

Princess Boys, Trans Girls, Queer Youth

**Social Action Research Project :
Parenting a “gender creative” child in today’s society**

Research Report

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Table of Contents

| | |
|---|-----------|
| Acknowledgments | 3 |
| Introduction | 4 |
| 1. Context | 6 |
| 2. Methodology | 8 |
| 2.1 Participant recruitment and group structure | 8 |
| 2.2 Data collection and analysis | 10 |
| 2.3 Ethics, consent and confidentiality | 11 |
| 3. Findings | 12 |
| 3.1 Understanding and defining gender creativity as a concept | 12 |
| 3.1.1 Understanding the nature of gender creativity | 12 |
| 3.1.2 Labelling of gender creativity | 13 |
| 3.1.3 The invisibility and stigma related to gender creativity | 16 |
| 3.2 The parents and their child: Recognizing and accepting children as gender creative | 19 |
| 3.2.1 Articulating gender identity development as a unique and sometimes fluid experience | 19 |
| 3.2.2 The process of accepting the child’s true gender identity | 19 |
| 3.3 Specific challenges inherent in parenting a gender creative child | 21 |
| 3.3.1 The emotional roller coaster: Providing support to their children | 21 |
| 3.3.2 Making the right decisions about care | 24 |
| 3.3.3 Protecting children from the outside world: Accessing services and developing a broader support system..... | 25 |
| 3.4 The needs of parents of gender creative children: Increasing visibility, promoting a more inclusive society and developing support network | 30 |
| 4. Social action as a research method: Group outcomes and output | 32 |
| 5. Discussion | 35 |
| 6. Conclusions and recommendations | 41 |
| 7. References | 43 |

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Introduction

National and international media and research reports are increasingly highlighting the situation of people who do not identify with the sex they were assigned at birth. For example, in September 2011, Randall Garrison presented anew¹ a private member's bill to amend the Canadian Human Rights Act and the Criminal Code (C-279) to include gender identity and gender expression. Although C-279 has already had two readings, however, it has warranted virtually no discussion in the mainstream media; a notable exception is the prevalence of news stories about conservative MPs organizing petitions to block the bill in the third reading. Despite this increased mainstream visibility, however, gender creativity² in children remains a topic that is seldom discussed.

The absence of a political discourse in Canada about the lives of trans people – much less gender non-conforming children – is in some ways unsurprising. As Viviane Namaste (2000; 2005) argues, the lives of transsexual and transgender people have largely been rendered invisible in this country. And yet, recent studies would suggest that many children (more or less 8%) engage in varying degrees of cross-gender dress and behaviour (Moller, Schreier, Li, & Romer, 2009, Roberts et al., 2012). Many of these children will self-identify somewhere along the LGBTQ (lesbian, gay, bisexual, trans, queer) spectrum by the time they enter adolescence (see, for example, Knafo, Iervolino, Plomin, 2005). Sadly, these same young people are also among the most susceptible to “gendered harassment” (Meyer 2006, 2008) and suicide (Klomek, Marrocco, Kleinman, Schonfeld, & Gould 2008).

This research report details the findings of a project undertaken with parents of gender independent children. The parent study took place under the auspices of a larger project funded by the *Social Sciences and Humanities Research Council of Canada* Knowledge Development Grant (Manning, Meyer, Pullen Sansfaçon, 2011-2013). The larger project covers different areas affecting the lives of gender independent children and includes three intertwined pilot projects, one of which being the parent study documented here and the first ever study of the experiences of gender variant children and their parents. The overall aim of the larger project was to generate greater understanding of the reasons why Canadian society, known for its respect of human rights, is excluding a vulnerable part of its population: children and young people who are gender independent. A corollary aim is to develop and formulate questions for future research in this area.

¹ There had in 2009 been a previous attempt to introduce bill C-279 made by Bill Siksay, MP for Burnaby-Douglas. The bill aimed to protect gender identity and gender expression within the *Canadian Charter of Rights and Freedoms*. C-279 died in the senate when the parliament was dissolved in 2011.

² Gender creativity is a concept proposed by Diane Ehrensaft (2011) in her book *Gender Born, Gender Made* and used to describe a person whose preferred gender expression does not fit with conventional binary ways or understandings of ‘male’ or ‘female’. Other terms used to describe gender creative children include: gender independent, gender non-conforming, gender variant, gender dysphoric (although the latter is medicalized). In this report we use these terms interchangeably to refer to a child or a young person whose gender expression and or identity does not fit with traditional socially-defined gender expectation.

The results shared herein were generated via Social Action Research (SAR) (Fleming & Ward 2004; Mullender & Ward 1991). SAR requires a research process not only aimed at discovering, interpreting, and revising human knowledge (Centre for Social Action, 2012), but also aimed at addressing a particular problem and taking action to bring change. In social action research, stakeholders are viewed not as study subjects but as "knowers" (Fleming & Ward 2004). Many acknowledge that SAR is a highly empowering methodology (Denney 1998; Rimmer, 2005). The results of the parent pilot study are framed in response to the second objective of the larger scale project which, again, is to develop new research questions regarding the rights, needs, and well-being of gender nonconforming children in Canada.

The project involved a series of facilitated group work activities undertaken with parents of gender-creative / gender non conforming / gender variant / gender independent or trans children. Through the group process, parents were invited to share their experiences as well as to define strategies to tackle barriers and effect change at the personal, cultural and policy levels. The process of and content gathered through group work constitute the project data. Working with parents in a meaningful way and gathering data were given equal importance by the research team, in keeping with the features of SAM. Indeed, following the lead of Krista - Dixon's (2006) work on trans politics, we wished to shift focus away from the child as a patient to one in which children and their families have a greater voice in a policymaking process that currently fails to recognize and protect their 'difference.'

The report is presented in four sections. The first section briefly synthesizes relevant background literature on the topic and sets up the context for the project. The second section reports on the methodology used. The third section explores the data as it emerged from the group meetings; this is arranged according to four main themes or sub-categories that were brought forward and discussed at great length by parents. The themes related to parent understanding of gender creativity / independence / non conformity; the parenting experience; the challenges faced when parenting in an accepting and gender-affirmative manner;³ and the needs that must be fulfilled in order for parents to continue the work of supporting their child. The fourth section evaluates the research methodology throughout the development of the group over fourteen weeks, relative to group outcomes and output. Finally, in the conclusion we discuss the data with reference to the current knowledge base and offer some recommendations for research and practice.

³ Throughout we will refer to this parenting style as affirmative or gender-affirmative parenting; parents who practice affirmative parenting accept their child as they are and however they present themselves.

1. Context

The term 'gender independence' is applied to children who do not conform to the traditional expectations for persons of their assigned sex. The phenomenon of gender independent children is more widespread than many may think. Despite being unsuspected or 'non apparent' (Hellen, 2009), a recent review of studies suggests that anywhere between 2.3% to 8.3% (Moller et al., 2009, 118-119) to 14.6% (Roberts et al., 2012) of children engage in varying degrees of cross-gender dress and behaviour. Many of these children will self-identify along the LGBT spectrum by the time they enter adolescence (Knafo et al., 2005). Yet, while evidence suggests that a surprisingly high number of children are gender independent, collective social responses to their unmet needs are largely absent. At best, studies highlight the necessity of intervening in abusive situations (Roberts et al., 2012) and providing appropriate medical care to prevent self-injury and suicide (Spack et al., 2012); this is, however, not the same as meeting social needs. Rather, gender non conformity in childhood tends to remain a 'health issue', one largely relegated to the realm of psychology, psychiatry, and paediatrics. Indeed, gender independence tends to be pathologized and diagnosed as Gender Identity Disorder (or GID) according to the current edition of the Diagnostic and Statistical Manual (DSM-IV) of the American Psychological Association (American Psychiatric Association, 2000). According to the DSM-IV, GID is marked by a preoccupation with cross-sex activity and appearance, a strong preference for cross-sex roles, and strong desire to live or be treated as the other sex. However, as many clinicians from these health-related fields increasingly recognize that childhood gender non conformity is not 'the problem' in and of itself. On the other hand, 'the problem' is the lack of acceptance by society at large. This change in perspective echoes Oliver's (1990) intervention in disability studies where he proposed a social model of instead of a solely medical one.

Indeed, even though there may be biological and genetic explanations for the behaviour of some children on the gender independence spectrum, a lack of conformity with socially-expected gender is not usually a problem on its own. The problems that arise are largely caused by external sources such as denial of care or acceptance and/or outright rejection by society in general (Ghosh, 2009; Saketopoulou 2011). In other words, the hostile environment in which the child develops is more likely than their gender identity to cause problems. Indeed, what is held to be gender variant behaviour is socially constructed and differs from one time period to another, from one culture to another, from one class to another; there is no indication that gender-related difference is a singular, timeless dysfunction (Langer & Martin, 2004; Else, 2006). Thus, gender independent children should not be unnecessarily medicalized (Hill, Menvielle, Sica & Johnson, 2010).

Tragically, these same young people are among the most vulnerable to "gendered harassment" (Meyer 2006, 2008) and suicide (Klomek et al., 2008). They are also at a greater risk of experiencing various forms of childhood abuse (sexual, physical, and psychological) leading to post traumatic stress disorder in adulthood (Roberts et al., 2012). For example, a report of the *Commission des droits de la personne et des droits de la jeunesse Québec* (2007) revealed that the shame and guilt felt by these young people take a devastating toll on their self-esteem.

Regularly excluded, they are bullied, insulted, intimidated and threatened with unwanted physical contact and aggression. All of this greatly undermines their self-confidence and saps their motivation to attend school. Although this document specifically reports on homophobia (and not gender-related or transphobia per se), it paints a picture of a world often intolerant and even hostile toward gender non-conformity, which so often associated with non-heterosexuality. Consequentially, as Roberts et al. (2012) explain, “some parents may be uncomfortable with gender non conformity in their children [...] possibly increasing their likelihood of being abusive” (p. 414).

This is crucial to consider as parents play a pivotal role in the developmental experiences of gender non conforming children. Indeed, recent research indicates that parent support is key to the health and well-being of gender variant and LGBTQ youth (Moller et al., 2008; Ryan et al., 2010; Travers, R., Bauer, G., Pyne, J., & Bradley, K., 2012), and that those supported by their parents have overall better health outcomes overall including lower rate of suicide, self-harm, depression and other indicators of poor mental health (Travers et al., 2012). This is not surprising considering that feeling accepted and being supported in one’s preferred gender identity and expression are identified as some of the most pivotal and determining needs of gender independent children (Riley et al., 2011).

However, while children supported by their parents seem to have the best outcomes, parents may also need to be supported by professionals and peers in developing parenting strategies to best support their children as well as locating relevant and up-to-date resources. For example, Riley et al., (2011) found that parents of gender variant children required assistance in dealing with stigmatization and support in order to advocate for their children.

Considering the issues faced by parents of gender independent children as well as the relative lack of research in this area, the goal of the present project was to yield greater understanding of the experience of parenting a gender creative child, including the challenges and opportunities parents encounter while negotiating the social and community environments in which their children grow. Due to the oppression and stigma experienced by this group, the project adopted a methodology not only designed to yield rich data but also to provide an opportunity for parents to support each other and become empowered to better support their children during the critical early years of their lives.

2. Methodology

As above, a critical aspect of the project was the selection of a methodology based in action research, a well-known approach to qualitative inquiry. While research can be a successful tool with which to fight oppression, it can also have a negative and oppressive effect on participants (Beresford & Evans, 1999). Social Action Research (SAR) and Self-Directed Groupwork (Mullender & Ward, 1991) were used because they are rooted on notions of empowerment and are therefore appropriate for use with oppressed peoples.

Given the level of oppression experienced by this group (Strier, 2007), an anti-oppressive research strategy was indicated in order to ensure that their experience was empowering and transformational. However, such an indication is not necessarily acted upon in most research projects. As Strier (2006) asserts:

regardless of the benevolent and progressive nature of its goals and intentions, [a research program] may replicate the structural conditions that generate oppression. The power exercised by those who initiate a particular research project can be immense if they conceptualize a project in ways that affirm their position as those in charge. The power that accrues to those who bring a research project into being as well as funding agencies' control on setting research priorities cannot be ignored (O'Connor, 2002). Indeed, the principal beneficiaries of the research might be the researchers themselves, rather than the subjects of the inquiry (Oliver, 1999). (p. 860)

In order to promote an empowering environment wherein participants were not 'used' as mere research objects, a groupwork intervention was developed based on the principles and process of Self-Directed Groupwork (see Mullender & Ward 1991 for more information on the model).

2.1 Participant recruitment and group structure

Participants were recruited via both purposive and snowball sampling, and began with the circulation of a participant invitation leaflet among key Montreal non-profit organizations likely to be in contact with gender independent children and/or their families. These included organizations serving gender variant teens and same sex families, a transsexual peoples' association and organizations combatting bullying and homophobia in schools.

Interested parents and caregivers of gender independent children – the only recruitment criteria, apart from interest participation – were invited to contact the group facilitator by telephone or email prior to the group, or, if they preferred, to join the group directly without prior contact. It is important to note that meetings were based on a principle of open-membership in that participants could join or cease their involvement at any time. Voluntary membership is viewed as essential to Self-Directed Groupwork such that participants are free to choose the type of participation they want or need (Mullender & Ward 1991).

The group, as a component of the research project, was represented in the leaflet as having two distinct aims. The first was to provide parents of gender creative or independent children with a safe space to discuss their experiences, identify challenges at a personal, social or political level, and develop solutions or actions in fulfillment of their own sought after outcomes. The second aim, from a researcher perspective, was to gain an understanding of issues, challenges and opportunities experienced by parents of gender creative children in the process of negotiating the social and community environments in which their children grow.

The parent-participants were invited, if they so chose, to bring along their children (gender creative or not) to the meetings where a separate room with toys and a supervising adult was available for this purpose. No intervention or data collection was undertaken with the children while on the premises. Rather, this service was only aimed at facilitating the participation of parents who might not have access to child care.

The agenda for the meeting was created with the parents according to their own terms and conditions. The group was co-facilitated by two researcher-practitioners under the supervision of Dr. Pullen-Sansfaçon. It is important to note that before the group began, the two facilitators as well as another research assistant (the research assistant for the corollary educators' project who would take on the role of group facilitator in the event of one of the two co-facilitators being unavailable) were given thirty-six hours of training by the co-researcher and Professor Dave Ward, an expert in the field of social action and self-directed groupwork methodology. Prof. Ward is one of the founders of this methodology and was invited to Montreal to lead the training for the facilitators. The training seminar was interactive and included process training on self-directed groupwork as well as discussions of oppression, values, social action, and group dynamics. Once the training was completed, Prof. Ward continued to act as a consultant.

A total of fourteen group meetings took place in a facility offered by a local partner organization. Between two and ten parents attended the meetings, with an average of four attending per week. The meetings lasted approximately two hours and were held every other week between January and October 2012, with the exception of the school summer holiday months. The first ten sessions were aimed at exploring parent experiences while the last four were focused on planning actions beyond the completion of the research process. After each meeting, there was a debriefing session wherein the researcher-facilitator team discussed data, methodology, group dynamics and their facilitation.

The first meeting of the group was a meet and greet session in which parents participated in ice breaker activities, signed a consent form, received an explanation of the general aims of the group (research and social action, in keeping with SAR) and co-developed a group structure (including meeting time, duration, location) and work principles (right to be heard, right to take action on one's own behalf, right to decide whether they want to participate or not in the group). At this initial meeting the group also began to draw up specific objectives they wanted to pursue. From the second meeting onward, group members engaged in a facilitated process of Social Action Research or SAR. In order to embed a democratic process, the agenda and

other decisions were made a prerogative of parents in order to respect their own goals and availability. It is important to note that the research process was focused on the collective experience of the group; indeed, meaningful collaboration among participants and facilitators is required within SAR, and an anti-oppressive, empowering approach grounded the facilitation.

From the twelfth session onward, the participants and co-facilitators were joined by the researcher whereupon all began to prepare for the formal ending of the group. We discussed significant outcomes, findings and the way forward. Although formal facilitation of the group ended after fourteen weeks, at the time of writing parents have decided to continue with the group beyond the conclusion of the formal research project (see Section 4 below).

2.2 Data collection and analysis

In Self-Directed Groupwork, participants are guided through a number of key stages, namely, what, why, how, action, reflection. The facilitators' role was to help the participants rather than lead them, and to identify their difficulties and challenges as well as express these ideas in their own words. As researchers, the facilitators also took notes wherein they recorded data emergent from the meeting (Krueger, 1994). It was decided that note-taking was more appropriate than audio recording for a SAR-based project as the latter may sometimes be disempowering for participants. This is, however, a limitation of the study. At all times, participants had access to the data being collected and were invited to comment and reflect on the main findings, including how these should shape the way forward.

Data were analyzed using note-based analysis in the tradition of grounded theory. Onwuegbuzie et al. (2009) explain that note-based analysis can include notes from group meetings and debriefing sessions, as well as any summary comments from the moderator(s) or assistant moderator(s). We chose to include the facilitators' verbatim notes and notes taken during debriefing sessions with the two main facilitators, the educators' pilot research assistant, and the researcher. In contrast to the group meetings, debriefing sessions were audio recorded.

We chose a grounded theory analytic method due to the dearth of research on this topic (Dey, 1999). This requires a data analysis procedure allowing for an inductive process of discovery. Furthermore, grounded theory applied to participatory research may also "enhance methodological and technical rigor" (Teram et al., 2005, p. 1137). The first step in the analysis was open coding followed by axial and selective coding (Glaser & Strauss, 1967). Strauss and Corbin (1990) define open coding as "the process of breaking down, examining, comparing, conceptualizing and categorizing data" (p. 61). Glaser (cited in Dey, 1999, p. 10) further describes open coding as "coding of the data in every way possible [...] for as many categories that might fit". Quotations from parents were carefully examined at the beginning, yielding various emergent themes. In the second stage of axial coding, the codes are interconnected in order to achieve a higher level of abstraction (Sarantakos, 2005). Finally, selective coding involves "identifying the higher-order core category" (Sarantakos, 2005), which means "searching for the central phenomenon and the central category" (p. 350). Sub-categories (i.e., understanding of gender creativity / independence / non conformity; the parenting experience;

the challenges faced when parenting in an affirmative manner, and parents' needs) serve as headings in the next section while the sole category – invisibility and non-recognition – is explored in a subsequent discussion section.

2.3 Ethics, consent and confidentiality

The project was granted ethical clearance by l'Université de Montréal and Concordia University where the Principal Investigator is based. As above, participants signed a consent form at the first group meeting where confidentiality was also discussed; this process was repeated whenever a new participant joined the group. This was particularly important given that confidentiality in groups is sometimes harder to maintain than is the case with other means of data collection. Indeed, while confidentiality was guaranteed on the part of the research team (i.e., participation in the group will be kept confidential by the researchers, and the data collected will be anonymized), we could not guarantee the confidentiality of any information disclosed by participants. In order to assure confidentiality as much as possible, this difficulty was thoroughly discussed with the group, including guidelines on discussing the group with non-participants (for example, if a participant decided they wanted to disclose their participation in the group or discuss group content, they must maintain others' confidentiality).

3. Findings

The experiences of parents and caregivers of gender independent children was identified as the core thematic category in our analysis of the discussions held among participants. A total of four main categories emerged from these discussions and will be discussed in this section.

First, we explore how parents understood gender creativity as a concept including the labels they used to discuss it, their perception of the invisibility of and stigma attached to their situation. Next, we will explore some of their experiences related to recognizing and accepting the child as being gender creative. Specifically, we discuss issues related the process of understanding and accepting their child as they are. Next, we highlight the challenges identified by parents who are trying to support their children as they are (i.e., who practice affirmative parenting) and protect them throughout the experience of growing up. Finally, we look at specific needs identified by participants, including increased visibility for gender creative children, a more inclusive society, and better support networks among parents.

3.1 Understanding and defining gender creativity as a concept

From the beginning of the group, and throughout many of the sessions, parents discussed their understanding of the complex situation faced by their children. Specifically, much group time was spent on trying to define gender independence / variance / creativity / non conformity as a concept as well as the ways in which this can shape the parenting experience.

3.1.1 Understanding the nature of gender creativity

Parents questioned themselves and each other on the nature of 'gender creativity' and on the whole did not think of gender as static. For example, most parents gender as something fluid, that is, as a state of being which is not necessarily fixed in a binary where one is either male or female and stereotypically masculine or feminine. This fluid understanding of gender is perhaps due to these parents' having already begun a process of reflection before attending the group.

As one participant stated, "[gender is] not blue or pink. It's everything in between". In their discussions, parents questioned the mainstream value system that associates certain behaviours with specific gender roles. They expressed a reluctance to see society as a binary or dichotomous system of 'boys and girls'. They valued the idea of a continuum of gender expression wherein everyone can find themselves in accordance with their own identity:

"It is bigger than 'gender creative kids'. It touches everyone. Not just our kids. We only have to recognize every person as they are."

"We are who we are. No one is the same. I just can't understand why people can't understand and respect that (...) .. We always look for causes but in fact it's only about personal identity. I think the real problem is that we can't accept people as they are."

“You have to be who you are. It’s not handicap/disability. They’re just who they are. It is more an impairment.”

Given their fluid conception of gender, participants overwhelmingly recognized gender creativity as part of one’s own identity and tended to articulate it as a positive feature of their children despite the many challenges they face in society. Indeed, being aware of the various difficulties that transgender and gender independent people encounter on a daily basis, some parents felt inspired by their child, and even characterized them as especially authentic people:

“This is what’s about these kids. They’re able to say: Hey! This is who I am. They can flourish from that age. They already respect themselves more than many adults do.”

“[being a gender non conforming child] is really about being in touch with yourself. A lot of us aren’t able to make connections with ourselves.”

From these discussions it became clear that these parents understood gender creativity as simply a way of being true to the real self. Gender creativity was therefore perceived overall as something positive and was valued by the participants.

That said, some parents also spoke of gender creativity in a less positive light. While most participants were clear that gender independence is something one is born with (as opposed to something one is socialized into), they nevertheless stressed that being true to yourself required some adaptation on the part of the child and that the process was not as straight forward for them as it was for some gender conforming children. The notion of “impairment” effectively illustrated parents’ feelings in this regard. Indeed, they felt that because their child was different from most children, and because society is not fully accepting of them or prepared to care for their needs, these parents felt that their children were ‘disabled’ by society. This perspective echoes Oliver’s (1990) social model of disability. Within this model, the traditional notion of ‘handicap’ – whereby someone is perceived as having an individual inadequacy requiring adjustment in order to fit within mainstream society – is replaced with a social notion of disability. In the latter conceptualization, disability is a result of the inadequacy of social and environmental structures with regard to fulfilling needs of all individuals, whether ‘disabled’ or no (see Oliver, 1990 for further discussion). Thus, while parents understood gender creativity as something essentially positive, it was also understood to be difficult to live and fully actualize within current social structures.

3.1.2 Labelling of gender creativity

The use of an appropriate label to describe their children’s experiences also emerged as an important theme. The various labels that can be used for this purpose and their meanings became a recurring topic across the sessions. While there was no consensus about the use of one single label for experience of their children, terms like ‘transgender,’ ‘gender creativity,’ ‘gender non conformity,’ ‘gender independence’ and ‘gender variance’ were used widely among the group members. These label-related discussions seemed important to parents as

they occurred with regularity. What follows is a summary of participants' perceptions of each of the labels used to describe their children's experiences and situations.

The label *transgender* was mentioned by one parent but not widely used in the group. The term *gender non-conforming* was also not generally appreciated by the parents because they associated it with negativity. With one exception, participants generally appreciated the label *gender creative*. Some thought it was appealing and inspiring, as if "all opportunities [for their children] are opened," while others generally thought it was "good" and "positive". However, *gender creative* was the label suggested by the research team and advertised on the recruitment leaflet; perhaps this produced a bias in participant perceptions. That said, there was no consensus. One participant felt strongly about not using the term 'gender creative;' indeed, it did not feel like a correct representation of her child's experience. She explained how she associated gender creativity with creative expression. However, her child was not expressing himself on the outside and was keeping his feeling internal like something repressed. In this parent's view, her child experienced gender variance not gender creativity:

"I can't recognize myself at all in this idea of gender creativity. My child has never wore dresses or put on make up. It's just that for him, his body is a cancer."

Therefore, the term 'gender creativity', while it was considered overall as a positive label, required a child so labelled to externally express their preferred gender in order for the label to be accepted by these parents.

Gender variance was also discussed at lengths and brought forth a range of differing opinions. Some parents said they liked it because it has a felt relation to the medical realm and thus lends a certain legitimacy to their child's difference:

"I prefer it because it's medical. So people just shut up. Bang! That's it, it's medical".

Another parent liked gender variance because it is used by the government and is therefore known to the general public. Those who felt comfortable with this label seemed to express a need for some sort of outside validation and recognition of their children's experience. However, validation purely in a medical sense was not without its problems; many participants also agreed that there was a contradiction between their use of this term and the way they understood the very nature of gender creativity. Indeed, as discussed above, while parents clearly did not perceived their children's situation as an illness – "people are not ill, it isn't a mental illness" or "the whole idea is that it isn't an illness" – some mentioned that it was nevertheless important to obtain a diagnosis of gender variance because this helped them access services:

"We need a diagnosis. Schools require a medical attestation . Let's say a child has ADHD. He needs the diagnosis to get services. The same applies for transgender kids. Diagnoses bring out a budget, then services."

“I should go with the diagnosis used in the DSM. This is what it is, if that can help my child”.

Medical labels and diagnoses were therefore considered important by most participants due to the support that medicalization can bring. That said, some disagreed. Even if medicalization was related to service access, for them it remained problematic. Furthermore, since this framing suggests a medical condition, it implies a cure. For one participant in particular, medicalization was completely alien to their understanding of the reality faced by their child. As far as they were concerned, their child did not need drugs or a cure of any kind; he only needed to be accepted as he is. For them, using such a label even to access services may lead society to think that there is a problem with the person in question:

“I don’t like gender variance. There’s nothing to do with medicine in it. That’s the way he is. That’s it. It’s not an illness. [...] The problem is that if you link it to an illness, then you think it is an illness. But it has nothing to do with an illness [...] If it is a diagnosis, then people think they need a diagnosis [to access services]. But if we say there’s no diagnosis, then we don’t need to think of a diagnosis... It’s just him [the child]”.

For this parent, accepting any type of medical label was the first step toward accepting the medicalization of gender creativity. They were very critical of the way most parents actually conceived of using a medical label—that is, in a utilitarian manner, as a mere means justified by an end — and pressed for a radical shift in which any diagnosis would be rendered void and where gender creativity would be broadly thought in terms of difference and human variation as opposed to a illness.

But most participants, even those who saw the utility in getting a diagnosis, agreed that gender creativity / variance was not an illness. Furthermore, most tended to agree that it would be preferable not to have to resort to the medicalization of their children; in the current climate, however, accessing services was more important for the fulfillment of their family’s needs. As such, they agreed they required the diagnostic label of ‘gender variant’ for the time being:

“I think that for the future, that’s what we want [to avoid medical labels]. We’d like not to need diagnosis. That there wouldn’t be diagnosis so you can just be who you are”.

However, it is important to note that this idea was presented as an aspiration for a better future rather than something attainable in the short-term.

In summary, while participants appeared to be clear on their own understanding of their children’s experience and articulated gender creativity as a way of being true to one’s self, through discussing the use of different labels parents highlighted an enduring general lack of understanding and knowledge in society with regard to gender creativity in children. There was no consensus on the labels used to describe their children, but labels were nevertheless regarded as important for a multitude of reasons: from defining their own understanding to describing who that their children are to accessing services. However, there was agreement in

their attribution of blame for the difficulty inherent in defining and naming gender independence in children: namely, its societal invisibility.

3.1.3 The invisibility and stigma related to gender creativity

“Gender non conforming kids are like baby pigeons. There are around, but no one seems to be noticing them”

This statement made by one of the parents during the second group meeting illustrates a feeling often expressed by the others: “are we alone?” “Are there any other other children?” “Why is it so difficult to bring more people in?” While they were aware of some of the statistics showing the surprising commonality of gender creativity, they still felt alone.

When parents attempted to explain why they felt ‘alone,’ their explanations varied but tended to highlight society’s ignorance of its prejudices. First, participants felt that gender creativity was still a taboo in Canada as well as in many other parts of the world. Many were concerned that a significant number of people do not even acknowledge that it exists. This echoes an assertion of researchers: that one of the main reasons for the dearth of public discussions about gender independent children and youth in Canada is their invisibility in the social sphere. For these parents, however, this invisibility was more related to a fear of the unknown. This interpretation on the part of the parents may be due to the fact that they all were accepting of their children as gender independent. That said, society’s rejection was a commonly named culprit.

“it’s because people fear the subject and that’s why they prefer remain ignorant”.

If people know anything about gender non-conformity in children, these parents explained that it is often considered to be negative: something that makes people feel uncomfortable. In many discussions, the group identified some parallels between the lack of acknowledgement of gender creativity and the status of sexuality as an enduring social taboo. For example, one participant spoke of how making people aware of gender creativity is challenging because homosexuality is still an object of disapproval for many:

“I can’t convince people, because homosexuality [from society’s perspective] isn’t okay”.

Emerging from the parents’ experience was a clear link between the invisibility of gender non-conforming children and the pervasiveness of sustained homophobic attitudes in society:

“For us, we know it; there’s a distinct sexual orientation and gender orientation. For us it’s clear, but for society it’s the same”.

“People don’t differentiate between the sexual orientation and gender”.

For participants, society in general still tends to discuss homosexuality and transgenderism as being the same and this contributes to the invisibility of gender creative children. Thus, heteronormativity contributes to the marginalization of gender creative children, even if gender identity and sexual orientation are not the same thing. This is noteworthy since these parents' experiences contrast with the idea that homosexuality tends to be more accepted in Canada. In the experience of the participants, expressions of gender nonconformity – whether by a child, teen, or adult – contribute bring the same challenges as those related to homosexuality. This conflation and similarity even impacted on their ability to mobilize. For example, parents were sometimes worried about incurring the judgment of others, and sometimes felt uncomfortable discussing gender creativity with their neighbours, friends and family. One mother illustrated this feeling when discussing the possibility of canvassing and petitioning in her neighbourhood for the recognition of trans people in the Canadian Charter of Rights and Freedoms:

“I won't go to that neighbour because I'm scared he wouldn't sign and I really need his help [for other things] sometimes.”

Some participants expressed that even being 'affirmative' of their child's gender creativity in their parenting style sometimes came at a great expense. As one put it, “you risk losing your family, marriage, network”.

Belonging to an ethnic group was also identified in the discussion as potentially exacerbating the difficulties experienced by these parents. As a participant explained, “I am 50, and in that age group and ethnic group, it's like people are asking: are you a Martian?” This parent explained that the level of silence and rejection she faced in her own cultural community was such that people did not even recognise her. This echoes Mullaly's (2010) understanding of oppression as being intersectional, in which people experiencing oppression with regard to gender, for example, do not experience this as a homogeneous group but as individuals affected by various other spheres of oppression as well. As such, a Black parent of a gender creative child with a high socioeconomic status may experience different forms of oppression than a Caucasian parent from a working class background. In this sense, these participants' experiences of oppression may differ according to their various social locations and realities.

Furthermore, from the group discussions, it appeared that there was no consensus on seeking a greater level of recognition and/or support in the surrounding community. Some parents seemed more proactive than others in getting their community to recognize the existence of transgender and gender creative or gender independent children. For example, some parents felt the need to explain their child's difference to as many people as possible, even when people didn't seem quite open to it. They felt a responsibility to actively engage in consciousness-raising in their community at all times:

“even though they don't seem to understand, we never know if this time is going to be the right one (for them to understand)”.

“people have question marks on their face (...) But perhaps next time, they will understand”.

Throughout the discussions, parents nevertheless expressed that, overall, their experiences remain hidden and when their child’s difference is revealed, it is often subjected to stigma and prejudice. In fact, these parents felt that, in their experience, people around them did not want to be exposed to or talk about gender creativity in children.

“People say that it is important but they don’t care about it, [...] society is not interested in this issue”.

They felt that ignorance of their and their children’s existence was the main culprit in their invisibility. Participants felt that their children’s experience was considered singular, and that perhaps this invisibility was related to insufficient consciousness raising on this issue.

“There’s a lot (trans kids), but they pass for the opposite sex. They just cut their hair and pass for the other sex. [...] We have to open our eyes [to find them].”

Therefore, according to participants’ understanding of the issue, gender non-conformity remains seldom discussed because gender creative children are not seen in public as themselves. This contributes to the social undesirability of gender nonconformity, and in turn makes it particularly challenging for parents to educate people around them. Even when a child is ‘out’ as gender creative, these parents still felt that their situation is viewed with distaste, leaving them and their families to deal with many adverse social reactions and perceptions of their children as particularly difficult to manage. One parent illustrates this as follows:

“there are people who think that if their children are exposed to ours, they will be contaminated!”

Increasing the visibility of gender creative children was perceived by parents as key in challenging stigma and creating more inclusive space for their own children. They also highlighted that this particular challenge is present among key people working or interacting with their children such as school principals and teachers, as well as among members of their extended family and friend networks. According to the participants, while their own acceptance and understanding are essential, greater recognition from these groups would improve the daily experiences of gender creative children.

In summary, myriad difficulties related to conceptualizing gender creativity and finding the right label for their children as well as the invisibility and often negative perception of this kind of difference all contributed to shaping the experiences of participants as well as their ability to engage in affirmative parenting practices.

3.2 The parents and their child: Recognizing and accepting children as gender creative

3.2.1 Articulating gender identity development as a unique and sometimes fluid experience

In discussing their experiences of parenting their children, participants agreed that gender identity is something often understood as a singular, fixed experience that in fact needs to be thought of with greater flexibility. For example, while some parents said their children had always expressed – to a certain extent – feeling as though they were in the ‘wrong body,’ others said that their children felt they belonged to both genders or observed changes in their children’s gender identity as they developed. The following are a few statements wherein parents explain their child’s gender creativity:

“[this week, my child told me that] This week, I’m not sure if I want to be a girl or boy. I don’t want to be a girl. I want to be in the middle. I like my penis”.

“She lives like a girl since the age of 3”.

“She has always wanted to be a boy. Now, she begins to be interested in boys. I am not sure this will last.”

“three of us here don’t know where their kids are going”

“When I found out [that my child wanted to transition], my child was 13 years old”.

“He’s happy to explore; he sometimes feels like a boy, but a lot of the time, he is a girl”.

In participant discussions, gender creativity was definitely not something experienced in a universal manner. Instead, participants’ accounts show multiple ways that gender creativity can be experienced by children and youth, as well as understood by parents. The experience of ‘coming out,’ or the discovery that their child’s preferred gender expression was different from those traditionally associated with ‘boys’ and ‘girls,’ was also experienced in a number of ways and at different times; this is, therefore, a singular experience. That said, many parents spoke about stages of exploration which they considered to be important in order to allow children to experiment with their gender identity. And because, according to these parents, there exist various outcomes for gender creative children (i.e., some of these children may ‘fully’ transition, some may not, some may pursue partial transitions, etc.) it was important for them to support their children in this period and to let them explore whoever they want to be.

3.2.2 The process of accepting the child’s true gender identity

Acceptance was another recurrent theme. From the very first session, all participants agreed that they accepted their children the way they were and were wholeheartedly committed to their well-being. This may not be the case in all households, however, and we recognize that people who participated in the group were probably more likely to accept their child than not.

Indeed, participants were clear that for them, it was unacceptable to deny or suppress their child's preferred gender, and this way of parenting was fraught with challenges. We found that parents expressed a need to embrace their child's identity and support any form of exploration. Participants explained that they felt they had to "deal with what you're given". One said that of her own child that "I let her explore. As long as she's doing fine," and "we don't want for her to be someone else".

However, we want to highlight that this may reflect a bias in participant recruitment. The fact that parent recruitment was challenging may be linked to the type of parents who were recruited in the group. Indeed, participants all promoted – to some extent – affirmative parenting. And yet, research has shown that well-meaning parents will tolerate cross-dressing in their home, but will not allow it in public (Hellen, 2009). Perhaps some potential participants decided not to attend the group because of the 'norm' that was becoming established there, i.e. affirmative parenting is the only acceptable way of parenting a gender creative child. Thus, we are aware that participants may have shared a view of parenting that may not be the norm among parents of gender creative children who did not choose to attend the group.

Among these parents, affirmative parenting was justified by a desire to protect the child and place their safety above all else. Indeed, many parents spoke about accepting their children's identity as their "duty" because they felt responsible for their children's wellbeing and worried that something bad might happen if they did not accept them.

"What can she do if I don't accept her?"

"what will happen to my child if I do nothing?"

Accepting a child as she / he is also extended to the use of a child's preferred gender pronoun, both in and outside the household. For example, while discussing her MtF child a participant said "when I talk about my son here, it is not because I lack of respect for him. I really look forward to speak about my 'daughter', but, as thing stands, 'she' wants me to refer to her as 'him'." For participants, it was also difficult to think that some parents did not accept their child as they are. And yet participants were aware that other, unaccepting parents could seek alternative ways of dealing with their children, such as various forms of therapy:

"if you are not a strong person, you go to the doctor to find the perfect doctor [one that will say what you want to hear]"

Therefore, while parents who participated in our group had a sense of duty to accept their children as they are, they nevertheless did not seem to do so as a result of having no other choice. Rather, they showed a keen awareness of other ways to parent a gender creative child, such as for example, that advocated by Kenneth Zucker (See for example Zucker 2008).

That said, even though all parents practiced affirmative parenting at the time of attending the group, the acceptance of their child did not occur overnight. They described this experience as

a process of adaptation and acceptance that took time and was full of pitfalls. Prior to acceptance, they recognize that they were shocked when they first realized their child was not conforming to the gender role prescribed for people of their assigned sex.

“Obviously, it’s a shock. We’re not able to say: ‘My child is trans’. It doesn’t happen this way. It takes time to digest it.”

“it is difficult to see him with his red lipstick”

There were clearly challenges associated with this acceptance. For example, one parent said “we accept it in our house, but what can we say to other people?” Parents are constantly challenged by social reactions to their child’s gender identity and sometimes felt a conflict between their private and public lives. Even affirmative parents explained that it is difficult for the child to go out in public as their true self, not because the parents do not want the child to do so but because the child is too ‘scared.’

As part of this process of acceptance, culpability sometimes emerged in participant discourse. While this was widespread, we noted that some parents particularly expressed feelings of guilt about their child being gender creative. This seemed to be more of a reality for gay and lesbian parents, who explained that they often felt blamed for their children’s gender creativity (i.e., the accusation that ‘it is because you are homosexual that your child is gender non conforming’). That said, at least in what they reported parents said they were convinced that gender creativity was only part of a natural human variation and that they were not to be blamed for that, no matter the ideas circulating in society.

As part of the process of acceptance, participants also tried to normalize their situation by drawing parallels with parents who have children with other kinds of special needs. Indeed, for some parents their experiences share the features of what some other parents go through: “I think it’s like any child and you don’t know the answers”.

To summarize, accepting their children as they are was definitely identified by participants as the way forward for good parenting. But this process was not always an easy one and most parents expressed a shock when upon realizing that their child is gender creative. Nevertheless they feel it was a duty to accept them, and despite the stigma associated with this acceptance, parents felt they must assure their child’s well-being. Furthermore, challenges did not dissipate once acceptance had come about; indeed, many challenges were identified as the parenting experience continued.

3.3 Specific challenges inherent in parenting a gender creative child

3.3.1 The emotional roller coaster: Providing support to their children

Over the course of many discussions, these parents acknowledged that it was very important to support their child in being true to who they are. Even though they feel it is the right thing to do, participants expressed that it is not always an easy process.

“It’s like roller coasters but I’m always trying to support him in what happens at the moment”.

“We, as parents, need to follow what the kids want and tell us”

Parents were also aware that their support is essential for their child not to feel alone and rejected:

“We’ll try to equip her with the best. She won’t have to support it all alone.”

Getting close to the child’s experience while supporting them was something stressful for many parents worried about their child’s well-being. Many participants shared that sometimes their children are depressed, sad and lonely because of the various negative things they experience as gender independent children:

“He said twice that he wanted to die. My child was sad. My child was never a happy kid. He would come to us at night telling stories of bullying at school, crying. Everything we said did not do anything. The feeling was always there”.

The thought of their children being unhappy brought considerable anxiety for the participants. They expressed on many occasions that their children’s struggles were very difficult and brought out many fears. Despite the encouragement from parents, the situations highlighted by some seemed to have a deleterious impact on the children’s well-being.

Related to this theme, parents expressed often feeling powerless in face of their own challenges and those faced by their children:

“We can't do much. We're just parents.”

“Sometimes, I just don’t know what to do”.

“it is difficult to help someone who does not want our help”

“I know that the worst things can happen to my child, but I do not want that”.

These parents expressed a lack of control over their situation. This powerlessness was associated with uncertainty about what kind of support they should offer, an inability to support their children, and a failure to find the most appropriate response to their children’s needs:

“Everything we said didn’t do anything”

“What am I supposed to do, to say?”

“The paediatrician said that if she still wants to die, we just have come back... but in between, what am I supposed to do?”.

In discussions, participants frequently reported feeling worried and anxious about their children. Parents also recognized that these children are resilient and are better able than they thought to get through some of the difficulties they faced. For example, one parent who had an older child transitioning in secondary school explained that she was very worried about her child taking the bus or being bullied at school, when the child told her that there was no problem, that she has allies such as two out gay teachers, that the school has a Gay-Straight Alliance. Regardless of whether these children were only saying this to comfort their parents or because they were really dealing well with some specific situations, their parents expressed much anxiety and fear about all the possible challenges faced by their offspring.

Parents’ personal experience of parenting a gender non-conforming child was complicated by their self-perceived loneliness. Specifically, parents mentioned “feeling in the dark” and trying without success to find people who share their experience. In particular, they found it hard to alleviate the burden of responsibility because they were isolated with their experience. As one parent mentioned, “there is no one I could talk with”. As a consequence, parents said they jumped on every tiny resource they could find to get some support or inspiration. For example, parents talked up the newspaper articles they found and how they were reassuring:

“Articles are reassuring because there is not much of anything else” and “When I see articles I feel reassured that I’m not the only one”.

“My kid is lucky, she was born into a family which is open. She did not want to talk about it. She said ‘I don’t want to tell you what is going on’. I had an idea about what was going on, but I did not want to put words in her mouth. She did not want to us to be upset. She did not like herself, she wanted to self-harm. She was talking about this a lot. The “phase” never “phased out”. When I read articles about that, I feel reassured.”

The internet was widely considered a very good way to locate information and support.

“It’s easy, you just have to click”.

“Internet opens lots of doors. We’re anonymous. You could have a look on blogs, websites, etc.”

By using the Internet, parents were able to fulfill some of their needs, such as receiving information and finding support. That said, the group was conscious that local resources specific to their needs are harder to find.

Some participants used other types of groups meet their support needs.

“I went to PFLAG. It is all parents of gay children, trans and bi children. I love those meetings. I have never been to a place where there is so much warmth, and at the end there is a warm goodbye”.

One participant who was involved in the local LGBTQ community said that more and more parents call because their (older) children are transitioning and many are distressed. There exist scant resources for parent of gender creative or trans children apart from organizations like *PFLAG Canada*, but parents felt that the support offered was more geared toward the gay and lesbian community. This paucity of resources and the lack of support all pose specific challenges to their parenting ability.

Finding the right balance of support and feeling comfortable with obtaining it was therefore an important issue that emerged from group discussions.

3.3.2 Making the right decisions about care

Making decisions on behalf of their children was an important emergent theme in the discussions. Participants experienced decision making as more often than not packed with anxiety and fear. For example, parents expressed being worried and anxious about not making the right decision for their child. Indeed, as part of their parenting experience, they often had to make decisions on their child’s behalf, from allowing them to go to school dressed as the other gender to undertaking procedures related to social transition, to consenting for the child to use hormone blockers at the beginning of adolescence. One of these parents’ main fears was that their children would blame them in the future for some of the decisions and actions they had to take in the present:

“I’d be scared to do something and that she blames me afterwards”.

“You have to be careful. It is not going to be good if you give her the hormones and then she regrets it”.

“I am scared to do something and then she is mad at me”.

Indeed, while affirmative parenting was considered the best way forward by participants, they were also often scared of the outcomes of some the many decisions they had to make, or had to agree to make, for the children. This anticipation of future regret or recrimination on the part of their child placed a huge burden on the parents. Many expressed that they constantly felt unsure about ‘the’ best action to take. Parents were often confronted with doubts, and facing these challenges was, as a mother expressed, “emotionally draining.”

Even when the parent was clear about the course of action to follow, they were still feeling as if they lacked control over the situation. For example, one parent with an older child gave the example that even if her child was ready for surgery and had family support, pre-planned courses of action were not always possible:

“It was the big deal [to have the surgery]. Because she’s teenager; it’s very hard time. She’s so small and she is born with a micro penis; never grew up. But now, the body isn’t ready to have the surgery at sixteen [...]”.

The parent explained that while she and her child were in favour of a transitional surgery, her body was too small and they needed to wait longer for that reason. In this case, the difficulty did not stem from an issue related to accessing services or making a hard decision, but instead from something over which they had no control i.e., waiting for the body to be ready for transition. These were examples of feelings of powerlessness among parents.

Related to this anxiety about making the wrong decision was uncertainty as to the outcomes of their child’s process of forging a gender identity. Many questions were difficult to answer: how will the child grow? Will she transition or not? As discussed earlier, mostly agreed that their current experience is one part of a process with no specific end and for most the outcome of growing up gender creative or transgender will remain a mystery for a long time to come.

3.3.3 Protecting children from the outside world: Accessing services and developing a broader support system

In addition to sharing their personal feelings and experiences of parenting, participants discussed at length different challenges they observed with regard to their gender creative children growing up. The desire to mobilize themselves to help their children was justified by an attempt to protect them from the worst consequences experienced by many gender non conforming children and youth, namely bullying, depression, anxiety, self-harm and suicide. Specifically, they explained that, as supportive parents they had to be able to advocate for their children, especially with regard to accessing the right services to fulfill their needs.

3.3.3.1 Working with siblings and the immediate family

Parents discussed some of the challenges their children face within their *immediate* environment: siblings and the larger family. In these accounts, most participants explained that the relationships between their gender non-conforming child and their siblings were generally harmonious. That said, in addition to parents, siblings also had to become accustomed to the idea of their brother or sister being gender creative / transgender and embark on a journey of acceptance. This was not always an easy process.

“It is kind of weird for them. They just don’t understand. They just don’t say “the word”.

“They don’t discuss it amongst each other.”

In some households, there were also some difficulties that sometimes emerged from one of two parents. For example, a participant said she had constant arguments with her ex-partner with regard to the way they should raise their gender creative child:

“His dad says that our son should be a hockey player. But he prefers playing with dolls. For him [the dad], a boy has to act like a boy. That’s unacceptable for me.”

“Dad does not agree at all with what I do [to support the child].”

While there was resistance from some of the participants’ partners, it appears that within participants’ families there was a high degree of acceptance among siblings. One parent felt proud of her two gender-conforming kids’ acceptance of their gender non-conforming sibling. She shared that when her family was unaware of the upcoming transition of the oldest child, she showed them a video in order to prepare them to hear the news:

“When I showed them the Chaz movie [film about a well known trans man], I felt very touched. I felt very touched by my children’s reaction. They were very tolerant, open. They wanted to go help Chaz in Florida.”

In sum, while support was not automatic among all immediate family members, these parents seemed to identify this challenge as entirely workable and were surrounded by other supportive family members.

3.3.3.2 Working with schools

The vast majority of the participants’ gender creative children were school aged, and these parents reported that they faced many problems at school. Working with schools posed for most parents a significant challenge to supporting and protecting their children. Parents recognised that if their child’s school was not supportive or if staff did not understand their child, fulfilling their parental duty of care would be extremely difficult.

Participants also shared that they had to secure the support of the school administration or a higher authority in order to be able to achieve anything for their children.

“When you have the director on your side, it is okay”.

However, getting the director onside was not a widespread experience, and most participants struggled with their children’s schools. In their experience, issues of gender identity and sexual orientation were still a taboo and were often conflated by school professionals.

“they are all [transgender and homosexual] put into the same basket”.

“My big fear is that we cannot talk about homosexuality in elementary school... we can't talk about homosexuality so what about being transgender!”.

Parents anticipated the social reactions their kids might face, and believed the school environment to be particularly problematic:

“I'm scared for later. For high school where it will get much harder for her.”.

“The second year of secondary school is the worst age. Kids discriminate one another and form gangs... they call themselves 'gay'. It is very difficult. But from secondary 4 onwards, it gets better”.

They also felt that schools were ill-prepared or insufficiently skilled to address their child's needs. This may have even prevented some schools from engaging in meaningful conversations with parents as to how they could best ensure that the children's needs are met. As one participant explains:

“I think they're not prepared. They just don't know what to tell me. And if they make the wrong move, I could go after them”.

Furthermore, from the participants' experiences, when services were offered, they were never fully adapted to their children's needs. For example, one participant explained that while she managed to persuade the school to invite a community organization to give a presentation on gender identity, the school only set aside an hour. Another participant said that the actions taken (or not taken) by schools were so detrimental and inappropriate to her daughter's needs that she felt she had to remove her from the school:

“School gave groups [dealing with gender identity], but they were so bad for my daughter. So now, I have to do home-school. There's no other choice (...) I'm moving cities for my daughter. My daughter needs a social network. That's why you need the School to accept her like a girl, but not like a trans person.”

Inappropriate resources were therefore perceived as a significant obstacle faced by parents and children alike. In some cases, this even had effects beyond the child and demanded a full reorganization of the family.

As a response to this obstacle, parents also highlighted the importance of working with schools. Indeed, informing them about gender creativity seemed especially important:

“We need to do something so that the schools are better equipped to work with gender creative children. We have to do something with schools”.

As a reflection of the challenges faced in relation to working with schools, actions that target this environment were therefore identified as critical.

3.3.3.3 Accessing other services for their children

In addition to having to work with the school to develop inclusive strategies for their children, participants also discussed how hard it was for them or their children to access broader services suited to their needs. Services discussed by parents ranged from specialized clinics to governmental organizations. A first level challenge pertained to identifying or finding an appropriate service while a second level challenge pertained to access. Parents agreed that in Montreal resources were very limited and, when available, were often inaccessible because they were developed according to a binary model that is geared toward 'men or women' with no or little understanding of gender creativity or fluidity, let al.,one in children and youth. Indeed, these parents noted that most paediatricians they encountered were not very attuned to the realities to gender creativity in children. Rather, "[...] their training is conservative" and medical ideology reflects the same ideas put forward by mainstream society, or the binary vision of gender: girl or boy, blue or pink. As one parent stated:

"That's the problem with the medical view; you have to be a boy or a girl. There's no in between".

Transgender youth and gender creative children often do not fit into that model of service provision. Examples abounded of situations wherein agency staff were openly puzzled when they realized that the sex indicated on an official document did not match a child's gender presentation. These situations sometimes created more challenges for parents who felt they had to educate the staff at the same time as obtain a needed service.

Furthermore, parents said that sometimes services are simply unavailable. Challenges faced by participants included one account of having to go to three different hospitals to receive services for a specific issue. In this case, the first two hospitals were not able to accommodate the child's gender creativity. Overall, parents felt that services meeting needs of their children are difficult to find.

When services were available and appropriate for these children's needs, other challenges emerge in the arena of basic access. A lack of financial resources was named in a few occasions as being a barrier to accessing appropriate services.

"To change our name, it is an expensive process. For a student, it is really expensive."

Another challenge is that many of these are perceived as being complicated to access and sometimes participants questioned the legitimacy the processes they had to go through in advance. For example, with regard to obtaining an official change of name for their child, one parent explained that they had to have the change published in a local newspaper. This made them very uncomfortable:

"We have to put an announcement into the community newspaper [...] yet, this is supposed to be a personal decision...[the person has] to be exposed on the public stage, has to wait a very long time and pay a lot of money"

The main culprit for these difficulties was identified by the parents as a lack of government recognition and support of gender creative and transgender children and youth. Parents expressed that they do not feel any kind support or leadership on behalf of the government, nor do they see any action being taken to improve the lives of their children. These deficiencies were raised several times, but parents found the same answer in each case: they are not a priority. This general lack of interest is, according to participants, in keeping with society's jaundiced view of gender creativity. One parent illustrated this lack of government leadership: "I can't count on them to take the lead". This parent felt they had to do more in order to protect their children and access services for them, as well as be strongly determined to arrive at a desirable outcome. As another parent explained, resilience is key:

"Resilience is needed to advocate against adversity. You are going through the pain and difficulty: you have to see the other side of the pain and difficulty".

On that point, there was a consensus among the participants that, in order to access services and support your child to achieve whatever outcome they may foresee for themselves, a parent must be ready to fight. Nothing about this process was seen as being easy.

There was one exception to these difficulties faced in accessing appropriate services. Many participants thought that Dr. Shuvo Ghosh, a paediatrician at the *Montreal Children's General Hospital* with whom many participants had consulted, is accessible and offered a service fine-tuned to the needs of their children. According to many parents, Dr. Ghosh has played an essential role in the lives of their families. He has been supportive of both the children and their parents in their experiences of gender creativity.

"All that Dr Ghosh tells me really helps"

In group discussions, it became clear that the availability of such a service really helped the participants navigate the complexities of their situation. One parent expressed how she could rely on Dr. Ghosh's specialized team who made her think and feel empowered: "when I've felt reassured by Dr. Gosh, I've been able to talk to everybody."

Participants therefore identified an important service gap in the region of Montreal with the exception of the *Montreal Children's General Hospital* and Dr. Ghosh's clinic. Otherwise participants felt that there were no appropriate services for gender non-conforming children:

"In a city such as Montreal, where no services are available, I do not understand. There are so many services – yet, none are geared towards them. They just don't fit it."

Once again, participants attributed this lack of appropriate services to a pervasive lack of recognition and visibility.

3.4 The needs of parents of gender creative children: Increasing visibility, promoting a more inclusive society and developing support network

Throughout the discussions, parents identified a number of needs that must be fulfilled in order for them to be better able to continue supporting their children. Increasing their visibility and promoting the recognition of gender creative and transgender youth were central. As discussed throughout this report, these parents identified a lack of visibility which resulted in any number of difficulties, from a lack of services through to direct discrimination and oppression. Whether by disseminating knowledge on the topic, making people more aware of their existence, developing new services, or working to change the law, participants felt that it was essential to redress the invisibility and stigma faced by these children and their families.

For example, one parent said that she attended the group because of a gap in the knowledge base and she wanted to participate in the project in order to help fill the gap: “for me it is important to be here. I want to see more research projects“. This need for recognition was echoed many times during the sessions as something participants want to achieve for their kids. From their perspective, recognition must come at many levels: from the population, but also from public sector institutions, government, the law, and the *Charter of Rights and Freedoms*.

On many occasions, participants discussed the importance of living in an environment that is inclusive for their children. While they all agreed the province of Quebec was known to be a good place to live in comparison with other parts of the world (they discussed the United States and other countries), they nevertheless acknowledged that there was still discrimination and oppression toward trans people and their families, and that work was needed in order to achieve a more inclusive society for gender creative children and trans people more generally.

As the discussions went on, these parents became increasingly aware of the power of the law and how it impacts their children. They became aware that the current *Charter of Rights and Freedoms* (both of Quebec and of Canada) protected their children against discrimination on the basis of gender, but not on the basis of gender expression and gender identity. They also became aware that there was a new bill proposed to amend the *Charter of Rights and Freedoms* and that this would have a significant impact on their lives and their children’s lives; it would provide them with a formal basis upon which to ensure that their children’s rights respected and valued. These parents also became aware that some provinces were better than others at protecting the rights of trans people, and by extension, gender non-conforming children. Ontario was mentioned a few times as a province where acceptance and recognition was greater, in their eyes:

“In Ontario, they will accept that trans people change their sex [on legal documents] without having to undergoing surgery”.

As a result of these discussion, participants became aware that that the fundamental rights of their children would need to be secured through legal challenges. According to them, such

challenges would allow gender non-conforming children a greater level of recognition in Canada.

Finding role models was also discussed as a positive way of facilitating greater level of social recognition for gender independent children. This was not only suggested as a strategy for bringing greater awareness of gender creative and transgender youth, but also as a way to provide support and validation to their parents:

“Seeing [a transgender] adolescent made me feel good”.

“I am looking for people who have kids like mine”.

The group discussed the ‘domino effect’ of positive role models. For example, because Jenna Talackova (the Canadian trans woman who had been disqualified and then re-allowed to compete in the Miss Universe pageant in the spring of 2012) went public with her story, participants felt it may have contributed to an increased the visibility of trans people in Canada. Participants discussed of many other role models, including Jazz (a young trans woman who went public in the USA) and Chaz Bono (trans man and son of Cher and Sonny Bono).

In sum, participants identified that a greater level of recognition of transgender and gender creative children and people was paramount in order to bring about many fundamental changes needed in order to create a more inclusive society. This could be achieved by pursuing legal challenges as well as promoting the emergence of more trans role models.

4. Social action as a research method: Group outcomes and output

As above, the research methodology was designed to not only collect data but also to empower participants and support them in the articulation of their own ideas and actions; in our study self-directed groupwork facilitated this aim. Given our focus on participant empowerment, this section of the report evaluates SAR in the development of the group and group discussions over the fourteen weeks, including the group's outcomes and outputs. In what follows we review the aims set by the participants themselves and their own evaluation of the process, placing this in conversation with our own assessment thereof.

As a research methodology, an important feature of self-directed groupwork (SDG) is the facilitator's support of the group in initially identifying their own goals. Indeed, one of the premises of SDG is that those making up the group should be in control of the knowledge produced about themselves; this is precisely what occurred in this case. The facilitators acted as experts in the process, moving the group from one stage of SDG to the next, while group members generated the content of their discussions by setting objectives and attempting to realize those objectives. Thus, during the first few meetings, parents were not only invited to share information about themselves, their personal histories and experiences of parenting a gender creative child, but also began to identify what they saw as the group's main goal. Although this was no easy task, by the third and the fourth sessions parents described the goals as follows: 1) to inform the community, school and family about gender creativity in children; and 2) to develop support networks among participants.

During the group's last session, the facilitators were mandated by the researcher to evaluate participants' perceptions of and satisfaction with the process. To do so, the facilitators adapted the 'Bull's Eye' technique (Tayler & Kemp, undated in Mullender & Ward, 1991, p. 102), whereby participants decided the extent to which they had achieved their goals on a scale from one (completely achieved) to seven (out of reach). Participants directed the placement of each goal (e.g. to inform community) in proximity to the centre of a flip chart bull's eye diagram, and discussed how they wanted to rate each goal. These discussions were not simply about whether or not to place the objectives over the bull's eye; rather, there were varying opinions. The average scores that participants agreed to for each of their groups' goals were:

- To inform community: 5.5/7
- To inform schools: 5/7
- To inform family: 5/7
- Support among participants: 3/7 to 4/7 (varied)

While participants felt that a good level of peer support had developed in the group, they also felt that this was helped by their access to childcare and to two 'professionals' (i.e., not friends) who could facilitate the discussions. These were identified as principle benefits of the group sessions, an experience defined for them by hope, continuity and stability. We note that this feedback is allied with the fourth objective set by the participants, as the support provided by

the facilitators was a means to achieve this particular goal. Nevertheless, this may be because the objectives defined by the group were not measurable or achievable within this span of time and so difficult to evaluate overall by the conclusion of the meetings.

The group seems to have been more successful in creating opportunities for mutual aid (i.e., building supportive relationships among members in the group) than in creating actions, the latter being a key aim of self-directed group work. This interpretation came from the participants themselves; when they evaluated the process during the last session they thought that the goal 'support among parents' was better achieved than to 'inform the community, school, family' categories. Support happened via their sharing of their lived experiences and strategies for relating within the family, school and community.

It is interesting to note that while the group did not feel as though they had fully achieved their goals, they nevertheless undertook some actions as part of their participation. These ranged from increasing support among members to accessing information to more easily advocating and mobilizing on a more collective level. In the first instance, the group decided to start a Facebook page for parents of gender creative children. When the parents realized that one of their is accessing relevant information, they developed the idea of also using Facebook for online resource sharing. They were concerned that information is either overly medicalized or not readily available, and in an attempt to become better informed themselves, they decided to share links to relevant media offerings between meetings. The group also assembled a resource package that was forwarded to the *Children's Hospital* so that other parents who access specialized services could receive relevant information. The resource package was put together by two members and had its content validated by the others.

Additional and more complex actions were also undertaken. One example was writing a letter in support of Bill C-279 (the trans rights bill currently before the House of Commons) to be sent to all sitting Quebec senators. This letter was written and when the group formally ended, it was kept on hold until the bill is sent to the senate (likely in the late autumn of 2012). The letter was also circulated by group members on internet sites in support of trans rights, such as those maintained by *Transparents* and *PFLAG Canada*.

Finally, toward the end of the group process, there were discussions about how/if group meetings would continue after the research phase came to an end. One parent noted that, if this was to happen, childcare would be crucial. Another agreed: "I can't talk about my kids in front of my kids". The group has thus far survived and continues to offer support and motivation for parents of gender creative children. This is attributed to participant recruitment efforts at the Gender Creative Kids conference in Montreal in October 2012, and *Famijeunes's* – a partner organization's – donation of childcare and the use of their space. The group currently meets on a monthly basis, and a children's group runs parallel to the parent's group in order to facilitate the growth of support networks and the sharing of experiences among youth under the age of fourteen who are gender independent, as well as their siblings. This is an innovative space and there are currently no other 'support' groups for gender creative children and youth under fourteen years of age in the Montreal area. Because their parents are already meeting in

a room next door, these young people can easily access the group. This feature is promoted in the group's recruitment materials. The meetings are facilitated by professional gender-sensitive staff who are experienced in working affirmatively with gender creative children. Both groups are now offered as part of the formal program of the host organization, and are free of charge.

Taking these above actions into account, we can assert that while some of the objectives set by the group at the beginning were only partially met according to the participants' self-assessment, the use of social action research and self-directed groupwork seems to have borne fruit. Participants were provided with an opportunity to not only contribute to knowledge development, but to also begin collective mobilization in order to develop resources and services to improve their lives and the lives of their children.

5. Discussion

The data presented throughout the report highlight the complexity of the experience lived by parents of gender independent children. Through their discussions, we have noted that gender creativity can be experienced in a multitude of ways (Ehrensaft, 2011); consequently, each parent's experience of supporting their children is somehow unique. As a group, however, these parents face many similar challenges and express many similar needs. Indeed, despite the singularity of their experiences, one main theme emerged as having a particularly strong influence on their lives, namely, a profoundly felt lack of visibility.

This finding echoes an observation made by Namaste (2000): that transsexual and transgendered people occupy an invisible space in Canadian society. By acting as a shield to protect their children, parents – along with their children, to be sure – seem to be experiencing challenges similar to those experienced by transgender and transsexual people. Indeed, throughout this pilot project, parents highlighted that they face many difficulties in protecting and supporting their children due to misinformation or a lack of awareness regarding gender independence in children. This results in specific challenges such as acquiring support in the community, getting school staff to respond to their children's needs, or accessing other services. Our findings also show that while these challenges are relatively well understood by parents such that they are able to frame solutions, many of the structural barriers persist. In their view, it remains difficult if not impossible to bring change given current societal conditions. Issues of non-recognition and invisibility are, therefore, central to their experiences.

Honneth's (1995) writings are helpful in theorizing these parents' experiences in the context of the group because recognition and its lack are central therein. For Honneth, recognition is at the core of social life and directly affects a person's capability to self-realize. Indeed, recognition is central because a person's identity is dependent on intersubjective recognition, that is, the perceived recognition of others; in other words, one's identity comes about through the perception one has of others perceiving them. A person who feels positively recognized by others can therefore go on to develop self-confidence, self-respect and self-esteem: three basic conditions for self-realization (Honneth, 1995). And yet, a person who experiences a lack of recognition can hardly fulfill their potential for self-realization.

Honneth (2001) explains that recognition (or lack thereof) happens at three distinct but interdependent levels, namely, the levels of intimate love, laws and rights, and social solidarity. Recognition gained one each level is fundamental in the development of every human being: "these three patterns of recognition: love, legal order and solidarity, appear to provide the formal conditions for interaction, within which human beings can be sure of their 'dignity' and integrity. 'Integrity' is here only meant to indicate that subjects are able to rest secure in the knowledge that the whole range of their practical self-orientation finds support within their society" (Honneth, 2001, p. 50).

For Honneth, each of level of recognition must be fulfilled in order for a person to become strong, self-confident and self-realized; emotional recognition is possible through the vector of love; legal recognition is enabled through the articulation of rights and laws; and social and political recognition is possible through one's acknowledgment within a given community. When non-recognition occurs on one of these levels, the person experiences *inter alia* invisibility and oppression. A lack of recognition also leads to other consequences such as a decrease in self-esteem or a lack of social acceptance and positive perception by others.

In our findings, it is particularly interesting that all participants described their relationship to their child as being motivated by some sort of unconditional love and acceptance. While group members did recognize that their particular parenting style is not always appreciated – or recognized – by others, they all embraced the idea of recognizing their child for who they are. This finding fits well within the first level of recognition identified by Honneth, which is fundamental in every human being's development of self-confidence:

The positive attitude to oneself that arises from such affective recognition is that of trust in oneself. It refers to the fundamental layer of emotional and bodily self-assurance in the expression of one's needs and feelings, which forms the psychological preconditions for the development of all the other aspects of self-respect (...) [This type of recognition can only be achieved] through primary social relationships, apparent in affective ties such as family, friendship or love. (Honneth, 2001, p. 49)

Unsurprisingly, recent research reveals that transgender youth who feel their family is supportive have significantly better physical and mental health (Travers et al., 2012). Parent-child relationships appeared to be very strong for this group. Indeed, on Honneth's first level, these parents' unconditional love and acceptance of their children seemed to be one expressed commonality. Indeed, even though they had to go through a process that was not always easy or straightforward, the participants all asserted that there is no other way for them than accepting their child as they are and supporting them in whatever they may experience. This is not without its challenges; parents also stated that not everyone supported their idea of affirmative parenting, including some family members who have shown a strong resistance to their parenting style. An unconditional love of their children, however, impacted participants who were themselves sometimes denied recognition by others. This was particularly well illustrated in the case of participants who expressed feelings of loneliness, or who said they had to challenge their own family members in order to have their child accepted as they are. In their discussions, participants acknowledged that an acceptance of their child as who they are is not necessarily the norm outside of the home. "Because such attitudes of emotional acceptance are tied to preconditions outside the control of individuals, such as sympathy and attraction, they cannot be transferred at will to a wider circle of interacting members. It is for this reason that this kind of relationship of recognition contains a moral particularism that cannot be dissolved into any attempts at generalizing" (Honneth, 2001, p. 49).

Therefore, accepting their children in the home is one step; getting others to accept their child outside of the safety of the home is another thing altogether. On that point, there was

consensus among participants that, in order to access services and support their children in whatever situations they may encounter, parents have to be ready to fight; they saw nothing as being easy in this process. Indeed, the group was aware that gender non-conformity is far from being socially accepted. This lack of 'social' acceptance was particularly felt in their efforts to access services or support their children outside the home. This lack is exacerbated by an absence of legal protection for gender independent children and transgender people more generally.

It is possible to distinguish a second form of disrespect, from that of physical maltreatment, with its positive correspondence, the emotional attention in primary relationships. We are here dealing with the denial of rights and with social exclusion, where human beings suffer in their dignity through not being granted the moral rights and responsibilities of a full legal person within their own community. Accordingly, this type of disrespect has to have, as its corresponding relation, the reciprocal recognition through which individuals come to regard themselves as equal bearers of rights from the perspective of their fellows. (Honneth, 2001, p. 49)

For Honneth (2001), the lack of legal recognition leads to a decrease in self-respect. Because participants want to ensure the best possible outcome for their children, it is not surprising that they identified legal recognition as important, and particularly the inclusion of gender expression and gender identity in the *Charter of Rights and Freedoms*. As highlighted in our findings on the outcomes and outputs of the group, securing greater rights for their children was held to be fundamental in many discussions. This was illustrated by parents' becoming increasingly aware of the importance of legal challenges which they demonstrated by writing a letter to Quebec senators in support the proposed changes in the *Canadian Human Rights Act* and the *Criminal Code* (C-279) (which would include gender identity and gender expression alongside gender and sexual orientation). The present absence of specific rights for transgender people has important daily consequences for participants (e.g., accessing services).

These parents were also aware that while legal change is an important step, we must also work to alter the societal perception of gender creative children; this was articulated in the group's self-created objectives. To this end, participants often referred to the 'lack of visibility' they experienced in different spheres of their lives, from schools to work environments. From their sharing of difficulties they have experienced when speaking of childhood gender creativity with other people, it was clear that they felt many people were misinformed or ignorant. This echoes Honneth's third level of non-recognition:

The third type of disrespect I would finally like to distinguish, concerns the depreciation of the social value of forms of self-realization. Such a pattern of devaluing particular achievements or forms of life has the result of not allowing the subjects concerned to relate to abilities acquired in the course of their lives, along the lines of social esteem. This form of disrespect thus corresponds to a positive relationship of recognition, one which enables individuals to acquire a measure of self-esteem, that can be found in the

solidaristic acceptance and social regard of an individual's abilities and way of life. (Honneth, 2001, pp. 49-50)

Participants provided many illustrative examples of this level of non-recognition. These included schools and school personnel who did not acknowledge the experience of gender creativity, as well as other examples including the pervasive use of medicalized labels for their children. For example, whereas the group agreed that medicalized labels are somehow problematic because they pathologize their healthy children, they could not, at least in the immediate future, cease using them because labels are seen as key to accessing services. Therefore, the medical system creates and maintains the very conditions participants identified as in need of change, namely, the view that gender must be understood and experienced in a binary model. As such, to gain visibility, at least in some spheres of their lives, participants felt their children must fit within the dominant paradigm offered by the medical field.

This is not to say that medicine and psychiatry were seen as having no place in the lives of gender creative children. In some cases, as their child have grown, these parents acknowledged that it was sometimes necessary to seek medical or psychiatric help. Indeed, our findings clearly show that when medical interventions are needed and, as one parent suggested, when the paediatric team is "supportive of both the children and their parents in their experience of gender creativity," these interventions are very much appreciated by parents because they bring their children's bodies and selves into greater alignment. That said, our findings also highlight a persistent conflict, as above: that gaining a greater level of visibility for themselves and their children was directly linked, in their experience, to the bestowal of a medicalized label. Children without a label are left to fight to have their children's rights recognized and respected. Regardless of whether children receive a label or no, our findings reveal an ongoing struggle for recognition by these parents, who try to support and fight for their children's access to what are generally considered to be basic health and social services.

Given the level of non-recognition participants faced in parenting their gender creative children, it is unsurprising that they experienced many forms of oppression themselves and had to cope with the deleterious effects of this oppression on their own well-being. The lack of recognition in one or more sphere of a person's life can have this sort of consequence:

Drawing upon his tripartite scheme of recognition, [Honneth] identifies three forms of disrespect: physical abuse, denial of equal rights, and denigration of individual and cultural practices. These acts inflict wounds upon the self and cause humiliation – the feeling of being unwanted or unworthy in society, as if one's life possesses no significance or integrity of its own (1995a, 247-60; 1995b, 160-70; Beitz 2001, 104). (Pilapil, 2011, p. 81)

On several occasions, the group discussed the many emotional challenges they had to face, as parents, in supporting their children. It is not surprising to note that participants gave accounts of isolation, anxiety and distress, and that these took many forms in their negotiation of various environments in which their children grow. While parent experiences may not come close to

the experiences of transgender people themselves in terms of non-recognition, our findings nevertheless indicate a need to understand that parents experience non-recognition by extension whilst trying to support and protect their children.

That having been said, this lack of recognition – so often described as invisibility – may also offer a springboard for parents who may begin to make change and alleviate difficulty in their lives. On a few occasions participants themselves recognized that they were indeed capable of fighting for change on their children’s behalf. Resilience was identified in the discussions as a key factor in one’s being able to change social conditions and legal structures in the case of gender creativity and gender expression writ large. Similarly, for Honneth, while recognition is not the only essential condition for the human being to become self-fulfilled and autonomous, non-recognition creates the conditions for the development of resilience:

The moral experience of disrespect can become the motivational impetus for political resistance. In [Honneth’s] analysis of the struggle for recognition, he links the distorted processes of recognition of individual identities with the processes of collective oppression or marginalization of groups (Benhabib 2002, 51). There are not only individual injuries but also collective injuries to self-confidence, self-respect, and self-esteem. (Pilapil, 2011, p. 83)

By having access to similar others with shared experiences, and by supporting each other through a process of social action, participants showed how they can not only construct their own understanding of their experience, but also mobilize themselves and each other to act. However, the invisibility of gender creativity in children and, by extension, of their affirmative parents brought a further challenge that greatly curtails the possibility of acquiring greater visibility; namely, the group found it challenging to recruit others of similar experience, and this could to a certain extent affect their capacity for collective mobilization. Their invisibility probably also had a tangible effect on our initial recruitment efforts. Although many advertisements were placed in locations likely to attract parents of gender creative children (e.g., local community organizations), we managed to recruit just under a dozen participants over one year. Furthermore, despite sharing many common challenges, these parents may find it difficult to understand what they and their children go through as a collective experience given that each child experiences their own unique process and singular range of outcomes.

These specific challenges reinforce the need for research methodologies such as social action research. SAR is known for its capacity to help participants become empowered and mobilize themselves to take action and make change in their own lives. As Honneth suggests,

the injustice of disrespect does not inevitably have to reveal itself but merely can. ... Empirically, whether the cognitive potential inherent in feeling hurt or ashamed becomes a moral-political conviction depends above all on how the affected subject’s cultural-political environment is constructed: only if the means of articulation of a social movement are available can the experience of disrespect become a source of motivation for acts of political resistance. The developmental logic of such collective movements can,

however, be discovered via an analysis that attempts to explain social struggles on the basis of the dynamics of moral experiences. (Honneth, 1995, pp. 138-9)

The use of SAR in this pilot project thus helped participants to find commonalities in their experience, identify main causes for concern, discuss the reasons behind their recurring problems, and think together of possible strategies for changing their own and their children's difficult situations. Evidence of SAR's success can be found in the group having continued, as a support and social action group, beyond the conclusion of the formal research process.

6. Conclusions and recommendations

Over a period of fourteen weeks, the process of social action research was both rich and generative. This was not only the case in terms data elicitation and collection, but also with regard to possible impact over and beyond the formal group process. Indeed, participation helped researchers and parents alike to understand many aspects related to their experience of negotiating various social environments with their children as well as work together to identify main concerns and pathways for change. In particular, this pilot project has offered a detailed understanding of how parents of gender creative children understand their children's experiences as well as their own experiences of protecting their children and creating inclusive spaces in which they can thrive.

Our findings also show that the generalized lack of knowledge and visibility of gender creative children is often to blame for many difficulties faced by parents as well. We have explored this lack of visibility through Axel Honneth's theory of recognition that features three interlinked sphere forming the basic platform for self-realization: intimate love, laws and rights, and social solidarity. We found that participants, through their love for and acceptance of their children, seem themselves to be fulfilling their children's needs for Honneth's first sphere of recognition; however, by doing so, they sometimes expose *themselves* to non-recognition from others. We also found that parents and children experience profound lack of recognition in the second and third, or legal and social spheres. Finally, the group experience illustrated how coming together can become a site of resilience; despite their difficulties, these parents have shown that they are resilient and strong in their affirmative parenting role. That they mobilized themselves and took various actions while participating in the research group illustrates their individual and collective will to make change, protect their children and work toward a better future for them.

As another sign or symptom of non-recognition, our findings highlighted the paucity of services available for these parents, their children and their families. With the exception of one specific service offered in Montreal, these parents of gender creative children offered detailed accounts of the challenges they faced in finding and accessing services that meet their children's needs. Participants also began to identify some of the preliminary steps needed to increase recognition of gender creative children, namely: finding more role models, disseminating more and better information throughout their communities and changing the law so that it protects the rights of gender independent children and all transgender people.

Taking these conclusions into account, three policy and practice recommendations emerged from this report. These are as follows:

- 1) Provincial and federal law must to be amended in order to include and protect gender creative children. Without legal recognition, these children and their families will continue to encounter many basic obstacles in their everyday lives.

- 2) Knowledge production and dissemination must continue in various areas. In order for parents to feel more confident in their decisions, they must have easier access to information on a variety of services available to their children. This information must also be available to care providers – including school personnel – so that the support and inclusion of children in their community is facilitated for children and parents alike.
- 3) Parents need access to various forms of support in their local context. The experience of parenting a gender creative child is a challenging one that may lead parents to feel isolated and anxious. Because recent research suggests better outcomes for children with supportive families, it is crucial that those families are themselves supported by both peers and professionals, regardless of a family's socioeconomic status. We therefore recommend that formal support mechanisms – such as services offered by social workers and psychologists – and informal community support mechanisms – like the parent group formed during this pilot project – be made available free of charge for families in need.

7. References

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