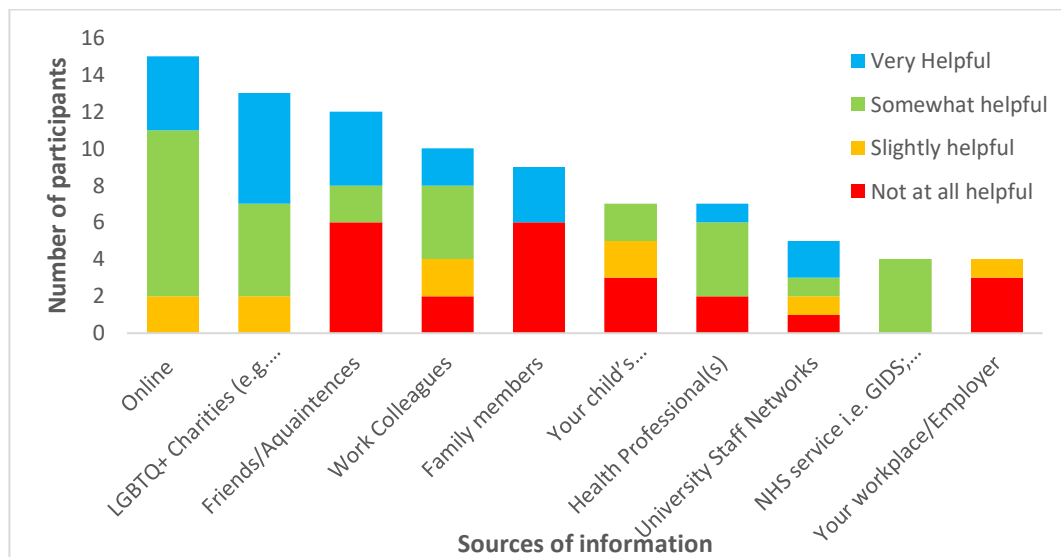
Information Seeking

Sixteen respondents reported having sought information to support their understanding of gender diversity. Respondents reported on where they sought information regarding gender diversity and how helpful this information was to them. An overview of information sources is provided in Figure 4.

The majority of respondents ($n=16$) reported having sought information regarding gender diversity ‘online’ and rated finding this information helpful. Similarly, respondents ($n=13$) also sought information from LGBTIQ+ organisations, and they reported that they also found the information they had accessed helpful. In comparison, a greater portion of participants who reported seeking information from ‘friends/acquaintances’ ($n=6$), family members ($n=6$), child’s education/workplace ($n=3$), and own employer/workplace ($n=3$), rated these experiences as not helpful at all.

Figure 3.

Information Seeking Sources and Perceived Helpfulness



Support Seeking

Fewer respondents ($n=7$) reported seeking support for themselves to understand their child’s gender identity. Of these, participants reported accessing LGBTIQ+ organisations/charities ($n=7$) and finding this support helpful. Three respondents reported accessing NHS services for support and finding this support helpful. No participant reported accessing work-based support for this issue.

The majority of respondents ($n=10$) had not sought support for themselves to understand their child's gender identity. Of these, half reported that they would be 'unlikely' to seek support for themselves if needed.

Impact of Parenting Experiences

Respondents were asked to rate the impact of their parenting experiences on areas of everyday functioning. These impact ratings are summarised in Table 3. All respondents rated their parenting experiences as having no impact on their ability to attend to day-to-day tasks. The majority of respondents also rated their parenting experiences as having no impact on their ability to respond to stressful situations ($n=12$), attend to work responsibilities ($n=13$) and on their relationships with work colleagues ($n=10$). In contrast, a greater portion of respondents reported that their parenting experiences had had a negative impact on their relationships with family members ($n=8$), and friendships and social networks ($n=7$). More than half of respondents ($n=10$) reported that they had had to take time off from work to support their child for reasons relating to their gender diversity i.e., to attend appointments, school, provide support.

Open-text Responses

The survey also asked participants to share further details of their experiences accessing information and support via open-text responses. In total, 10 responses were received. Owing to limited responses to the survey's open-text items, a meaningful qualitative summary could not be achieved. Examples of the responses are provided below:

"There seems to be very little support for parents from statutory organisations such as the NHS and GIDS. The most useful organisation I have found has been the charity Gendered Development."

"Initially it was difficult to know what and where to source information and support. I was signposted by a colleague to a staff network however I think more could be done to raise awareness of pathways available to parents or anyone who is wanting more information about these issues."

"Difficulties accessing correct information. Lots of negativity online which causes my child distress - we have to cope as a family. Not accessed services as we are unsure how they can be helpful for us."

"Not knowing where to look - having to google information and not knowing if the information is correct."

“I didn't know where to look and I wanted information not based on criticism of my child or my parenting.”

Summary of Quantitative Findings

The majority of survey respondents reported accessing information to support their understanding of their child's gender identity. Most sought this information online or through LGBTIQ+ related organisations and charities and found this information helpful. Seeking information from family members, friends and the workplace was deemed to be less helpful for respondents. In contrast to seeking information, fewer respondents reported seeking support for themselves. Respondents accessing support online, from LGBTIQ+ charities and NHS services found this helpful. Half of respondents reported that they would be unlikely to access this support for themselves, even if it was needed. Respondents largely reported experiencing no impact on their ability to attend to day-to-day tasks as a result of their parenting experiences. However, greatest negative impact was reported amongst relationships with family members and across social networks.

Part II: Qualitative Inquiry

This section explores the qualitative findings from the ten interviews conducted with parents of gender-diverse young people. Firstly, the section provides a description of the demographic information of the interviewed sample. The section will offer the theoretical

Table 3.

Impact of Parenting Experience

Area of functioning	Impact rating (%)		
	Negative impact	No impact	Positive impact
Attending to day-to-day tasks	0 (0%)	17 (100%)	0 (0%)
Responding to stressful situations	4 (24%)	12 (70%)	1 (6%)
Relationships with family members	8 (47%)	6 (35%)	3 (18%)
Friendships and social networks	7 (41%)	6 (35%)	4 (24%)
Relationships with work colleagues	4 (24%)	10 (58%)	3 (18%)
Attending to work responsibilities	3 (18%)	13 (76%)	1 (6%)

interpretation and a description of the core categories and subcategories to emerge from the data, with illustrative quotations from participant interviews.

Interviews: Demographic Information

Of the seventeen participants who completed the survey, eleven showed an interest to be interviewed. In total, 10 participants were interviewed, this included eight mothers and two fathers. One participant declined to be interviewed. Demographics for participants who were interviewed is shown in Table 4. All participants identified as the same gender as that typically associated with their biological sex assigned at birth. Participants' ages ranged from 39 years to 61 years. Seven of these were married with the remainder of participants being either a co-parent, divorced or single. All participants identified as White-British. Eight had no religious affiliation, those who did identified as Jewish (n=1) and Christian Protestant (n=1). Two participants identified themselves as having a disability.

As described in Part I, information relating to participants' children was also obtained. This information has intentionally been summarised to maintain confidentiality. The age of the participants' children ranged from 9 years to 25. Participants reported their children as identifying as non-binary (n=5), trans man (n=2), trans woman (n=2), and gender fluid (n=1). Two participants reported that their child was actively accessing specific NHS services at the time of the interview.

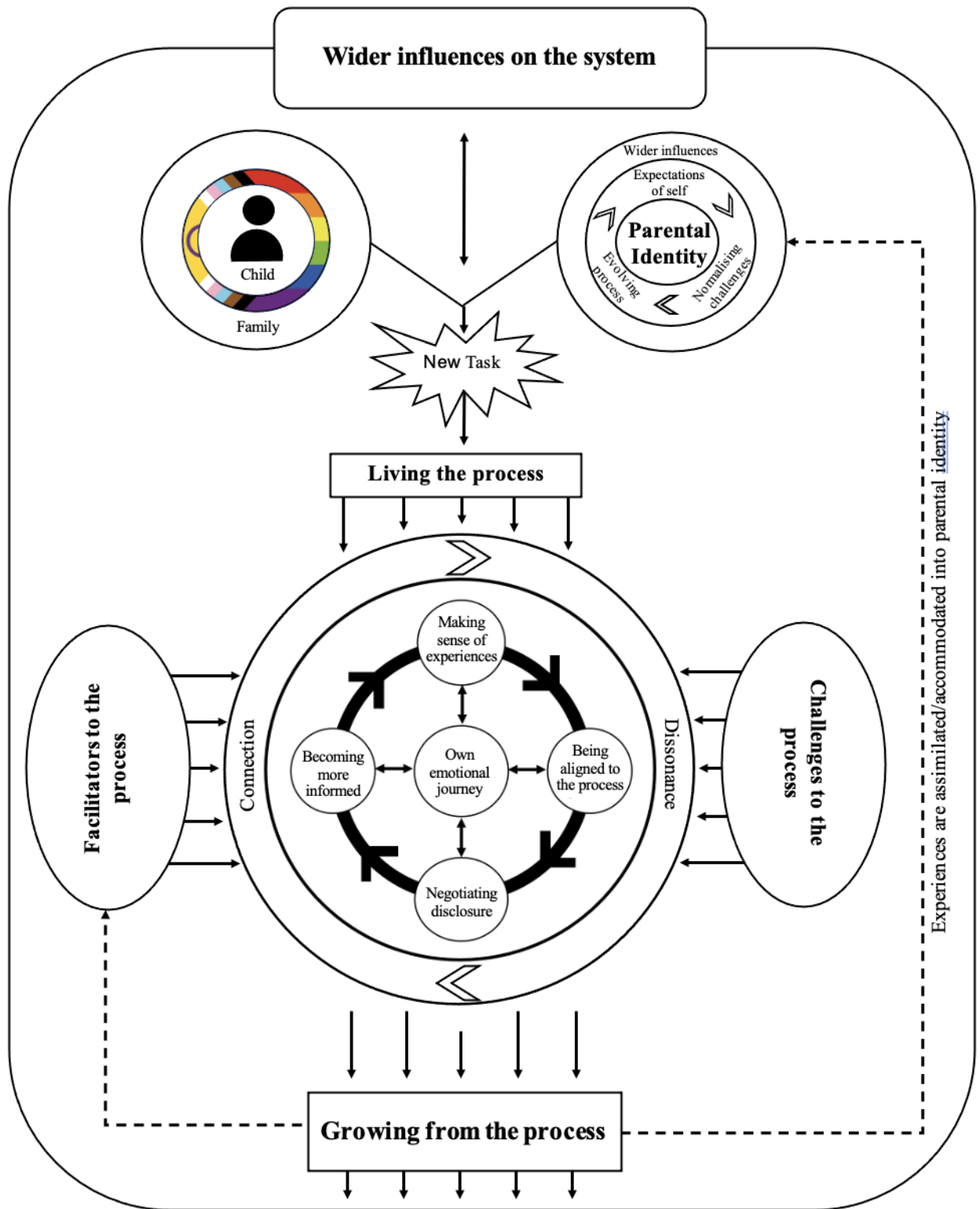
Table 4.*Interviews: Demographic Information*

Pseudonym	Age	Relationship to child	Relationship status	Race	Disability	Religious affiliation	Length of time aware of child's gender identity
Ruby	50	Mother	Single	White – British	No	No	6 years and 0 months
Olivia	39	Mother	Married	White – British	No	No	6 years and 1 month
Yasmin	61	Mother	Married	White – British	No	No	3 years
Greta	52	Mother	Married	White – British	No	No	17 years
Bonnie	57	Mother	Married	White – British	Prefer not to say	No	2 years
Penny	53	Mother	Divorced	White – British	Yes	No	3 years and 2 months
Paula	52	Mother	Co-parenting	White – British	No	No	1 year and 9 months
Bradley	50	Father	Married	White – British	Yes	Jewish	3 years and 8 months
Brodie	55	Mother	Married	White – British	No	No	0 years and 10 months
Bill	56	Father	Married	White – British	No	Christian Protestant	3 years and 6 months

Introducing the Theoretical Interpretation

The theoretical interpretation shown in Figure 4, represents the core categories and their relationships to each other. The theoretical interpretation also reflects the psychological and social processes experienced by participants as they negotiate parenting of a gender-diverse young person. The developed model reflects the subjective, lived experiences of participants through dynamic and changeable processes. Importantly, the experiences of participants and associated factors exist within a specific context which is based on a point-in-time. These processes are influenced by the present-day cultural and societal factors, participants' previous experiences, values, beliefs, the existing parent-child relationship, and internal and external influences. As such, the experiences of participants may change as the processes and influences change.

When faced with a new task, such as initial disclosure, adapting to new pronouns, sharing with others, accessing services, making decisions etc, the model illustrates the circular processes parents experience as they oscillate between striving for connection and responding to challenges such as the need to protect their child which has potential to create dissonance, particularly as parents begun to question themselves, their child, and other processes. As the model illustrates, high levels of experiential dissonance are associated with a lowered sense of connection. Facilitators to the process enable parents to feel more informed, supported and connected to the process and these reduce dissonance. The model allows multiple positions to be held at any one time, for example, participants described advocating for their child's needs (connection) at the same time worrying about future implications for their child and questioning self (dissonance). Parental benefits resulting from the experiences are reflected in parents growing from the process which links back parental identity and family unit. The circular nature of the model reflects the idea that the process of parenting does not have a definitive end point and learning from experiences shapes future responses. Finally, the model acknowledges wider influences on the system such as individual, familial, social, cultural, and historical. The next section describes the theoretical interpretation in greater detail.

Figure 4.*Illustration of Theoretical Interpretation*

Description of the Theoretical Interpretation

Wider Influences on the System. Participants reflected on various levels of influences on the parenting experience including individual, familial, social, cultural, and historical. These influences were discussed in terms of whether they were facilitators or challenges to the process. On an individual and family level, participants reflected on their understanding of gender diversity prior to learning about their child's gender identity. They discussed challenges to the process including having limited understanding, navigating familial and wider relationships and parental disagreements. Facilitators to the process were identified as family unity and being active in seeking information and support. Participants also discussed wider influences on the process in terms of challenges and facilitators to the process. Participants reflected overwhelmingly on a need to protect their child from societal oppression and discrimination – the presence of ongoing threats perpetuated feelings of dissonance about how best to *protect* their child at the same time as enabling child autonomy. External stigma and wider social narratives around gender diversity also impacted multiple areas of participants' lives such as relationships with family and friends and in the workplace causing participants to describe feeling isolated and unsupported. Participants also reflected on challenges accessing information and support and their experiences accessing health services. Some participants shared a degree of ambivalence towards accessing health services having had previous negative experiences or they were unsure how services could be of use to them. In addition to this, participants spoke about challenges related to the recent Covid-19 pandemic and how this impacted their experiences navigating the process and accessing support. In contrast, participants highlighted a need for greater LGBTIQ+ visibility and a need for safe spaces to connect with other people and share their experiences, these facilitators contributed to participants feeling more informed and connected to the process, their child and offered more certainty for parents.

Parental Identity. Participants reported on the expectations they held of themselves and how these expectations were often directed by their own values but also shaped by wider influences such as societal expectations of parents, and own upbringing. At times, conflicts were experienced for participants as they described a developing awareness of their limitations, a need to access information and support and balancing the need to protect their child with enabling child autonomy by learning to take their lead. Renegotiating their roles as parents emerged as an ever-evolving process and one which adapts to the process by assimilating and

accommodating new experiences. Normalising challenges and experiencing worry as a part of parenting were significant experiences across participants.

Connectedness. As participants moved through the process of learning about their child's gender identity, and responding to challenges, they reflected on their experiences of feeling connected to their child, to others and the process. Initially, participants described their emerging awareness of their child being *different* and their different responses to initial disclosure (i.e., shock, surprise, sadness, acceptance). This presented challenges to participants as they questioned feeling attuned to what was happening which created dissonance. Feeling connected and adjusting to the process was something participants described as an ongoing and dynamic process. The process triggered participants' own emotional journey which for some participants involved an ambiguous loss, whereby participants reflected on complex feelings of loss and grief of the child they had known. Participants described moving towards acceptance as an ongoing process which runs parallel with feelings of worry and dissonance (i.e., questioning self). Uncertainty, perceived threats, and anticipating future challenges were identified as contributing to increased worry and dissonance for participants. Important for all participants was feeling aligned to their child and moving with the process. Participants experienced seeking information and support, not '*charging ahead*', and negotiating taking the child's lead as facilitative in feeling more aligned. Greater disconnect was experienced when participants felt excluded from conversations and decisions, or if the process was perceived to be moving too quickly.

Participants reflected on how they negotiated disclosures in different contexts. In such instances, the main aims of participants were to manage wider relationships at the same time protecting their child. For participants, choosing to disclose was often determined by relational safety and an anticipated acceptance from others. This resulted in feeling stronger connection to others and participants benefited from a growing support network. In relationships where participants anticipated rejection, they often opted to avoid disclosure to preserve relationships and protect their child. This impacted how connected participants felt to others and contributed to feeling isolated and unable to advocate for their child's needs, creating distance from the process.

Participants described seeking information online and support in informal spaces i.e., friends, people with lived experiences. Feeling informed contributed to participants feeling more emotionally connected to the process and feeling better able to relate to their child. Accessing health services for support was primarily driven by child experiencing distress – however,

participants described feeling ambivalent towards professional support based on previous negative experiences or being unsure how such support could be of benefit for them. Participants reflected on the benefits accessing support including supporting their understanding of child's needs and connecting with other families. Challenges participants faced were keeping pace with the process and feeling powerless in relation to services. These experiences were further exacerbated by the Covid-19 pandemic, as participants described feeling abandoned by services. Participants reflected on ways they sought to take back control and re-connect with the process.

Parental Benefits. As a process, parental benefits explore the ways in which participants feel their experiences of parenting a gender-diverse child has contributed to their lives. Participants reflected on the process in terms of self-growth. This included developing greater awareness of differences and diversity, challenging previously held assumptions around gender and gender diversity and showing self-compassion when encountering challenges. Participants described becoming more intentional about challenging external stigma when they experience injustices and learning to advocate for their child's needs. Participants also described improvements in their relationship with their child, including becoming closer by finding new ways of relating to them, including being explicit in their support of their child. Through seeing their child express themselves and navigate different arenas, participants described developing increased admiration for their children. Finally, participants reflected on how experiences strengthened relationships with others and widened their support network. Growth from the process was associated with participants becoming more resilient and confident to challenge threats to the process and deal with the ongoing uncertainty – growth and new learning was accommodated back into parental identity in an ever-evolving process.

Summary

In summary, the theoretical interpretation represents the social processes through which participants make sense of their experiences parenting gender-diverse children. The model illustrates the relationship between parent's sense of themselves, and wider influences as they navigate different experiences relating to their child's developing identity and needs. Parental aims to protect their child's rights and needs and feel connected to the process are challenged by internal and external influences which drives cognitive, emotional, and behavioural dissonance characterised by uncertainty and parent's questioning themselves, their child, others, and the process. Facilitators to the process enable parents to reduce feelings of dissonance and threat, while increasing opportunities to feel more connected to their child, to others, and the process.

Core Categories

This section expands on the five core categories and 16 subcategories that emerged from the data analysis. Table 5 shows how participants' experiences related across the core and subcategories. As described in the Chapter three, the data was analysed using a hierarchical approach starting with open codes before moving towards higher order analysis of the codes to form categories and subcategories. For brevity, an example of how this hierarchical approach was constructed including examples of initial codes, focussed codes and emergent categories is illustrated for *Category 2 – 'Living the process'*. The core categories will now be discussed in turn.

Parental Identity

As a category, '*parental identity*' both shapes and is shaped by subsequent experiences for parents as they negotiate their roles in relation to their gender-diverse children. This category reflects the idea that parents do not enter into these experiences as blank slates, but rather they have previous experiences, ideas, values, beliefs, and experiences which inform their parental identity and influences how they make sense of their experiences, as described by Paula:

"...my parents perhaps had an old-fashioned view of parenting, which was about just telling children what to do and I guess I have a different cultural mindset. So, I think what I've always tried to do is be very open minded and try and talk about things from different perspectives and political views and keeping learning. So, my life experiences influence how I tackle these things" (Paula)

The core category '*Parental identity*' relates to how participants thought about their roles as parents including '*expectations of self*', and '*normalising challenges*' as a part of parenting. Participants also discussed parenting as an '*evolving process*' in the context of wider influences on parenting such as familial, societal, cultural expectations. This category is illustrated in Figure 5.

Participants endorsement of (sub)categories											
Categories	Sub-categories	Ruby	Olivia	Yasmin	Greta	Bonnie	Penny	Paula	Bradley	Brodie	Bill
Parental Identity	Expectations of self	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Normalising challenges as a part of parenting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Parenting as an evolving process	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Wider influences on parenting	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Living the process	Making meaning of experiences	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Own emotional journey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Being aligned with the process*	✓	✓	✓	✓*	✓	✓*	✓	✓	✓	✓*
	Negotiating disclosure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Becoming more informed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Facilitators	Internal facilitators	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	External facilitators	✓	✓		✓	✓	✓	✓	✓	✓	✓
Challenges	Internal challenges	✓	✓	✓		✓	✓		✓	✓	✓
	External challenges	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Growing from the process	Self-growth	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Relationship with child	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Relating to others	✓	✓		✓	✓	✓	✓	✓	✓	

*Includes experiences of feeling aligned and excluded

Table 5.

Participants' endorsement of categories and subcategories

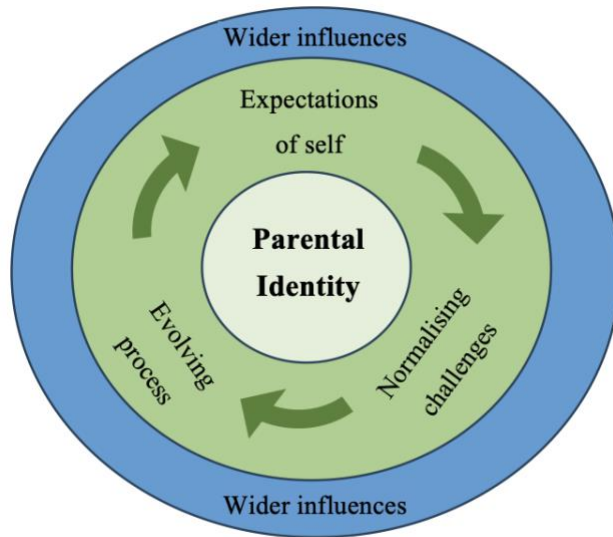


Figure 5.

Category I: Parental Identity

Expectations of self

From the outset, participants considered what they felt was most important to them as parents and how this shaped the expectations, they held of themselves. All participants reflected on the need to provide “safe” environments for their children. For Ruby, raising her children as a single parent who had “largely brought [her] two children up on [her] own”, she described how it was important to her role as a parent to provide her children with “a loving environment and a secure and safe environment to grow up”. Olivia described how her “number one job is keeping [Name] safe” and this “encompasses [Name]’s health and happiness”. For Yasmin, it felt important to find a balance between encouraging her child to explore life from an informed position whilst wanting her child to avoid decisions which they may later regret. She reflected how “you want them to make decisions that are gonna [sic] enhance the rest of their lives, not make it more difficult for them. I see my role as a guide”.

Participants reflected how expectations of themselves were shaped and changed over-time. This appeared to be influenced by their child’s developmental stage as participants described moving from child-dependency to child-autonomy. For example, Olivia reflected how “it’s my job to take that wider view of the world and think about the implications for [Name].

[Name] is young and doesn't understand the world quite yet. Maybe this will change as they get older". Whereas Penny reflected on how she changed by "letting [Name] lead the way". For Penny, she described wanting to "avoid being too prescriptive" and "move away from [her] experience growing up".

Brodie talks of her role as a parent to children who are now adults, and how this has adapted to her child's growing autonomy and independence.

"I suppose, what I'm saying now is as a parent of two children who are now in their early 20s. So, you know we just sort of moved them out with the teenage phase and so I, so we think at this stage, it's about, it's still a really about being a support but I suppose I see it more as being a safety net...I need to let them be themselves." (Brodie)

As part of these expectations, some participants reflected on their limitations in terms of what they are able to offer as parents and therefore how they learned to manage expectations.

"And I'll go as far as I can. And if I feel as though I've done the best I can, whatever the outcome is, that's, that's just how it's meant to be. As long as I've done the best for [Name], that's, that's the main thing." (Greta)

"It is really difficult getting the balance right and knowing how best to support your child... not having enough time for everything, work pressure, wider family demands. It can all get a bit much." (Paula)

Normalising challenges

Whilst considering the expectations participants held of themselves, participants also reflected on the challenges they had encountered and how normalising challenges as a part of parenting was something they had come to both expect and accept.

"I think, there are always going to be challenges when it comes to being a parent. I mean, in some respects, nothing prepares you. But, I mean, I guess we've been, well, some people say, it's not luck, but I think there's a lot of luck in it." (Bradley)

"You just have to accept there are things outside of your control and you don't have all the answers as a parent." (Bill)

"But you know, I mean, life brings you some surprises, doesn't it? Then you try to become a better person through them, I suppose." (Penny)

Similarly, Bonnie talks of how in the context of other ongoing challenges gender diversity *"seemed like almost the smallest issue".*

“I think the whole COVID experience challenged all the coping strategies of everybody. And it was in this maelstrom, that the whole “I’m non-binary” came up. And that seemed like almost the smallest issue, okay. You just have to get on with these things.” (Bonnie)

It seemed that participants’ experiences of previous challenges connected them to feeling more confident responding to new challenges and unknowns. Greta describes this:

“You get better at dealing with stuff. The more that happens you just learn. I... I’ve dealt with much worse. This is just a new thing to deal with.” (Greta)

Evolving process

Learning from previous experiences and adapting to new challenges, participants described their parental identity as an *evolving process*. This also appeared to be driven by wider influences, as Yasmin and Penny describe:

“Because times sort of change and ideas about things evolve, which shapes you as a parent and then learn about being a parent of a trans child, you have your own ideas and opinions on things, and the way things should be done, which, and the sorts of cultural influences.” (Yasmin)

“I did end up taking on the lion’s share of it, working part time and making it work. I have just learned to adapt – and will continue to for as long as [Name] needs” (Penny).

Paula talked of learning to trust her gut as she adapted to new challenges and how this enabled her to feel more confident making decisions that involved aspects of uncertainty. She described:

“I think I was quite clueless...then I think it was just kind of figuring it out as we went along a little bit. And I think a lot of it seems to be just like trusting your gut, trusting your instinct about what felt right. Yeah.” (Paula)

As participants shared their experiences, growing from the process in relation to self and others emerged as a dominant category which is explored later in this section.

Living the process

Living the process reflects the experiences of participants and the dilemmas they encounter when parenting a gender-diverse child. Participants described coming to learn of the child’s gender identity and *‘making meaning of their experiences’*. Participants’ experiences evoked their *‘own emotional journey’* as they navigated the process. Important for all participants was *‘being aligned with the process’* however, some participants also spoke of their

experiences feeling “*left behind*” (Greta) or “*excluded*” (Bill) as part of this. Participants also reflected on trying to balance the needs of their child and avoid “*rushing ahead*” (Paula). Running concurrently with these experiences, participants described ‘*negotiating disclosure*’ in different spaces and factors which enabled or inhibited disclosure. Finally, participants described their experiences of ‘*becoming more informed*’. Figure 6 illustrates the hierarchical coding process through which the category emerged.

Making sense of experiences

Participants described their experiences as they learned of their child’s gender identity and navigating “*unchartered territory*” (Bill). For most participants, making sense of these experiences was a gradual process. Brodie described how she had “*no idea*” prior to her child disclosing their gender identity. She reflected that her child was “*drip feeding us a bit*”, by making small changes over a period of time before disclosing. Similarly, Bonnie and Penny describe how initial disclosures were often “*managed*” by their children, and how these often left them with feelings of uncertainty and experiencing sadness:

“They [conversations] would often start in the car. Sometimes they would be started by [Name] sending me a WhatsApp saying, “I need to talk to you or something”. But they were never long conversations. It was, I think that [Name] wanted to manage it, in that I didn’t get to talk about it. So, it was more like “I’m informing you of this, mum” sort of thing. And because I didn’t want to be an irritant and I wanted to be a confident, I would just kind of take it in my stride really and say, “Well, okay, but afterwards, I would be like “what kind of, what does that mean?” (Bonnie)

“I mean, it became clear to me after his first year at university. But he didn’t let me see any of that until after he left home properly, I think partly so that it would not be ever something that I would, you know, be startled by or discuss, among other mums. He just didn’t want to be the topic of discussion. Which I find really sad.” (Penny)

Bill described how he “*was left with more questions than answers*”. In response to feeling uncertain, Bill shared how he took his “*wife’s lead*” when it came to supporting his child. Bill describes his experience of not being involved in early conversations and taking longer to understand what was happening.

“Maybe it was a little bit harder for me or took me a little bit longer to get there. And maybe that is due to not having been included in those early conversations and coming

in at later point at which. It felt like decisions had already been made, and so I was being asked to get on the back of them rather than being involved in them.” (Bill)

Upon learning of their child’s gender identity, participants began to question themselves as this challenged participants’ assumptions, e.g., “*you think you know your child*” (Bill). Some participants reflected on “*missing hints*” and wondered if this was a weakness in their own parenting.

“I think, I think there was a lot of [Name] trying to leave hints that perhaps we just didn't pick up on.” (Bonnie)

“I did wonder if it was a weakness in my parenting that I did not ask lots of questions...should I have been more proactive?” (Brodie).

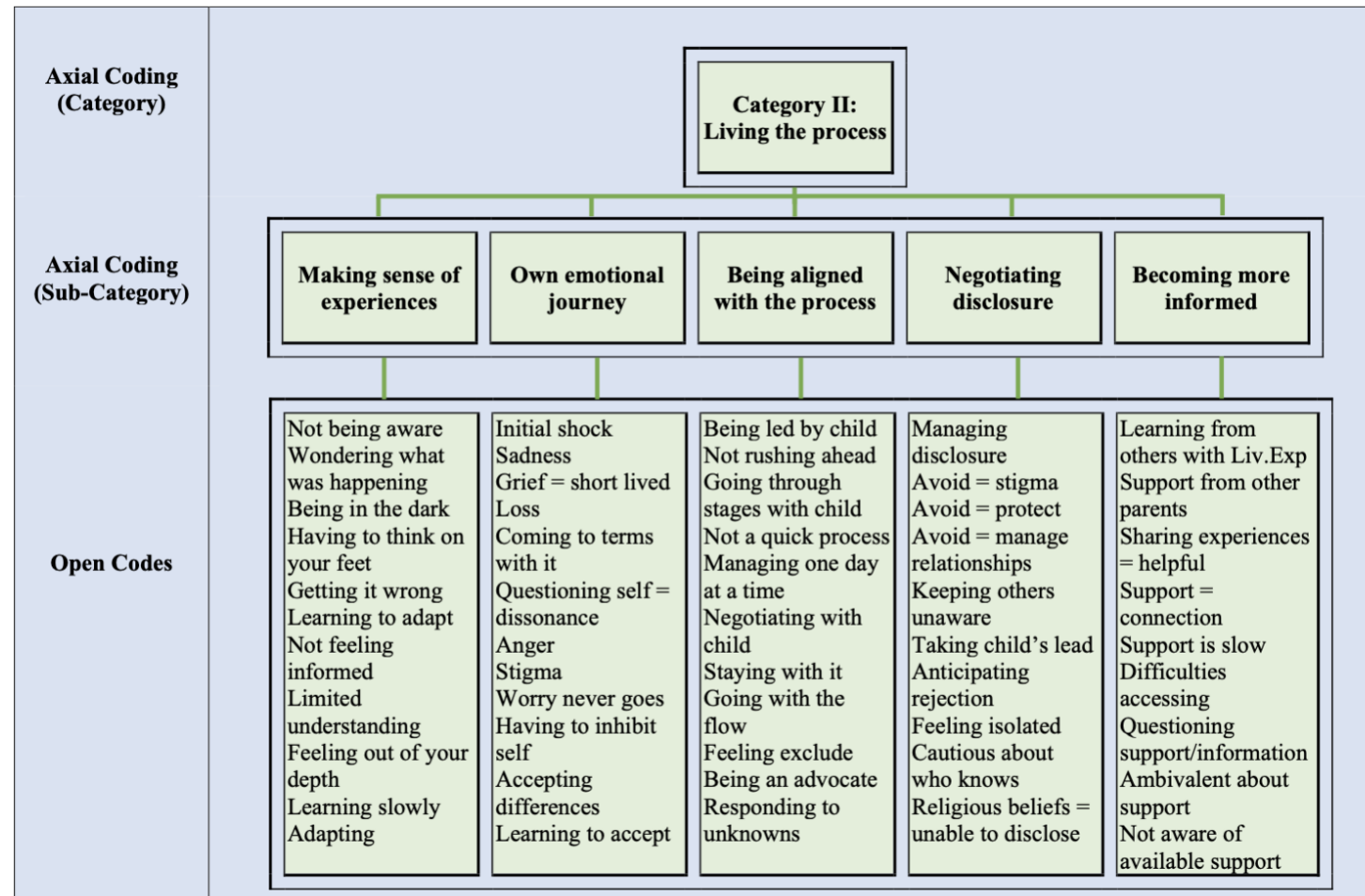
“...this may be why I didn't find out about this until my son left home, it may be that I brushed him aside, and dismissed some concerns, I may have just been unapproachable at the moment when he needed to be able to approach me.” (Penny)

In addition to questioning self, some participants also questioned their child, and wondered if this was “*just a phase*”. These experiences appeared to increase participants experience of dissonance and disconnection.

“I did wonder, I did. I wasn't certain, you know, is this the right thing is, you know, is it just a phase? I know that sounds awful now, but at the time, you know, I didn't know anyone else who'd gone through anything like that.” (Ruby)

“...maybe it's a phase, but if it's not a phase, that's fine, and I don't think it is a phase, I think that's their identity, and that's how it is.” (Olivia)

“It's so easy, in the early stages, especially if they're just starting to broach the subject with you to just brush it aside and sit and think of it as something that they might grow out of, or just something that they're doing to be rebellious.” (Penny)

Figure 6.*Coding Structure for Category II: Living the Process*

Most participants reflected on having limited understanding of gender diversity prior to learning of their child's gender identity. This created ongoing challenges for participants making sense of their emotional experiences. Bill, Brodie and Penny describe their experiences navigating these experiences with limited understanding.

"There isn't a manual on this. I didn't know much about this stuff, I still don't. A lot of it goes over my head and I feel a bit useless to be honest. I just want to be parent, that's all." (Bill)

"The difficulty is always the worry about, you know how, how, whether you're saying the right thing I guess, and whether your child is OK." (Brodie)

"...you could see him wince. And sometimes I didn't know what I had said, or what I had implied or whether I had made some kind of assumption" (Penny)

Feeling more informed was facilitative in participants' ability to make sense of their experiences. For example, Olivia described embracing opportunities to feel more connected to her child such as attending LGBTIQA+ Pride events and seeking out support from others with lived experience. For participants this was a slow process as Penny described *"we're all we're all learning slowly to make sense of everything"*. These facilitative experiences are described later in this section.

Own emotional journey

Participants shared a range of emotional experiences as they navigated different experiences across different contexts. These included, shock, sadness, ambiguous loss, anger towards society, ongoing worry, acceptance, happiness and hope. Important across all participants' experiences was that emotions were not experienced in a linear or static way rather participants described fluidity of movement between emotions with multiple emotions often being experienced at the same time. As such, it is important to note that while participants' emotional experiences are presented as its own subcategory, they are present throughout other categories and processes. Participants' *'own emotional journey'* is explored across participants' experiences.

Shock

Upon learning of their child's gender identity, participants described a mixture of responses, including sadness, shock, surprise, and some participants reflected on feelings of loss. Paula described it as *"a bit of shock, because you think you know your children"*. She described an overwhelming worry about the *"repercussions for [Name] in the world, it's not an easy path"*. As such, Paula and others reflected on an increased need to *"protect"* their children.

Penny describes *“I remember that being a bit of a shock. And then I thought, hang on why? I had to have a word with myself”*. Whereas Brodie describes being *“shocked but not surprised”* as she assimilated new information into her current understanding of her child’s experiences:

“Without sounding too deterministic, I thought, oh maybe he's gay kind of thing because that's my only understanding that I had at that point about what [Name] might be expressing. I guess and so I, I think that it was a shock, but not a surprise in that sort of sense.” (Brodie)

Sadness

Alongside other experiences, participants reflected on feelings of sadness. For the majority of participants, this sadness was associated with realising their child was not able to express themselves openly and had been hiding their gender identity. In these experiences, sadness was attached to participants also experiencing guilt and self-blame.

“...it makes me a little bit sad because I feel that there is a whole something, there's obviously something in [Name]'s psyche that they feel they can't share with me.” (Bonnie)

“I find it really sad... there's a sense in which I'd like to have known at the time, but I think it's, I mean, to be honest, it was probably none of my business. And, yeah, so I didn't, you know, I tried very hard not to say why didn't you tell me I could have you know, because, because although I think I could have been supportive, probably I wouldn't have been nearly as supportive as I would like to imagine.” (Penny)

For some participants, ‘navigating disclosure’ (discussed later in this section) and being unable to advocate or celebrate their child in different spaces resulted in participants feeling as though they were letting their children down. Olivia described:

“...its sort of makes me sad and [Name] has said to me, "will you speak to nanny? Will you tell her?", and I've let him down because I haven't and because I just don't know how to broach it.” (Olivia)

Ambiguous Loss

When reflecting on their experiences, some participants discussed feeling an intense but *“short lived”* loss. This emotion was coined ‘ambiguous loss’ to reflect participants’ uncertainty about where this loss was located e.g., in the relationship with the child, own expectations and assumptions, and how this was thought about by participants.

"I had a point where I suddenly felt really sad, maybe for a day or an evening or something like that. And I think it was something about. Uh, I think it was either something about the expectations I might have had, you know, [be]cause I mean I don't think I, you know, I don't spend a lot of time mapping my children's lives out, but you do kind of have this kind of sense of where you think they'll be going or what you think they'll be doing. And then when it doesn't match up with what's happening, and that's not necessarily in relation to this, you sort of have to realign it...And I think that was a kind of me kind of coming to terms with something. It was like a little bit of a grieving point that I had." (Brodie)

"I think I did feel like I had lost something; a weird one because nothing changed but then everything changed. Maybe it was me losing the idea of the child I'd known." (Bill)

"I tried to listen and acknowledge my wife's sort of, I guess it's kind of a form of grief and losing the girl we had known. Which I didn't really see the same. Yeah, yeah, I did see that a little bit. But it was also sort of this positive thing." (Bradley)

Ambiguous loss was not experienced by all parents in this study and was often described as being short-lived. Some parents took a different view, such as Penny who rather than seeing loss experienced a gain:

I mean, in many ways, he's just the same person he always was. He's just letting me see more of him. If you see what I mean, there's more to him than I than I was allowed to be aware of before. (Penny)

Anger towards society

Participants discussed feelings of anger as they reflected on society's attitudes towards their child. Anger appeared to be associated with participants experiencing society as threatening and oppressive which heightened participants needs to "protect" their children.

"So, my husband worries more about all of this. And, and sometimes I don't, you know, that might not be a good thing because I'm not prepared for just quite how nasty people can be, you know, it comes as a huge shock but also because we move in circles where and, and like, you know, I think, it makes me bloody angry." (Brodie)

"This is [Name], he's my son, full stop. Whereas, you know, just occasionally, I think it normally just evokes anger and rage that someone could ever think that about some other human beings." (Bradley)

For some participants, anger and frustration was channelled into advocating for their child's needs in different settings. Greta described how she has *"become more confident over time"* to challenge people in positions of power:

"I had to go into school and confront, confront the head teacher about [Name] using the disabled toilets, because they weren't happy about her using the girls. And the head teacher said "no, you're not allowed". And anyway, she's still wouldn't budge. So, I ended up having to write to the governors. There was a time where I just wouldn't have done that, but it was needed." (Greta)

Ongoing Worry

All participants described worry occurring at different stages and across different contexts. Participants worrying if they were *"doing the right thing"* (Bill) for their child and wanting to avoid unintended consequences. Yasmin and Greta describe their experiences of ongoing worry:

"You always worry that your children are going to make the right well, I shouldn't say this should I, the right decisions, but that they make decisions that, you know, they weighed up the pros and cons and that if they do make decisions that are going to impact the rest of their lives, possibly irreversibly, that they're absolutely 100% on board with it." (Yasmin)

"I still feel, I still feel this, this worry that I've done the wrong thing. I don't think it will ever go really...I still have this worry that there's gonna [sic] be consequences for her in life, that led from this decision to go down this path when we when she was younger." (Greta)

Participants also reflected on worry in relation to how their child would be received by others. Paula described:

"I think I feel probably quite protective over him as well because I understand that he would, he could be a target for people quite easily; particularly at school." (Paula)

Whereas Bill reflected on worries his child's might experience greater discrimination in the future. He reflected:

"I do worry what impact this will have on [Name] getting a job. I know people aren't supposed to, but it happens. Then other stuff like getting a house, having a family, it all has a knock-on impact." (Bill)

Participants described how feelings of worry were often exacerbated by a lack of information and support from services, who were seen as inaccessible – particularly during the COVID-19 pandemic.

“...they [GIDS] were quite badly impacted by the pandemic and other organisational matters... they're not really managing the volume of people that they used to be able to. So that's worrying because there is so little support available.”
(Ruby)

“We were in a slow-moving system for CAMHS, the doctors just disappeared, and it was difficult to know what help to ask for.” (Bonnie)

Acceptance

Participants described acceptance as an ongoing and adapting process rather than as a static and final destination. For some, acceptance was accompanied by worry and dissonance as participants oscillated between different emotions. Ruby, Olivia and Bradley reflect on how acceptance interacts with ongoing worry.

“Anyway, as time went on, I just, I just came to accept who he was saying he was, is and who he is now. Sounds easy, so it sounds a lot easier than it is. [laughter] Well. I mean, it's easier said than done, isn't it? It was nothing like, it didn't happen overnight for a specific, you know, reason, I just, just came to accept it at over a period of time, not an awful long period of time, but few months may be. We just had to take one day at a time. I think acceptance is something that will be forever ongoing.” (Ruby)

“...as a non-binary person, where do you fit when everything in school is boys and girls, and sports teams, and that sort of thing? So, I think that might get harder to navigate as they get older. It worries me a little bit.” (Olivia)

“Over time, I guess I've become worried about the impact that societally in terms of job prospects, kind of potentially violence and things like that.” (Bradley)

Happiness

Participants' experience of happiness seemed closely tied to their child's wellbeing. Bradley and Brodie share their experiences:

“It was making [Name] much happier and that was absolutely palpable. It's not about that, he was, well, he probably was quite, quite unhappy before but he was much happier afterwards. And as a parent, that makes me happy” (Bradley)

"The greatest kind of encouragement really is just to see your child happy."
(Brodie)

For Penny, she describes how she admires her child's courage to stand up for his individuality and express his authentic self. She goes on to reflect on how she has learned from this to be *"less conformist"*.

"I think in a way, it makes me quite happy to see my eldest son sort of being less conformist for all of us, you know, standing up, you know, I mean, because it's easy to be too conformist, isn't it? And he says..." He's not going to allow that to hold him down, and that we can all learn from that really". (Penny)

Hope

Across all participants' experience, was the experience of hope. This related to participants seeing progress in society and felt hopefully that this would lead to greater inclusion and acceptance of differences. Olivia describes her hopes for the future:

"It is hard to fit in when you're anything but the straight down the centre "normal", although I think children are a lot more accepting now than they used to be. You know, things like [Name] having long hair isn't a big deal at school, or children who might have an unusual name, for example, might have got picked on 20 years ago, but now it's just like, oh, they've got an unusual name isn't even considered unusual. So, I am hopeful for this generation of children and the next and the next. I think society tends to get more liberal over the years." (Olivia)

Being aligned with the process

Important for all participants was the experience of being aligned to the process. For participants, this meant feeling connected to their child, to others and to the process. Participants described negotiating different dilemmas as they tried to stay connected to the process. This included adapting to their child's developing needs, responding to uncertainty, learning to take their child's lead and not charging ahead. Some participants described feeling excluded from conversations and decisions and felt the process was moving too quickly to process everything that was happening.

Participants reflected on examples where they felt they were *"playing catchup"* (Greta) with the process. For example, Greta describes how she received a call from her daughter informing her of changing her name at school:

"[Name] rang me one break time and said, "Mum. Would it be okay if I changed my name to [Name]?" And I said, "Well, I suppose you know, we can have a chat about it and then have maybe have a word with school about it". And she said, "what if

I've already done it?". I was like "What do you mean, you've already done it?". "Well, I've told everybody, and they have changed it on the register". So now she was [Name]. So that's how that happened. What, just what could I do?" (Greta)

Brodie described challenges between taking her child's lead and knowing when to intervene. She described *"but equally, like I said, there's this sort of thing about being a parent of a teenager and a young adult of like, how much do I intervene? Because actually sometimes I might have some information that would be helpful and really help them"*. Similar to other participants, Brodie talks about a degree of dissonance between her beliefs (e.g., I think I can be helpful) and her behaviour (e.g., inhibiting self and not intervening).

Some participants described feeling excluded from conversations or decisions which left them feeling uncertain about what was happening. Ruby describes how she often wondered what her son was talking about in therapy, and this created a sense of being excluded:

"I did feel slightly excluded, but maybe not unnecessarily excluded, I mean, it's, you know, although he was a child, your mental health is your mental health, and you want to discuss it with one impartial person and not have your mum there [laughter]." (Ruby)

Later in the interview Ruby described how she started to feel more involved and aligned to what was happening as communication between her and her son started to improve. She described *"my son and I started to communicate better. Anyway, so I felt like we were communicating better between ourselves"* (Ruby).

Negotiating disclosure

Negotiating disclosure reflects participants' experiences as they decide when or when not to disclose their child's gender identity to others. Participants shared the central aim of wanting to protect their child which influenced their decision to disclose or not. Anticipated rejection was associated with participants avoiding disclosure. In these situations, participants also reflected on the need to manage wider relationships and avoid conflict. As such, participants reflected on challenges navigating different social situations and needing to *"be cautious about who knows...for [child's] sake"* (Bonnie). This impacted on how socially connected participants felt to others, as participants aimed to balance the need to protect their child whilst managing wider relationships.

Involving their child in this process was central to most participants. Bradley and Bonnie talked about how they sought guidance from their child regarding disclosure but found they needed to use their own judgements.

“When we said, “Who do you think you'd like us to tell? Or should we tell people”. Typical [Name], he'd say, “oh, whatever, do what you think is right?”. Which, which was great, but also not that helpful sometimes. But that's just him he's very chilled about things. So, so it was difficult to know who to tell or who to sort of talk to about it.” (Bradley)

“[Name] should own the information...that it was for them to control who knew and when. And I think [Name] trusts me to use my judgement.” (Bonnie)

The majority of participants described situations where they avoided disclosure in order to protect their child and preserve relationships with family, friends, or work colleagues. Penny describes how *“family disruptions are best avoided”* as she avoids disclosure with family members:

“It's probably best that I that didn't allow grandma to know, because she might...erm, well as well as her upsetting him she might have made him [more] uncomfortable. And then, you know, family disruptions always best avoided.” (Penny)

Participants described the impact of avoiding disclosure on self, including feeling isolated and lonely. Bonnie described feeling isolated in social situations where friends were expressing polarising views. Bonnie later described feeling the need to be cautious about who knows about their child's gender identity.

“When it's just her [friend] and me, I think it's really supportive. But when the other ones there as well, it gets more...those two sort of go off into their TERFy³ corner. And I'm sitting there quietly, thinking I'm not happy with this. It's quite isolating.” (Bonnie)

Similarly, Bill described not feeling able to share with friends his experiences parenting a gender-diverse child. He describes feeling lonely as a result.

“I have friends and we often go out and socialise on the weekends, but I kind of never felt like I could talk about these issues...its lonely.” (Bill)

In contrast, Greta described how overtime she has learned to be more open with others about her experiences, and this has resulted in greater support and connection to others. She describes:

³ Trans-exclusionary radical feminist. This term is often used to describe persons whose views on gender identity are considered hostile to transgender and gender-diverse individuals, or those who oppose social and political policies designed to be inclusive of transgender and gender-diverse individuals.

“When you parent a child who's different, people are interested aren't they and you can go one of two ways. You can either tell them to mind their own business or not say anything. But I always found that if I was open, I got quite a lot of support from people...I think I find the more open you are the more support you get from people. That has been my experience.” (Greta).

Becoming more informed

Participants described becoming more informed by seeking information from formal and informal spaces as they navigated their experiences. Participants described accessing support and information to gain a better understanding of their child's developing gender identity and help them make sense of their experiences. Some participants described feeling ambivalent towards accessing formal support as they were unsure how it may benefit them. In terms of their experiences, participants' experiences of accessing support and information were described in relation to whether this enabled them to feel better connected to their child, to others and the process.

Most participants described seeking information online in the first instance. However, participants were not always clear where they could find information and support, and some described feeling unsure how credible the information was. Yasmin and Bill describe feeling tentative about accessing information online, particularly via social media.

“Social media, that can be very negative. And I think when you're searching for answers to questions about your child's identity, a lot of people turn to social media...And it can be a quite a negative experience. Having said that, it can also be a very positive experience...you have to be careful where you go.” (Yasmin)

“You read stuff online, and you don't know who to believe...it just confuses you more. So, although I have tried, I know just avoid it.” (Bill)

For all participants, it was important to feel they were accessing information that was factual and from a credible source. This enabled participants to feel more informed and connected to what was happening. Brodie describes her experiences accessing information online which enabled her to feel more confident talking to her child about their experiences.

“...really early on probably in the first week I looked up some, you know, did a bit of Googling. The Stonewall website was really helpful, and it doesn't say a lot but what it did say was just hugely reassuring cause I think...They weren't sort of taking a sort of touchy feeling kind of approach. Simple like, well, this is how it is.” (Brodie)

For some participants, accessing information and support through formal pathways was not considered a priority or need at the time of interview.

“I could have reached out for support, but I didn't do it. Because I felt that maybe I didn't feel like I needed it enough or something. I'm not sure.” (Ruby)

“There are some organisations which we might approach. But right now, there really doesn't seem to be a need. Maybe in the future, who knows.” (Bradley)

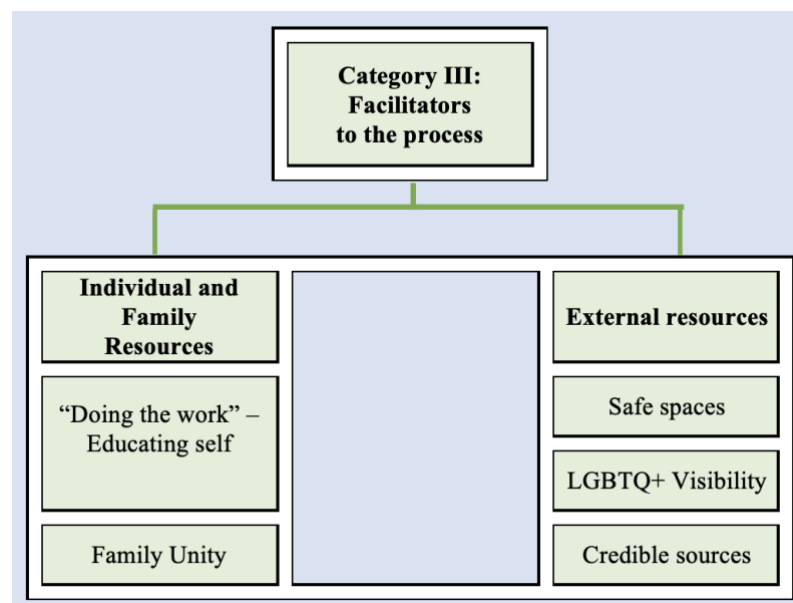
“I'm personally not really aware of sorts of support for parents, because I haven't so far really felt the need.” (Yasmin)

Facilitators to the process

Facilitators to the process, illustrated in Figure 7, explores factors and experiences which supported participants' experiences. From an overarching perspective, facilitators reduced dissonance across participants' experiences and increased opportunities for participants to feel more connected to their child, others, and the process. Facilitators were organised individual and family resources and external resources to reflect the different sources of support. It needs acknowledging that while 'facilitators' are presented as a separate category, they are also present throughout other categories and sub-categories. This is due to the impact facilitators have on other processes associated with participants' experiences.

Figure 7.

Category III: Facilitators to the process



All participants reflected on the importance of family unity as facilitative in navigating their experiences. For some participants, this developed over the course of learning about their child's gender identity and was an evolving process.

"We always give a joint front. And so, if one of us says something that the other didn't agree with, we don't say anything at the time. And then later on maybe."
(Greta)

"As a family we've been through a lot with a lot of issues along our journey. So, I think maybe we were a bit stronger for that and able to cope with anything really."
(Yasmin)

"I think as a collective the family are supporting each other with pronouns and sort of shifting from previous understanding, retraining the brain, so we are all on the same page." (Bonnie)

Participants also reflected on needing the time to process what was happening and taking the process slow. This enabled participants to seek understanding, and "doing the work" (Greta), in terms of making sense of their experiences which afforded participants more certainty.

"You've got to educate yourself, but then you've got to work out what's their best interests and what they want" (Paula)

"I mean, it took me a while to get used to the name change, obviously. But that's my learning. If I get it wrong, I apologise and I do better next time. Repeat." (Penny)

In terms of external resources, participants benefitted from finding safe spaces to explore their experiences and concerns, as well as feeling listened to and learning from others. Some reflected on having benefitted from LGBTIQ+ visibility across different spaces such as education, work, other organisations and more generally in society. Sharing experiences with others with lived or similar experiences in safe spaces were important for participants in terms of feeling more connected to others as they navigated their experiences.

"Having a space or somewhere or someone you can just go to and be like 'I don't know what to do?', and have people who listen and understand is, I think, really important." (Bradley)

"It really helps me when I go to events like Pride. It's really important that differences are visible, and we all can learn a lot from that. I think it's great when [Name]'s school puts on events about inclusivity, and when the University does too. I think it just normalises it all" (Yasmin)

Finally, participants reflected on having access to information and support from what they termed “*credible sources*”. This enabled participants to feel confident in the information they were receiving and enabled them to develop their understanding and share information with others. Overtime, participants’ developing understanding of gender diversity was associated with participants becoming more confident advocating for their child’s needs in difference spaces.

“There is so much out there, you don’t know who or what to believe. My wife found the ‘Mermaids’ website and they had some really helpful suggestions on their website which helped us massively in understanding what non-binary means” (Bill)

Challenges to the process

Challenges to the process, as represented in Figure 8, explore factors and experiences which challenged participants’ experiences. From an overarching perspective, challenges inhibited how connected participants felt to their child, others, and the process, and increased an overall sense of dissonance across participants’ experiences. Challenges were organised into individual and family challenges and external challenges. The term *challenge* was selected to reflect how participants appraised situation as something which may be overcome or need to be navigated. It needs acknowledging that while ‘*challenges*’ are presented as a separate category, they are also present throughout other categories and sub-categories. This is due to the impact challenges have on other processes associated with participants’ experiences.

Participants reflected on challenges in the context of family and social relationships as they negotiated disclosure and aimed to preserve relationships whilst protecting the needs of their child. Olivia and Bradley describe how they were exposed to polarising views from family members which left them feeling hurt and they now avoid conversations. For participants, a lack of familial and social support was often experienced as isolating and increased parental stress.

“My brother sends, these horrible transphobic, like, video joke things on WhatsApp groups, and like why would you do that, it is just so offensive, but he doesn't even realise. Or he's doing it to upset me. I hope it's the former and he doesn't realise what he's doing. But I hate it. I absolutely hate it. And I don't know why they think like that. And so, I, I just wouldn't even broach the subject with them because they wouldn't understand.” (Olivia)

“You know, if I ever hint at gender identity or anything comes up, he [brother] would say really loudly “there’s only two genders, all this rubbish about etcetera”. So that kind of shut that down. And I kind of tried to reason a little but both my wife and I said, “don’t bother” that’s mainly led the decision not to tell.” (Bradley)

Whereas family unity was identified as a facilitator, some parents reflected on parental disagreements as a challenge in relation to how best to support their child. Parental disagreements were often precipitated by parents not feeling as though they had the right information or feeling included in decisions or conversations. Bill and Bonnie described how uncertainty and lack of information resulted in parental disagreement.

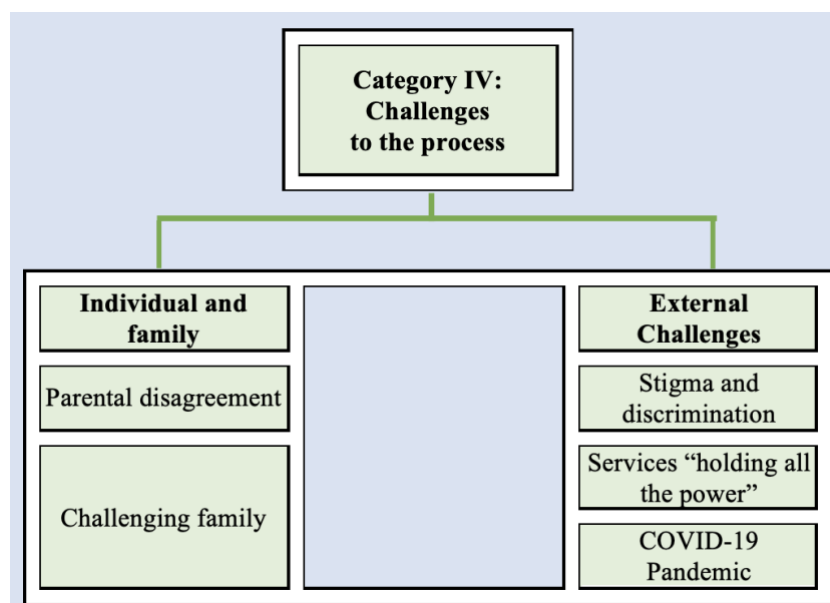
“The thing is, I didn’t know what was best and neither did [wife]. We just had to make it up as we went which caused some arguments. We don’t disagree often, but this was different. I definitely needed longer to understand what was happening” (Bill)

“Dad has the biggest difficulty with it and at one point rather, unhelpfully said, “Well, he’ll always be my son”. Yeah, thankfully, I don’t think he said that in front of [Name]. So that caused some disagreement.” (Bonnie)

In addition to challenges within the family and social relationships, participants also reflected on external challenges they experienced which created greater uncertainty and experience of dissonance which led to participants questioning themselves and their child, and a greater urge towards needing to protect their child.

Figure 8.

Category IV: Challenges to the process



Firstly, all participants demonstrated an awareness of the polarising discourses surrounding gender diversity in society and they reflected on stigma and discrimination in society and in some cases, even viewed society threat to their child. Participants reflected on these challenges in the context of ongoing worries and concerns they had for their child.

“There are places where my son would actually be illegal to exist... The polarisation from the right-wing press is pretty appalling and blurs things for people.” (Bradley)

“I think there's still a lot of stigma attached to people who don't fall into stereotypes, stereotypical roles. it's still there it and it's still there in the media. I can be a bit threatening if I'm honest and I feel like I need to protect [Name] more than I should.” (Yasmin)

“I do worry if she is going to be okay and what would I do if somebody attacked her ...they're targeting people who are in a more minoritized and oppressed group than they are. Like why would you do that? You know, it just that doesn't make sense to me.” (Brodie)

Participants who accessed support from NHS services or other organisations, reflected on services *“holding all the power”* (Paula) and *“gatekeeping information and support”* (Olivia). In addition, Greta describes how she was given conflicting information from services about how best to support her child:

“CAMHS wanted her to stay as a boy. For as long as possible...I wasn't too sure as I'd read that I should let her be who they are. I think it was her mental well-being, they said “She needs to stay as a boy for as long as possible”. On reflection, they didn't have a clue.” (Greta)

Finally, participants reflected on the impact of the pandemic as a challenge. For some, this meant challenges accessing timely information and support. Others reflected on how they felt abandoned by services and worried about the long-term repercussions of service provision which was already under resourced and high in demand. Ruby described the challenges navigating school, healthcare services and other agencies such as not being involved in conversations and feeling powerless whilst at the same time accepting that her child needed a space to explore their own experiences. These challenges were exacerbated by the COVID-19 pandemic as Ruby stated, *‘in the pandemic, it just felt like we were left and nothing was happening...we got a letter that said, ‘we'll contact you, but don't hold your breath kind of thing’*.

Growing from the process

All participants reflected on the many ways in which they had grown from their experiences parenting a gender-diverse child. Participants described how these experiences had enabled them to grow as parents and individuals and shaped their outlook moving forwards.

Growing from the process was described and organised in relation to ‘self-growth’, ‘relationship with child’, and ‘relationship with others’, illustrated in Figure 9. From an overarching perspective, growth relates to participants’ experiences of feeling connected to their values and doing what’s important in relation to themselves, and their child.

Self-Growth

During interviews, participants described how their experiences parenting a gender-diverse child have strengthened their values, self-awareness and developing greater self-compassion. Ruby, Paula, and Yasmin describe the strengths they have discovered and developed through their experiences.

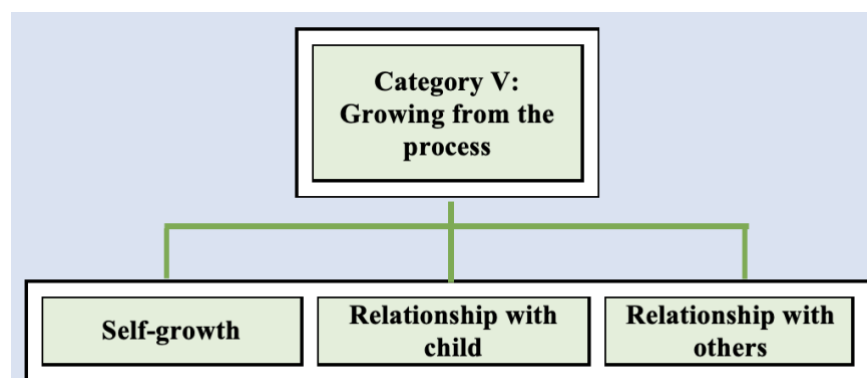
“I think I've become being more open minded. You know, and more understanding for people who go through gender transition...I'm kinder to myself when things go wrong.” (Ruby)

“I think I'm a lot more easy-going about these types of things and able to deal with things better...It's just we are as we are. That's it, you know, this is this our family...if you can call it a strength.” (Yasmin)

“I'm more open to take information and think about [my] own viewpoints, and change positions if we need to...it's, you know, that we can, I think being open to learning that strength, Yeah, I suppose also really, you know, being an advocate for my child, I think that you just have to be ready to do that. And it kind of comes

Figure 9.

Category V: Growing from the process



naturally as a parent, but you also have to remember to do that. And that is perhaps the most important thing.” (Paula)

Participants also spoke of the process of having to re-learn and adapt to new information, as Bonnie and Bill described:

“It’s taught me to not take things for granted...I’m more reflective and self-aware to go question some of my assumptions.” (Bonnie)

“There’s been a bit of unlearning, I guess in terms of what I understood in terms of gender.” (Bill)

Finally, participants acknowledged the challenges they had encountered and reflected on these through a more compassionate lens when they encountered challenges.

“I don’t know what people say behind my back. And frankly I don’t care[laughs]. Times have been really hard, and as long as I’ve done the best for my child then I’m happy.” (Greta)

“There was a time where I was really hard on myself, questioning everything and I can see now that it was unhelpful. I think I just needed space to just think. I much kinder to myself about these things now.” (Yasmin)

Relationship with child

Participants reflected on their relationship with their child and how they have become more confident overtime in advocating for their child’s needs. They described finding new ways of relating to their children such as sharing new interests or seeking similar references which facilitated them feeling more connected to their child. Bonnie and Paula described how they were able to develop a different relationship with her child by seeking similar references for them to share interests and skills. They reflected on how this also enabled them to share things with their child that she thought important.

“I think it just helps me to have more of a rapport with [Name]. And we’ve got some of the same references. And also means, I think [Name] feels that they can share things with me on social media, even in in just private messages and stuff doesn’t have to be open if they don’t want it to be. And I think that’s helpful. And sometimes it means that I can bring things to their attention that they haven’t seen. And I think that’s nice.” (Bonnie)

“I do a lot of sewing...it’s partly because I know that [Name]’s very interested in exploring their fashion sense at the moment and has been trying to get beyond that whole male shirt and trousers thing but isn’t quite sure what to do. So, I thought,

well, if I help them get some sewing skills...And so you know, so there's been a bit of skills sharing there as well, which I think helps fill us feel close.” (Paula)

All participants described becoming more confident in advocating for their children’s needs across different settings whether that be in education, healthcare, or the workplace.

“I was anticipating that school was not going to be fully on board with the whole thing. So, I guess I’ve learned how to advocate for [Name] and make sure their needs are respected like all the other children.” (Bill)

“I guess you can say that I’ve become it all. I’m a parent, a friend, a support, an advocate, and a fighter. I’ll make sure they get what they need.” (Greta)

“I’ve just learned even more so to I guess, to stand up for his individuality, individuality and his life.” (Bradley)

Relationship with others

Many participants reported they had experienced positive changes in their relationships with others, namely significant others e.g., partners, close family, and friends. Improvements in relationships with others were often associated with participants experiencing others as being supportive of their and their child’s needs. Greta describes how the experiences parenting a gender-diverse child have strengthened her marriage and confidence in approaching new tasks in the future.

“I think I think it strengthened my marriage with [husband]. We are just solid, absolutely solid. Whatever comes next, I know we can manage it because we always do.” (Greta)

Similarly, Ruby describes how social support been particularly helpful in her navigating her experiences and attending to her own needs.

“I’d say there are maybe about three good friends that feel have all been just as helpful and supportive as each other... I suppose the way in which they’ve been concerned for me and the support I’m getting just as much as they’re concerned for my son and the support he’s getting.” (Ruby)

Some participants spoke of findings a new support community from the experiences, learning from other parents with gender-diverse children. As Penny described:

“I think probably the most useful thing would be speak to other parents that you know... to be able to have a sort of frank and easy conversation, but also to speak to other children or children who are now adults who’ve been through the same

experience. Because I think that it that they're the ones who know they're the ones who who've, who are going through it or have gone through it...they're the most knowledgeable people, because they're in it, it's them.” (Penny)

Finally, just as participants spoke of the wider influences on the system, participants also reflected on how they used their experiences to influence the wider system through advocating against injustices and passing on information and support to other parents of gender-diverse children.

“So, there was a personal kind of advocacy...particularly with [Name] now and so I've become I guess an ally. And will for example in a staff meeting speak up and I will encourage certain things to happen like updating trans awareness statement and things like that.” (Bradley)

Conclusion

In conclusion, a grounded theory was constructed from interviews with ten parents of gender-diverse children. The study also used a convergent survey which sought to gather a broader view of parents' information and help-seeking behaviours. In practice, a smaller than anticipated number of parents responded to the survey however, this remained a larger pool than those who volunteered to be interviewed – this might suggest that parents felt more comfortable responding to an anonymised survey when sharing their experiences. The emergent theory illustrates the process of parents' journeys as they navigate different experiences in relation to their gender-diverse child and wider influences such as family, societal discourses, interactions with stakeholders. Parents embark on their own emotional journey which rides alongside other processes such as making sense of their experiences, being aligned to the process, navigating disclosure, and accessing information and support. Parental aims to protect their children's rights and needs and feel connected to the process are challenged by internal and external influences which drives cognitive, emotional, and behavioural dissonance characterised by uncertainty and parents questioning themselves, their child, others and the process. Facilitators to the process enable parents to reduce feelings of dissonance and threat, while increasing opportunities to feel more connected to their child, others, and the process. Being informed through having access to information and support, family unity, connecting with others with lived experiences, safe spaces, and LGBTIQ+ visibility enabled parents to make sense of their experiences and feel connected to their experiences. This benefited parents as they described noticing improvements in terms of self-growth, in addition to seeing improvements in the relationships with their child and others. Through their experiences, parents developed confidence and felt empowered to challenge wider discourses and discrimination and advocate for their child's needs and others from a more informed position.

Chapter Five: Discussion

This study sought to understand the experiences of parents of gender-diverse children and young people. Central to this exploration was understanding how parents conceptualised and make sense of their experiences through an interpretation of the psychological and social processes involved. To achieve these aims, the study employed a mixed methods design with grounded theory. This involved a short unstandardised survey which investigated parents' information and support seeking behaviours – this was then used to inform the qualitative inquiry via semi-structured interviews with ten parents. Interviews were analysed using constructivist grounded theory (Charmaz, 2006). The results of the qualitative inquiry produced five categories and 16 subcategories. The relationships between these categories were explored to produce a theoretical interpretation of parents' experiences parenting gender-diverse children and young people.

Summary of the Results

The results of the survey provided a broad overview of parents' information and support seeking behaviours, in addition to the functional impact of their parenting experiences. The findings of the survey suggest that parents primarily use informal ways of accessing information and support through a range of online sources. More formal pathways such as making contact or engaging with healthcare services **were** a less frequently used option by the parents in this study. These findings echo the wider literature around parents' information and support seeking behaviours online via informal spaces; inevitably these sources then shape parents' understanding, expectation and experiences of gender-diversity by exposure to polarising discourses (Rickett et al., 2021). The survey also identified that parents experience greatest functional impact in relation to their relationships with family members and wider social network. The survey proved an effective way of consolidating a broader overview of parents' experiences to inform the ongoing qualitative inquiry.

The findings of this study make a unique contribution to the existing literature by focussing on the social processes underpinning parents' experiences parenting gender-diverse children and developing a dynamic model which seeks to explore how parents' make sense of their experiences. Understanding parental experiences through fluid and dynamic processes reflects the changeable experiences of parents as they navigate different challenges and evolve over time. These experiences are shaped by internal and external influences and in addition to parent's own values, beliefs and behaviours and their existing parent-child relationship. Within the model, parents reflected aims of wanting to connect with and protect their child which was facilitated or challenged by different levels of systemic influences ranging individual, family, community, and the wider context. The theoretical interpretation reflects how parenting a gender-diverse child enabled parental

growth, as parents benefitted and changed from the process, and the dynamic nature of the model reflects how these experiences are then accommodated back into parental identity.

How parents come to make sense of their experiences can be understood in relation to how they appraise the different situations and experiences in the context of internal and external facilitators and challenges – similar to processes described in the transactional model of stress and coping (Lazarus & Folkman, 1984). Across parents' narratives, gender identity and expression did not present as a *problem* which needed to be *fixed*. Rather, parents spoke about losses, threats and challenges navigating social processes and discourses in relation to their child being gender-diverse in addition to having to do their own learning and challenge their own assumptions, beliefs, and behaviours. Parents utilised available and new resources when responding to events – ultimately, parents found ways of coping which brought benefits from the experiences. In conjunction with the transactional model of stress and coping, parents employed both emotion-focussed and problem-focussed ways of coping – often at the same time. Examples of this were, parents' describing how they wrestled with their own assumptions and emotions i.e., feeling uncertain, worried, angry, at the same time navigating wider systems to protect the needs of their child i.e., advocating for their child in different spaces. Coping responses are explored further in this chapter.

Results in the Context of the Existing Literature

Parental Identity

The findings of this study suggest that parents make sense of their experiences through a lens which is influenced by their previous, and current experiences, in addition to their values, beliefs and behaviours. Thus, parental identity is both influenced by and has influence on parenting experiences. These experiences are set within the wider cultural and societal context which ultimately shape parents' identities and expectations of themselves. The parents in this study described an overwhelming need to protect their children, and viewed societal discourses, attitudes and behaviours towards their children as threatening. The increased desire to protect their children from outward societal pressures including bullying, discrimination, threats to safety are echoed in the wider literature, both from within the UK and internationally (Davy & Cordoba, 2020; Hidalgo & Chen, 2019; Hill & Menvielle, 2009; Pullen Sansfaçon et al., 2015). Indeed, research by Hidalgo and Chen (2019) highlighted how parents of gender-diverse youth are frequently subjected to distal and proximal stressors which impact gender-diverse youth and parental wellbeing negatively. Despite protections in law, organisations and other stakeholders are routinely needing prompts to consider their policies and practices to be more inclusive of gender differences (Birnkrant & Przeworski, 2017). Whilst the parents in this study described

advocating for their child's needs and rights, this has the potential to place an increased pressure on groups already facing challenges and discrimination to point out where this is happening and to progress greater inclusion. In other interactions, parents reflected on the expectations they held of themselves and needing to balance these with offering support for their gender-diverse children – often parents acted as a buffer or go between, in a bid to guard against negative outcomes for their children, however, this frequently resulted in parents becoming socially isolated and lacking support for themselves. While many of these experiences were normalised as part of parenting a greater response is needed to support parents who may be experiencing challenges adjusting to their experiences and more research is needed to explore factors which improve outcomes for this group. In the current study, with more understanding and confidence, parents described how their role became more about advocacy and challenging social injustices – this reflected parents' move from a reactive and to a proactive position. Parents described needing to '*do the work*' and educate themselves on gender-diversity and unlearn previously held assumptions and expectations. These findings reflect other research exploring the experiences of trans youth who describe a desire for their parents to make greater effort in understanding their identity by educating themselves about trans gender issues and identity (del Castillo, 2022). Parental advocacy is a novel contribution to the extant literature although these findings do reflect the experiences of parents whose children have other differences, such as chronic health conditions (Smith et al., 2022).

In fact, whilst it is widely accepted that parents influence their children, this study throws light on the dyadic nature of these relationships such as how children shape and influence their parents, as interpreted through parents' narratives. Research exploring how parental identity evolves through interactions with their child is well established (Dillon, 2002; Luvmour, 2011) – however, research has yet to explore how this relates to parenting a gender-diverse child. Luvmour (2011) suggests that through supporting their children, parents learn to be more accepting of their strengths and limitations, become more open-minded about differences, and develop stronger connections to others. It could be argued that the parents in this study reflected similar processes which influenced their parental identity such as becoming more self-aware and openminded, accommodating new perspectives, challenging injustices, and developing self-compassion. These ideas may warrant further investigation. Parental growth is discussed in relation to the literature later in this section.

Living the Process

It may not be surprising that the parents in this study described wanting to feel aligned to their children. Parents achieved this through different means such as taking their child's lead, seeing their children as educators, and seeking the same references in a bid to feel more connected. While the parents in this study reflected on the many benefits to feeling more informed and aligned to the process, recent research exploring trans youth perspectives of parental support has shown that trans youth can often feel burdened with the responsibility of having to educate their parents about their trans identity and wider issues – this may also be in the absence of receiving emotional support for themselves (del Castillo, 2022). This raises important clinical implications for how parents might seek information and support, while holding their aims of remaining aligned to their child. Services and other stakeholders are likely to play a crucial role in supporting parents with feelings of uncertainty, by ensuring they have access to appropriate information, resources and support and thus reducing the burden experienced by gender-diverse youth.

All parents in the study reflected on challenges navigating disclosure across different contexts such as wider family, social and work networks, and they reflected on the conflict between protecting their child's rights and identity whilst managing wider relationships. For some, these experiences resulted in parents behaving in ways which were in contrast with their beliefs and values, such as not challenging transphobia, staying silent etc - such experiences created a felt sense of dissonance and isolation. Parents also reflected on feeling isolated in spaces where they felt unable to talk about their child and their experiences. The experiences of feeling isolated are reflected in the wider literature as parents navigate their own '*coming out*' process (Abreu et al., 2019; Barron & Capous-Desyllas, 2017). Indeed, Field and Mattson (2016) found that parents of transgender children experienced multiple isolating experiences relating to feeling isolated from their child, and being unable to celebrate their child in public spaces. The findings of this study bring fresh insights into factors which might influence disclosure or the social and psychological impact for parents such as relational safety, anticipating rejection/acceptance etc.

The emotional experiences described by parents in this study reflects those in the extant literature, particularly in relation to initial disclosure i.e., surprise, shock, and, adjustment or decision making e.g., uncertainty, worry, guilt (Abreu et al., 2019; Lambert et al., 2022). Additionally, parents' experience of loss has also been well-documented in this area; the present study positioned this as an ambiguous loss which represents the sense that someone has *left* the family system in an ambiguous way, such as being seen as physically present but psychological or socially different, or vice versa (Boss, 2016). Ambiguous loss in this study reflects parents' felt sense that the loss being experienced was attributed more

towards their own cis-normative assumptions and expectations for themselves and their child. It is important to note that ambiguous loss was not experienced by all parents in this study and was often described as being short-lived. Some parents took a different view, such as Penny who rather than seeing loss, experienced a gain through being able to see more of their child's identity and expression. How the experience of an ambiguous loss relates to parental experiences and the processes through which these feelings are resolved, or not, warrants further investigation.

While most research in this area has focussed on parental acceptance, the findings of this study suggests that parental acceptance is part of a dynamic process for parents which weaves through parents' experiences rather than being represented as a static end point. Understanding '*acceptance*' in this way expands on the work of Wren (2002), in that acceptance could be viewed as an iterative process, subject to challenge and change. Wren (2002) argues for a tentativeness towards viewing acceptance as a fixed and final position for parents, much like the findings in this study. Instead, they suggest that acceptance should allow for both the child and parent to continue to explore their psychological and emotional needs and nurture self-reflection. For example, parents in the current study described how through various processes including learning from their child, challenging assumptions, educating self, they experienced a felt sense of acceptance, however, this was challenged by ongoing uncertainties and worry which was mediated by parents feeling more informed and involved. The parents in this study revisited acceptance several times in their experiences and described this as an ongoing process. It is likely then, that parents may need ongoing information and support from organisations, at different stages of their and their child's journey and that parental acceptance should not be viewed as a static concept, but rather something that is fluid and exists alongside other emotions.

Finally, and contrary to previous research in this area, which has focussed largely on the experiences of parents engaging with specialist gender identity healthcare services or associated organisations (Abreu et al., 2019), this study addressed the need to expand on these experiences. Only two interviewed participants were actively engaging with services at the time of the interview. The findings discovered that for some parents there is a deterring ambivalence to accessing support via formal pathways, and this challenged parents' ability to feel informed and make sense of their experiences. As such, it is possible that there are many parents and families who simply are not, and perhaps will not, come into contact with healthcare services but who still need support and information. This poses challenges for healthcare services and other stakeholders to consider alternative ways of reaching and engaging with these families. Improvements in service delivery and design maybe necessary work more integratively with other organisations such as workplaces, third-sector

organisations, education settings, to increase awareness of gender-diversity, provide information and resources to parents and appropriate sign-posting for families who may not have a specific ‘health-service’ need but may benefit from this type of integrated support.

Facilitators and Challenges

The study interpreted a dynamic relationship between facilitators and challenges, both internal and external, and parents’ felt sense of connection and dissonance. From an overarching perspective, facilitators enabled parents to feel more informed and supported which moved them closer to their aims of feeling connected to their child, to others and the process. In contrast, challenges to the process, created uncertainty for parents, in some situations increased threat and the perceived need to protect their children – overall, challenges resulted in a felt sense of dissonance. It is notable that facilitators and challenges were infused with all aspects of parents’ experiences, impacting across the theoretical interpretation. While facilitators and barriers (*challenges*) have gained increasing attention in relation to parental support of gender-diverse youth (Matsuno et al., 2022; Rickett et al., 2021; Ridderinkhof et al., 2018), the current findings extend the literature by exploring the psychological and social processes involved in these experiences.

Supported by the extant literature, the majority of parents interviewed in this study reflected a lack of information and understanding of gender-diversity prior to their child’s initial disclosure. With aims of understanding their child and feeling more connected, parents in this study sought information from a variety of sources, but primarily online – occasionally, parents voiced concerns as to the credibility of the information being provided. It was clear from parents’ narratives that polarising social discourses challenged their ability to sieve through relevant and credible information and support which left parents questioning themselves and their child. These challenges perpetuated ongoing worry and dissonance for parents. This is echoed by research by Riggs and Due (2015) who found parents are frequently challenged through having limited information and navigating conflicting information in relation to how best to support their gender-diverse children. They found that limited information was often associated with reduced levels of parental acceptance and difficulties adapting to changes e.g., using preferred pronouns. Interestingly, Riggs and Due (2015) found this association to be greater amongst fathers compared to mothers. This was not reflected in this study, however, the small sample that were interviewed would have made this hard to ascertain. Nonetheless, for parents to feel informed and assured by the information they are accessing, particularly when making decisions that may impact theirs and their child’s wellbeing, it will be important to review the available information and synthesis credible sources.

While few parents in this study had accessed specialist healthcare services, there was a general ambivalence towards accessing formal support, in addition to a lack of understanding of how this support could be of use to them if needed. Some parents reflected that they felt services held a lot of power and were gatekeepers of information and support. This is echoed in research by Horton (2021) who interviewed parents of socially transitioned gender diverse youth about their experiences accessing services. The research highlighted how parents engaging with healthcare services often felt judged and their parenting styles scrutinised by intrusive assessments. Whilst the interviewed parents in the Horton study were all affirmative or, at least, supportive of their child to access services, Horton acknowledges how this presents a narrowed but important focus. Horton also identified how their position as a non-binary parent of a trans child and an active online forum member enabled them to reach other parents and facilitated greater ‘intimacy and openness’ in their interviews. Whilst this may be the case, it is also important to consider how the researcher’s position may be interpreted by parents with different experiences or conflicting positions regarding accessing healthcare services and consider how this shapes willingness to come forward to participate in research. As such, a participant bias may have been introduced. Nonetheless, the experiences of healthcare services for gender-diverse individuals and their families is arguably one of the most studied contributions to the literature (Abreu et al., 2019; Cicero et al., 2019; Heng et al., 2018). Recurrent themes relating to excessive waitlists, healthcare professionals’ lacking experience and training specific to gender-diversity, and experiences of discrimination permeate the literature. While these themes are echoed in parents’ narratives, this study provides unique insights into parents’ experience prior to engaging with healthcare services, and highlights parents’ ambivalence towards these services. The study also highlights how parents may experience challenges across other settings such as in the workplace, schools, social networks. This raises important clinical implications discussed later in this chapter.

Family unity was reflected in parents’ narratives as a developing and facilitative process, whereas family disagreement was often associated with parents feeling isolated and conflicted. Informed by family systems theory, families strive for a sense of balance and unity and this is challenged when change in one part of the system forces the other parts to change and adapt (Seshadri, 2019). Parents’ experiences of dissonance vs seeking connection can be understood in terms of families re-establishing family unity. Research by Gray et al. (2016) suggests that parental disagreement in relation to how best to support gender-diverse children creates tensions in the parenting relationship which frequently results in parents questioning their decisions. Given that outcomes for gender-diverse individuals are often reliant on positive relational support, it is pertinent that challenges to

family unity including parental disagreements are understood by healthcare services and other stakeholders in order to target support and interventions.

Parents' narratives also reflected on the value of LGBTIQ+ visibility and having access to safe spaces to feel listened to and learn and connect with others which parents found facilitative to their experiences, supporting them to feel more informed and develop confidence. The parents in this study reflected benefits learning from others with lived and shared experiences such as learning to navigate different challenges, such as medical and legal processes, in addition to receiving emotional and social support. These benefits are reflected in the wider literature which suggests that participation in support groups for parents of gender-diverse individuals have been identified as a successful intervention (Hillier & Torg, 2019).

Wider influences, including the polarising nature of societal discourses featured in parents' narratives as they reflected on experiencing indirect and direct stigma and discrimination. Viewing society as a threat to their child increased parents pull towards needing to protect their child. For some, this meant worrying about their child expressing their gender identity in public spaces and anticipating rejection. Avoiding disclosure and staying silent were strategies parents employed to navigate these experiences and protect their however such strategies have potential to reinforce gender-diverse identities as shameful and something which should be hidden from others. Parental concern with *negotiating disclosure* as a means of protecting their child from social discourses and discrimination is echoed in wider literature (del Castillo, 2022; Hidalgo & Chen, 2019). Del Castillo (2022) explored parental concern from gender-diverse youths' perspectives where parental *control* of gender expression was been interpreted as unsupportive and perpetuated feelings of shame impacting the parent-child relationship (del Castillo, 2022). Whereas, Hidalgo and Chen (2019) found that parents experienced rejecting experiences from others, notably family and friends, which impacted their own psychological wellbeing and were subjected to gender minority stressors such as direct and indirect discrimination, misgendering of child, statements which position gender identity as a problem to be fixed. Understanding the impact of social discourses and wider cultural influences from both perspectives offers a deeper understanding of the processes impacting both parents' and gender-diverse individuals experiences. It is important to break down barriers to enable gender-diverse youth to express themselves openly, in a way that feel authentic to their gender identity and support for parents in this process. Supporting the understanding that parental acceptance is protection (Hidalgo & Chen, 2019) – particularly as denying or deterring gender expression can have significant adverse outcomes for the gender-diverse individuals and their families.

Growing from the Process

A unique contribution of this study reflects how parents of gender-diverse children benefitted from their experiences through feeling more emotionally connected to their child, becoming more self-aware and developing confidence to advocate for their children and challenge injustices. While most of the existing literature in this area has focussed on parenting challenges, parental growth has often been overlooked (Abreu et al., 2019). Firstly, the findings of this study explored how parents benefitted from their experiences in relation to self-growth. As part of this, parents reflected on developing self-compassion as they navigated their experiences. This proved to be facilitative in reducing feelings of dissonance and increasing a felt sense of connection to their child, and the process. As a construct, self-compassion has seldom been explored in the literature relating to parenting gender-diverse children (Abreu et al., 2019). However, wider research exploring parents' experiences of parenting autistic children has shown that self-compassion can help to reduce parental stress, mitigate impacts of stigma and shame and increase overall psychological wellbeing (Chan et al., 2022; Ridderinkhof et al., 2018). Exploring this construct further and developing an understanding of how parents cultivate self-compassion including the impact this has on outcomes for gender-diverse youth is an exciting direction for future research.

Secondly, parents in this study reported experiencing improvements in their relationships with their children and developing new ways of relating to their child through a range of strategies such as sharing of interests, seeking similar references, opening lines of communication etc. Despite challenges, such as knowing when or not to impart advice, or learning to take their child's lead, parents' narratives reflected an overarching need to be explicit when it came to supporting and reassuring their children of their unconditional love. Here, parallels can be drawn to Chrisler's (2017) theoretical framework of parents' experiences of their LGB children coming out, that is, parents move through a process of learning and developing their understanding which leads to growth in the parent-child relationship. Chrisler suggests that parents, when responding to their child's sexual identity, employ avoidant or approaching coping strategies. Being explicit in the support of their children, making connections and developing the parent-child relationship can be viewed as approaching coping strategies. However, a criticism of both the Chrisler model and this study's theoretical interpretation is that parents' experiences which differ i.e., where growth from the process or improvements in the parent-child relationship are not observed, are not captured, and therefore remain poorly understood. It is possible that the presented theoretical interpretation offers some insight into these experiences, for example, parents' experiences of dissonance may be so great that this disables growth from their experiences meaning the experiences are not accommodated or assimilated back into parental identity. However, the

current study was unable to test this hypothesis and therefore these ideas may warrant further investigation.

Finally, growing from the process was experienced by parents in their relationships with others. Parents in this study reflected overwhelming on the isolating experiences they encountered across different contexts such as with family and friends, in work etc. For some, their available social spaces felt too threatening to access support from. In contrast, parents also spoke of how their experiences had also led to new connections with individuals, groups, and organisations, in addition to strengthening some existing relationships. The findings highlight the need to increase and support parents to access spaces which facilitates peer support and enables parents to feel connected to others. Research by Riley, Clemson, et al. (2013) explored the retrospective childhood experiences of 110 transgender adults to identify their needs and the needs of their parents to understand gender-related difficulties. Peer support for parents was identified to help parents of gender-diverse youth access information, learn parenting strategies and seek emotional support. Peer support was also identified in this study as enabling parents to feel more informed and confident to educate others – which echoes findings presented in this study.

Notably, it is possible that some parents may continue to feel excluded or discriminated against in different contexts which might pose ongoing challenges to feeling connected to others and perpetuate feelings of isolation. Indeed, Ruby reflected on her experiences having to take time off from work to support her child but felt her employer was not understanding of the reasons for these, and that the same protections were not being afforded to her as would be the case for other parents where a child has additional needs. As such, a greater response from organisations is needed to engender practice and policies that are inclusive and show a compassionate response to people's experiences.

Clinical and Wider Implications

From the outset, it is important to note that the clinical implications and recommendations presented in this section are based on the findings and experiences of parents who at the time of participating in this study were all affirming of their child's gender identity and expression. In addition, the changing context in which these experiences are set highlights implications for how these recommendations may apply to current and future parents. For example, careful consideration and nuanced decision making may need to be applied when thinking about how these implications might apply to parents who are less affirming, or not supportive of their child's gender identity.

It is well documented that parental support has a protective impact on the health and life outcomes of gender-diverse youth. Indeed, health professionals and other stakeholders in

contact with gender-diverse individuals and their families should understand the role and value of parental support in achieving positive outcomes for this population. Furthermore, research targeting interventions at parents of gender diverse youth have been shown to increase parents' confidence and be a source of emotional support which may go some way to safeguarding outcomes in parents experiencing psychological distress or isolation (Hillier & Torg, 2019). As such, interventions targeted at supporting parents of gender-diverse youth and reducing parental stress should be viewed as a worthwhile endeavour with multiple benefits (Kolbuck et al., 2019).

Several parents in this study expressed having limited understanding of gender diversity prior to their child's initial disclosure. At regular time points during the parents' journeys, they reflected on returning to a position of not having the necessary information and support to make sense of their experiences and support their child from an informed position. Parents who accessed information, did so initially through informal routes e.g., online, or via their child. For some, there were concerns about the credibility of the information they were accessing, and this led to parents feeling ambivalent towards accessing information or support, and it was not clear from the outset how this could be of benefit to them. Furthermore, parents who seek information solely from their children risk placing an increase burden on their children to be educators at a time when they may be in need of information and support for themselves. The findings of this study, suggests a greater role for organisations (including education, healthcare, workplaces and third sector organisations) to provide relevant, accessible information and signposting with a clearer indication for parents as to how the available support and information may be of benefit to them. In addition, parents may benefit from services providing a tiered approach to support such as psychoeducation, consultation, workshops, support groups, individual and family-based interventions etc. This may encourage higher rates of participation from parents who are at different stages in their journey, or who may be ambivalent about accessing information support, or who are not currently engaging formally with services. The findings of this study may be used to provide parents with 'top tips' when it comes to supporting a gender-diverse child, including understanding the impact on parental wellbeing and encouraging benefits to accessing information and support such as parental growth. Such guidance may be provided through schools and education, workplaces via staff networks, in addition to more traditional pathways, such as health and mental health services. Example of these 'Top-tips' are provided in Table 6.

Table 6. *Top Tips for supporting Parents of Gender Diverse Children*Top Tips for supporting Parents of Gender Diverse Children⁴

Level of support	Suggestions for support	Endorsing Participant Quotes
Individual	Education and support for parents on gender diversity including understanding differences between biological sex and gender, understanding gender-identity, gender-diversity and gender expression, and education on cis-normativity, transphobia, microaggression and affirmation. Support for parents to access to safe spaces where they can access information, ask questions, and share experiences with others. It is important that these spaces allow parents to share their honest experiences and explore a range of thoughts or feelings associated with their parenting experiences. Parents may benefit from information about outcomes of gender-diverse youth and their parents – particularly around the psychological and social impact of these experiences. Information could suggest ways in which parents might recognise any impact on self and signpost parents to sources of support.	<i>I think probably the most useful thing would be speak to other parents that you know, well enough, you know, to be able to have a sort of frank and easy conversation, but also to speak to other children or children who are now adults who've been through the same experience. Because I think that it that they're the ones who now they're the ones who who've, who are going through it or have gone through it, who know how it feels, who know how other people react, who know what, what's available, you know, who they are, who they can talk to, where they can get support, they're, they're the most knowledgeable people, because they're in it, it's them. So that's what I'd suggest. Yasmin</i>
Family	Support for parents and families to normalise their experiences. This may be achieved through informal conversations and support for parents, acknowledging	<i>"I get, I guess, try not to make it too big a deal. Not to play down any importance that just so it feels normal for everyone. I think that's may or may not be the right way</i>

⁴ The 'top-tips' are provided based on interviews with the parents in this study. They are intended to guide thoughts around how stakeholders may support parents when parenting a gender-diverse child. They are not intended to be prescriptive recommendations. Any application of these should be viewed in relation to the changing social, cultural, and political landscape as well as best practice guidelines.

Level of support	Suggestions for support	Endorsing Participant Quotes
	the range of experiences and allowing parents space to reflect and process their experiences. Support for parents to listen to and understand their child's experience and identity and negotiating their role as a parent with their child's developing identity and autonomy including learning to take their child's lead. Education for families regarding supporting strong developing attachments and relationships – and developing family's awareness of the evidence base in relation to outcomes in gender-diverse youth and family support, including the protective impact of affirmation. Families negotiating disclosure to other relatives and wider social network may benefit from having access to tailored and accessible resources that support these conversations. Parents may also benefit from coaching in terms of how they might respond to challenges or responses from others that are not affirming of their child.	<i>around things but that's how we've approached it. Speak to others who perhaps know more than you. It doesn't have to be a big conversation, but it could help".</i> <i>"Accessible information to pass to other members of the family, like grandparents. Where you can just say, "here, read this" Olivia.</i> <i>"Listening to younger people, not just necessarily having conversations yourself, but listening to the sorts of things that they're saying among themselves, you know, and you can find that sort of thing online or on the television or, you know, things like that. On YouTube, I'm sure there's a lot, you've got to be careful, but I'm sure there's a lot of information out there." Penny</i>
Schools	Schools may include parents in conversations and decisions about their child's gender identity development. This may be achieved through normalising experiences of parents and their emotional responses and providing space to explore their experiences. This may be done in conjunction with their child or separately. Schools are also in a position to link with other professionals and signpost parents to other services as appropriate. Healthcare services to be recognising the psychological impact on parents when supporting their gender-diverse children and provide appropriate levels of information and support. This may be achieved through a graded approach,	<i>"I think you've just got to, you've just got to listen and let kids be who they are and encourage them to be open, and get and get them what they need. And that's basically it. What else can you do?"</i> <i>"Schools have a role I think in helping parents deal with some of things happening there."</i> <i>Greta</i> <i>"I don't know. I think my advice would be just keep your mind open. And don't panic, because it's not something to panic about, they are still your child...I do think there needs</i>

Level of support	Suggestions for support	Endorsing Participant Quotes
Specialist Services/Third Sector	providing accessible information and guidance, including psychoeducation around gender-diversity, counselling support, individual, group and family-based interventions. Parents may benefit from specific coaching in relation to responding to others from an informed position. This may be through offering resources or signposting that parents may offer to others who want to learn more about gender-diversity. Parents may wish to access current information via GIDS, mermaids and Stonewall websites which offer information to parents re: frequently accessed questions, parents' stories and how to access further support. Transparency over sources of information will be key to developing trust with parents and their perceptions of credibility. Parents may also benefit from accessing online communities (e.g., mermaids) that offer protected and safe spaces to talk, share and listen with other parents who are sharing similar experiences. This may offer parents space to connect with others and reduce feelings of isolation, criticism, discrimination and abuse that are often experiences.	<i>to be more support for families to know how best to respond when your child says they are trans" Bonnie</i> <i>"You have to negotiate that with your own feelings...understanding of other people's lack of understanding, and different, yeah, be aware of different other people's different factions, And my initial reaction is, "well, what's your problem?" This is still the same person that just changed their name. And they were already living quite as sort of masculine style of life". So of course, people react differently, and I had to catch myself to say, beware other people not necessarily to start with so just just to be aware that other people weren't necessarily definitely the same." Bradley</i> <i>"Look on the Stonewall website, if that's your thing, you know if you if it would depend on it, if you were the kind of person that would feel comfortable with the organisation like that. Find trusted people to talk to. And if you don't have anyone in your family or friendship group that is trusted for something like this, then going to professional counsellor is what I would say as somebody who's been in, you know, was in therapy for a long time" Brodie</i>
Work-based support	Organisations being explicit about support for gender-diverse individuals and their families, including where information and support may be sourced i.e., occupational health, work-based counselling. Staff Networks may be a source of support for parents seeking information and support from people with lived experiences. Staff Networks could offer safe spaces	<i>"Certainly, at the at that time, I felt there was no, no support from the University. Maybe if it was put into a policy, that would be helpful" Ruby</i> <i>"It is really helpful to see organisations being intentional about their support for inclusion and I think things like</i>

Level of support	Suggestions for support	Endorsing Participant Quotes
	to reflect on the range of parenting experiences and offer workshops to promote visibility and information around challenges young people and their families encounter. Staff Networks may also be able to signpost parents to work-based support. Organisation may support parents by provided training and courses focussing on gender-diversity and promoting inclusive workspaces. Providing workplaces with access to education and training regarding equality, diversity and inclusion regarding recognising cisnormativity and challenging transphobia, understanding gender-diversity and expression, allyships and mentoring etc.	<i>LGBT+ visibility is really important in breaking down some of those barriers. It helps people to have a conversation. I wouldn't want to work in a place that doesn't support these things" Yasmin</i> <i>"I learned definitely from gendered intelligence about asking people about their pronouns". Paula.</i> <i>"I guess remaining open would be my top tip. Um? I would also maybe say that. Um?... There are some really good charities that support parents...There is support. And information out there, you might just have to go and look for it." Bill</i>

The findings of this study also highlight the need for families to have access to safe spaces where parents can feel listened to, explore their concerns and questions, and learn from others. Such spaces may enable parents to make sense of their experiences, explore ongoing worries and work through feelings of conflict without judgements as they adjust to their child's developing gender identity. The majority of participants in this study reflected on feeling isolated from others, particularly in social spaces, as they navigated disclosure and balanced the needs of their child with other relationships. Safe spaces may therefore offer parents the opportunity to connect with others, who have similar or lived experiences, and is likely to be facilitative in supporting parents in making sense of their experiences and parental growth. The identified need for safe spaces for parents is a novel finding of this research, and this warrants further investigations into what factors make these spaces more or less effective.

Methodological Considerations

The study explored parents' experiences parenting gender-diverse youth and young adults. As explored within Chapter Two, the existing literature is sparse and typically focusses on individual lived experiences. The current study adopted a constructionist lens to explore how parents make sense of their experiences and the social processes which shape their experiences. This section provides a critical overview the methodological considerations used in this study.

Design and Methodology

The design employed to answer the current research questions is arguably a strength of this project. As described in chapter three, utilising a mixed-methods with grounded theory provided opportunities to explore the research questions in sufficient breadth and depth. In the context of the current literature, the study sought to reach a broad range of parental experiences by applying a lesser used approach of recruiting parents from outside of specialist healthcare services and organisations specifically associated with supporting gender-diverse individuals and their families. In addition, the study used an anonymised survey to enable parents who did not want to engage in interviews the opportunity of sharing their experiences of accessing information and support in relation to gender-diversity. The survey, however, was unstandardised which was a limitation of this research. Nonetheless, the ensuing constructivist grounded theory was complimented by the online survey as this enabled a flexible and interpretative approach to following different lines of inquiry.

Employing a constructivist grounded theory to develop a theory rich in participants' experiences and explore the social processes underpinning these experiences was an additional strength that aimed to move the existing literature forward. Arguably, other

methodologies could have been employed to fulfil some of the aims of this study. For example, Interpretative Phenomenological Analysis (Smith, 1996) could have explored participant's lived experiences in rich descriptive detail, however, this approach focuses largely on understanding the individual experience of a phenomenon and does not aim to understand the social processes which underpin these experiences nor does the approach aim to produce a theory. Arguably, this would not have moved the existing literature forwards. Overall, a constructivist grounded theory underpinned by symbolic interactionism theory (Charmaz, 2006), was considered most fitting to the researcher's epistemological position and to answering the research questions including meeting its aims and objectives.

A further strength of the study's design and methodology was the inclusion of experts by experience, who the researcher sought consultation with at regular intervals during the research design and methodology. This benefitted the study in terms of making resources more accessible and user friendly, brought creativity by considering ways of recruiting participants and developed the researcher's understanding of the lived experiences of participants. It remained important to the researcher to ensure this involvement was not tokenistic and that these contributions were utilised in ways which were of benefit to the research project.

Recruitment and Sampling

All participants were employed by the UoL at the time of the interview. Opting to recruit from an independent organisation was intentional with aims of capturing a broader range of parents' experiences rather than replicating the existing literature and recruiting from organisations affiliated with gender-diverse people and their families. The recruitment site was considered appropriate to meet the aims of obtaining a broad and diverse range of experiences, as the UoL is one of the largest and most diverse employers in the region. Participants were largely recruited through Staff Networks and university department newsletters. It is possible that staff engaging with Staff Networks and who have access to emails/newsletters reflect a particular sub-group of university employees, however, effort was made to advertise the study through a range of pathways.

Participants responding to the survey and participating in subsequent interviews were all self-selecting, which might suggest that these participants had a vested interest in sharing their experiences or held stronger more passionate views towards the project area. It is possible that this introduced a sampling bias as the parents participating in this study were all affirming of their child's gender identity at the time of the interview, however, this reflects the participating sample in the wider literature. While the model is the first to explore the social processes which challenge parents' affirming position and considers how

parents overcame these experiences, the model may need to be '*tested*' against alternate experiences and outcomes and be extended to reflect the processes when parents are not supportive of their child's gender identity or have greater difficulty adapting to the process. The constructed theoretical interpretation is therefore restricted to the context of the recruited sample.

In addition, the recruited sample in this study was small, and the majority of participants were women, and all were White. Owing to a smaller than expected uptake in the survey and subsequent interest in follow-up interviews, theoretical sampling i.e., selecting of participants based on specific demographics and experience to develop the emerging theory, was limited on this basis. Whilst the study aimed for theoretical saturation, Charmaz' constructivist approach does hold a critical view of theoretical saturation informed by its symbolic interactionism underpinnings. Instead, the researcher drew on the idea of theoretical sufficiency to develop a theory that has enough richness to *sufficiently* describe the phenomena and social processes and maintained rigor in the analytical processes (Charmaz, 2006; Dey, 1999; LaDonna et al., 2021). Data from additional parents underrepresented in this study, including parents from global majority backgrounds, fathers, and parents with religious affiliations would likely further the development of this theory and enrich the description of the processes underpinning these experiences by providing a richer understanding of parent's experiences.

Data Collection and Analysis

Data collection and analysis occurred simultaneously as part of the grounded theory process. This involved repeated recruitment drives to encourage participation rates and gather further data to develop a theory rich in participants' experiences. As mentioned, participants were self-selecting for interviews following the completion of the survey. Of the 17 respondents who completed the survey, five did not opt to take part in follow-up interviews and one participant did not respond to emails inviting them to interview. Reasons for participants declining interviews was not given; a greater proportion of these were fathers (n=3), which reflects their continued absence in the existing literature.

The study used the framework of constructivist grounded theory as outlined by (Charmaz, 2006). The interpretative epistemological position of this approach enabled the researcher to interpret the underlying social and interactional processes and generate a theory grounded in participants' experiences. However, the researcher acknowledges their own position in relation to the data analysis and theoretical interpretation. It is plausible that another researcher in a different context may interpret the data through their own worldview and develop a different theoretical interpretation (Charmaz, 2006). The theoretical

interpretation provided in this study is therefore a representation of the current context as it relates to the studied participants' experiences interpreted by the researcher, thus limiting how generalisable this may be to other contexts (Hutchinson, 1993). In order to strengthen the data analysis several credibility checks were employed such as use of supervision, memos, and a reflective journal. This enabled the researcher to continuously reflect on the research process, increasing their self-awareness and afforded greater transparency around how the data was being interpreted.

Impact of Researcher's Position

From the outset, all participants were informed of the researcher's dual role as a trainee clinical psychologist working in the NHS and studying for a Doctorate in Clinical Psychology at UoL. Although the researcher was working in a non-related clinical specialty, their affiliation to clinical psychology may have influenced how participants viewed the researcher as being in alliance with clinicians working in specialist NHS services. Charmaz (2006) suggests that participants may make assumptions of a researcher's position, and this is likely to influence what information they subsequently share. It is possible that the interviewed participants perceived the researcher as someone they may have future interactions with, if they were to access health services or within the university, and this may have inhibited participants from sharing their honest reflections.

Throughout the research process, the researcher made a conscious effort to hold the position of neutrality. The researcher utilised their developing skills as a reflective scientist practitioner in training to reflect on their own moral values and judgements. It is true that the researcher's passions for social justice and equality and improving outcomes for marginalised groups were motivators which brought them to this project – the researcher's position was outlined in Chapter Three. However, the researcher utilised supervision, memos, and a reflective journal to minimise potential for research bias (example memos following interviews are provided in Appendix J). For example, during interview 3, the researcher reflected on feeling closely aligned to the participants' worldview/values and needing to reflect on moving to a neutral position. Equally, supervision was used to reflect on how the researcher would manage and remain neutral during interviews with participants who did not share similar values to their own or had different experiences.

Wider Context to the Research

It is notable that the current study was undertaken in a changing context which may have influenced the research process, the findings and implications born from the project. Firstly, it is important to acknowledge that the present study was conducted during the COVID-19 global pandemic. For many, this caused significant disruption and distress to

people's lives whilst increasing the demand being placed on public sector services such as education and healthcare. Given that the parents in this study were interviewed between July 2022 and December 2022, it is possible that the experiences of the previous two years in the context of the pandemic may have influenced parents' experiences, particularly around accessing information and support for their child. In addition, as some were parents of adult children, the pandemic meant some children returned home from living independently, in addition to disrupted education and work. These cumulative stressors may have impacted parents' experiences. Indeed, the pandemic was mentioned and identified in participants' narratives as a challenge which increased parents' felt sense of uncertainty and dissonance when making sense of their experiences parenting a gender-diverse child.

In addition to the pandemic, the current project was undertaken in the aftermath of the High Court's *Bell v Tavistock* (High Court of Justice, 2020) judgment which saw gender affirming treatments for those aged 16 or below temporarily suspended by NHS England – a decision which was later overturned (de Vries et al., 2021). Nonetheless, the judgement received national attention and served to undermine the clinical assessments and interventions provided by specialist services. This had potential to obscure parents' opinions of 'credible' sources of information at time when this is greatly needed. This also had potential to impact parents' experiences and ambivalence towards accessing support and perhaps led them to place greater emphasis on the need for information and support to be seen as credible.

Finally, during the final write up of this thesis (May 2023), the UK Government's Department for Education were set to introduce new guidance for schools in England relating to how educators inform and involve parents when their child discloses gender questioning behaviours in school. Changes to the guidance which currently sees schools able to affirm a child's preferred gender without parental involvement and/or consent is likely to cause some disruption to gender-diverse people and their families with arguments for and against the changes battling to be heard (Williamson, 2023). These changes are also set alongside the wider Cass Review of specialist gender healthcare services which, amongst other suggestions, are endorsing a highly cautious approach to children and young people socially transitioning and accessing gender affirming treatments (Block, 2023; NHS England, 2022).

From an overarching position, the changing context is likely to have a significant impact on the lives of gender-diverse individuals and their families. The experiences of current and future parents of gender-diverse individuals may change in relation to these developments – and this warrants interest from clinicians working in this area, academics and researchers seeking to understand these experiences and other stakeholders.

Implications for Future Research

Future research may seek to *test* the theoretical interpretation which suggests that parents make meaning of their experiences through interactions with facilitators and challenges that either support parents to feel more informed and connected to their experiences or increases feelings of dissonance and uncertainty. Further research is needed to develop clinical measures which reflect the unique experiences of parents of gender-diverse children. The theoretical interpretation presented in this study may be used to construct measures of parental dissonance or connection to test with larger samples, use clinically and inform future interventions.

Reflective of the extant literature, the sample was largely White mothers and parents who were affirming of their child's gender identity. More research is needed to develop the presenting theory and explore how well the theory reflects the experiences of other parents. Hearing from more parents, particularly those underrepresented in this study such as parents from global majority backgrounds, fathers, and parents with religious affiliation, will enable further development of the presenting theory and fully understand the range of parental experiences and processes. The inclusion of greater diversity is essential to understanding the range of experiences and cultural influences impacting parents' experiences. For example, recent research exploring US-based Latin-American trans youth perspectives of parental support found that parental support was influenced by Latin-American cultural values and these experiences created nuanced challenges not reflected in this study such as 'familism values' which are associated with a high degree of familial obedience and prioritising family needs above the individuals (del Castillo, 2022). Additionally, whilst it was not reflective of the fathers interviewed in this study, previous research has suggested that fathers may be less accepting of their gender-diverse child compared to mothers and less likely to seek support (Ishii, 2018; Riggs & Due, 2015; Wren, 2002). Further research is therefore required to understand the role of gender norms on parents' experiences of gender-diverse children and how these intersect with parent's cultural values and identity.

Future research may also seek to explore the core-categories which emerged from the data. For example, '*Category V: Growing from the process*' reflected how parents developed self-compassion from their experiences which facilitated growth and enabled parents to respond to feelings of uncertainty and manage difficult experiences with compassion. This might be a worthwhile avenue for future research to investigate, both qualitatively and quantitatively, and may lead to identify parents who may be experiencing greater difficulties parenting gender-diverse children and target interventions aimed at increasing self-compassion.

The current research also identified the value of family unity as a facilitative process in parents' experiences. The study acknowledges the interpersonal and social experiences of parenting a gender-diverse child and how these impact on family unity and functioning. Future research may wish to explore the experiences of other relatives such as siblings of gender-diverse individuals, as this may further understanding of how interventions may be shaped to support the whole family. This is particularly important as recent research has identified a lack of sibling support as a predictor of outcomes in gender-diverse youth, including increased depression and suicidal ideation (Pariseau et al., 2019).

Finally, the current study made the decision to interview parents independently of other members of their family and their gender-diverse child. Arguably, this was to keep the focus of the research sharply on the parenting experiences, however, it would be of benefit for future research to seek the perspectives of parents alongside their gender-diverse children and other relatives, in order to explore the interactional processes and this would also serve to triangulate the findings across different experiences. Of note, the findings of this study suggest that navigating wider family relations can present challenges for parents, therefore this may require research that carefully considers these relationships in its design and methodology. Collaboration with experts by experience may be an invaluable resource when developing such research.

Conclusions

This study aimed to answer the following research questions: (i) What are parents' experiences of parenting children and young people developing gender-diverse identities and how do they make sense of these experiences? And (ii) What factors and processes do parents' experience as they adjust to their child's gender identity and how do these shape parents' experience?

The research questions were answered through a mixed methodology with grounded theory. The initial survey presented findings which demonstrated the informal and formal pathways parents sought information and support, in addition to how useful this was for them. The functional impact of parenting experiences was also explored and highlighted that parents' experiences often had a negative impact on family relationship and social support. The experiences of parents were explored in rich detail via semi-structured interviews. A constructivist grounded theory (Charmaz, 2006) was used as the framework for data analysis and interpreting the grounded theory. The theoretical interpretation presented a dynamic model showing parents' experiences to be influenced by internal and external processes, in addition to wider societal discourses. The theoretical interpretation showcased a dynamic relationship between 5 categories and 16 subcategories. These were discussed in relation to

parents' aims to feel more connected to their children, others, and the process. Challenges to parents' experiences brought feelings of uncertainty, ongoing worry, and dissonance. Finally, the model illustrated how parents have benefitted from the experiences in terms of self-growth and their relationship with their child and others. The findings of this study present important clinical implications to better understand and support gender-diverse individuals and their families. Ideas for the direction of future research are also considered.

As previously mentioned, outcomes for gender-diverse individuals are closely related to parental support and therefore, the findings of this study may go some way to improving outcomes for gender-diverse individuals and their families. Like the parents of this study, it is hoped that the project will contribute to seeing further progress in society and lead to greater inclusion and acceptance of differences.

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Appendix A

Example of literature review search terms

▼ Search History (30)			
☐	# ▲	Searches	Results
☐	1	Parent*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	341387
☐	2	Mother*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	150738
☐	3	father*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	55254
☐	4	caregiv*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	78930
☐	5	Famil*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	531452
☐	6	1 or 2 or 3 or 4 or 5	831953
☐	7	transgender.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	12387
☐	8	Trans.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	8682
☐	9	("gender divers*" or "gender identit*").mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	25692
☐	10	"gender nonconform*".mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	1610
☐	11	("non-binary" or "gender queer" or "gender minority").mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	2036
☐	12	"gender inclusive".mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	253
☐	13	"Transgender and gender nonconform*".mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	373
☐	14	7 or 8 or 9 or 10 or 11 or 12 or 13	41088
☐	15	child*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	895389
☐	16	youth.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	118507
☐	17	teen*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	26294
☐	18	adolescen*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	517229
☐	19	young adult*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	214112
☐	20	15 or 16 or 17 or 18 or 19	1307676
☐	21	6 and 14 and 20	5909
☐	22	experienc*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	831040
☐	23	support*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	804085
☐	24	interact*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	518248
☐	25	challeng*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	299706
☐	26	(seek* or help*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	534001
☐	27	22 or 23 or 24 or 25 or 26	2213481
☐	28	21 and 27	3749
☐	29	limit 28 to yr="2003 -Current"	2745
☐	30	limit 29 to english language	2501

Appendix B

Ethical Approval

Subject: MREC 21-054 - Study Approval Confirmation

Date: Monday, 13 June 2022 at 12:26:01 British Summer Time

From: Medicine and Health Univ Ethics Review

To: Scott Roache

CC: Hilary Bekker, Rebecca Yeates

Dear Scott

MREC 21-054 - Parents' Experiences of Supporting Children and Young Adults who Identify as Gender Diverse

NB: All approvals/comments are subject to compliance with current University of Leeds and UK Government advice regarding the Covid-19 pandemic.

We are pleased to inform you that your research ethics application has been reviewed by the School of Medicine Research Ethics Committee (SoMREC) and we can confirm that ethics approval is granted based on the documentation received at date of this email.

Please retain this email as evidence of approval in your study file.

Please notify the committee if you intend to make any amendments to the research as submitted and approved to date. This includes recruitment methodology; all changes must receive ethical approval prior to implementation. Please see <https://ris.leeds.ac.uk/research-ethics-and-integrity/applying-for-an-amendment/> or contact the Research Ethics & Governance Administrator for further information fmhuniethics@leeds.ac.uk if required.

Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, risk assessments and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

I hope the study goes well.

Best wishes

Sou Chung

On behalf of Dr Naomi Quinton, CHAIR, SoMREC

~~~~~  
**Sou Sit Chung, Research Ethics Administrator**, The Secretariat, University of Leeds, LS2 9NL,  
[s.chung@leeds.ac.uk](mailto:s.chung@leeds.ac.uk)

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Appendix C

## Recruitment Flyer and Email Drafts

School of Medicine/Leeds Institute of Health Sciences

UNIVERSITY OF LEEDS



Hello, my name is Scott Roache and I'm a Psychologist in Clinical Training at the University of Leeds.

As part of my training, I am undertaking a research project which aims to explore the experiences of parents whose children identify as gender diverse. This project has sought consultation from the University of Leeds LGBTQ+ Staff Network and Equality, Diversity and Inequality Committee.

**Parents' Experiences of Supporting Children and Young Adults who Identify as Gender Diverse**

**Who can take part in the study**

Any University of Leeds staff member, and co-parents, who has a child self-identifying as gender diverse are invited to take part in the survey.

Your child may now be a young person or adult. It is **your views and experiences** about parenting and how it changes over time, that are important to this research. All your answers will be treated with confidence and anonymised. All responses will be analysed and reported together as a group.

**What will you be asked to do?**

The study has two parts. It is up to you if you want to take part in both.

**Part one** - a short, online survey taking approximately 15 minutes to complete. The survey asks for demographic information about you, questions about your parenting experience, information or support resources you have found helpful.

**Part two** - an interview lasting approximately 45 minutes. Interviews will take place virtually via Zoom or MS Teams or by telephone. During the interview, we will talk about your experiences of parenting your child who identifies as gender diverse, and what was helpful or unhelpful to you.

**Why take part in this study?**

The findings will provide an understanding of parents' experiences when supporting their child's development, and their needs for information and support.

**To find out more:**

Contact Scott Roache (Psychologists in Clinical Training) via email on [umsrr@leeds.ac.uk](mailto:umsrr@leeds.ac.uk)

**>>> CLICK HERE TO TAKE PART <<<**

This study is supervised by Prof Hilary Bekker (Professor of Medical Decision Making) and Dr Rebecca Yeates (Academic Tutor). This project is approved by the University of Leeds School of Medicine (SoMREC Ethics Committee (Reference MREC21-054; dates approved: 13<sup>th</sup> June 2022)

### Draft emails v1.1

#### Recruitment Email

**Subject:** DClinPsy Research Project  
**Attachments:** Recruitment Flyer

Dear [Staff Network],

My name is Scott Roache and I am a Psychologist in Clinical Training at the University of Leeds. As part of my training, I am undertaking a research project that seeks to explore parents' experiences of supporting children who identify as gender diverse (for the purposes of this project, gender diverse is used as an umbrella term to reflect a multiplicity of gender identities such as transgender, trans female, trans male, gender fluid or non-binary, genderqueer, or individuals who do not identify with any particular label).

This project has received ethical approval from the University of Leeds and has sought consultation from the University of Leeds LGBTQ+ Staff Network and Equality, Diversity, and Inequality Committee. I would be grateful if you could share my research poster with your [Staff Network] members to support with my recruitment for this this project. I am hoping to reach parents who have a child who self-identifies as gender diverse. Importantly, parents do not need to be accessing services on behalf of themselves or their child, and they may now be parents of adults who identify as gender diverse. It is parents' views and experiences about parenting and how it changes over time, that are important to this research.

Please contact me if you have questions about the project as I am very happy to answer any questions and discuss the project in greater detail.

Yours faithfully,  
Scott

**Scott Roache** (he/him)  
**Psychologist in Clinical Training** (Second Year)  
**University of Leeds**  
**Leeds Teaching Hospitals NHS Trust**

University Email: [umsrr@leeds.ac.uk](mailto:umsrr@leeds.ac.uk)  
NHS email: [scott.roache@nhs.net](mailto:scott.roache@nhs.net)

| Project title                                                                          | Document Type      | Version | Date       |
|----------------------------------------------------------------------------------------|--------------------|---------|------------|
| Parent's experience supporting children and young adults identifying as gender diverse | Recruitment poster | V1.1    | 21.04.2022 |

## Appendix D

### Participant Information Sheet

School of Medicine/Leeds Institute of Health Sciences



UNIVERSITY OF LEEDS

#### Participant Information Sheet

**Title of Study:** Parents' experiences supporting children and young adults who identify as gender diverse

My name is Scott Roache and I am a Psychologist in Clinical Training at the University of Leeds. You are being invited to take part in my doctoral research project which seeks to explore the experiences of parents of gender diverse children and young adults. Your participation is voluntary and before you decide to take part in this research it is important for you to understand why the research is being done and what it will involve. Please take some time to read the following information carefully and discuss it with others if you wish. Please ask me or my colleagues if there is anything that is not clear or if you would like more information – contact details have been provided at the end of this information sheet.

#### What is the purpose of the project?

This is a doctoral thesis research project. My aims are to explore the experiences of parents when supporting children and young adults developing a gender diverse identity. This will involve exploring the ways parents access information and support around gender diversity and potential facilitators or barriers to accessing this support. Through this project I hope to develop an understanding of parents' needs and how this group may be better supported in the future.

#### Can I participate?

Any University of Leeds staff member, and co-parents, who has a child self-identifying as gender diverse are invited to take part in this research project. **Your child may now be a young person or adult of any age** – it is your views and experience about parenting and how it may change over time, that are important to this research.

#### What do I have to do?/ What will happen to me if I take part?

If you agree to take part in this study, we will ask you confirm that you have read and understood this information sheet before proceeding to the survey. You will then be asked to complete a short survey. The survey will collect demographic information relating to you and your child. It will also ask you questions about how you accessed information and/or support about gender identity. At the end of the survey, you will be asked if you would like to take part in an interview with the researcher, Scott Roache. A link is provided at the end of the survey for you to send your contact information separately to your survey responses, alternatively you may email Scott directly on [umarr@leeds.ac.uk](mailto:umarr@leeds.ac.uk). Participation in follow-up interviews is voluntary, you may choose not to be contacted following completion of the survey.

The purpose of the survey is to develop an understanding parent's methods of seeking information and support including identifying any facilitators or barriers they experience. We will also use the information provided when contacting participants for follow-up interviews with aims to promote diversity and explore a range of experiences.

Interviews will be approximately 45 minutes and take place online. All interviews will be audio-recorded and conducted by myself, at a time that is convenient to you. Interviews will involve a number of open-ended questions about your experiences parenting a gender diverse child.

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#### Do I have to take part?

Taking part in this project is completely voluntary and your responses are anonymous. If during the survey you decide that you no longer want to continue, you can withdraw from the study by closing the browser window. If you do so, your responses will not be submitted. Note that your data cannot be withdrawn once you have clicked the 'Finish' button at the end of the survey, as submitted responses will be anonymous.

You may withdraw from follow-up interviews by declining an interview slot with Scott, or stopping the interview at anytime. You may also withdraw your interview by contacting Scott up to two weeks following your interview, and your data will be deleted. You do not need to give a reason for withdrawing your data. If you do not want to email Scott directly to withdraw your interview data you may contact another member of the research team, details provided below.

In the event that interest in interviews exceeds the projects capacity, a random number generator will be used to select participants to interview. You will still receive an email from Scott if you have shown interest in the interview stage and not selected to interview.

#### What are the possible disadvantages and risks of taking part?

We understand that parenting in and of itself can be a challenging experience. During interviews you may be asked to talk about difficult experiences and what for some, may be highly emotive topics. We do not anticipate that distress will be caused as a result of taking part in this study, however, if it becomes clear during the study that you are experiencing distress you will be signposted appropriately to available support for further advice.

#### What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will increase our understanding of parents' experiences and needs which may be used to inform future research and the support offered to parents of gender diverse children.

#### Will I be recorded, and how will the recorded media be stored and used?

If you choose to take part in the online survey, the data you provide will be stored anonymously on secure University approved computer services. If you provide the additional contact information to take part in follow-up interviews, this will be stored separately in a password protected file and made available to the main researcher only.

If you choose to take part in the interview, this will be audio-recorded. All audio-recordings will be saved electronically on university approved cloud computing services. The audio files will be transcribed either by myself or a university approved transcribing service. Note these services have signed a confidentiality agreement with the university and involve both secure transfer of audio files and the files will be deleted once transcription is complete.

Transcriptions will be available to both myself and my research supervisors. No other use will be made of the audio recordings without your written permission. If following the interviews you wish to withdraw the recordings, you can do so up to two weeks after the interviews have taken place.

All the data obtained will be treated as confidential and stored securely as required by the Data Protection Act. For further information about the University's use of personal data,

Last updated 24/05/2022

Page 2 of 4

please see:

<https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf>

#### Limits to confidentiality

Confidentiality will be maintained as far as it is possible. However, if there is concern about risk to yourself and/or another person, I might in this instance have to inform other individuals and organisations. In this situation, I would first speak with you about my concerns and intentions.

As part of the final write up, quotes may be selected from interviews which illustrate themes in the research. These will be chosen sensitively to protect anonymity.

#### What will happen to the results of the research project?

All the contact information that we collect about you during the course of the research will be kept strictly confidential and will be stored separately from the research data. We will take steps wherever possible to anonymise the research data so that you will not be identified in any reports or publications.

The results from the study will be presented within my doctoral thesis. At a later date, the results may be presented at conferences and sent to academic journals to be published. The results may also be shared with the UoL Staff Networks and Equality and Inclusion Unit.

A summary report of the findings will also be written for the participants of the study and disseminated through the UoL Staff Networks.

#### What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

We are aiming to get a deeper understanding of the experiences of parents' who parent gender diverse children, which is why we have chosen to conduct this research using mixed methods i.e. surveys and interviews.

#### Who has reviewed the study?

This study is being organised through the Doctorate in Clinical Psychology at the University of Leeds. This study was granted ethical approval from the University of Leeds' School of Medicine Research Ethics Committee on 13<sup>th</sup> June 2022 (SoMREC application reference: MREC21-054).

#### General Data Protection Regulation

If you have any concerns about how your personal data is being used, please contact University of Leeds in the first instance at [dpo@leeds.ac.uk](mailto:dpo@leeds.ac.uk). If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>.

#### Contact for further information

If you have any further questions before you decide whether to take part, please email Scott Roache who will provide as much information as possible. You may also email research supervisors, Professor Hilary Bekker and Dr Rebecca Yeates for further information.

#### Contact information:

Scott Roache – [umsm@leeds.ac.uk](mailto:umsm@leeds.ac.uk)

Professor Hilary Bekker – [H.L.Bekker@leeds.ac.uk](mailto:H.L.Bekker@leeds.ac.uk)

Dr Rebecca Yeates – [R.A.Yeates@leeds.ac.uk](mailto:R.A.Yeates@leeds.ac.uk)

**Thank you for taking the time to read this information sheet and for considering taking part in this research study.**

| Project title                                                          | Document Type                 | Version | Date       |
|------------------------------------------------------------------------|-------------------------------|---------|------------|
| Parents' experiences supporting children identifying as gender diverse | Participant Information Sheet | V1.1    | 15.06.2020 |
| Parents' experiences supporting children identifying as gender diverse | Participant Information Sheet | V2.1    | 24.05.2022 |

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Appendix E

## Draft Email to Participant and Consent Form

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### Consent form

Consent to take part in research interviews relating to the research project – 'Parents' experiences supporting children and young adults who identify as gender diverse'

Please add your initials next to the statements you agree with

|                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I confirm that I have read and understand the information sheet dated 24/05/2022 explaining the above research project and I have had the opportunity to ask questions about the project.                                                                                                                                                                                                                                    |  |
| I understand that relevant sections of the data collected during the study, may be looked at by auditors from the University of Leeds or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.                                                                                                                             |  |
| I give my consent for audio-recordings of the interview to be made. I understand that this is for the purposes of analysing the information I provide in the interview to allow for the anonymous reporting of the information. I understand that the people hearing the recording (the researcher and transcriber only) will keep the information confidential, and that recordings will be stored under secure conditions. |  |
| Given the importance of the research data, the findings and/or anonymised transcripts from the project may be used for additional research. I give my permission for direct quotes to be used anonymously so that I am not identifiable.                                                                                                                                                                                     |  |
| I understand that I can withdraw my data before, during and up to 14 days following the interview without giving a reason. I understand that if this occurs, any data that has been provided as part of the interview will be deleted.                                                                                                                                                                                       |  |
| I agree to take part in the above research project and will inform the lead researcher should my contact details change during the project, and if necessary, afterwards.                                                                                                                                                                                                                                                    |  |

|                     |              |
|---------------------|--------------|
| Date                |              |
| Name of Participant |              |
| Name of Researcher  | Scott Roache |

|                                                                        |              |         |            |
|------------------------------------------------------------------------|--------------|---------|------------|
| Protect title                                                          | Document     | Version | Date       |
| Parents' experiences supporting children identifying as gender diverse | Consent form | V1.1    | 29.01.2022 |

### Email to Participants for interviews

**Subject:** DClinPsy Research Project

**Attachments:** Participant information sheet (Part 1 and 2) v3.1, University Research Participants Privacy notice, consent form v1.1

Dear [Participant's name],

Thank you for taking part in my research project exploring parent's experiences supporting children and young adults who identify as gender diverse and for showing interest in taking part in follow-up interviews.

I am pleased to say that we are now entering the second part of this research project and I am looking to arrange interviews with parents. Before you agree to take part, I would like to share with you again the participant information sheet and university research participants privacy notice. Please take your time to read through these documents, and if you would like to take part in the second part of this study, please complete the attached consent form and return it to [umsrr@leeds.ac.uk](mailto:umsrr@leeds.ac.uk) by (date).

Once I have your completed consent form, I will contact you to arrange an interview at a time and date that is convenient to you.

Once again, I would like to say a big thank you for taking part in this project which I hope will contribute to us developing a better understanding of parents' needs and ways to support families and children.

Yours sincerely,  
Scott

**Scott Roache** (he/him)  
**Psychologist in Clinical Training** (Second Year)  
**University of Leeds**  
**Leeds Teaching Hospitals NHS Trust**

University Email: [umsrr@leeds.ac.uk](mailto:umsrr@leeds.ac.uk)  
NHS email: [scott.roache@nhs.net](mailto:scott.roache@nhs.net)

## Appendix F

### Interview Schedule

#### Introductions and rapport building

- Appreciation of participant's time
- Reminder of purpose of study
- Explain confidentiality and right to withdraw
- Query any concerns and address issues where possible
- Check participant is consenting to take part and to be audio recorded
- Demographic information

| Questions                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Thinking about your role as a parent...</b>                                                                                      | i. What things are most important to you?<br>ii. How would you describe what factors make a good parent?<br>iii. Who, if anyone, influenced your ideas about parenthood? Tell me about how they influenced you?<br>iv. In your experience, are there any differences between the roles of a father and a mother? (male caregiver and female caregiver)<br>v. Did you have any expectations of what parenthood might be like before you became a parent? What were they? How closely did these expectations relate to your actual experiences?                                                                                                                                                                                                    |
| <b>Thinking about gender and how you understand it...</b>                                                                           | i. What ideas of gender and gender roles come to mind? How does this relate to a person's sex and sexuality?<br>ii. Can you tell me what experiences might have influenced your way of thinking about gender? Upbringing, relationships, culture?<br>iii. Any examples? Positive, neutral, negative<br>iv. How do you feel gender is represented in the media or by society (i.e., schools, services, organisations)? Does this impact on how you view gender?<br>v. Do any of these examples relate to experiences of parenting?                                                                                                                                                                                                                |
| <b>Thinking about your child ...</b>                                                                                                | i. Can you tell me when you first felt or noticed that there was a change in how they thought about themselves and their gender identity?<br>ii. How old were they? What types of conversations, (interests, dress sense) did they have?<br>iii. Do you recall if you noticed any signs or changes in behaviour, anxiety or health?<br>iv. Did your child talk to you about any issues relating to their gender identity?<br>v. What was this like for you as a parent? How did it make you feel?<br>vi. Was it a surprise when they told you about it?<br>vii. Were you ever worried or concerned?<br>viii. What did you do next?<br>ix. Were you able to talk to anyone else about it (co-parent, school, relatives, friends, other children)? |
| <b>Can you tell me about your experiences of being a parent of a gender diverse child/person?</b>                                   | i. Tell me about your thoughts and feelings when you learned about your child's gender identity?<br>ii. What do you remember about the reactions from others, i.e., wider family, friends?<br>iii. Impact on you (as a parent socially, work?)<br>iv. As you look back on your experiences, are there any events that stand out in your mind? Could you describe these? What, if any, impact did this have on you?<br>v. How, if at all, have your thoughts and feelings changed about your child's gender identity?<br>vi. How, if at all, has your experience of parenting your child changed?<br>vii. What, if any, concerns do you have about parenting a gender diverse child/person?                                                       |
| <b>What, if any, types of support have you experienced?</b>                                                                         | i. Who, if anyone, has been the most helpful to you during this time? How have they been helpful?<br>ii. Has any organisation been helpful? What did _____ help you with? How has it been helpful?<br>iii. Have you accessed any support/information specifically around gender identity? i.e. parent groups, online, forums, friends<br>iv. Did you find the support useful? How? Why not?<br>v. Are there any examples of support having a positive impact<br>vi. Are there any examples of support having a negative impact                                                                                                                                                                                                                   |
| <b>Can you tell me what other support might have been helpful for you had it been available?</b>                                    | i. Why do you think this support would have been helpful?<br>ii. Why do you think this support is not available/accessible right now?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Knowing your experience, what advice would you offer to another parent who parents a child who identifies as gender diverse?</b> | iii. Tell me what top three tips you could offer to a parent going through a similar experience to yours...<br>iv. Tell me about what strengths that you discovered or developed through being a parent?<br>v. What do you most value about yourself now?<br>vi. What do others value in you?                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Is there anything I haven't asked about your experience that you feel is important for me to know?</b>                           | I. Is there anything you might not have thought about before that occurred to you during this interview?<br>II. Is there anything else that you think I should know to understand your experiences parenting a gender diverse child/person better?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Thank participant for their time and involvement with the study

Any outstanding questions?

Offer support handout/End Recording

| Project title                                                                           | Document Type             | Version | Date       |
|-----------------------------------------------------------------------------------------|---------------------------|---------|------------|
| Parents' experiences supporting children and young adults identifying as gender diverse | Part 2 Interview Schedule | V1.1    | 01.04.2022 |

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## Appendix G

### Support Information for Participants

School of Medicine/Leeds Institute of Health Sciences



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#### Information sheet for further information and support v1.1

Thank you for participating in the research study exploring parents' experiences supporting children identifying as gender diverse. This information sheet provides information on services and organisations who support gender diverse young people and their families.

##### NHS Gender Identity and Development Service (GIDS)

- GIDS is a highly specialised clinic for young people presenting with difficulties with their gender identity. Their website provides information about supporting young people's gender identity development and support for parents and families.

Website: <https://gids.nhs.uk>

Tel: 020 8938 2030/1

Email: [gids@tavi-port.nhs.uk](mailto:gids@tavi-port.nhs.uk)

##### Mermaids

- Mermaids is a leading LGBTQ+ charity which supports transgender, non-binary and gender diverse children and young people until their 20<sup>th</sup> birthday, as well as their families and professionals involved in their care.

Website: <https://mermaidsuk.org.uk>

Tel: 08088010400

Email: [info@mermaidsuk.org.uk](mailto:info@mermaidsuk.org.uk)

##### TransLeeds

- TransLeeds is a local support and advocacy group for transgender identifying people in Leeds and the surrounding areas, as well as offering support and information for their families and friends.

Website: <https://transleeds.org>

Email: [contact@transleeds.lgbt](mailto:contact@transleeds.lgbt)

##### Youngminds

- Youngminds support children and young people's mental health, and also provide support and advice for parents and caregivers supporting children and young people who identify as gender diverse.

Website: <https://www.youngminds.org.uk/parent/a-z-guide/gender-identity/>

##### Midline Trans+

- An emotional and mental health support helpline for anyone identifying as transgender, non-binary, gender fluid (or their family members, friends, colleagues and carers)

Opening times: 8pm-Midnight, Mondays & Fridays

Tel: 0300 300 5468

##### University of Leeds LGBT+ Staff Network

- The University of Leeds LGBT+ Staff Network is open to LGBT+ staff and PhD students, and exists to ensure that their views and concerns are represented and considered at organisational level, and that their interests continue to form a part of the University's wider equality and inclusion agenda. It provides a safe, welcoming space and group for LGBT+ identifying staff and colleagues, regardless

of their orientation, with an interest in LGBT+ equality and inclusion to meet, socialise, and/or benefit from mutual support.

Email: [LGBT@leeds.ac.uk](mailto:LGBT@leeds.ac.uk)

#### If you would like support for your own health and wellbeing:

##### Staff Counselling and Psychological Support

The Staff Counselling and Psychological Support service is set up to provide advice, information and counselling by email, phone and the secure platform Zoom. Please do get in touch by email at [staffcounselling@leeds.ac.uk](mailto:staffcounselling@leeds.ac.uk) or phone 0113 3433694 and leave a message

For a confidential wellbeing chat, you can also email [occupationalhealth@leeds.ac.uk](mailto:occupationalhealth@leeds.ac.uk) to arrange to speak to an Occupational Health Practitioner, available Monday to Friday during office hours. These specialist practitioners are all nurses with extensive experience.

You can also check out these online [resources](#) to help you deal with the uncertainty and potential isolation of the current times.

The Staff Counselling and Psychological Support Service (SCPSS) provides confidential professional support for all University staff for personal or work-related problems and challenges.

The service offers a range of support services and training to any member of staff:-

- Confidential professional role-based consultative support and coaching
- [Psychosocial resources for personal wellbeing and professional competence](#) (previously called PR Workshops)
- Mindfulness training
- Psychological Perspectives on Leadership and Management
- Bespoke training for teams. More information is provided in our leaflet (2018\_SCPSSleaflet.pdf) available from the 'Downloads' link below

The service supports the strategic plan of the University and its commitment to psychological health and effectiveness at work by providing support, training and resources for the psychological health of staff.

Whilst the University offers individual counselling and support for psychological difficulty, it may be that you are experiencing significant immediate distress that poses a risk to your safety (including thoughts of harming yourself or ending your life). If you have these concerns then there are several places you can contact.

- **GP** - You can contact your GP if you are concerned about your mental health and feel at risk of harming yourself. Your GP will be able to get you in contact with additional support services if necessary. Your GP may also discuss potential medications to help with your mood or review existing medications.

- **Samaritans** - Samaritans offer a completely confidential, non-advice support service to help people talk through their concerns, worries and troubles. Samaritans is available to anyone 24/7, however distressed. You do not have to have thoughts about harming yourself or ending your life to contact the Samaritans. (tel: 116 123, email: [jo@samaritans.org](mailto:jo@samaritans.org))
- **Local Single Point of Access (SPA)** - This is a community service that receives self-referrals and those from other professionals involved in your care (from hospital or community). The Single Point of Access offers an initial assessment of a person's mental health needs, sign-posting them to the appropriate service. This is a useful number to ring if you feel as though you are experiencing a crisis in mental health or frequent and severe thoughts about ending your life. This is also a useful number to ring if you have had previous involvement with your local community mental health team and you are feeling unsafe. Each locality in West Yorkshire has a different contact phone number:
  - Hull: 01482 301701
  - York: 01904 526582
  - Bradford (first response) (Covers Bradford, Airedale, Wharfedale and Craven): 01274 221181
  - Wakefield: 01924 316900
  - Kirklees and Calderdale: 01924 316830
  - Leeds: 0300 3001485
- **999 + Local Accident & Emergency departments:** If you are in need of more urgent support please call 999 or attend your local A&E.

| Project title                                          | Document Type                                         | Version | Date       |
|--------------------------------------------------------|-------------------------------------------------------|---------|------------|
| Parent's experience supporting gender diverse children | Information sheet for further information and support | V1.1    | 14/04/2022 |

## Appendix H

### Examples of Analysis Process

| Transcript                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Initial Codes / Focused Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p>any more. And I said, "well, you know, we did, we did warn you in the beginning". But, you know, I suppose it's maybe not a great analogy, but it's that sort of thing. You know, you <u>you</u> want them to make decisions that are gonna enhance the rest of their lives, not make it more difficult for them.</p> <p><b>Me</b> Thank you for explaining that. Just thinking about your role as a parent and the support that you've experienced. Who if anyone's been most helpful for you during this time?</p> <p><b>Participant</b> Um, I haven't really... I haven't had any support, apart from the fact that obviously, my husband and I talk and support each other. I talked to my <u>daughter</u>, my youngest daughter is probably the least easy to talk to. She gets on with her life. She didn't want advice from us, you know, she just, you know, she lives away from home now and she'll only talk to us when <u>she's</u> really in difficulties and doesn't know what to do. But the other two, I find that they could talk to me and about, you know, how they're feeling about what they want to do, you know, about whether it's, you know, by anything from getting tattoos to gender issues, you know, they can talk they know they can talk to us now, we can have a good, intelligent, honest conversation about how they're feeling really. So, but from outside of the family... I'd... not <u>not</u> looked for any support, not really sort of felt like we'd need it. I mean, we've <u>we've</u>, we have, in the past been involved with the mental health services, who were as good as useless really. But at this present time, they're not involved with us at all. So, so, so now from outside and not having any, anything.</p> <p><b>Me</b> You mentioned your husband, can I just quickly ask how, how has he been helpful to you?</p> <p><b>Participant</b> Erm well we have always talked to each other and being honest with each other, so we just talk things through and I actually, <u>And also</u> very knowledgeable about about gender issues, and you know, even from the very earliest times, he was very interested in sort of feminist type issues, you know, that sort of started to surface when I when I was only very young. So, he's probably <u>quite</u>, is not typical of his generation put it that way. <u>So</u> he's, he's, like me, just wants to feel that, that our daughters, you know, just get the best and are able to live the lives they want to lead them and be they happy with it.</p> <p><b>Me</b> You mentioned education a few times along the interview, I wonder, do you think that's an important factor in, in sort of helping you navigate parenting and gender issues?</p> <p><b>Participant</b> I do think it is important, because I think, I think education and being well read around issues, such as gender issues, I think it helps you with an understanding, erm and all and also having an education... a higher education takes you away from, you know, the home, perhaps, and maybe even takes you away from, you know, the people you've grown up with, and you see, you get have a different experience, you experience meeting different people and lots of different attitudes and beliefs and the whole, you know, gamut of, you know, the human race, if you like. <u>So</u> I think that in itself, gives you a broader view of life and what people are like, and perhaps more of an acceptance.</p> | <p><b>Wanting to avoid</b><br/><b>:regret/consequences;</b><br/><b>Warning children of consequences;</b><br/><b>Wanting best for child;</b></p> <p><b>Seeking close familial support;</b><br/><b>Seeking support from husband;</b><br/><b>Finding it hard to talk to people;</b><br/><b>Differences in what support is needed;</b><br/><b>Having an open relationship with children to talk openly;</b><br/><b>Not needing support from outside</b><br/><b>:family; managing as a family;</b><br/><b>Viewing services as unhelpful;</b></p> <p><b>Keeping open dialogue with husband;</b><br/><b>Being experiences in dealing with challenges; having an interest in gender issues; being a feminist</b><br/><b>Not being typical of generation;</b><br/><b>Wanting children to live best lives;</b><br/><b>Feeling aligned with husband;</b><br/><b>Learning to deal with challenges as a family;</b><br/><b>Being informed on gender issues is important; developing own understanding; being exposed to differences;</b></p> |

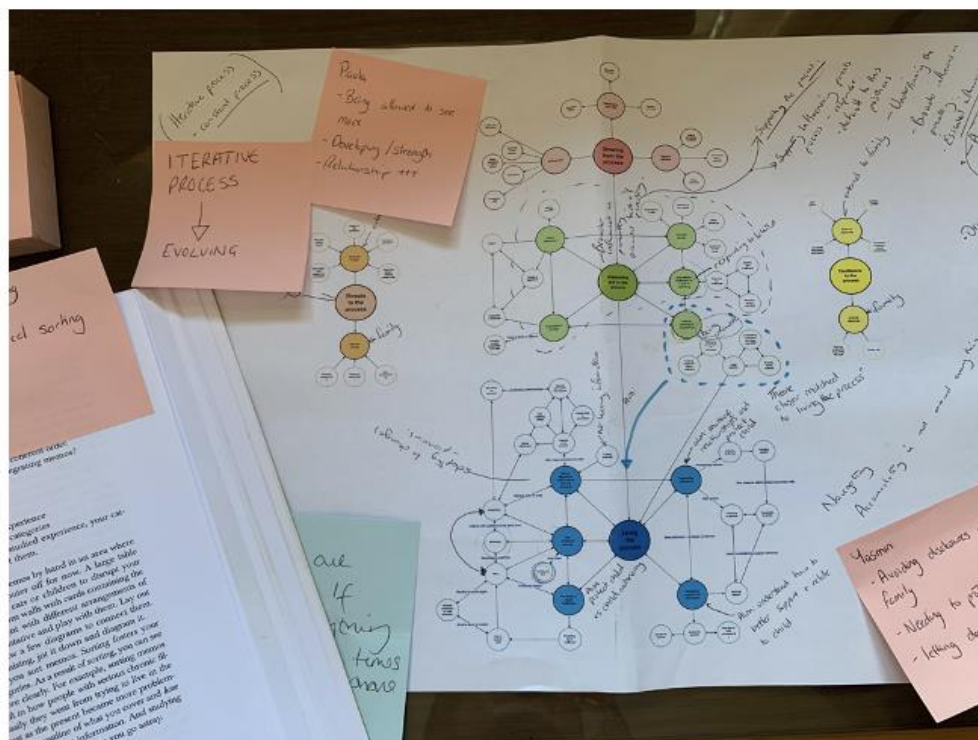
### Example of Transcript and Open Coding

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                                                                                                                                                                                                             | Focused Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <p>Parenting influenced by own values</p> <p>Taking a different approach to parenting; Parental autonomy from own experience</p> <p>Adapting and doing the best with what you have</p> <p>Acknowledging own limits as parent</p> <p>Accepting flaws as parent</p> <p>Making comparisons with others and noticing pressure to conform to gender <u>role</u></p> <p>Trying to remain neutral and allow child to explore their interests; parental <u>disapproval</u></p> <p>Assessing opportunities and limitations associated with own <u>gender</u></p> <p>Awareness of wider societal influences</p> <p>Difficulties making sense of own feelings; parental <u>disapproval</u></p> <p>Valuing visibility of TGD</p> <p>Feeling worried for child and not understanding/aware of what's <u>happening</u></p> <p>Involvement with professionals</p> <p>Feeling involved and informed</p> <p>Needing regular updates</p> <p>Wondering what was <u>happening</u></p> <p>Positive changes in relationship with <u>child</u></p> <p>Learning to relate to child <u>differently</u></p> <p>Questioning confidence in <u>adults</u> ability to manage new ways of relating to child</p> <p>Needing time to think and process what's <u>happening</u></p> <p>Questioning self: doing the right thing?</p> <p>Uncharted territory as a <u>parent</u></p> <p>not a quick process.</p> <p>Not rushing the process; taking it one day at a time (managing/controlling the experience).</p> <p>Ambivalence around what is <u>best</u></p> | <p>Identifying responsibility and what's important as a <u>parent</u></p> <p>Managing challenges as a family</p> <p>Wanting to take a different approach to <u>parenting</u></p> <p>Balancing responsibilities as a parent without imposing normative <u>ideology</u></p> <p>Unanticipated challenges and evaluating <u>issues</u></p> <p>Difficulties coping</p> <p>Normalising challenges parenting</p> <p>Being informed of gender issues</p> <p>Avoiding putting expectations on child</p> <p>"Unable to control wider influences and other's views."</p> <p>Wanting to affirm child's <u>experience</u></p> <p><u>avoiding stereotypes</u></p> <p>Acknowledging education and experiences as important to developing understanding</p> <p>Assessing challenges facing TGD people and identifying visibility as helpful</p> <p>Being enabled/supported others</p> <p>understanding self has helped understanding <u>others</u></p> <p>Viewing society as oppressive</p> <p>Noticing gradual process of changes</p> <p>Being accepting of child's differences</p> <p>Navigating questions aimed at child's gender <u>identity</u></p> <p>Feeling representation of differences is <u>needed</u></p> <p>Having to explain and justify to <u>others</u></p> <p>Challenges parenting can be unique to the <u>experience</u></p> <p>Advocating for child's needs in different spaces</p> <p>Worrying about the <u>future</u></p> <p>predicting future challenges and impact on child</p> | <p>Providing safety and support</p> <p>Doing best as a parent and managing when things go <u>wrong</u></p> <p>realisation that parenting is <u>complex</u></p> <p>Learning from other parents; taking a different approach; learning from own parents</p> <p>finding own way of doing things; cultural influences on parenting</p> <p>Taking a different approach to parenting – moving away from family norms</p> <p>learning what's expected; dealing with stress;</p> <p>Parenting is rewarding</p> <p>Coping as best you can</p> <p>Comparing self to others</p> <p>"you don't really understand until you've been through it"</p> <p>Prioritising child's needs to feel safe and loved</p> <p>Choosing to parent differently</p> <p>Holding hope for the future</p> <p>Pessimistic about chances of radical change</p> <p>Experience of stigma</p> <p>Learning and making sense through experience</p> <p>Developing own understanding</p> <p>Grounding understanding in own experience</p> <p>negotiating with child – taking child's lead</p> <p>feeling disabled/unable to help</p> <p>Having to inhibit self but wanting to protect child</p> <p>Being unaware;</p> <p>Feeling unchanged as parents; Focusing on what's needed</p> <p>dealing with challenges is part of being a parent</p> <p>Seeing improvements in child's wellbeing;</p> | <p>Judging self by action rather than outcome</p> <p>Doing best you can and recognising limits</p> <p>Having to go through processes</p> <p>Navigating dilemmas and asserting child's needs</p> <p>Feeling guilty;</p> <p>Questioning actions "in doing what was best, it might not have been"</p> <p>Feeling desperate</p> <p>Being convinced by professionals</p> <p>Negative experience of services</p> <p>questioning decisions made; <u>dissonance</u> between feelings and actions</p> <p>Negotiating with professionals</p> <p>standing my ground and advocating for child</p> <p>Finding support from other parents</p> <p>Wanting to fit in with other parents</p> <p>Being support by other parents</p> <p>Gaining knowledge from other people</p> <p>Knowing how to navigate the processes</p> <p>Not feeling supported and left out</p> <p>Benefitting from own therapy</p> <p>Taking a different approach to parenting and establishing own way of doing it</p> <p>Making sense</p> <p>Avoiding disclosure</p> <p>expectation to solve problems;</p> <p>Making comparisons to others</p> <p>Expecting to be able to shape child's experience;</p> <p>Accepting children's different; going to be what we're going to be;</p> <p>Feeling difficulties were unavoidable</p> |

### Exploring relationships between participants experiences

|    | A                                                                                                                                                                                                               | B                                         | C                                                               | D                                               | E                                                      | F                                                             | G                       | H                                           | I                                                 | J                         | K                           | L                              | M                                | N                                                             |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|-------------------------|---------------------------------------------|---------------------------------------------------|---------------------------|-----------------------------|--------------------------------|----------------------------------|---------------------------------------------------------------|
| 1  | Category Growing from the process                                                                                                                                                                               |                                           |                                                                 |                                                 |                                                        |                                                               |                         |                                             |                                                   |                           |                             |                                |                                  |                                                               |
| 2  | Description Parental benefits describes how parents have grown from the the process. This includes (i) self growth, through which parents described learning from the process and relearning which shaped a new |                                           |                                                                 |                                                 |                                                        |                                                               |                         |                                             |                                                   |                           |                             |                                |                                  |                                                               |
| 3  | Subcategory Self growth                                                                                                                                                                                         |                                           |                                                                 |                                                 |                                                        |                                                               |                         | Relationship with child                     |                                                   |                           |                             | Developing a support network   |                                  |                                                               |
| 4  |                                                                                                                                                                                                                 | -10                                       |                                                                 |                                                 |                                                        |                                                               |                         |                                             | 9                                                 |                           |                             |                                | 7                                |                                                               |
| 5  | Number of s                                                                                                                                                                                                     | 7                                         | 5                                                               | 5                                               | 4                                                      | 3                                                             |                         |                                             | 7                                                 | 7                         | 3                           |                                |                                  |                                                               |
| 6  | Open Codes                                                                                                                                                                                                      | (re)learning                              | Self growth                                                     | Reflecting or                                   | Challenging                                            | Becoming in                                                   | Adapting to             | Becoming closer                             | Developing understanding and relating differently | Admiration for child      | Being an advocate           | Feeling connected to others    | Being supported                  | Connectedness = strength                                      |
| 7  |                                                                                                                                                                                                                 | Learning from the experience              | Developing skills as a parent                                   | Being accepting of differences                  | Taught me not to take things for granted (self growth) | Challenging silence = avoiding injustices                     |                         | Positive changes in relationship with child | Being so                                          | Feeling proud             |                             | Feeling acceptance from others | Being enabled/supported others   | Learning to cope and becoming stronger as a family            |
| 8  |                                                                                                                                                                                                                 | We're all learning slowly                 | More understanding as a parent – better listener – self growth  | Growing awareness of the injustices people face | Questioning own assumptions                            | Becoming an ally                                              |                         | new ways of relating to child               | Developing understanding of child                 | Feeling child's strengths |                             | Feeling connected to others    | Being supported by other parents | Lifting each other up                                         |
| 9  |                                                                                                                                                                                                                 | Changing over time; growing in confidence | Improved ability to understand and communicate about the issues | Being more open and accepting                   | Loosening assumptions                                  | Being intentional to drive change                             |                         | Developing new relationships with child     | Seeking ways to connect with child                | Proud dad                 |                             | Connecting with other people   | Being open = supporting others   | Receiving positive feedback; being open receives more support |
| 10 |                                                                                                                                                                                                                 | Trusting your gut                         | Greater acceptance of difference                                | More reflective and self-aware                  | Challenging self                                       | Being intentional = challenging prejudice/promoting inclusion |                         | Becoming closer                             | Teaching child new skills                         | Coming out = joyful       |                             | Support from co-parent         | Learning from others             |                                                               |
|    |                                                                                                                                                                                                                 |                                           |                                                                 | Learning                                        | Difficulties understanding                             |                                                               |                         | Process has                                 | Re-establishing                                   |                           |                             |                                |                                  |                                                               |
|    |                                                                                                                                                                                                                 | Living the process                        | Growing from the process                                        |                                                 |                                                        |                                                               | Barriers to the process |                                             |                                                   |                           | Facilitators to the process |                                |                                  | +                                                             |

### Bringing together categories – axial coding



### Use of diagramming when exploring relationships between categories

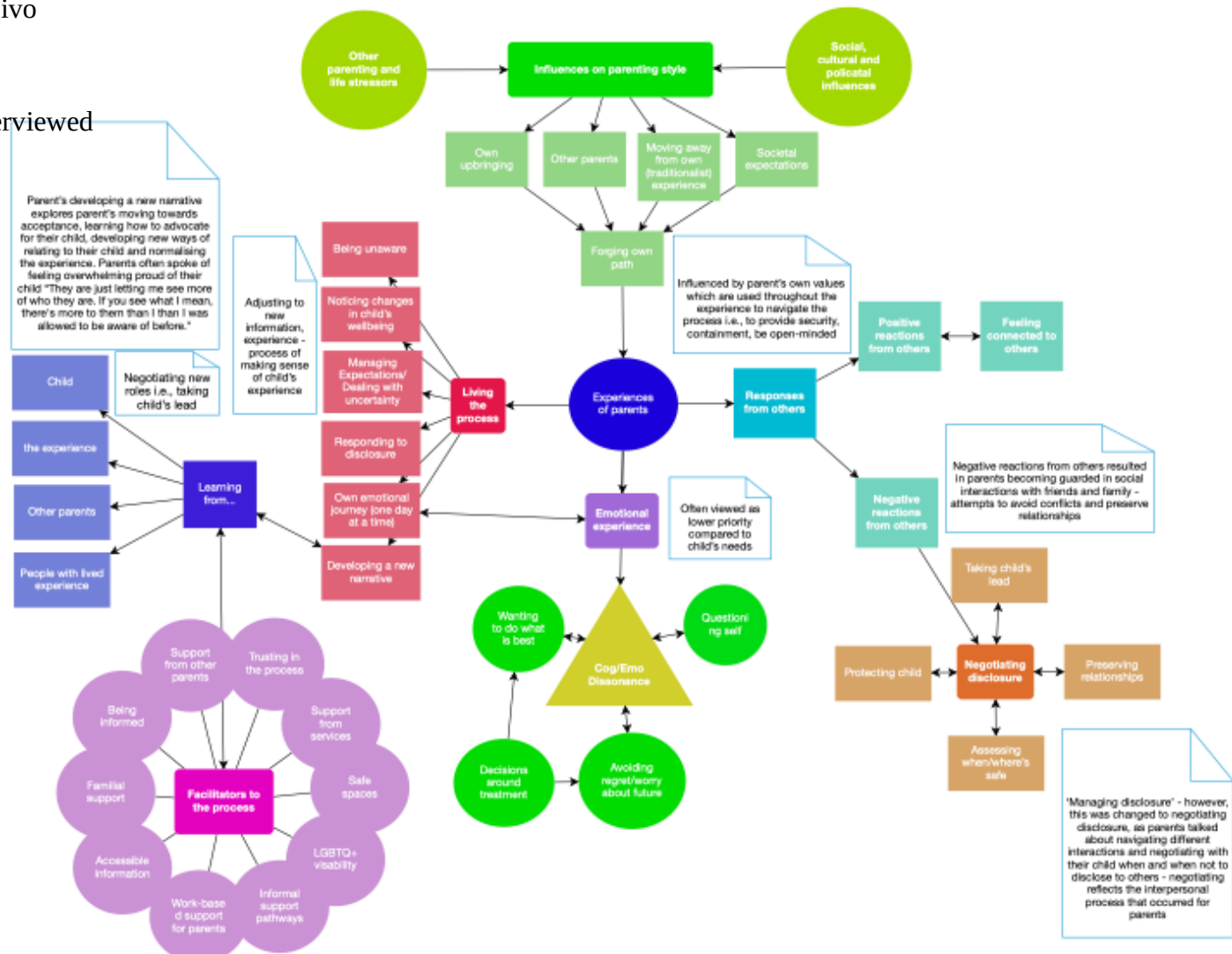
## Appendix I

### Examples of Diagramming

Created using NVivo

Date: 10.11.2022

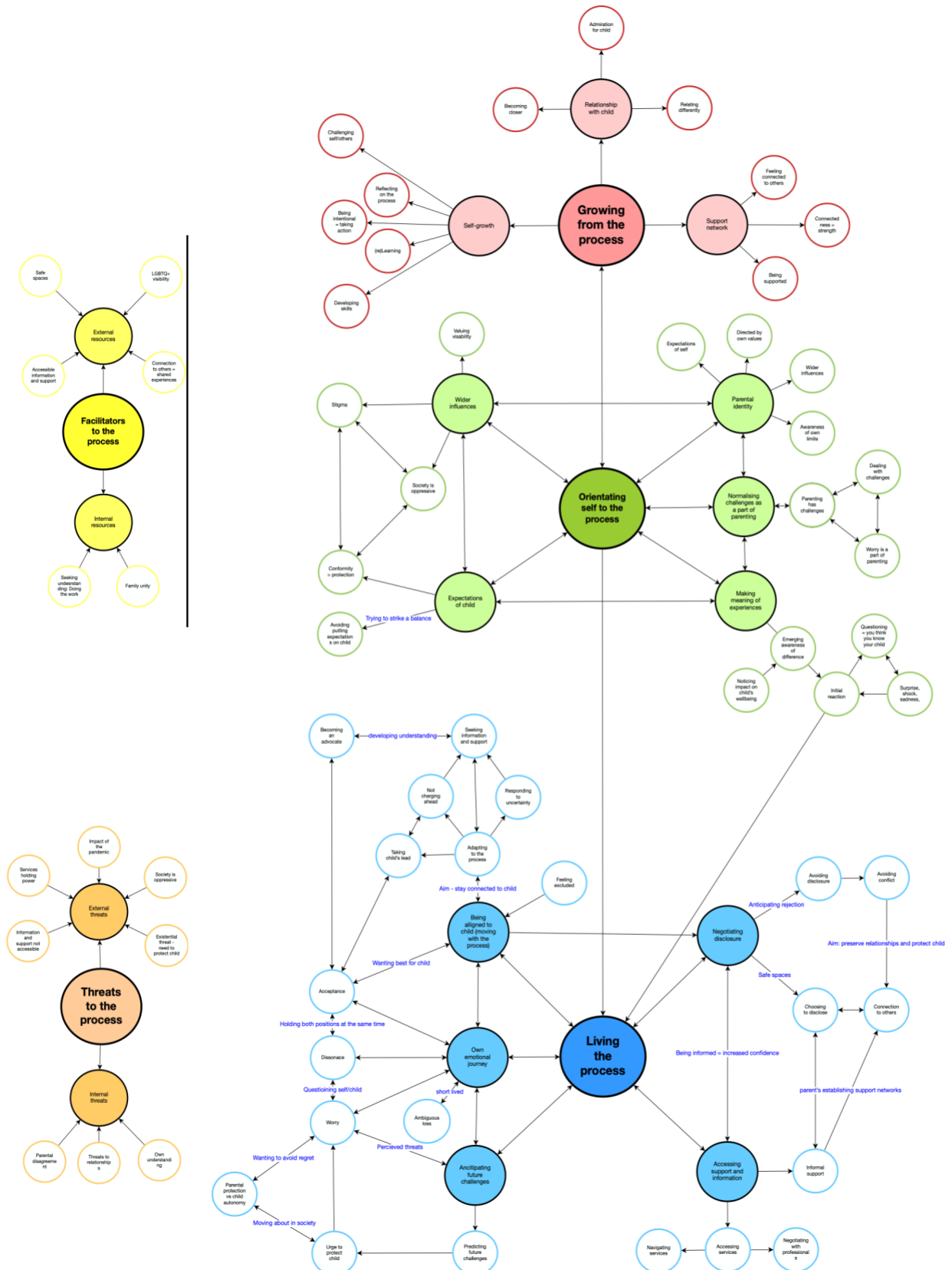
5 Participants Interviewed



Created using NVivo

Date: 20.02.2022

10 Participants interviewed.



## Appendix J

### Memo-writing: Reflections Following Interviews

| Interview | Extract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | Following interview 1, I found myself feeling saddened by the participant's experience with healthcare services, particularly as part of my training role was working in services with long waitlists impacted by the pandemic. Despite describing ongoing challenges, I found the participant adopted a very balanced, pragmatic and " <i>can do</i> " position to her experiences and this was also reflected in the interview responses. This did leave me wondering how much the participant felt comfortable sharing more emotionally charged reflections or experiences that did not end in a positive outcome. I reflected on how societal judgements on parenting had potential to influence the interview such as, participants offering examples with positive outcomes, or interviewers shying away from exploring negative experiences. |
| 2         | Following this interview, I reflected on a shift in my interview style as this interview felt more informal and conversational. I reflected on similarities I had observed between myself and the participant such as being similar ages, part of the LGBTIQ+ community, sharing similar political interests and values. I wondered if this might have influenced my neutrality as a researcher as there were times where I found myself quietly agreeing with the participant. However, I am confident with the quality checks I have used that this facilitated a comfortable interaction where the participant felt able to share openly with me her experiences.                                                                                                                                                                                |
| 3         | Following interview 3, I found the interview with the participant particularly humbling. From the participant's accounts, it appeared that she had not shared her experiences or feelings with someone outside of her immediate family before the interview. She reflected that this was largely due to not seeing her child's gender identity as a " <i>problem</i> ", and I wondered how many other families are not heard because they hold a similar position. I particularly warmed to how the participant normalised differences and felt this shone during the interview.                                                                                                                                                                                                                                                                    |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | <p>Following interview 4, I reflected on how the participant was able to share her experiences with ease. The interview itself seemed to flow more naturally which allowed me to listen more to what the participant was saying and follow different lines of inquiry, holding the interview schedule more flexibly. I wondered whether the participant's openness to sharing her experiences and her ability to tolerate uncertain experiences enabled me to be less occupied with trying to ease her into the interview. I also reflected on how my previous experiences interviewing participants was developing my research skills to feel more confident following different lines of inquiry within a semi-structured interview.</p> |
| 5 | <p>Participant 5's final reflections of finding new ways of connecting to her child and the pride she feels seeing her child being their authentic self in different spaces particularly resonated with me following this interview. I got a real sense during the interview of the non-linear emotional journey the participant had been on, and how at times this had resulted in dissonance between her thoughts, feelings and experiences. I started to wonder how experiences shaped parent's sense of feeling connected to different parts of the process i.e., child, own understanding, family, wider systems etc.</p>                                                                                                             |
| 6 | <p>Throughout the interview, I admired the participant's open and frank account of her experiences and the challenges she had faced. During the interview, the participant made several references to being "autistic" and I wondered if this enabled her to speak from a less socially inhibited position. The interview felt also felt more relaxed to probe experiences for more detail, I wondered if this was influenced by the participant's openness or my developing skills as a researcher.</p>                                                                                                                                                                                                                                   |
| 7 | <p>Following the interview, I struck me how much the participant, and others interviewed, was '<i>balancing</i>' and the sacrifices they were making to 'protect' their children. I wondered about the impact this was having on parent's and how they seemed to be managing from a psychological perspective. Frequently being placed in positions laden with uncertainty and navigating wider discourses, I reflected on how this contributed to parent's questioning the process, themselves, and their child. I thought about how the participant, and others, felt "<i>out of control</i>" with "<i>no time to think</i>" (line 415) and the cumulative impact of this on their wellbeing.</p>                                        |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8  | <p>Participant 8 was the first father I interviewed. Prior to this interview, I wondered how different the interview might feel and how the participant's experiences might sit alongside the other interviews. In the interview I found the participant's very personable and articulate when it came to him communicating his experiences. He described himself as a "<i>loony lefty</i>" (<i>line 10</i>) and I really warmed to his satirical sense of humour – as such, he was easy to build rapport with.</p> <p>Following the interview, I reflected on the participant's openness to sharing his experiences. At times during the interview, the participant apologised to me for being so accepting of his child and for not having experienced more challenges to talk about. I wondered why the participant felt that he <i>should</i> have experienced more challenges and if this related to his position as a father. Interestingly however, the participant's experience did not fit the available literature which suggests that father's might experience more challenges accepting their child's differences.</p> |
| 9  | <p>The interview with participant 9 was particularly emotive in parts as they discussed their experience of grief and loss. I wondered if the participant was benefiting in some way by having an open and reflective space to reflect on her experience, in a way that she might not have had before. The participant came across as incredibly kind and compassionate to her own needs and experiences which I believed helped when sharing her experiences. Hearing how the participant's position had changed overtime to a more embracing position and the emerging pride she felt for her child was a powerful process. She had appeared to grow and benefit a lot from the process as both a parent and as a human being.</p>                                                                                                                                                                                                                                                                                                                                                                                                |
| 10 | <p>Throughout the participant's accounts, I admired how open he was to talk about the difficulties he had experienced as a father. I had anticipated that the participant may find it difficult to talk about his experiences given that he had not had opportunity to do this elsewhere. I wondered how the participant found speaking with me, another male, and if this enabled him to feel more open to sharing his experiences. Overall, I felt that I had developed a good sense of the participant's emotional experiences.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |