Onderzoekslijn LGBT

GEZINNEN IN TRANSITIE

DE INVLOED VAN EEN TRANSGENDER OUDER OP HET ALGEMEEN WELZIJN VAN HET KIND.

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Inhoudsopgave

1 INLEIDING

Het voorliggende onderzoeksrapport bevat de bevindingen van het onderzoeksproject “Gezinnen in transitie: de invloed van een transgender ouder op het algemeen welzijn van het kind”. Dit onderzoeksproject had als doelstelling de ervaringen van kinderen met een transgender ouder te bestuderen. Onderzoek naar de ervaringen en gevolgen bij kinderen met een transgender ouder is erg schaars, al bestaan er heel wat – vaak heteronormatieve - assumpties over de invloed ervan op het welzijn en de identiteitsontwikkeling van het kind. Met dit exploratieve onderzoek wilden we de ervaringen van kinderen waarbij één van de ouders een transitie[1] meemaakt, nagaan en de invloed hiervan onderzoeken op het algemeen welzijn en de identiteitsontwikkeling van het kind. Daarnaast had dit onderzoeksproject als doel de noden van deze kinderen en hun gezinnen in kaart te brengen om hen zo in de toekomst beter te ondersteunen en te helpen. Het onderzoek was afgebakend tot volgende twee onderzoeksvragen:

Wat is de invloed van het hebben een transgender ouder op het algemeen welzijn en de identiteitsontwikkeling van een kind?

Wat zijn de mogelijke hulpvragen van zowel het kind als de beide ouders tijdens en na het transitieproces van de trans ouder?

Er werd een oproep verspreid via verschillende kanalen en media: holebi- en transgender verenigingen, behandelaars en professionelen vertrouwd met het thema. Uiteindelijk werden 15 ouders – waarvan zeven transgender en acht cisgender - en 14 kinderen uit negen verschillende familiesituaties geïnterviewd. De kinderen waren allen maximaal 18 jaar bij de coming-out van de ouder en hadden allen regelmatig contact met de transgender ouder. Kinderen geboren in een transgender familie (waarbij voor de geboorte van het kind de transitie van één van beide ouders dus reeds achter de rug was) werden niet opgenomen. Deze kinderen zijn namelijk momenteel nog erg jong en vragen een andere methodologische aanpak.

Het voorliggend rapport vormt een Nederlandstalige samenvatting van drie wetenschappelijke, Engelstalige artikels geschreven in het kader van dit onderzoeksproject. De drie artikels zijn integraal achteraan dit rapport in de bijlagen te vinden. Het eerste artikel is een literatuurstudie die een overzicht geeft van de bestaande literatuur aangaande ervaringen van familieleden van transgender personen en gendertransities in een familiale context. Het tweede artikel richt zich op de ervaringen van kinderen en hun families wanneer een ouder zich out als transgender en een transitie start. Het laatste artikel evalueert de ervaringen met verschillende vormen van hulpverlening. De Nederlandstalige samenvatting volgt bijgevolg dezelfde inhoudelijke structuur waarbij we eerst de gehanteerde methodologie van het onderzoeksproject toelichten en vervolgens een overzicht geven van de bestaande literatuur over gendertransities in een familiale

[1] De term ‘transitie’ wordt in dit onderzoek gedefinieerd als de genderrolswitch, aangezien deze vaak sociaal en psychologisch de grootste impact heeft op de nabije omgeving van de transgender. We stellen dus geen medische vereisten.

context. Nadien bespreken we de bevindingen omtrent de invloed van het hebben van een transgender ouder op het algemeen welzijn van het kind en zijn gezin. We gebruiken hiervoor het theoretisch kader van Family Resilience. Dit theoretisch kader zullen we kort toelichten. Tenslotte gaan we dieper in op de ervaringen met verschillende vormen van zorg en psychosociale ondersteuning van zowel ouders als kinderen tijdens en na het transitieproces. We eindigen met enkele algemene conclusies en aanbevelingen voor het beleid en het werkveld.

We willen ieder bedanken die dit onderzoeksproject mee vorm heeft gegeven tot wat het is geworden. Uitdrukkelijke dank genieten alle respondenten die openhartig hebben meegewerkt aan de interviews. De stuurgroepleden Katrien Van Leirberghe (çavaria), Agna Smisdom en Marian Vandenbossche (Gelijke kansen in Vlaanderen) worden bedankt voor hun relevante aanvullingen en bemerkingen.

2 SITUERING EN METHODEN

Onderzoek naar transgenderpersonen is vaak beperkt tot de individuele medische zorg en het mentale welzijn. Ook binnen de sociologie is de bestaande literatuur vaak beperkt tot de individuele constructie van een gendertransitie, of de maatschappelijke problemen en levenservaringen van transgender personen als een populatiegroep. Bijgevolg is de familiale context waarin een gendertransitie plaatsvindt nauwelijks onderzocht (Hines, 2006; Mason-Schrock, 1996; West & Zimmerman, 1987; Whitley, 2013).

Transgender personen zijn zij waarbij de genderidentiteit en/of genderexpressie niet (volledig) overeenkomt met het toegewezen geboortegeslacht. Net zoals holebi's worden transgender personen vaak geconfronteerd met heteronormatieve normen: men gaat er van uit dat iemand man of vrouw is én heteroseksueel. Zij die niet binnen dit heteronormatief kader passen, ervaren vaak stigmatisering (Carrera-Fernández, Lameiras-Fernández, & Rodríguez-Castro, 2013; Dierckx, Motmans, Meier, Dieleman, & Pezeril, 2014; Herek, 2007; Keuzenkamp & Kuyper, 2013; Kuyper, 2012; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012). Deze heteronormatieve normen gelden ook in de familiale context en hierbij kunnen specifieke uitdagingen ontstaan: transgender ouders zetten het biologische ouderschap en de daarbij horende sociale rollen op hun kop; de coming-out van iemands partner als transgender doet vragen rijzen over iemand seksuele identiteit; en ouders met een gender variant kind kunnen zich verantwoordelijk voelen over de stigmatisering die het kind kan ervaren.

Het literatuuroverzicht is gebaseerd op voornamelijk West-Europees onderzoek en onderzoek afkomstig uit de Verenigde Staten. Na een zoekproces in Web of Science en de algemene-zoekmachine Google selecteerden we enkel papers die duidelijk zowel gendertransities als de familiale context als onderwerp hadden. Het resultaat betrof 41 artikels, waarvan 38 met origineel empirisch materiaal (de meerderheid was kwalitatief onderzoek, een minderheid kwantitatief), en 3 reviewartikels. Twee vulgariserende bronnen werden toegevoegd om een zo breed mogelijke beeld te krijgen van de bestaande kennis over transgender gezinnen.

Voor het eigenlijke onderzoek werd er gekozen voor een multi-actor, kwalitatief onderzoek waarbij we kinderen en ouders interviewden. Na een publieke oproep, verspreid door verscheiden kanalen, werden in de traditie van de Grounded Theory diepte-interviews uitgevoerd met 14 kinderen, zeven transgender ouders en acht cisgender ouders uit negen verschillende familiesituaties. Alle kinderen waren maximum 18 jaar op het moment dat hun ouder de transitie startte en hadden op dit moment nog steeds regelmatig contact met hun transgender ouder, ongeacht of de ouders nog steeds samen leven. Gezien de minderjarigheid van sommige deelnemers werd vooraf de methodologie en het interviewprotocol voorgelegd aan de Ethische Adviescommissie Sociale en Humane Wetenschappen van de UAntwerpen. Het protocol hield in dat alle deelnemers vooraf een brief kregen met het verloop en doel van het onderzoek. Alle deelnemers moesten een formele toestemming tot deelname ondertekenen. Voor minderjarige deelnemers moesten ook beide ouders schriftelijk toestemming geven. Na het interview werd een debriefing document met de contactgegevens van de onderzoeker en transgender verenigingen meegegeven. Een themalijst opgesteld aan de hand van de literatuurstudie en bestaande uit verscheidene onderwerpen zorgde voor een leidraad tijdens de interviews. De interviews werden digitaal opgenomen en gecodeerd in Nvivo (Denzin & Lincoln, 2005).

3 FAMILIES IN TRANSITIE: EEN LITERATUUROVERZICHT

De voorliggende literatuurstudie geeft een overzicht van het bestaande onderzoek aangaande de familiale context van een gendertransitie en dit met aandacht voor drie verschillende situaties: ervaringen van families met een transgender ouder, ten tweede: de ervaringen van partners en ex-partners van transgender personen en ten derde: de ervaringen van ouders met een gender variant kind. Voor het volledige artikel: zie bijlage 8.1.

3.1 TRANSGENDER OUDERSCHAP

Hoe kan een vader vrouw zijn? Men schat dat 1 op 4 tot 1 op 2 transgender personen biologische kinderen heeft (Motmans, Ponnet, & De Cuypere, 2014; Rosser, Oakes, Bockting, & Miner, 2007; Sales, 1995; Stotzer, Herman, & Hasenbush, 2014). Uit verschillende studies blijkt dat transgender ouders regelmatig worden geconfronteerd met discriminatie in het voogdijschap (Lynch & Murray, 2000; Pyne, Bauer, & Bradley, 2015; Stotzer et al., 2014). Deze discriminatie komt vermoedelijk voort uit een heteronormatief ideaal van hoe een gezin er hoort uit te zien: 2 samenwonende, getrouwde, heteroseksuele ouders en hun beide biologische kinderen en de daaruit voortkomende veronderstelling dat kinderen met een transgender ouder hier negatief door worden beïnvloed (Chang, 2002; Patterson & Hastings, 2007; Short, Riggs, Perlesz, Brown, & Kane, 2007).

Het merendeel van de literatuur over transgender ouders heeft aandacht voor de ervaringen van transgender ouders, de andere ouder – cisgender - ouder en in mindere mate voor de beleving van de kinderen. Klinisch onderzoek concludeert dat kinderen met een transgender ouder geen atypische gendergedragingen, genderidentiteit, noch seksuele oriëntatie ontwikkelen (Green, 1978, 1998). Dit wil echter niet zeggen dat een gendertransitie van een ouder een neutrale gebeurtenis is in het leven van een kind. Een veelheid van emoties kunnen gepaard gaan bij deze gebeurtenis: verdriet, rouw, angst, woede,… (Church, O'Shea, & Lucey, 2014; Di Ceglie, 1998; Haines, Ajayi, & Boyd, 2014; Lightfoot, 1998; Sales, 1995). Daarbij komt dat het kind waarschijnlijk niemand anders kent in deze zeldzame situatie (White & Ettner, 2007). De omgeving is dan vaak ook niet voorbereid op de specifieke noden van het kind in dergelijke situatie (Di Ceglie, 1998; Haines et al., 2014; Veldorale-Griffin, 2014) .

Verscheiden risico- en beschermende factoren worden beschreven in de literatuur. Ten eerste blijkt de leeftijd een belangrijke rol te spelen: jonge kinderen aanvaarden vaak gemakkelijker een gendertransitie van een ouder dan oudere kinderen. Vooral tieners blijken moeilijkheden te hebben met het aanvaarden van de gender identiteit van hun transgender ouder (Bischof et al., 2011; Veldorale-Griffin, 2014; White & Ettner, 2004, 2007). Een tweede belangrijke beschermende factor is de verstandhouding tussen beide ouders, ongeacht of de ouders nog steeds samenleven of niet: een transfobe houding van de andere ouder kan de relatie tussen de transgender ouder en het kind negatieve beïnvloeden (Freedman, Tasker, & di Ceglie, 2002; Haines et al., 2014; Hines, 2006; White & Ettner, 2004, 2007). Omgekeerd, een vriendschappelijke verstandhouding tussen de ouders heeft een positieve invloed op zowel het welzijn van de ouders als dat van het kind (Grenier, 2006). Deze positieve verstandhouding kan worden bestendigd door

een open en eerlijke communicatie tussen de verschillende familieleden (Hines, 2006; Vanderburgh, 2009). Een derde belangrijke ervaring van kinderen met een transgender ouder is die van sociale stigmatisering. De angst om in het publiek met de transgender ouder te worden gezien (Church et al., 2014) of gepest te worden door leeftijdsgenoten (White & Ettner, 2004) bleek veel voorkomend. Wanneer personen uit de sociale omgeving van het kind, zoals leeftijdsgenoten en leerkrachten positief reageren of bemiddelend optreden, heeft dit een positieve invloed op het kind (Cloughessy & Waniganayake, 2013; Haines et al., 2014; Hines, 2006; Reisbig, 2007; Veldorale-Griffin, 2014; White & Ettner, 2004). Professionele bemiddeling door bijvoorbeeld psychotherapeuten bleek regelmatig problematisch te zijn, aangezien weinig professionele hulpverleners vertrouwd zijn met het onderwerp van transgender gezinnen (Veldorale-Griffin, 2014). Ten slotte zou de transitie van een transgender man gemakkelijker worden aanvaard door het kind, omwille van de grotere acceptatie van vrouwelijke androgynie dan die van mannelijke vrouwelijkheid (Hines, 2006).

Ten slotte benadrukken verschillende auteurs dat de reactie en aanvaarding van het kind op zijn/haar transgender ouder geen statische situatie is, maar een proces (Emerson, 1996; Lev, 2004b). Dit proces gebeurt niet louter individueel, maar is ook een relationeel proces dat plaatsvindt binnen een familiale en sociale context (Veldorale-Griffin, 2014).

3.2 Partners en ex-partners van transgender personen

De coming out van een transgender partner kan mogelijk een grote schok zijn voor de partner (Israel, 2005; White & Ettner, 2004). Uit onderzoek blijkt dat partners dan ook vaak een veelheid aan emoties ervaren na een coming-out: woede, angst, verraad (Zamboni, 2006) en mogelijk worstelen met hun eigen seksuele en gender identiteit (Bischof, Warnaar, Barajas, & Dhaliwal, 2011; N. R. Brown, 2009; Harvey, 2008; Israel, 2005; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013; Whitley, 2013). Het beëindigen van de relatie hoeft niet onvermijdelijk te zijn en verschillende factoren kunnen een rol spelen in het aanvaardingsproces van de partner. Ten eerste blijkt de wijze van coming out belangrijk te zijn: als de onthulling van de gender identiteit eerder een geleidelijk proces is, leidt dit minder vaak tot emotionele stress en angsten (Bischof et al., 2011; Harvey, 2008). Een tweede belangrijk punt dat in onderzoek wordt belicht, is de ervaring van egoïsme. Wanneer de partner de transgender partner als egocentrisch ervaart en het gevoel heeft niet betrokken te worden in het transitieproces, bijvoorbeeld in de coming-out naar de eigen kinderen, kan dit leiden tot conflict en mogelijk een relatiebreuk (Bischof et al., 2011; Harvey, 2008). Ten derde kunnen andere relationele moeilijkheden - los van de gender transitie - een rol spelen. Wanneer voordien rigide genderrollen aanwezig waren in de relatie, kan een gendertransitie deze op zijn kop zetten (Israel, 2005; Samons, 2009). Voormalige homoseksuele of lesbische koppels kunnen een gevoel van verlies ervaren met de holebi-gemeenschap, zeker wanneer ze zich in deze gemeenschap sterk engageerden (Harvey, 2008; Joslin-Roher & Wheeler, 2009). Ten slotte, blijkt dat psychologische en professionele ondersteuning voor (ex-)partners vaak zo goed als onbestaande is. Sociale ondersteuning van vrienden en familie wordt dan ook als cruciaal ervaren in het aanvaardingsproces van de partner (Bischof et al., 2011; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013).

3.3 Ouders van transgender jongeren en gendervariante kinderen

De afgelopen jaren is de aandacht voor jonge transgender personen sterk toegenomen. Bijgevolg is de literatuur aangaande ouders van transgender jongeren en gender variante kinderen relatief uitgebreid. Er zijn heel wat gelijkenissen tussen de ervaringen van ouders met een transgender kind en de ervaringen met andere familielieden, zoals kinderen en partners van transgender personen, ook hier zien we verschillende emoties: verdriet, rouw, angst voor stigmatisering en soms zelf afwijzing van het kind (Di Ceglie & Thümmel, 2006; Hill, Menvielle, Sica, & Johnson, 2010; Menvielle, Tuerk, & Jellinek, 2002; Riley, Sitharthan, Clemson, & Diamond, 2011). Ouders van transgender jongeren worden echter ook geconfronteerd met specifieke uitdagingen. Ouders bewegen zich vaak tussen enerzijds de aanvaarding van hun kind en anderzijds de angst dat hun kind zal worden gestigmatiseerd en voelen zich vaak verantwoordelijk en schuldig voor de uitdagingen waar het kind voor staat. Ouders vrezen te worden beoordeeld op hoe zij met dit gendervariant gedrag van hun kind omgaan en kunnen het onderwerp zijn van secundaire stigmatisering (stigmatisering door associatie) (Di Ceglie & Thümmel, 2006; Johnson & Benson, 2014; Kuvalanka, Weiner, & Mahan, 2014; Malpas, 2011; Riley et al., 2011). Conflicten tussen ouders kunnen voorkomen wanneer zij elks verschillend reageren op het gendervariant gedrag van hun kind (Hill & Menvielle, 2009; Malpas, 2011). Een gendervariant kind heeft een impact op het hele gezin. Dit collectieve en relationele aspect moet dan ook worden onderkend (Kuvalanka et al., 2014). Een gebrek aan kennis en informatie en professionele hulpverleners onervaren met dit thema, kan tot frustratie bij ouders leiden. De nood voor specifieke ondersteuning is vaak groot. Dikwijls hebben ouders ook de nood om mensen in een gelijkaardige situatie te ontmoeten en ervaringen uit te wisselen (Di Ceglie & Thümmel, 2006; Grossman, D'Augelli, Howell, & Hubbard, 2005; Johnson & Benson, 2014; Kuvalanka et al., 2014; Malpas, 2011; Menvielle et al., 2002).

3.4 Besluit

We besluiten dat ondanks de beperkte aandacht voor de familiale context waarin een gendertransitie plaatsvindt, er verschillende relevante bevindingen uit de bestaande literatuur naar voor komen. Enerzijds kan een geliefde een transitie zien starten een emotioneel, intens en eenzaam proces zijn. Een omgeving die ondersteunt, blijkt hierbij vaak cruciaal te zijn om dit als familielid te aanvaarden. De heteronormatieve, sociale omgeving en de professionele hulpverlening blijken echter niet altijd voorbereid te zijn op deze ondersteuning. Anderzijds kunnen we uit dit literatuuroverzicht concluderen dat het de kwaliteit van de onderlinge relaties tussen familieleden, het emotioneel welzijn van familieleden en hun dagdagelijkse interacties zijn die van belang zijn in het aanvaardingsproces, en niet de gezinsstructuur (aantal, gender, verblijfsregeling). Toekomstig onderzoek is nodig naar de beleving van kinderen met een transgender ouder en de invloed van een transitie op het relationeel leven tussen ouders en de invloed hiervan op het gezinsleven.

4 FAMILY RESILIENCE EN DE INVLOED VAN HET HEBBEN EEN TRANSGENDER OUDER

Dit hoofdstuk is gebaseerd op het artikel “Resilience in families in transition: what happens when a parent is transgender?” (zie bijlage 8.2) en biedt inzicht in de ervaringen van kinderen en ouders wanneer een ouder een gendertransitie start en dit in de Vlaamse context. Ook buiten Vlaanderen is sociologisch onderzoek naar de familiale context waarin een gendertransitie plaatsvindt schaars en in het bijzonder de ervaringen van kinderen hierin (Dierckx, Motmans, Mortelmans, & T’sjoen, 2015; Hines, 2006; Whitley, 2013). Voorheen werden nog nooit minderjarige kinderen geïnterviewd. We schetsen eerst kort het theoretisch kader van Family Resilience dat in het artikel werd gehanteerd, nadien bespreken we de bevindingen.

4.1 HET THEORETISCH MODEL VAN FAMILY RESILIENCE

In dit artikel benaderen we de gendertransitie van een ouder vanuit het perspectief van ‘Family Resilience’ of familiale veerkracht. Veerkracht is een belangrijk concept in de psychologie en behelst het gegeven dat niet iedereen in dezelfde mate negatieve gevolgen ondervindt van negatieve en risicovolle gebeurtenissen en sommigen dus meer dan anderen psychologische veerkracht vertonen (Patterson 2002b; Walsh, 2002, 2003). Onderzoek naar individuele verschillen in veerkracht heeft meermaals de grote invloed van familieleden en zorgrelaties beschreven. Dit leidde tot het concept Family Resilience. In dit model is de familie het onderzoeksobject en niet het individu. Er wordt nagegaan hoe families reageren en zich aanpassen aan ongunstige omstandigheden en/of gebeurtenissen (Walsh, 2003). Family Resilience erkent zowel de beschermende factoren en processen die een familie veerkrachtig maakt als de uitkomst op lange termijn. Family Resilience heeft dus niet enkel te maken met het doorstaan van tegenslagen, maar ook met het vinden van een nieuw evenwicht en hoe dit proces families weerbaarder maakt voor toekomstige negatieve gebeurtenissen (Henry, Sheffield Morris, & Harrist, 2015; Patterson 2002b; Walsh, 2003).

Toegepast in het huidige onderzoeksproject betekent dit dat ‘het risico’ waarmee het gezin wordt geconfronteerd de gendertransitie van de ouder is. We bekijken de processen die met deze gebeurtenissen gepaard gaan vanuit familieperspectief en niet louter vanuit individuele ervaringen en emoties. We hebben daarbij zowel oog voor de processen die plaatsvonden in deze gezinnen tijdens de gendertransitie, als voor de uitkomsten voor de gezinsleden op lange termijn, al dan niet positief. Dit theoretisch kader is waardevol doordat het families hun sterktes benadrukt in plaats van hun zwaktes te problematiseren en zo in de context van een gendertransitie mogelijk heteronormatieve vooroordelen van transgender ouderschap vermijdt (Oswald, 2002; Patterson 2002a).

4.2 BEVINDINGEN

Uit de verschillende interviews met kinderen en ouders werden in de traditie van Family Resilience 4 verschillende beschermende processen onderscheiden.

Continuïteit in kind-ouderrelaties en het familiaal leven.

Een gendertransitie betekent een grote verandering in het familiaal leven. Continuïteit en zekerheid op andere vlakken werd zowel door kinderen als ouders als belangrijk ervaren. Deze continuïteit kan verschillende vormen aannemen. Kinderen gaven aan dat het belangrijk was dat hun ouder niet plots zijn of haar (gender)gedrag ging veranderen. Als de ouder voordien reeds zich gender atypisch gedroeg (bijvoorbeeld een vrouwelijke vader) werd de transitie als een minder radicale verandering ervaren. Of omgekeerd: dat de ouder niet plots van zeer gendertypisch gedrag (een zeer mannelijke vader) naar het andere uiterste zich ging gedragen. Familiale activiteiten zoals uitstapjes, vakanties en restaurantbezoeken, waren belangrijke momenten om de familiale continuïteit te bestendigen. Een derde manier om continuïteit te waarborgen was een langzame en stapsgewijze transitie waarbij ieder van de familieleden de tijd kreeg te wennen aan het nieuwe voorkomen. Een vierde wijze waarop de continuïteit in het gezin te waarborgen was het voorkomen van een relatiebreuk. De meeste kinderen waren in de eerste plaats meer bang voor een mogelijke relatiebreuk tussen hun ouders dan voor de gendertransitie zelf. Wanneer ouders uiteen gingen was het van belang dat er een vriendschappelijke band bleef bestaan tussen de ouders. Het tijdsperspectief speelt eveneens een rol: vaak werden veranderingen in het uiterlijk van de ouder op het moment zelf als zeer ingrijpend ervaren, maar trad er snel gewenning op en werden veranderingen op lange termijn gemakkelijk gerelativeerd. Wanneer er geen continuïteit werd ervaren, kon dit zorgen voor een gevoel van verlies.

Eerlijke en open communicatie en informatie

Een tweede belangrijk proces was dat van familiale communicatie. Een open sfeer waarbij er ruimte is voor vragen en vrij van geheimdoenerij maakte dat kinderen de gendertransitie van hun ouder gemakkelijker aanvaardden. Wederom waren familieactiviteiten zoals uit eten gaan en uitstapjes belangrijke momenten waarop deze communicatie kon plaatsvinden. Zulke open communicatie bleek echter niet altijd gemakkelijk te zijn: kinderen waren soms bang de ouder te kwetsen met vragen en ouders wilden in de eerste plaats hun kinderen zo veel mogelijk beschermen. Een gendertransitie houdt grote emotionele en lichamelijke veranderingen in. Tieners die zelf heel wat veranderingen doormaken, konden zich hierdoor onzeker voelen en wensten soms liever niet over deze lichamelijke veranderingen van hun ouder te praten. Sommige transgender ouders hadden nood aan privacy tijdens de gendertransitie en wilden liever niet alles delen met hun kinderen. Een evenwicht vinden binnen het gezin tussen openheid enerzijds en elkaars persoonlijke grenzen bewaken anderzijds, was dan ook niet altijd even gemakkelijk. Humor kon een manier zijn om zaken bespreekbaar te maken en spanningen binnen het gezin te ontladen.

De acceptatie van de sociale omgeving

Een gendertransitie vindt plaats in een bredere sociale context. De invloed die anderen in het acceptatieproces hebben, in het bijzonder de andere cisgender ouder en leeftijdsgenoten, blijkt

bijzonder groot. Zowel kinderen en transgender ouders ervaarden de rol van de cisgender ouder als cruciaal in het acceptatieproces van de kinderen. Kinderen kopieerden vaak de reacties en emoties van de cisgender ouder. Tegelijkertijd erkenden kinderen ook dat een gender transitie een essentiële verandering betekent in de relatie tussen hun ouders. Vooral oudere kinderen waren bezorgd over de invloed die een gender transitie mogelijk had op de (intieme) relatie tussen hun ouders. Cisgender ouders ervaarden op hun beurt vaak een conflict tussen het zijn van een ondersteunende partner en een ouder die zijn/haar kinderen beschermt tegen radicale veranderingen. Naast de cisgender ouder waren het de reacties van leeftijdsgenoten die een grote invloed hadden op de kinderen. Alle kinderen hadden wel eens de angst gehad om gepest te worden, vooral tijdens de coming-out en in het begin van het transitieproces van hun ouder. Kinderen achtten het belangrijk dat ze zelf de coming –out van hun ouder in hun eigen sociale omgeving konden bepalen. Soms hield dit strikte afspraken tussen ouders en kinderen in, dit was vooral het geval bij oudere kinderen. Er was een grote variëteit in de coming-out naar leeftijdsgenoten. Soms gebeurde dit stap voor stap, eerst hechte vrienden inlichten, later bijvoorbeeld kennissen in de klas en de sportclub. Anderen verkozen snel iedereen op de hoogte brengen. Sommige gezinnen deden dit met behulp van een informatieve brief of een lezing voor de klas. Ondanks de angst voor stigmatisering was niemand werkelijk gepest geweest en de sociale omgeving van de kinderen reageerden meestal neutraal tot uitgesproken positief. Men ervaarde wel af en toe ongepaste vragen van leeftijdsgenoten en regelmatig starende blikken van vreemden. Ouders en kinderen ondervonden ook hoe mensen in hun omgeving hun attitudes kopieerden: als zij de transgender identiteit niet als een probleem ervaarden, deed hun sociale omgeving dit ook niet.

Reflecteren over biologische ouderschap en de transitie

Een vierde beschermend proces dat werd onderscheiden, is dat van betekenisgeving. De meeste kinderen hadden op één of andere manier in een reflexief proces betekenis trachten geven aan de gendertransitie van hun ouder in de context van het ouderschap. Vragen zoals ‘heb ik nu mijn vader verloren?’ of ‘heb ik nu twee moeders?’ werden gesteld. Deze betekenisgeving verlichtten de onzekerheid die gepaard ging met de veranderde genderidentiteit van hun ouder. Soms leidden deze reflecties tot hypothetische mijmeringen over hoe het zou zijn als hun ouder niet transgender was. Deze mijmeringen waren meestal eerder speculatief dan droevig. Transgender ouders op hun beurt trachtten ook betekenis te geven aan hun ouderschap in de context van hun gendertransitie. Het accepteren van het verleden, dat vaak gekenmerkt werd door onzekerheid en depressieve gevoelens, was hierin cruciaal, maar niet altijd gemakkelijk. Discussies tussen ouder en kind over naamgeving en of men de ouder nog steeds ‘mama’ of ‘papa’ kan noemen, tonen de spanning tussen de ouderrol uit het verleden en nieuwe genderidentiteit. Omgekeerd, bleek het ouderschap niet louter een horde te zijn in het transitieproces, maar ook een motivator. Vele transgender ouders kampten met depressieve gevoelens en zelfmoordgedachten voorgaande aan hun transitie. De transitie bood hen de mogelijkheid om betere, gelukkigere ouders te worden. Bij de twee geïnterviewde trans mannen was het zelfs het ouderschap dat hen leidde tot de bewustwording, door het gevoel van niet ‘echte’ moeders te zijn.

Transgender ouderschap en Family Resilience: een capaciteit, een proces en een uitkomst

In de traditie van het theoretisch kader van Family Resilience gingen we niet enkel de protectieve processen na, maar ook hoe de gendertransitie de veerkracht van een gezin beïnvloedt. De unieke

en uitdagende situatie van een transgender ouder te hebben werd regelmatig benadrukt door de verschillende gezinsleden. De vier bovenvermelde processen (continuïteit, communicatie, acceptatie door omgeving en betekenisgeving) werden dan ook als essentieel beschouwd om een gendertransitie van een ouder acceptabel te maken voor het gezin. Daarnaast benadrukten verschillende respondenten echter ook dat deze unieke situatie ook mogelijkheden kan bieden en kinderen en ouders nieuwe vaardigheden en voordelen kan leren. Zo verhaalden respondenten dat de uitdagingen die gepaard gaan met een gendertransitie hen onder andere hadden geleerd te communiceren over gevoelens, om te gaan met vooroordelen, zich minder druk te maken in wat anderen over hen denken, minder genderrigide te denken, dingen in perspectief te plaatsen en meer van de positieve zaken in het leven genieten en zich minder druk te maken in zaken die mislopen. Algemeen meenden ouders en kinderen dat door de gendertransitie kinderen sneller volwassen waren geworden en een bredere en tolerantere blik hadden gekregen naar de wereld rondom hen. Naast deze individuele veerkracht, waren ook binnen het gezin positieve veranderingen tot stand gekomen. Transgender ouders voelden zich gelukkiger en ontspannener na hun transitie en dit beïnvloedde de sfeer binnen het gezin op een erg positieve manier.

4.3 Besluit & discussie

We concluderen dat in de geïnterviewde gezinnen met hun unieke en zeldzame situatie van een transgender ouder vier verschillende beschermende familiale processen (continuïteit, communicatie, acceptatie door omgeving en betekenisgeving) werden onderscheiden. Tevens zien we dat veerkracht niet enkel een capaciteit of een proces kan zijn, maar ook een uitkomst: zowel de individuele gezinsleden als op het niveau van het gezin kan een gendertransitie mogelijk leiden tot positieve veranderingen en meer veerkracht.

Met dit onderzoek hebben we nuance trachten te brengen in het bestaand onderzoek rond transgender ouderschap dat vooral gericht was op de ervaringen van de transgender ouder. Voor de allereerste keer werden minderjarige kinderen geïnterviewd. Daarnaast hebben we met de multi-actor methode en het theoretisch kader van Family Resilience aandacht gehad voor relationele en procesmatige aspecten van een gendertransitie binnen een gezin. Tevens menen we dat we met dit theoretisch kader abstractie hebben kunnen maken van heteronormatieve vooronderstellingen omtrent transgender ouderschap.

Er zijn echter ook beperkingen aan het hier voorgesteld onderzoek. De kleine steekproef maakt het onmogelijk vergelijkingen of veralgemeningen te maken op het vlak van demografische, sociale en sociaaleconomische factoren. Ook de invloed van een mogelijke echtscheiding die gepaard gaat met een coming-out en gendertransitie van een transgender ouder kan met huidige data niet worden onderscheiden. Ten slotte, in het beperkte tijdsbestek was een longitudinale methodologie onmogelijk. Verder onderzoek zou de gevolgen van relatieconflict tussen ouders en longitudinale processen kunnen onderscheiden.

5 WIE IS ER VOOR WIE? DE HULPVRAAG BIJ TRANSGENDER GEZINNEN

Dit hoofdstuk bevat de bevindingen van het artikel “Who is there for whom? The search for adequate psychosocial support for transgender families in Flanders” (zie bijlage 8.3) en gaat na in hoeverre verschillende vormen van formele en informele psychosociale ondersteuning worden ervaren door transgender personen en hun gezinnen tijdens het transitieproces en hoe deze verschillende vormen van ondersteuning zich tot elkaar verhouden. De hoge zelfmoordcijfers en –pogingen binnen en buiten Vlaanderen tonen de nood aan adequate psychosociale ondersteuning aan (FRA, 2014; Motmans, 2010; Motmans, T’sjoen, & Meier, 2015).

5.1 PROFESSIONELE TRANSGENDER ZORG EN DE SOC

Transgenderzorg is de laatste decennia sterk geprofessionaliseerd in verschillende landen, zo ook in België en Vlaanderen. Deze professionalisering vond plaats binnen het kader van de internationale Standards Of Care (SOC) van World Professional Association for Transgender Health Care (WPATH) en de verschillende geüpdatete versies van de SOC doorheen de jaren. Het doel van de SOC is zorgverleners kwalitatieve richtlijnen bieden bij het begeleiden van transgender personen in hun transitie. Dit met het oog op een betere (mentale) gezondheid en groter welzijn (Selvaggi & Giordano, 2014). Hoewel goedbedoeld werden de SOC in het verleden reeds meermaals bekritiseerd. Ten eerste omwille van de machtspositie die zorgverleners binnen deze geformaliseerde richtlijnen innemen. Dit heeft als mogelijk gevolg dat ze functioneren als een soort van gatekeepers in het transitieproces (Austin & Craig, 2015; Bockting, Knudson, & Goldberg, 2006; Latham, 2013; Maguen, Shipherd, & Harris, 2005; Rachlin, 2002). Een tweede veelvoorkomende kritiek is het louter functionele doel van zulke richtlijnen en de bijhorende psychotherapie (Benson, 2013). Met als gevolg dat de psychosociale begeleiding enkel focust op het transgenderisme (Goethals & Schwiebert, 2005). Andere aspecten die het mentaal welzijn van de persoon beïnvloeden worden dan misschien genegeerd door de zorgverleners of de cliënt is bang deze aan te brengen uit angst niet te verder te kunnen in het transitieproces (Benson, 2013; Rachlin, 2002; Shipherd, Green, & Abramovitz, 2010).

De meest recente SOC7 (2012) heeft getracht aan bovenstaande kritieken tegemoet te komen. Zo wordt een psychiatrisch, diagnostische beoordeling, die verplicht is, losgezien van mogelijk ondersteunende psychotherapie. Deze laatste is niet noodzakelijk volgens de SOC7, maar wordt wel sterk aangeraden voor zij die het nodig achten (Coleman et al., 2012). Daarnaast valt op dat de focus van de meest recente SOC7 minder louter op de fysieke zorg ligt, maar een meer holistische en psychologische aanpak suggereert waarbij er ook aandacht is voor de sociale omgeving en variaties buiten de binaire gender dichotomie. Ondanks deze aanpassingen in de SOC7 blijft de kritiek bestaan dat zorgverleners zich vooral focussen op diagnostisering, psychopathologische aspecten en medicalisering en niet altijd oog hebben voor het meer algemene, psychosociale welzijn van transgender persoon (Austin & Craig, 2015; Benson, 2013; Blumer, Green, Knowles, & Williams, 2012). Ondanks de hier vermelde beperkingen en uitdagingen van psychosociale transgender ondersteuning en het gebrek aan systematische onderzoek naar de effecten van psychotherapie bij transgender personen (Byne et al., 2012),

ervaren transgender personen psychotherapie vaak als bevorderlijk en nuttig (Bockting, Robinson, Benner, & Scheltema, 2004; Rachlin, 2002). Ten slotte, vinden we in de literatuur ook meer praktische bekommernissen met betrekking tot transgenderzorg, zoals financiële drempels (Shipherd et al., 2010) en de lokale beschikbaarheid van gespecialiseerde zorgverleners vertrouwd met transgenderzorg, zeker buiten de (groot)stedelijke gebieden (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Mayer et al., 2008; Willging, Salvador, & Kano, 2006).

5.2 Informele zorg en ondersteuning

Zelfhulp

In de zoektocht naar meer holistische psychosociale ondersteuning, vrij van pathologisering en dominerende zorgverleners komen transgender personen vaak terecht bij zelfhulpgroepen (Hines, 2007; Rachlin, 2002). Algemeen wordt zelfhulp door professionelen erkent voor de belangrijk rol die het spelt in het bieden van informele zorg. Onderzoek toont aan dat zelfhulp vaak een heilzame werking heeft (Bracke, Christiaens, & Verhaeghe, 2008), hoewel het onduidelijk is in hoeverre zelfhulp tot gelijkaardige resultaten leidt als professionele psychologische ondersteuning (Pistrang, Barker, & Humphreys, 2008). Heden, in westerse maatschappijen, bestaan er verschillende soorten van zelfhulp (groepstherapie, online contacten en fora). Ze zijn vaak complementair aan professionele zorg en soms vindt er samenwerking plaats tussen formele en informele ondersteuning (Buxton, 2006; Pistrang et al., 2008).

Zelfhulp kan verschillende functies vervullen binnen het transitiesproces. Een eerste functie is die van informatieverstrekking en uitwisseling (Hines, 2007), de zogenaamde ervaringsgerichte expertise (L. Brown, 2009; Schrock, Holden, & Reid, 2004). Ten tweede kunnen zelfhulpgroepen een plaats zijn waar men emotionele steun krijgt en biedt. In zulke groepen kan men zichzelf zijn in een veilige omgeving en zich niet langer alleen voelen (Citron, Solomon, & Draine, 1999). Dit leidt vaak tot een positiever zelfbeeld en vermindert sociale isolatie en depressieve gevoelens (Buxton, 2006; Maguen et al., 2005; Schrock et al., 2004). De gunstige gevolgen van zelfhulp worden algemeen erkend, maar zelf ondersteuning bieden blijkt meer heilzaam dan ondersteuning krijgen. Dit wordt het *helper therapy principe* genoemd (Bracke et al., 2008; L. Brown, 2009; Reblin & Uchino, 2008). Een derde functie die zelfhulpgroepen kunnen uitoefen is die van politieke en sociale emancipatie (Citron et al., 1999; Schrock et al., 2004). Het actief zijn in zelfhulp is vaak belangrijk in een vroeg stadium van het transitieproces. Zelfhulp wordt vaak minder belangrijk wanneer men zich verder in het transitieproces bevindt (Bischof et al., 2011; Hines, 2007). Ten slotte, blijkt zelfhulp vaak relatief goedkoop te zijn in tegenstelling tot professionele, psychosociale begeleiding. (Bockting et al., 2006; Citron et al., 1999; Markowitz, 2015; Reblin & Uchino, 2008).

Er zijn echter ook mogelijke negatieve aspecten van zelfhulp beschreven in de literatuur. De beïnvloeding van anderen kan ook leiden tot de druk om te conformeren naar groepsnormen (Bockting et al., 2006). Betrokken zijn bij een transgender vereniging kan mogelijk leiden tot verdere marginalisering en isolering van de rest van de maatschappij (Goethals & Schwiebert, 2005), het versterken het ervaren stigma (Markowitz, 2015). Men kan zich ook overweldigd

voelen door alle ervaringen en verhalen van anderen (Citron et al., 1999). Ten slotte stelt men vaak vast dat transgenderverengingen vaak zeer homogeen zijn samengesteld uit een blank, middenklasse publiek (Schrock et al., 2004) en zich dikwijls in (groot)stedelijke gebieden bevinden (Raj, 2008).

Ondersteuning door de sociale omgeving

De coming-out van een transgender persoon kan een grote verrassing voor de omgeving zijn. Familieleden en vrienden zijn dan ook vaak niet voorbereid of op de hoogte van wat een transitie inhoudt (Buxton, 2006). Sociale isolatie komt vaak voor bij transgender personen en leiden vaak tot een negatief zelfbeeld. Het betrekken van de familiale en sociale omgeving is echter zeer belangrijk voor de sociale ondersteuning tijdens de transitie (Bockting et al., 2006; Zamboni, 2006) en dit wordt ook benadrukt in de huidige SOC7 (Coleman et al., 2012). We zagen reeds in het hoofdstuk 3 dat na de coming-out van transgender person de sociale omgeving vaak emotioneel en onzeker kan reageren en dat de acceptatie door familie en vrienden vaak in verschillende fases plaatsvindt (Emerson, 1996; Lev, 2004a; Stotzer et al., 2014; Veldorale-Griffin, 2014). Partners van een transgender persoon voelen zich vaak angstig, verdrietig en boos (Zamboni, 2006) en stellen mogelijk hun eigen seksuele en gender identiteit in vraag (Raj, 2008). Wanneer er kinderen zijn, maken partners zich dikwijls zorgen over de reactie van de kinderen op de coming-out van hun transgender ouder. Zoals beschreven in hoofdstuk 3 en 4 blijkt dat kinderen tijdens een transitie van een ouder geconfronteerd kunnen worden met sterke emoties, mogelijke familiale conflicten en stigmatisering door de buitenwereld (Church et al., 2014; Haines et al., 2014; Sales, 1995), maar dat wanneer er continuïteit is in het familiaal leven en er open en eerlijk gepraat kan, worden met beide ouders over de transitie, deze transitie van een ouder niet noodzakelijk als problematisch of als een pijnlijk verlies wordt ervaren door het kind (Dierckx, Mortelmans, Motmans, & T'Sjoen, In review). Op hun beurt worden partners en kinderen vaak sterk beïnvloed door de ondersteuning en reacties van hun eigen sociale omgeving (Buxton, 2006; Israel, 2004). Ondanks de positieve invloed die steun van de sociale omgeving kan hebben, kan het ook negatieve aspecten hebben: sociale ondersteuning kan vaak erg emotioneel en zelfs pijnlijk zijn omdat schaamte en schuldgevoelens mogelijk een rol spelen. Dit is veel minder het geval in relaties met professionele zorgverleners (De Jong, Schout, Pennell, & Abma, 2014).

5.3 TRANSGENDER ZORG EN ONDERSTEUNING IN VLAANDEREN

Het multidisciplinair genderteam van het Universitair Ziekenhuis Gent en verschillende ervaren zorgverleners in de rest van Vlaanderen hebben de afgelopen jaren het toenemend aantal mensen opgevangen die hulp zoeken voor hun gender variante gevoelens (Motmans, 2010; UZ Ghent, 2013). In België, bepaalt de wet van 10 mei 2007 betreffende de transseksualiteit de medische criteria voor een wettelijke geslachtsverandering (Belgian Government, 11 juli 2007; Castagnoli, 2010; Motmans et al., 2014). De voorwaarden beschreven in deze wet zijn net zoals de SOC (voor 2012) onderhevig aan kritiek betreffende de controlerende positie van zorgverleners, de beperkte invulling van transgenderisme waarbij er weinig aandacht is voor de diversiteit buiten de binaire genderdichotomie en de focus voornamelijk ligt op fysieke zorg. Omwille van de medische voorwaarden zoekt een meerderheid (6°%) van de transgender personen vroeg of laat professionele hulp in het kader van gender identiteitsproblemen, zo blijkt

uit de Belgische Transsurvey (2008) (Motmans, 2010). De belangrijkste drempels bij het zoeken naar hulp in deze survey bleken schaamte en het gebrek aan kennis. Ook de lange wachttijden, wegens de grote instroom, en de hoge kosten die gepaard gaan medische zorgen (die vaak niet door hospitalisatieverzekeringen worden terugbetaald) waren bekommernissen (Motmans, 2010). Er bestaan in Vlaanderen ook verschillende transgender verenigingen en zelfhulpinitiatieven. De meeste van deze (lokale) groepen werken samen met plaatselijke holebiverenigingen. Çavaria, de Vlaamse koepel verenigt en vertegenwoordigt deze holebi- en transgenderverenigingen (Motmans, 2010). Daarnaast startte in 2013 de Vlaamse overheid met de financiering van het Transgenderinfopunt. Het fungeert als een onafhankelijke, centrale en neutrale instantie die informatie, opleiding en ondersteuning biedt met betrekking tot het transgenderthema. (www.transgenderinfopunt.be).

5.4 Bevindingen

Uit de interviews met transgender personen en hun (ex-)partners en kinderen werden verschillende ervaringen met betrekking tot psychosociale ondersteuning onderscheiden.

5.4.1 Professionele psychosociale ondersteuning: Kwalitatief, maar niet zoals het zou moeten

Zeven van de negen transgender personen kwamen terecht bij het genderteam van het UZ Gent. De meeste van hen zochten bijkomende psychosociale ondersteuningen buiten het team en vaak dichter bij huis. Twee transgender personen trokken naar Thailand voor hun geslachtsoperatie en werden daarnaast in Vlaanderen begeleid door zorgverleners buiten het genderteam van het UZ Gent. Algemeen evalueerden twee gezinnen de genoten professionele ondersteuning als onvoldoende. Drie gezinnen keken met gemengde gevoelens terug op de professionele ondersteuning en vier gezinnen waren eerder tot zeer positief over de verkregen zorg en ondersteuning.

Ontevredenheid werd voornamelijk geuit op de begeleiding die voornamelijk gericht was op medische zorg en tekortschoot op het vlak van contextuele hulpverlening en langtermijnopvolging. Men erkende dat niet iedereen nood heeft aan psychotherapie en contextuele begeleiding, maar dat die op z'n minst zou moeten worden voorgesteld door zorgverleners. Dit laatste bleek echter vaak niet het geval, zeker niet naar partners en kinderen toe. Dit werd door velen als een leemte in de professionele transgenderzorg ervaren. Bijgevolg, zochten de meesten respondenten bijkomende psychologische begeleiding voor henzelf, individueel of als koppel, en voor hun kinderen. De zoektocht naar psychologen/therapeuten met ervaring in het transgenderthema dicht bij huis was niet altijd gemakkelijk. Dit kon leiden tot frustratie en misverstanden. De veronderstelling dat koppels een transitie niet kunnen overleven werd door verschillende zorgverleners uitgedrukt en werd door twee koppels als pijnlijk en ongevoelig ervaren. De mogelijke machtspositie van zorgverleners in het transitieproces werd in tegenstelling tot de literatuur veel minder als problematisch gezien. Slechts één respondent had uitdrukkelijk moeilijkheden met deze rol en vond dat vele zorgverleners zich betuttelend opstelden tegenover haar. Twee transgender personen ondervonden door het gevolgde protocol

de transitie als te traag. Dit was in contrast met de beleving van verschillende partners en kinderen die deze ingebouwde fasering juist als heel positief ervaarden: het gaf hen tijd om de transitie te aanvaarden.

Gezinnen waarbij de transitie al enkele jaren geleden achter was de professionele zorg evalueerden, had men vaak de indruk dat de psychosociale begeleiding de afgelopen jaren sterk was verbeterd. Tegelijkertijd was men ook bezorgd dat de recente toename in de hulpvraag mogelijk leidt tot minder kwalitatieve zorg en meer zogenaamd bandwerk. In dat opzicht werd de controlerende machtspositie van specialisten juist gewaardeerd.

Met betrekking tot financiële drempels, vermeldden de meeste transgender respondenten aan dat een transitie niet goedkoop was, maar dat het voor hen nooit een reden was geweest om van de transitie af te zien. Financiële zorgen tijdens de transitie werden vaak toegeschreven aan een echtscheiding of jobverlies. Het laatste was wel vaak het gevolg van transfobe reacties van werkgevers en/of langdurige afwezigheid door depressie voorafgaand aan de transitie.

5.4.2 INFORMELE ONDERSTEUNING

Zelfhulp: een veilige haven en… een bron van frustratie

De meeste transgender respondenten zijn in de loop van hun transitie wel eens naar bijeenkomsten van een of meerder transgenderverenigingen geweest. Vaak was dit in het begin van de transitie en verwaterde de betrokkenheid tegen het einde van het transitieproces. Men hield vaak vriendschappen over aan deze periode. De meeste respondenten hadden positieve ervaringen en erkende dat zelfhulp een belangrijk rol kan spelen. Het belangrijkste aspect van transgender zelfhulp bleek de erkenning die men er kreeg van mensen die hetzelfde meemaken, het gevoel van niet alleen te zijn. Concreet betekende dit echter niet dat de transitie het enige aangeroerde onderwerp was, maar dat het een plek was om een fijne tijd te hebben en het sociaal netwerk te vergroten. Een tweede aspect dat men belangrijk vond in de zelfhulp, was de uitwisseling van informatie: het hielp transgender respondenten en hun gezinnen een realistische kijk te hebben op wat een transitie juist kan inhouden. Al kon deze realiteitscheck ook voor onzekerheid zorgen. De zelfhulp specifiek voor partners, kinderen en andere familieleden bleek nog niet op punt te staan. Sommige partners gaven ook uitdrukkelijk aan geen nood te hebben aan zelfhulp. Anderen gaven aan dat een specifieke praatgroepen, zeker met betrekking tot jonge kinderen, wenselijk zou zijn. De meeste geïnterviewde kinderen zelf stonden daar ook voor open, al hadden ze zelf amper of geen ervaring in zelfhulp of daar naar gevraagd tijdens het transitieproces. Sommigen onder hen hadden informeel contact gehad met andere kinderen met een transgender ouder, bijvoorbeeld via e-mail. Deze contacten waren tot stand gekomen op initiatief van ouders en hulpverleners.

Er waren ook verschillende bekommernissen van respondenten die aantoonden dat zelfhulp mogelijk ook negatieve ervaringen kan genereren. Sommige respondenten bleven liever niet tel lang betrokken bij zelfhulpgroepen, omdat ze zich niet wensten af te sluiten van de rest van de maatschappij in een gesloten groepje. Ook voelde men soms weinig affiniteit met de wijze waarop zelfhulpinitiatieven werden geleid en de mensen die hierin actief waren. Deze terughoudendheid ten aanzien van zelfhulpinitiatieven uitte zich soms in transfobe attitudes. Een

andere bekommernis was de zogenaamde expertise van ervaringsdeskundigen en in hoeverre deze ervaringen representatief zijn voor andere transgender families. Omgekeerd voelden respondenten zich zelf ook terughoudend om zich te profileren als ervaringsdeskundige. Het ondersteunen en helpen van anderen werd daarnaast ook vaak als emotioneel uitputtend ervaren. De diversiteit binnen de transgender gemeenschap (genderfuïde personen, transgenders, travestieten) was eveneens een moeilijkheid binnen de zelfhulp: het was soms moeilijk voor respondenten om anderen te vinden die in ongeveer dezelfde situatie zaten als hen (leeftijd, gender, gezinssamenstelling, wereldbeeld) en dit kon leiden tot frustratie.

Ten slotte, vermeldden verschillende respondenten Internet al een belangrijk medium om in contact te komen met anderen in dezelfde situatie en ruimere sociale de omgeving te laten delen in hun ervaringen. Een ondervonden nadeel van Internet is dat de anonimiteit er voor kan zorgen dat mensen zich anders voor doen dan dat ze zijn.

Ondersteuning door de sociale omgeving

Waarschijnlijk de belangrijkste vorm van ondersteuning voor de respondenten uit dit onderzoek was de ondersteuning door de eigen sociale omgeving: in de eerste plaats die van de partner, kinderen en nabije familie en in minder mate van andere familieleden, vrienden en collega's. Vooral de partner bleek een bron van intense ondersteuning en een brugfiguur binnen het gezin tussen de transgender ouder en de kinderen. Men benadrukten dat het belangrijk was dat ondanks de gevoelde woede, frustratie en verdriet, respect te blijven tonen voor de andere gezinsleden en het samenhorigheidsgevoel binnen het gezin te koesteren tijdens de transitie, zelfs wanneer ouders uiteen gaan. Kinderen konden op hun beurt hun ouder tijdens de transitie ook ondersteunen, bijvoorbeeld door de genderidentiteit van hun ouder openlijk te accepteren, interesse te tonen in het transitieproces en alles wat daarbij komt kijken. Belangrijk was dat kinderen daarbij het gevoel hadden dat er geen taboes waren. In één gezin bleken het de kinderen te zijn die een brugfiguur waren tussen beide ouders in het transitieproces. Ouders waren vaak de belangrijkste bron van informatie voor kinderen en een tussenschakel tussen kinderen en professionele hulpverleners.

Ondersteuning van personen buiten het kerngezin werd minder uitdrukkelijk vermeld door de respondenten. Dit betekende echter niet dat de reactie van de buitenwereld niet belangrijk werd geacht, integendeel: zo goed als alle respondenten, zeker de tieners, hadden ooit wel eens angst gehad voor stigmatisering. In realiteit bleek echter zo goed als niemand van de jonge respondenten gepest te zijn geweest door leeftijdsgenoten. Transnegatieve reacties waren wel meer aanwezig geweest op de werkvloer en in de familie buiten het kerngezin. De meeste gezinnen waren tevreden over de manier waarop de school met de transitie van de ouder was omgegaan. Sommige ouders en kinderen kregen de kans om over transgenderisme in de klas een voordracht te geven.

Naast de positieve reacties van de omgeving, werd de ondersteuning van diezelfde omgeving ook mogelijk problematisch ervaren: de omgeving kan sociale druk voelen en de raadgevingen zijn vaak niet neutraal in tegenstelling tot professionele ondersteuning.

5.5 BESLUIT & DISCUSSIE

We concluderen dat geïnterviewde transgender gezinnen over het algemeen de professionele transgenderzorg als kwalitatief hebben ervaren. Ondanks de aanpassingen in de SOC7 ondervindt men echter nog steeds dat de professionele zorg zich sterk richt op de fysieke behandelingen en minder op de psychologische en sociale ondersteuning. Een bredere psychosociale ondersteuning blijkt vaak wel aanwezig in zelfhulpgroepen. In deze groepen wordt emotionele steun verleend, informatie uitgewisseld en een sociaal netwerk opgebouwd. Ervaring en expertise blijken echter in deze verenigingen niet altijd gelijk aan elkaar te zijn en de vraag wie zich als ervaringsdeskundige kan opwerpen, wordt gesteld. Voorts zorgt de diversiteit binnen de transgendergemeenschap dat men zich niet altijd kan identificeren met de personen actief in de zelfhulp. Deze diversiteit leidt tot vooroordelen en het uitsluiten van bepaalde groepen. De betrokkenheid bij deze verenigingen blijkt ook vaak van korte duur, vooral in het begin van de transitieperiode. Zelfhulpverenigingen kampen dan ook vaak met continuïteit en het komen en gaan van leden. Lange termijn engagementen ontbreken vaak en bijgevolg blijft de emanciperende en politieke rol niet vaak ingevuld. Hoe expertise en continuïteit kan plaatsvinden binnen de zelfhulp is een interessante en belangrijke vraag. De bestaande structuren van professionele zorgverleners, de Vlaamse koepelvereniging çavaria en het transgenderinfopunt zouden hier een rol kunnen spelen. Een derde belangrijk pijler van psychosociaal ondersteuning is de steun van familie en vrienden. Deze werd als zeer belangrijk geacht door alle respondenten. Alle respondenten gaven echter aan dat er momenten waren geweest dat men negatieve reacties, en stigmatisering verwachtte. Het weerbaar maken van transgender personen en hun gezinnen tegen zulke mogelijke negatieve reacties is dan ook een belangrijk taak van professionele zorgverleners en zelfhulpinitiatieven. Op dit moment blijkt deze holistische benadering en het integreren van familieleden in psychosociale begeleiding echter nog ondermaats.

Net zoals vermeld in 4.3 zijn er ook beperkingen aan het hier voorgesteld onderzoek. De kleine steekproef maakt het onmogelijk vergelijkingen of veralgemeningen te maken op het vlak van demografische, sociale en sociaaleconomische factoren. Met betrekking tot de hulpvraag is het belangrijk in acht te nemen dat het met de huidige steekproef onmogelijk is om algemene vergelijkingen te maken tussen zij die wel professionele ondersteuning en zelfhulp en zij die hier geen gebruik van maakten, aangezien er niet sprake is van een controlegroep. Ten tweede kunnen alle gezinnen uit de kleine steekproef gerekend worden tot de lagere en hogere middenklasse. Het feit dat financiële problemen amper aan bod kwamen in de interviews, kan onmogelijk worden veralgemeend naar de gehele transgender populatie in Vlaanderen en zeker niet naar populaties buiten België, aangezien het Belgische sociale zekerheidssysteem voor een deel kosten gemaakt in het kader van een gendertransitie terugbetaald.

6 ALGEMENE CONCLUSIES & AANBEVELINGEN

Aan de hand van de literatuurstudie en het onderzoeksproject 'Gezinnen in transitie: De invloed van een transgender ouder op het algemeen welzijn van het kind' kwamen we tot verschillende interessante bevindingen. We concluderen dat een gendertransitie van een geliefde zoals een ouder een gebeurtenis is die mogelijk tot onzekerheid, verdriet en familiaal conflict kan leiden. Bepaalde beschermende processen blijken van belang te zijn in het aanvaardingsproces van kinderen: relationele en familiale continuïteit, eerlijke en open communicatie, acceptatie door de omgeving en betekenisgeving. Tevens zien we dat veerkracht niet enkel een capaciteit of een proces kan zijn, maar ook een uitkomst: zowel de individuele gezinsleden als op het niveau van het gezin kan een gendertransitie mogelijk leiden tot positieve veranderingen en meer veerkracht van het gezin. De professionele hulpverlening blijkt echter nog steeds voornamelijk gericht op de medische zorg en in veel mindere mate op het psychosociale welzijn van de transgender persoon. Zelfhulp biedt in zekere mate antwoord hierop: zelfhulpinitiatieven bieden emotionele en psychologische ondersteuning, maar missen vaak een zekere professionaliteit, expertise en continuïteit. Tevens blijkt de zelfhulp voor familieleden nog steeds gebrekkig. Partners, kinderen en andere mensen uit de sociale omgeving blijven dus vaak in de kou staan zowel in de professionele transgenderzorg als in de zelfhulp. Dit is problematisch aangezien de bestaande literatuur en het hier voorgesteld onderzoek aantoont hoe belangrijk een ondersteunende en sterke sociale omgeving zijn voor het welzijn van de transgender persoon tijdens en na de transitie.

De beperkingen van het huidig onderzoek werden reeds in de samenvattingen besproken. De kleine steekproef maakt het onmogelijk vergelijkingen of veralgemeningen te maken op het vlak van demografische, sociale en sociaaleconomische factoren. De methodologische keuzes leiden er toe dat de meeste gezinnen relatief gespaard waren gebleven van conflicten tussen de ouders, noch dat we vergelijkingen konden maken met controlegroepen. Door deze vertekening kunnen we onmogelijk algemenen conclusies trekken, maar dit onderzoeksproject biedt alvast heel inzichten in positieve processen, en plaatst voor het eerst de ervaringen van kinderen centraal.

Aan de hand van de reeds bestaande literatuur en de bevindingen uit het onderzoeksproject, lijsten we een handvol aanbevelingen op voor het beleid, het werkveld (zorgverleners en specialisten in de transgenderzorg en daarbuiten) en de gezinnen die een gendertransitie meemaken.

6.1 AANBEVELINGEN

- Een gendertransitie van een ouder zou nooit op zich geproblematiseerd mogen worden, wel hoe de personen in kwestie en hun omgeving hierop reageren en met omgaan. De bevindingen uit huidig onderzoek tonen duidelijk aan hoe door middel van **goede praktijken en beschermende processen** een gendertransitie kan geaccepteerd worden door kinderen: continuïteit, communicatie, acceptatie door omgeving en betekenisgeving. Concreet kan dit betekenen

- Zorg voor **continuïteit** in de relatie tussen ouder en kind en het familiaal leven. Blijf als gezin leuke dingen doen. Tracht de gendertransitie niet het familiaal leven te laten overheersen, maar blijf ruimte maken voor andere momenten samen als gezin.
- Maak ruimte voor **open communicatie en eerlijke vragen**. Respecteer daarbij de privacy wanneer dit gevraagd wordt. Humor kan een manier zijn om ongemakkelijke en spanningsvolle situaties te doorbreken.
- **Betrek (ex-) partners, familieleden de ruimere sociale omgeving** bij het proces. Zij kunnen mogelijk een bron van steun en informatie zijn voor kinderen. Vraag aan kinderen hoe ze de gendertransitie van hun ouder bekend willen maken aan leeftijdsgenoten.
- Tracht kinderen een kader te geven waarin ze de gendertransitie een **betekenis kunnen geven**. Van belang is dat het verleden wordt erkend en dit verleden ook in de toekomst een plaats blijft hebben. Een kind verbieden om over het verleden van de ouder te preken, of alle materialen zoals foto's en dergelijke verwijderen, ontneemt het kind een stuk levensgeschiedenis.

- **Een professionele hulpverlening die aandacht heeft voor de familiale en sociale context en deze actief betrekt is noodzakelijk**. De huidige internationale behandelingsrichtlijnen voor transgender zorg (SOC7) hebben reeds een kader gecreëerd voor deze contextuele hulpverlening. Gezien de toenemende instroom in de bestaande zorgcentra, blijft helaas de focus noodgedwongen op het transgender individu, en is er geen specifiek hulpverleningsaanbod voorhanden voor partners en kinderen. De bevindingen uit huidig onderzoeksproject benadrukken echter sterk het belang van contextuele begeleiding. Patiëntenzorg stopt niet bij de transgender persoon.
- **Minimale zorgverlening aan de omgeving is verplicht**. De omgeving van de transgender persoon heeft recht op informatie en minimale communicatie. De toestemming van de transgender persoon is echter daarbij essentieel. Dit evenwicht tussen het recht op privacy en het recht op informatie van het sociale netwerk/familieleden is dan ook de uitdaging voor zorgverleners.
- Naast het belang van contextuele hulpverlening, zouden **niet-transgender professionelen (huisdokters, psychosociale medewerkers, leerkrachten…) de kennis en vaardigheden moeten hebben** om familieleden en kinderen van transgender personen bij te staan. Op korte termijn zou dit kunnen door sensibilisering, toegankelijke informatie en erkende opleidingstrajecten. Op lange termijn is het opportuun om transgenderzorg en ondersteuning structureel op te nemen in de bestaande curricula van algemene medische, psychosociale en maatschappelijke opleidingen.
- Naast een kwalitatieve en contextuele professionele hulpverlening kwam het belang van een **kwalitatieve zelfhulp** ruim aan bod in dit onderzoeksproject. Hoewel zelfhulp voor transgender personen in Vlaanderen ruim aanwezig is, kan zelfhulp soms ook negatieve uitkomsten hebben (isolatie en restigmatisering). Van belang is dat zelfhulp een toegankelijk netwerk en deskundigheid biedt voor zij die daar nood hebben en stigmatisering en sociale isolatie binnen de zelfhulp tracht te vermijden.
- **Voor partners en kinderen** van transgender personen blijkt de huidige **zelfhulp** in Vlaanderen tot nog toe een lege doos. Hierbij valt de kloof tussen enerzijds de specifieke transgenderzelfhulp en algemene (niet-transgenderspecifieke) zelfhulp (bijvoorbeeld

CAW's) op. De eerste blijkt – ondanks pogingen om familieleden te betrekken - niet altijd toegankelijk te worden ervaren door partners en kinderen. De laatste is vaak niet voorzien voor de specifieke noden en vragen van partners en kinderen.

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8 BIJLAGEN

8.1 MANUSCRIPT ENGELSTALIG ARTIKEL LITERATUURSTUDIE

Families in Transition: A Literature Review

Abstract:

Research on the transgender population is often limited to their medical care, and in particular to their mental well-being. The social and family environment in which a social gender role transition takes place is often overlooked. Although research is limited, this article reviews the existing literature on the family aspect of a gender transition. Articles regarding three different aspects were selected for this review: first, the issue of parenthood during transition and the experiences of children with a transgender parent; second, the experiences of partners and ex-partners of transgender individuals; and third, the experiences of parents with a gender variant child. Articles were restricted to those with a focus on family members and situations during transition. For all three contexts, several mediating factors, both individual and social, were distinguished. Various challenges for future research were identified.

Keywords*: Transgender, LGBTQI families, transgender parenthood, transgender youth, partner of a transgender person*

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Introduction

A transgender individual is a person whose gender identity does not correspond with their birth-assigned sex. Research on the transgender population is often limited to their medical care and in particular their mental well-being. Sociological research concerning transgender individuals is relatively scarce and mostly dominated by theoretical considerations on gender and how gender identity and gender transition are socially constructed (Mason-Schrock, 1996; West & Zimmerman, 1987). The social and family environment in which a gender transition takes place was in the past often overlooked (Hines, 2006; Whitley, 2013). The present literature review provides an overview of the research on the family aspects of gender transition, with attention to three different aspects: first, the issue of parenthood during transition and the experiences of children with a transgender parent; second, the experiences of partners and ex-partners of transgender people; and third, the experiences of parents with a gender variant child.

As the transgender population has become more visible in various countries during recent years, there has been increased research activity concerning transgender people and their living conditions (European Union Agency for Fundamental Rights, 2014; Keuzenkamp, 2012; Morton, 2008; Takács, 2006; Turner, Whittle, & Combs, 2009; Vennix, 2010; Whittle, Turner, & Al-Alami, 2007; Whittle, Turner, Combs, & Rhodes, 2008). The issue of being transgender is becoming more common conversational subject generally within society as well. Transgender people may be viewed as a gender minority and, like other sexual minorities (homosexual, lesbian, and bisexual people), have to deal with a hetero-normative society where people are assumed to be either a man or a woman, and to be heterosexual. Those who do not fit into this rigid framework are often subject to stigmatisation (Carrera-Fernández, Lameiras-Fernández, & Rodríguez-Castro, 2013; Dierckx, Motmans, Meier, Dieleman, & Pezeril, 2014; Herek, 2007; Keuzenkamp & Kuyper, 2013; Kuyper, 2012; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012). Hetero-normative values also interfere in the context of the family. For people who are lesbian, gay or bisexual (LGB), coming out can have an impact on the family; in a similar way, trans people and their families may create challenges for each other through gender transitions and hetero-normative expectations (Israel, 2005). Several issues may arise in the family context. Transgender parents can challenge the link between biology and social parental roles: for example, how can a woman be a father (Grenier, 2006; Hines, 2006)? When a partner is coming out as transgender, confusion concerning the sexual orientation of both partners can arise (Israel, 2005). Furthermore, parents can have a hard time when their gender variant child is different from what they may have envisaged (Di Ceglie & Thümmel, 2006).

Method

The paper is based on a literature review of mostly Western European and US-based clinical and social studies, since internationally published studies outside Western Europe and the US regarding the family aspects of gender transition are nearly non-existent. One of the selected research papers on partners of trans men was conducted in South-Africa.

A search process was conducted in the Web of Science whereby the term “transgender” was combined with “family” or “parent”, “children”, or “partner”. Only papers with a specific focus on the transgender population and their family contexts, and in which gender transition was the subject of the article, were selected for this review. In total, 41 studies - empirical research papers

(38) as well as theoretical reviews (3) - on the topic of trans families were selected. In the present article, we defined trans families as families in which one member made a social gender role change. In most clinical studies, such a transition in adults was accompanied by medical interventions such as cross-sex hormonal treatment and gender affirmative surgery.

In addition, a general search process was conducted through Google to include relevant information and knowledge on trans families outside the academic field. Two guides for trans families, one American and one Flemish, were added to the reviewed selection (COLAGE Kids of Trans Resource Guide, n; Genderstichting, n).

In the following section we first give an overview of the studies on parenthood during a gender transition, and the few described experiences of the children of transgender parents (15 research sources). Second, we provide a brief overview of the experiences of partners and ex-partners of trans people (15 research sources). Third, we present research covering the experiences of families with a gender variant child (11 research sources).

Literature Review

Transgender parents

According to various survey data, 25% to 49% of the transgender population have children. The prevalence of parenthood tends to be higher among trans women than among trans men (Motmans, Ponnet, & De Cuypere, 2014; Rosser, Oakes, Bockting, & Miner, 2007; Sales, 1995; Stotzer, Herman, & Hasenbush, 2014). People who 'come out' as transgender later in their life are more likely to be parents than those who identify as transgender at younger ages (Rosser et al., 2007; Stotzer et al., 2014). Transgender persons with children are therefore generally older than transgender individuals without children (Pyne, Bauer, & Bradley, 2015).

Not all transgender parents live with their children (European Union Agency for Fundamental Rights, 2014). One straightforward explanation is where adult children have left home. In addition, however, several studies show that transgender parents are sometimes subject to discrimination in formal custody battles (Lynch & Murray, 2000; Pyne et al., 2015; Stotzer et al., 2014). Several authors suggest that this discrimination stems from the hetero-normative social model wherein a co-residing married heterosexual couple who are the biological parents of their children is still seen as the 'ideal' family type (Patterson & Hastings, 2007; Short, Riggs, Perlesz, Brown, & Kane, 2007), with the assumption that children with a transgender parent would experience negative influences on the development of their gender identity, sexual orientation, and overall well-being. When faced with the issue of child custody, courts often interpret the "best interests of the child" in a hetero-normative way that perpetuates a single homogenous view of what a family should look like (Chang, 2002).

Besides two theoretical and legal reviews on the issue of trans parenthood (Chang, 2002; Stotzer et al., 2014), the literature selected here on transgender parenthood mainly focuses on the experiences of the transitioning parent (eight research sources); the other parent, who is probably cisgender (not transgender) (two research sources); or describes the experiences of children through the eyes of one of the parents or significant others in the transition process (one research source), for example therapists (White & Ettner, 2004). Studies focusing on the direct

experiences of a child of a transgender parent are rare. In this review, we selected two research sources that interviewed children with a transgender parent. The majority of the research papers (nine) contained qualitative data gained through interviews and family assessments. Four research papers presented results from quantitative research.

The hetero-normative concern that children of transgender parents would display atypical gender behaviour, gender identity and/or sexual orientation was not clinically proven in a clinical study with 37 children of homosexual and transgender parents (Green, 1978, 1998). This does not imply that the gender transition of a parent is a neutral event, although it may be. Often a wide range of emotions may be present. Emotions described in the mostly qualitative empirical literature are that the gender transition of a parent can cause feelings of loss (Haines et al., 2014; Sales, 1995) and grief, sometimes similar to mourning (Di Ceglie, 1998; Lightfoot, 1998; Sales, 1995); betrayal (Sales, 1995); and shame (Church et al., 2014). Children of transgender parents described in therapy how watching one of their parents transition may be a uniquely challenging experience for a child who probably knows no one in a similar situation (White & Ettner, 2007). This means that the social environment is often inadequate to cope with the issue and the specific needs of the child (Di Ceglie, 1998; Haines, Ajayi, & Boyd, 2014; Veldorale-Griffin, 2014).

Several risk and protective factors for children in this unique situation are described in the current literature. First the (developmental) age of the child seems to be of importance. Younger children seem more accepting than older or adult children (Bischof et al., 2011; Veldorale-Griffin, 2014; White & Ettner, 2004, 2007). Teenagers who were interviewed on their experiences were especially likely to personalise the transition of their parent (White & Ettner, 2004). Such increased sensitivity during adolescence is sometimes ascribed to adolescent egocentrism and particularly the notion of the “imaginary audience”, which refers to the tendency of adolescents to exaggerate the degree to which they believe others are thinking about them (Reisbig, 2007).

A second observation in the literature was the importance of an amicable and good quality relationship between different family members - even if the parents were separated, and whether or not this separation was caused by the coming out of the transgender parent. Transphobic attitudes in the non-transgender parent were unsurprisingly found to have an important influence on the relationship between the parents, and consequently on the well-being of the children (Freedman, Tasker, & di Ceglie, 2002; Haines et al., 2014; Hines, 2006; White & Ettner, 2004, 2007). Likewise, agreement between the parents about how to inform the child(ren) about the parent’s transgender status had an overall positive effect on the well-being of both parents and children (Grenier, 2006). In this matter, the possibility of open communication, in which there is space for questions and uncertainty, helped facilitate a good relationship between family members (Hines, 2006; Vanderburgh, 2009).

A third important experience mentioned by several empirical studies was social stigmatisation. Children with a transgender parent may experience difficulties due to transphobia in society (Freedman et al., 2002; Haines et al., 2014; Reisbig, 2007). In an Irish study, some transgender parents reported that their children would not allow them to be seen with them in public, nor have any contact with their friends (Church et al., 2014). Teenagers especially tended to report difficulties with being open in public about the trans identity of their parent (White & Ettner, 2004). In the online survey research of Veldorale-Griffin in which parents and adult children were questioned about their experience, the fear of stigmatisation and bullying was the most common

stress factor among the adult child respondents (Veldorale-Griffin, 2014). Other research revealed that children often use coping strategies to deal with such social stigmatisation (e.g. limited disclosure at school) and transgender parents said they helped their children to cope with transphobic behaviour (Haines et al., 2014). Conversely, children could also often be a big support for the transgender parent during transition (Veldorale-Griffin, 2014). Various studies mentioned the importance of mediating persons such as (ex-)partners, siblings, other family members, supportive allies, teachers and school environments in establishing and maintaining non-hetero-normative attitudes (Cloughessy & Waniganayake, 2013; Haines et al., 2014; Hines, 2006; Reisbig, 2007; Veldorale-Griffin, 2014; White & Ettner, 2004). Veldorale-Griffin found that psychotherapy was an important source of support. However, both children and parents experienced a lack of trans-friendly and knowledgeable therapists; and a lack of support groups for the children of transgender parents was emphasised (Veldorale-Griffin, 2014).

Other factors that may negatively or positively influence the experience of having a transgender parent are: the gender of the child, if this is the same as the birth sex of the transparent (Lightfoot, 1998; White & Ettner, 2004); an abrupt separation from either parent; mental problems of either parent (Sales, 1995; White & Ettner, 2004); how the parents themselves cope mentally with the transition (Lev, 2004; Sales, 1995); and finally, the broader ideas and values that the child has inherited from his or her parents, community and culture (Israel, 1997; Veldorale-Griffin, 2014)

Furthermore, a difference between female and male parents was noticed, with the gender transition of trans men being more easily accepted by the child because of greater cultural acceptance of female androgyny compared to male femininity (Hines, 2006). Additionally, the degree to which the transgender parent is able to 'pass' is a factor in the adjustment process of the child. Lewins stated that 'passing' for trans women is often more challenging than for trans men (Lewins, 2002).

Lastly, various authors mention that the adjustment and reaction of the child to the transition of the parent is not a static situation, but a process. Lev (2004) and Emerson (1996) both described different stages in the reaction and adjustment of families where a parent comes out as transgender (Emerson, 1996; Lev, 2004). Veldorale-Griffin added that this is not just a process that family members undergo individually, but that the transition of a parent is a family and relational process (Veldorale-Griffin, 2014).

Being the (ex-) partner of a transgender person

The coming out as transgender by one partner during marriage can be a shock for the partner and is repeatedly described to result in relationship dissolution (Israel, 2005; White & Ettner, 2004), although this is not necessarily the case (Bischof, Warnaar, Barajas, & Dhaliwal, 2011; Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013). In a European survey, 7 % of the transgender persons were divorced, compared to a mean marital and registered partnership rate of 15%. A US study described a divorce rate of 12.3% and a marital and registered partnership rate of 19.5% (Rosser et al., 2007). Divorce rates tended to be higher among trans women than among trans men (European Union Agency for Fundamental Rights, 2014). Most of the research papers (12) contained qualitative data gained through interviews and family and couple assessments, while three research papers presented results from quantitative research.

Couple assessments showed that partners were likely to experience emotions such as stress, grief, anger, betrayal, loneliness and fear after their partners came out as transgender (Zamboni, 2006). Partners were sometimes found to struggle also with their own sexual orientation and gender identity. They seemed frequently to experience the need to confirm the new gender identity of their partner by reaffirming their own gender identity through expressing gender stereotypical behaviour themselves (Bischof et al., 2011; Brown, 2009; Harvey, 2008; Israel, 2005; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013; Whitley, 2013).

As mentioned before, relationship dissolution is not inevitable. Several intermediating factors were distinguished in the acceptance and adjusting process of the non-transitioning partner. First, the way the transitioning partner came out was shown to affect how his or her partner reacted. Interviews with partners showed that when the disclosure was a gradual process, the non-transitioning partner often experienced more understanding. If the disclosure occurred in an abrupt and disturbing way, it led to more distress and emotional turmoil (Bischof et al., 2011; Harvey, 2008). In couple assessments, where the cisgender partner knew about the transgender feelings of their partner for a longer time and had been tolerating their cross-gender behaviour in the private sphere, the decision to transition could feel as if the rules of the relationship had changed (Samons, 2009).

A second factor was the degree to which the cisgender partner experienced the transgender partner as self-centred. Various studies suggest that partners may need to feel that they are involved in the transition process and the disclosure process towards their children and other people outside the family (Bischof et al., 2011; Harvey, 2008). Partners may need to have the time and space to adapt and to renegotiate their own identity in a now visibly transgender relationship (Brown, 2009).

Third, the quality of the relationship and the presence of other marital conflicts - unrelated to the transgender issue – were found to have an impact on the reaction of the partner to the disclosure by the transgender partner. When rigid gender roles were the norm in the relationship in the past, a gender transition could be problematic in that it challenged the traditional gender expectations (Israel, 2005; Samons, 2009). Former gay or lesbian couples sometimes experience a sense of loss of the LGB community when they used to be involved in LGB organisations (Harvey, 2008; Joslin-Roher & Wheeler, 2009). Lastly, various studies revealed that partners of people who make a gender transition experience a lack of psychological and informational support for themselves. Peer support and support of family and friends appear to be an important positive factor for partners (Bischof et al., 2011; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013).

Besides a number of different emotional and sometimes negative experiences of non-transitioning partners, some studies mention positive aspects of having a transgender partner, such as developing more effective communication strategies, and an increase in the well-being of the transgender partner, that increased the level of satisfaction within the relationship (Harvey, 2008).

Parents of transgender youth and gender variant children

During recent years, there has been increased attention on young transgender people. Consequently, there is a significant amount of literature on the parents of transgender youth,

although social research on transgender adolescents and gender variant children and their siblings is nearly non-existent (one research source) (Toomey & Richardson, 2009). Most of the research papers reviewed here (eight) are presenting qualitative data; three research papers present results from quantitative research. The research that is published on transgender youth and their parents shows striking similarities with the experiences of the families with transgender parents. It shows that the families of transgender youths may also experience a wide range of emotions such as loss and grief as their child becomes someone different from whom they had envisaged. A sense of shame, due to social stigmatisation, is also reported. Highly negative reactions by parents, and sometimes even rejection of their child, can take place and is mentioned in different articles (Di Ceglie & Thümmel, 2006; Hill, Menvielle, Sica, & Johnson, 2010; Menvielle, Tuerk, & Jellinek, 2002; Riley, Sitharthan, Clemson, & Diamond, 2011).

Empirical studies show that parents of a transgender youth face very specific challenges. Parents may struggle between acceptance for the sake of the well-being of their child, and struggling with the safety of their child in a social context where gender non-conformity is often stigmatised. A typical experience of the parents of transgender youth found in qualitative interviews is the perception of responsibility. Because of their parental status, they may feel responsible and guilty, which is often affirmed by social judgments of their parenting decisions, and the subsequent secondary stigmatisation (stigma toward the social environment by association or courtesy stigma) that parents face (Di Ceglie & Thümmel, 2006; Johnson & Benson, 2014; Kuvalanka, Weiner, & Mahan, 2014; Malpas, 2011; Riley et al., 2011). This responsibility may lead to a feeling of helplessness in the face of their child's struggle. In some families, a conflict occurred between the parental imperative to adapt their child to social gender norms, and the desire to nurture their child's uniqueness and accept his or her atypical gender expressions (Malpas, 2011). This conflict can lead to the fear of being judged as a bad parent when accepting gender non-conforming behaviour or preferences (e.g. female clothes for a birth- assigned male). Additionally, a lack of information and knowledge, and experiences with uninformed health professionals, can cause stress for the parents (Kuvalanka et al., 2014; Menvielle et al., 2002).

Relational and co-parenting conflicts may occur in families with a gender variant child when one partner accepts the gender non-conforming behaviour of the child, and the other parent feels anxious and wants to protect stereotypical gender norms (Hill & Menvielle, 2009; Malpas, 2011). One reason mentioned in the literature is that the gender identity of children may often be seen as "the job of the mothers" (Riley et al., 2011). For example, Kuvalanka and colleagues found, in qualitative interviews with five mothers of gender variant children, that fathers took longer to understand and accept their children's gender identity. Fathers were more worried about safety and protection, while mothers emphasised more their unconditional love, nurture, and acceptance. This does not mean, however, that these mothers could not also experience frustration and fear regarding their gender variant child (Kuvalanka et al., 2014).

Having a transgender child in the family was found to have an impact on the whole family. In several studies, this collective aspect was expressed. As described before, a transition is a gradual process (Kuvalanka et al., 2014). After the possible "shock" of discovery, research showed that parents often gradually come to terms with having a gender variant child, as their awareness of their child's circumstances and needs grows (Riley et al., 2011).

As before, a general lack of (professional) support was often missed. Different studies conclude the need for specific professional support for these families. Additionally, the need to meet people in similar situations in order to be able to share experiences was described in several studies (Di Ceglie & Thümmel, 2006; Grossman, D'Augelli, Howell, & Hubbard, 2005; Johnson & Benson, 2014; Kuvalanka et al., 2014; Malpas, 2011; Menvielle et al., 2002). This is especially important because family acceptance is shown to have a strong positive influence on the transgender youth's emotional and behavioural health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

Conclusion

The research on families in transition is rather limited compared to other research domains within transgender studies. Nevertheless, we were able to distinguish some relevant findings in the current body of knowledge:

With respect to transgender parenthood, the existing research did not provide evidence for the assumption that children with a transgender parent develop atypical gender behaviour, gender identity, and/or sexual orientation, nor do they experience mental health problems. However, there are indications that children of transgender parents may experience difficulties related to family conflict, peer relations, and social stigmatisation. Regarding relationships, the existing research suggested that coming out as transgender can result in relationship dissolution, but also identified couples who stayed together. Literature on transgender youth suggested that raising a transgender child may be challenging, and was often accompanied by feelings of guilt, responsibility, and relational conflict.

Witnessing someone you love transitioning can be an emotional, intense and often lonely experience. A wide range of emotions are described during the transition. A supportive environment seemed essential in the process of acceptance and adjustment towards a transgender family member. However, hetero-normative social environments seemed not always well-placed to cope with the challenges of a gender transition, and the transgender person and his or her family may thus need specific professional support which is often still reported to be missing. In particular, support for the children of transgender parents seems nearly non-existent (Stotzer et al., 2014).

Whether it is a parent, partner or child who is transgender, most research underlines the relational aspects of transition; a transition is never just an individual process. Different studies on transgender families conclude that it is a family process which involves quality of parenting, the psychosocial well-being of parents, the co-operation and harmony between parents, and the quality of relationships and daily interactions. These qualitative aspects of relationships may be of more importance than the family structure (i.e. number, gender, sexuality, and co-habitation status of parents) in determining transgender and other family member's well-being and 'outcomes'. This conclusion is similar to findings in research on same-sex parented families. (Patterson, 2006; Short et al., 2007).

There are several limitations and constraints regarding the existing literature on transgender families. Most studies focus on the experiences of transgender parents, gender variant youth and their families and, to a lesser extent, the partners of transgender people. Children with a

transgender parent are an understudied research topic. None of the studies in our review interviewed young children (minors) of transgender parents themselves.

A significant number of relationships dissolve when one partner comes out as transgender. One of the many challenges of research concerning transgender parenthood is to distinguish the consequences of the transition of a transgender parent per se, from other issues such as the breakdown of the relationship, separation from one of the parents, and family conflict. Several studies mentioned in this literature review state that adequate help and support for families with a transgender member is often missing. Future research needs to investigate what kind of support these families may need. When parents or partners stay together during a gender transition, the intimate and sexual relationship is also still rather understudied.

The literature review presented here may be valuable for all who study and work with trans families. However, the limitations show that the challenges for future research on trans families are various and concern the nature of the research object and topic, methodology, research design and assumptions.

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8.2 Manuscript Engelstalig artikel Family Resilience en de invloed van een transgender ouder

Resilience in families in transition: what happens when a parent is transgender?

Abstract:

The scope of research on transgender people is often limited to medical care and the mental well-being of the transgender person. While a focus on the wider family environment can be found in research concerning transgender children and youth, this focus is lacking in research on transgender adults who have children. The perspective of these children has been particularly neglected: minor children have never been interviewed about their transgender parents. The present article provides the first insights into the experiences of both children and parents when a parent is transitioning. We use an adapted version of the Family Resilience framework, which has proven to be an adequate model for analyzing family transitions. Consistent with the multi-actor method, in-depth interviews were conducted with 14 children and 15 parents (8 cisgender and 7 transgender parents) from 9 different families. Various family processes were distinguished in the achievement of adaptive functioning outcomes.Keywords: Transgender, LGBTQI families, transgender parenthood, transgender youth, partner of a transgender person

Keywords*: Family Resilience, Transgender, LGBTQI families, transgender parenthood*

Referentie: Dierckx, Myrte, Mortelmans, Dimitri, Motmans, Joz, & T'Sjoen, Guy (In review). "Resilience in families in transition: what happens when a parent is transgender?"

Introduction

The present article provides insights into the experiences of minor children and parents when a parent is transitioning by adapting the Family Resilience framework in the context of Flanders, the northern region of Belgium. Sociological research concerning transgender people is relatively limited and dominated by theoretical considerations of gender and how gender identity and gender transitions are socially constructed. The social and family environments in which gender transition takes place is often overlooked (Hines, 2006; Whitley, 2013). The perspective of children, in particular, has been neglected: minor children have never been interviewed about their transitioning parents (Dierckx, Motmans, Mortelmans, & T'Sjoen, accepted). The present article responds to this gap in the existing research by asking the following questions: What are the experiences of both children and parents when a parent is transgender and decides to transition? Which family processes are at work when a parent is transitioning?

In what follows, we first give a brief introduction to the family aspect of a gender transition; secondly, we outline the existing literature on transgender parenthood; and thirdly, we introduce the Family Resilience model as a framework for studying the experiences of parents and children when a parent is transitioning. We subsequently present and discuss the findings of a recent qualitative study in relation to the Family Resilience model.

An introduction to trans and trans families

Transgender people are those whose gender identity and/or gender expression does not correspond to the sex they were assigned at birth. Like sexual minorities (homosexual, lesbian, and bisexual people), transgender people are gender minorities who often encounter stigmatization in heteronormative societies in which sexual dimorphism (two biological sexes) and binary gender roles remain the standard: the assumption is that one is a man or a woman, and heterosexual (Carrera-Fernández, Lameiras-Fernández, & Rodríguez-Castro, 2013; Dierckx, Motmans, Meier, Dieleman, & Pezeril, 2014; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012). In this article we consider a gender transition to be a change in social gender role, with or without medical interventions.

Transgender people and their living conditions have become more visible in various countries in recent years (Dierckx et al., 2014; FRA, 2014; Grant et al., 2011). Consequently, the issue of gender transitioning is increasingly becoming a family issue, and thus a topic in family studies. After all, heteronormative values and norms play a role not only in society but also in family contexts. Just as coming out as LGB (lesbian, gay or bisexual) can have an impact on a family, gender transitions and heteronormative expectations may pose a challenge to transgender people and their families (Israel, 2005). Several issues may arise in the family context. First, transgender parenthood challenges the link between biology and social parental roles: how, for example, can a woman still be a father (Grenier, 2006; Hines, 2006)? A second challenge lies in the contradiction between the parenting role as culturally normalizing and the transgender identity as an object of social stigmatization (Haines, Ajayi, & Boyd, 2014).

According to various surveys, 25% to 49% of transgender people have children. Rates of parenthood currently tend to be higher among trans women than among trans men, mainly because the majority of trans women became parents before they transition (Motmans, Ponnet,

& De Cuypere, 2014; Rosser, Oakes, Bockting, & Miner, 2007; Sales, 1995; Stotzer, Herman, & Hasenbush, 2014). However, case reports and surveys are emerging with regard to trans men who became pregnant after female-to-male gender transitioning (Light, Obedin-Maliver, Sevelius, & Kerns, 2014) and trans people's reproductive options are being discussed more widely (De Sutter, 2009). Parenting rates tend to be higher among people who 'come out' as transgender later in life than among those who identify as transgender at a younger age (Stotzer et al., 2014); as a result, transgender people with children are generally older than transgender people without children (Pyne, Bauer, & Bradley, 2015). This infertility among the younger transgender population may be explained by the increasing presence of younger people in transgender health care and the possibility of starting puberty suppressors before puberty in some countries. Research shows that there are fewer transgender people living with children than there are transgender parents (European Union Agency for Fundamental Rights, 2014; Grant et al., 2011). Besides the general explanation that adult children may no longer live with their transgender parents, we know from some studies that transgender people are often discriminated against in formal custody battles because of their transgender identities (Grant et al., 2011; Lynch & Murray, 2000; Pyne et al., 2015; Stotzer et al., 2014). The roots of this transphobic discrimination lie in the heteronormative social model, which considers a co-residing married heterosexual couple who are the biological parents of their children to be the 'ideal' family type (Patterson 2006; Short, Riggs, Perlesz, Brown, & Kane, 2007); the assumption is that children raised in transgender families experience social stigma and negative impacts on their gender identity, sexual orientation, and overall well-being (Green, 1998; Isreal, 1997; Riggs, 2004). When making decisions about child custody, courts often assess the "best interests of the child" from a heteronormative standpoint that perpetuates a single, homogenous view of what a family should look like (Chang, 2002).

Existing research on families in transition is rather limited compared to other research domains within trans studies. In the next section, we outline the findings of previous studies on transgender parenthood.

Transgender parenthood: a research literature review

The literature on transgender parenthood has three main foci: the experiences of the transitioning parent (Church, O'Shea, & Lucey, 2014; Haines et al., 2014; Hines, 2006; Pyne, 2012); the experiences of the other parent, who is often cisgender (not transgender) (Bischof, Warnaar, Barajas, & Dhaliwal, 2011); and the experiences of children as reported by the parents or significant others in the transition process (e.g. therapists) (White & Ettner, 2004). Research which departs from the viewpoint of children themselves is scarce; the only existing studies are clinical studies of children with transgender parents (Freedman, Tasker, & di Ceglie, 2002; Green, 1978). One case study was undertaken by Sales, who reported on the family therapy of a family in transition (Sales, 1995). In 2014, a study was published in which both transgender parents and the adult children of transgender parents were interviewed online; the sample of adult children was rather limited (n = 9), compared to the sample of transgender parents (n = 48) (Veldorale-Griffin, 2014).

The heteronormative concern that the children of transgender parents may exhibit atypical gender behavior, gender identity, and/or sexual orientation has not been clinically proven (Green, 1998). This does not mean, of course, that the transition of a parent is a neutral event. A wide

range of emotions may be aroused, including feelings of loss (Haines et al., 2014; Sales, 1995), grief, sometimes similar to mourning (COLAGE, 2008; Di Ceglie, 1998; Lightfoot, 1998; Sales, 1995), as well as betrayal (Sales, 1995) and shame (Church et al., 2014). Witnessing a parent's transition is a unique and challenging experience and the child in question is unlikely to know anyone in a similar situation (White & Ettner, 2007). As a result, the social environment is often inadequately prepared to cope with the issue and the specific needs of the child (Di Ceglie, 1998; Haines et al., 2014; Veldorale-Griffin, 2014).

Although research on transgender parenthood is rather limited, several risk and protective factors have been identified for children in this situation. First the (developmental) age of the child is important. Younger children are generally more accepting of a gender transition than are older or adult children (Bischof et al., 2011; Veldorale-Griffin, 2014; White & Ettner, 2004, 2007). Teenagers, especially, tend to take a parent's gender transition personally (White & Ettner, 2004). This increased sensitivity during adolescence could be related to adolescent egocentrism and particularly the notion of the "imaginary audience" (Elkind, 1967), refers to the tendency of adolescents to exaggerate the degree to which they believe others are thinking about them (Reisbig, 2007).

A second observation is the importance of amicable relationships among family members – even if the parents are separated and whether or not this separation was caused by the coming out of the transgender parent. A transnegative attitude on the part of the cisgender parent can have a significant influence on the relationship between the parents and consequently on the child's well-being and the relationship between the transgender parent and the child (Freedman et al., 2002; Haines et al., 2014; Hines, 2006; White & Ettner, 2004, 2007). Similarly, agreement between the parents about how to disclose the situation to their child(ren) has a positive effect on the overall well-being of both parents and children (Grenier, 2006). In this regard, the possibility of open communication (Hines, 2006) in which there is space for questions and uncertainty (COLAGE, 2008) can facilitate good relationships among family members. This open dialogue can then be applied, for example, when negotiating the renaming of the transgender parent or discussing other aspects of the transition process, such as cherishing memories of the "former" parent (Genderstichting, n; Hines, 2006).

A third important consideration is social stigmatization. Children with transgender parents may experience difficulties due to transnegativity in society (Freedman et al., 2002; Haines et al., 2014; Reisbig, 2007). Some parents have reported that their children would not allow their transgender parent to be seen with them in public nor to have any contact with their friends (Church et al., 2014). Teenagers, especially, tend to find it difficult to be open about the transgender identity of their parent in public (White & Ettner, 2004). Fear of stigmatization and bullying is the most commonly reported stress factor among adult child respondents (Veldorale-Griffin, 2014). Other research revealed that children often use coping strategies with regard to social stigmatization and transgender parents reported helping their children to cope with transphobic behavior (Haines et al., 2014). Conversely, children also provide support to their transgender parents during transition (Stotzer et al., 2014; Veldorale-Griffin, 2014). Various studies mention the importance of mediating persons such as current and former partners, siblings, other family members, supportive allies, teachers and school environments in establishing and maintaining non-heteronormative attitudes (Cloughessy & Waniganayake, 2013; COLAGE, nd; Haines et al., 2014; Hines, 2006; Reisbig, 2007; Veldorale-Griffin, 2014; White & Ettner, 2004). Therapy was

found to be a potentially important source of support; however, both children and parents often experience a lack of knowledgeable, transgender-friendly therapists and the absence of support groups for children of transgender parents has also been stressed (Veldorale-Griffin, 2014).

Other factors that may influence the experience of having a transgender parent include the gender of the child, especially if this is the same as the birth sex of the transgender parent (Lightfoot, 1998; White & Ettner, 2004); an abrupt separation from either parent; mental health problems in either parent (Sales, 1995; White & Ettner, 2004); how the parents cope with the transition themselves (Lev, 2004; Sales, 1995); and the broader ideas and values of the parents, inherited community, and culture (Isreal, 1997; Veldorale-Griffin, 2014).

Furthermore, differences have been noted between male and female parents: the gender transitions of trans men are more easily accepted by children because of the greater cultural acceptance of female androgyny compared to male femininity (Hines, 2006). The visibility or 'passing' of the parent's trans identity is also a factor in the child's adjustment process (COLAGE, 2008). Lewins reported that 'passing' is often more challenging for trans women than it is for trans men (Lewins, 2002).

Finally, various authors have observed that a child's adjustment and reaction to a parent's transition is a process rather than a static situation. Lev (2004) and Emerson (1996) both described the multiple stages of a family's reaction and adjustment when a parent comes out as transgender (Emerson, 1996; Lev, 2004; Stotzer et al., 2014). Veldorale-Griffin added that this process is not something that family members undergo individually; instead, the transition of a parent involves both family and relational processes (Veldorale-Griffin, 2014).

In summary, existing research does not support the assumption that children with transgender parents develop atypical gender behavior, gender identity and/or sexual orientation; nor do they experience long-term mental health problems. However, the literature review does show that both parents and children may experience a wide range of emotions during the transition process and may encounter difficulties regarding family conflict, peer relations, and social stigmatization. To cope with these difficulties they are likely to need specific types of support, which are often lacking.

Theoretical framework behind the Family Resilience model

Veldorale-Griffin used an adapted version of Boss's (2002) Family Stress Theory to determine protective factors in external and internal contexts when analyzing the experiences of children of transgender parents. The external contexts included in this theory are culture (e.g. heteronormative ideals), historical context (political support for trans rights), economy (the socioeconomic status of the family in the broader economic context) and development (stage of the family life cycle which the family is in). Internal contexts can be structural (e.g. boundaries, roles and rules within the family), psychological (emotional processes, coping strategies and defense mechanisms) and/or philosophical (family beliefs and values). The present article examines the internal context more closely by focusing on the related Family Resilience perspective, which highlights the developmental processes experienced by family members.

<u>Family resilience</u>

Resilience – the ability to withstand and rebound from adversity – has become an important concept in mental health theory and research during the last two decades. Although many people experience high-risk conditions, some are able to live their lives without long-term damage while others do suffer. To account for these differences, early studies focused on the personal traits associated with individual resilience. However, more recent studies of resilient children noted the crucial influence of significant relationships with caring adults and mentors. This significant family influence resulted in the Family Resilience framework (Patterson, 2002a; Walsh, 2002, 2003), which focuses on familial strengths instead of the well-documented limitations. The theoretical framework of Family Resilience draws not only on individual resilience theory, but also on the Family Adaptation and Adjustment Response model (FAAR) (Henry, Sheffield Morris, & Harrist, 2015; Patterson, 2002a, 2002b), which is related to Boss's adaptation theory. The latter was applied in Veldorale-Griffin's article (2014) on transgender parenthood. The FAAR model analyzes the way in which families experience demands, ranging from everyday hassles to significant risks, and their ability to cope with these demands. Adjustment and adaptation processes are believed to help families develop new capabilities and becom e more resilient (Patterson, 2002b).

In the Family Resilience framework, the unit of analysis is the family rather than the individual (Walsh, 2003). Potential significant risks faced by families might be, for example, adverse social conditions (poverty), exposure to a traumatic event (war), or a combination of the two. A distinction is made between normative demands and non-normative demands, in that the latter challenge societal expectations and are more likely to pose a significant risk (Patterson, 2002a). Several protective factors and processes which help a family to face such significant risks can be distinguished: individual (e.g. parents' education level), familial, and ecological (Patterson, 2002b). Certain family factors have received a lot of attention in past research, such as family cohesiveness, which emphasizes the need for a balance between strong emotional bonds and individual independence. Family flexibility – the balance a family achieves between change and stability – is another important aspect. Additional facilitating dimensions include family communication and family meaning or belief system. We might ask, for example, what the family's beliefs are about the stressful situation; how they form their identity as a family; and what their world views are. As regards ecological factors outside the family, these include social and economic conditions, e.g. gender, economic status, life stage, dominant culture, peer groups, and so on (Walsh, 2003).

The outcome of family processes triggered by certain demands might be family adjustment or, when improved functioning occurs and the balance is restored, adaptation. Both short-term adjustment and long-term adaptation indicate family resilience (Henry et al., 2015; Patterson, 2002a). To summarize, family resilience is more than simply coping; it is not simply a 'capacity' that a family possesses. Instead, it is a process through which a family restores the balance, one which may make them more capable of withstanding future demands (Patterson, 2002a; Walsh, 2003)

<u>Family resilience in families with a transgender parent</u>

The Family Resilience framework has several advantages when it comes to investigating the experiences of a family in which a parent is transitioning. First, there is clear family risk exposure due to a non-normative demand: the gender transition of one of the parents. How will the family cope with this situation of potential risk and stress? Second, the unit of analysis in this model

allows us to analyze experiences within families: the model goes beyond individual resilience and recognizes the significant influence of other family members (Patterson, 2002a). Thus, the family is seen as a system and the family members are subsystems, all interrelated. Third, family resilience is not seen only as a characteristic but as a process and an outcome of that process. Can a parent's gender transition make a family more capable of facing future challenges (Henry et al., 2015)? Lastly, the Family Resilience model emphasizes the family's strengths rather than weaknesses and pathologies (Oswald, 2002; Patterson, 2002a). The framework makes it possible to move away from heterosexist assumptions – a common shortcoming of research into same-sex parenting – towards a model which embraces trans families (Riggs, 2004).

Various studies have already indicated that children raised by transgender parents are not likely to develop features of gender dysphoria, sexual orientation problems or mental health issues. However, there are indications that the children of transgender parents may experience difficulties caused by family conflict, peer relations and social stigmatization. In the existing literature, several questions remain. To date, no study has interviewed the children of transgender parents themselves, although several research papers have expressed the need to describe and investigate their experiences, especially with regard to minor children (Dierckx et al., accepted; Veldorale-Griffin, 2014). The present article responds to this gap in the literature by adapting the Family Resilience model in order to gain insights into the experiences of both children and their parents. What are the experiences of both children and parents when a parent is transgender and decides to transition? Which processes are at work within the family when a parent is transitioning?

Methods

Methodological framework

Research based on perceptions and personal experiences, such as the gender transition of a parent, requires an adequate qualitative methodological framework. For this understudied topic with just a small number of cases, we chose an explorative methodological framework rooted in the tradition of grounded theory and related symbolic interactionism. In line with symbolic interactionism, in which meaning emerges through social interaction, we adopted an open interview method (Jeon, 2004; Oswald, 2002; Van Gils & Willekens, 2010). This allowed the children's and parents' descriptions of their experiences both during and after the transition to become the focus of the research. The methodological tradition used was well-suited to the topic of the research, as concepts such as gender identity and parental role are not simply categories but gain meaning in a dialectical process among family members. This process is culturally shaped and accompanied by material resources and the actors are constrained by structural processes such as class, race, gender, ethnicity, and community (Denzin, 2004; West & Zimmerman, 1987; Whitley, 2013).

We conducted in-depth interviews with children and their parents. Specific methodological and ethical considerations were taken into account regarding the minor research participants. In contrast to developmental psychology and medical sciences, no clear tradition exists in sociology when it comes to specific methods for conducting research on children. In recent decades a shift has occurred in the perception and recognition of children as participants in society, meaning that demand has grown for research in which children are active research subjects rather than

passive objects (Morrow & Richards, 1996). This resulted recently in the use of more participatory research methods with children (Morrow, 2008). Sociological research on children often uses adults – parents, teachers, etc. – as informants in order to obtain insights into children's lives and experiences and this is also the case in the limited research conducted on trans families to date (Bischof et al., 2011; Church et al., 2014; White & Ettner, 2004). In recent decades, a discrete sub-discipline has developed within sociology: the sociology of childhood; this sub-discipline moves beyond the narrow focus of socialization and child development, starting from the perceptions and experiences of the child and taking the child's competencies and experiences seriously (Morrow, 2008; Morrow & Richards, 1996; Van Gils & Willekens, 2010). However, methodological and ethical discussions within sociology about conducting research with children are still relatively undeveloped. Issues of power, voice and representation have been central to discussions of children's participation in research, alongside more general preoccupations like informed consent and the protection of research participants (Christensen, 2004; Morrow, 2008; Morrow & Richards, 1996). To respond to these issues, we developed a research and interview protocol for the research presented in this article. Both were approved by the Ethics Committee for Social Sciences and Humanities at the University of Antwerp.

Data collection & analysis

An open call for participation was distributed among various Flemish LGBT, youth and family, and civil society organizations, the network of clinical practitioners in trans health care, and through the public and social media. Before the start of the interview, all participants received a written description of the purpose of the research. Participants signed an informed consent form; if the participant was a minor, both parents were asked to sign this form. After the interview, every participant received a letter containing the contact details of the researcher and a number of relevant organizations should any questions arise concerning the research.

Individual in-depth interviews were conducted using a topic list drawn up on the basis of the literature review. The length of the interviews ranged from 17 minutes to 1 hour 36 minutes. All interviews were recorded and transcribed. All transcripts were analyzed in NVivo.

Sample

In total, we interviewed 14 children and 14 parents, of whom 6 were transgender parents and 8 were cisgender parents, from 9 different family situations, all living in Flanders, Belgium. At the time of the interviews, the youngest child was 9 years old while the oldest was 26. All of the children were under 18 years old when their parent started transitioning. Of the children, 3 participants were sons and 11 were daughters. The 8 cisgender parents comprised 1 man and 7 women. Of the 6 transgender parents, 2 were trans men and 4 were trans women.

Results

Analyzing the interviews with the children and parents (transgender and cisgender), we distinguished four protective processes and various aspects of the Family Resilience model. In what follows, we first discuss the protective processes experienced by the family members when a parent was transitioning. Second, we consider how family resilience can be interpreted not only

as a family capacity and process, but also as a possible outcome when facing a significant risk as a family.

Family resilience in trans families: protective processes

During the interviews with our participants, we distinguished four protective processes encountered during the gender transition of a parent. These are outlined in more detail below.

Continuity in the parent-child relationship and family life

In contrast to the discontinuity caused by the gender transition of the parent, continuity in other life domains could serve as a protective factor for both children and parents. While the gender transition was experienced as demanding by all family members, children reported that the change was less disturbing when other aspects of their personal and family lives continued in the same way as before. A degree of continuity had been established in the parent-child relationship and family life in several ways. First, continuity was ensured because the transgender parent's behavior did not change significantly during the transition. Several children remarked that when they looked back (before the coming out and transition), they saw that their parent had already been performing gender-atypical behavior. The transition only served to align the behavior with the true gender identity of their parent.

Elisabeth, 26 years old, daughter of a trans woman:

Let's say that my father never played the father role (laughs). Um, I think I can even turn it around, and say that my mother was more masculine than my father and that my father was more feminine. (…) My father was already buying me skirts and dresses.

Other children reported that their transgender parent maintained their gender-typical role in the household and performed the same activities and hobbies (with the children) even after transition; in other words, their father, now a woman, still played the more masculine role within the family.

Family leisure activities, such as going out for dinner, holidays and so on, were a second way in which continuity could be established in family life, as one parent said: "to keep it pleasant". The aim was to enjoy life together as a family without the gender transition absorbing everyone's attention.

Third, continuity could be better safeguarded if the transition went slowly and gradually rather than occurring immediately after the coming out. When children and cisgender parents had enough time between the various stages of the social and physical gender transitions, more understanding and acceptance of the transgender parent's gender identity was created in the long term. This time aspect appeared to be a crucial factor in accepting and adapting to the gender identity of the transgender parent. Another way in which children and parents felt that continuity could be strengthened over time involved narratives of the past in which the pre-transition identity was not hidden or taboo. Stephanie, the 12-year-old daughter of a trans woman, reported enjoying looking at photos of the time before her parent transitioned and cherishing these memories with both of her parents.

Fourth, the desire for continuity was also visible in the desire for continuity as a family: almost all children said that they had felt afraid that their parents would end their relationship because of the transition. This fear of relationship dissolution was sometimes greater than fear of the gender transition itself. When parents did not end their relationship, it was often a relief for the children.

Michael, 17 years old, son of a trans woman:

I had seen for a while that they wanted to tell us something. So, I was preparing myself for something bad happening. And when they told us about it [his father being a trans woman], a weight was lifted off my shoulders. I had seen for years that there was something wrong (…). They probably needed a lot of courage to tell us this.

Continuity in the parental relationship helped to provide a more secure feeling, but was not essential. Elisabeth's parents ended their relationship because of the transition, but continuity was established through amicable relationships among family members and the maintenance of the family ties. This made Elisabeth feel secure.

The amount of time that has passed since the transition plays an important role in the visibility of continuity. When the transition is still quite recent, reflections on continuity in the parent-child relationship appear to be rather black and white. The differences in the parent before and after transition received more attention and a feeling of loss was sometimes evident.

Ellen, 19 years old, daughter of a trans woman:

In the beginning yes [there was a feeling of loss], I think. Because that's the moment you notice the most differences. For example, before, when we went swimming, he [biological father] used to throw us in the water, play wilder games and go romping around and stuff… Afterwards it was less. That was, in a certain way, saying goodbye. But when I got older… In the end you realize that it's still the same person. But at the beginning it is: "Oh, this is different". But in the end it is not as different as I expected.

When continuity was not established in family life and the parent-child relationship, feelings of loss and conflict between parent and child sometimes occurred. A daughter of a trans woman challenged the notion that her biological father had not changed with regard to personality. She felt that she had really lost her father, a conviction which her transgender parent sought to contradict. At the time of the interview, the daughter still had very negative feelings towards her father.

Overall, both children and parents felt more secure when a degree of continuity could be established in their parent-child relationships, relationships with other family members, and family life in general. The idea that life goes on and not everything has to change because of a parent's gender transition was held to be very important.

<u>Honest and open communication and information provision in the family</u>

A second protective process that was distinguished concerned family communication. An open atmosphere in the family and the feeling that there was space to ask questions, without secrets or lies, made children feel more comfortable with their parent's gender transition. Communal family moments such as dining together or going on family trips were often opportunities for this type of communication to occur. Whether or not the parents were still together, children stressed

that it was important that both parents told similar stories which did not contradict each other. Parents, too, emphasized the importance of honesty and open communication with their children and how this resulted in an honest, open attitude among the children.

Joke, trans woman, parent of a son and a daughter, 17 and 12 years old:

Yeah, to make it negotiable for the children. (…) but if you can be open and honest towards your children, you get a lot back. Then you get honest children in return. Then your children become children who dare to ask questions if there are problems. Then you get more mature children at a young age.

Nevertheless, both children and parents admitted that this openness was not always easy to establish due to fear of hurting the parent and the concern about protecting the child. Some shyness was evident, especially with regard to the medical and physical aspects. Teenagers going through puberty themselves, experiencing the associated major physical changes and emotional turmoil, could feel insecure about their own physical appearance when seeing their parent changing at the same time. On the other hand, the issue of privacy was also mentioned: one transgender parent (trans man) felt that his transition was something very intimate and personal, and did not necessarily want to share all his experiences with other family members.

All participants acknowledged that keeping insecurities and questions to themselves could cause new problems in the long term due to misunderstandings.

Elisabeth, 26 years old, daughter of a trans woman:

The more we chatted about it [the father being trans], the more I knew about it, the more I could understand and see things in perspective. And I think: the less you talk about it… There were times that I did not talk about it and I noticed how you start to think differently about it and give it your own interpretation and how wrong that can sometimes be, I think (…).

Finding a balance between establishing honest, open communication and safeguarding all family members' privacy was an important – albeit not always convenient – protective family process. Several respondents said that humor was a means of overcoming unease and coping with tense, uncomfortable situations.

Jasna, 16 years old, stepdaughter of a trans man:

[He's] more jumpy [because of the testosterone] (…) It's like he has to go somewhere all the time. That's the feeling I have, like he has something to do. Yes, we just laugh about it and make jokes about it. Yeah, it is very open.

Such humorous communication could include making jokes about physical changes, awkward social situations caused by the transphobic reactions of outsiders, and discrepancies between the gender traits of the transgender parent. Although it was challenging at times to maintain an open, honest family communication style peppered with humor because of uneasiness and concern about privacy issues, both children and parents felt that this protective process was essential to adapting to and accepting the gender transition within the family.

<u>Significant others' acceptance of and adjustment to the transgender parent</u>

A parent's gender transition takes place not only within the family, but also within a broader social context. Our participants attached great importance both to the influence of other family members, especially the cisgender parent, and to the wider social environment, especially peers.

The role of siblings was barely mentioned during the interviews with the children; in fact, none of the children had experienced conflict with their siblings regarding their parent's gender transition. In contrast, the role of the cisgender parent was acknowledged by most of the children and cisgender parents and all of the transgender parents. It was reported that children often echoed the feelings and reactions of the cisgender parent towards the transgender parent, whether positive or negative.

Yves, trans man, parent of two sons, 12 and 10 years old:

It was actually the father who said: "From now on we say 'papi' (…), cause later it is going to be weird if people see a man and the children saying 'mampa'. Then my husband started to say 'papi' and the children followed."

Besides the important impact of the behavior and degree of acceptance on the part of the cisgender parent, most children expressed respect for how their cisgender parent coped with the transition and appreciation for the support they provided to the children and the transgender parent. Some children said they were concerned about the well-being and happiness of the cisgender parent. Older children, especially, were aware that the gender transition could have had a radical impact on the romantic and intimate relationship between their parents.

Lauren, 19 years old, daughter of a trans woman:

I would have understood if my mother… Cause now I sometimes ask myself if she's still happy. I cannot see myself doing what she did. It's probably also because I'm getting older that I ask myself these kinds of questions. Of course, I was happy then that they stayed together, but now… (…) I just hope she is still happy with that decision.

Cisgender parents themselves often experienced a conflict between being a supportive partner to the transitioning transgender parent, on the one hand, and being a good parent by protecting their children from the associated radical changes, on the other.

Besides the role played by the cisgender parent, reactions from the wider social context and peers, especially, were considered very important. Although the transgender population has gained visibility in recent years, transgender individuals often continue to be the victims of stigmatization. All of the children interviewed had experienced fear of stigmatization at some point in their lives, though especially during the initial coming-out period and at the beginning of the parent's transition process.

Ellen, 19 years old, daughter of a trans woman:

I was surprised by the reactions from the outside world [in that they were so positive]. That made it easier for me, because I was very worried about that at that time. I was 13 and insecure and afraid of being bullied.. (…) I think that a lot of people are worried about that and not about the transition itself.

Parents reported trying to reduce this fear in their children by taking their concerns seriously, strengthening them to face potential stigmatization and introducing them to safe environments first, for example with friends of the family who were transgender allies.

Most children indicated that it had been important for them to be in charge of managing the 'outing' of their parent among their peers and in their own social environments. Some children disclosed their parents' transgender status step-by-step, first to close friends and later to their entire class, school or sport club. Others preferred an abrupt, low-key disclosure. The older the children, the more emphasis they appeared to place on the importance of this self-management; sometimes there were strict agreements between children and transgender parents. Some children and their families organized the coming out of the parent among the children's peers in an informative way, for example by sending an informative letter to classmates and their parents or by having the child give a talk in class. These actions were almost always received positively.

Although fear of stigmatization was very common in the sample, none of the children had experienced bullying or outspoken negative reactions from peers. Most of the children's negative experiences concerned strangers staring in public spaces when they were accompanied by their transgender parent or insensitive questions from peers regarding the parent's transgender identity. Both children and parents reported that their own attitudes were often copied by others, such as more distant family members, neighbors, classmates and so on, and that if they themselves did not portray their parent's gender transition as a problem, others would not subsequently perceive it as a problem.

In summary, the reactions and degree of acceptance shown by the cisgender parent, significant others, peers and other family members were experienced as very important aspects of the adaptation and acceptance process.

<u>Reflecting on the transition in terms of biological parenthood</u>

A fourth protective process distinguished in interviews with our participants was the process of attributing meaning. Most interviewees had undertaken some reflection and construction of meaning around their parents' gender transitions. Because such a transition challenges societal and gender expectations regarding parenthood, or more precisely motherhood and fatherhood, both children and transgender parents would have needed to give meaning to this transition regarding the parent's role and their relationship with them. Questions were raised, such as: 'Did I lose my father?' and 'Is my father now a second mother?'. Teenagers and older children whose parents had completed their transition some years previously appeared to have found answers to these questions that had given them meaning and set them at ease regarding their parents' gender identities.

Charlotte, 19 years old, daughter of a trans woman:

That's what I said to myself, there is a fundamental difference between "father" and "dad". "Father" is the sperm. No matter what, you can't change that. That's how it is. "Dad" is the man at home. And he is not here, that is "pipa", but she is still my father."

Sometimes these reflections led to hypothetical musings about what their parent would have been like if they were not transgender. However, for most children these musings were

speculative rather than mournful. The parents, too, reflected on their gender transitions and what they had meant for their parental roles, which are biological and socially gendered.

Alice, trans woman, parent of two sons, 9 and 6 years old:

I'm not a woman. I feel more comfortable in the female gender role, but I'll never be a woman like you [interviewer], because I lived 40 years as a man .(…) I try to be myself, so I also try not to… No, I'm not a 'mommy'. I'm daddy.(…). Yes, maybe they don't see me as a male daddy, but I'm still their daddy. I'll always be their biological father. (…) I don't mind if everybody knows that.

Some transgender parents found it difficult, emotionally, to acknowledge their past gendered parental role as a biological father or mother while now living as the opposite gender. Discussions in the family about when and how children could call their transgender parent 'dad' or 'mom' or a new parental pet name illustrated the negotiation of the transition from the 'old' biological parental role to the 'new', true gender identity of the transgender parent. However, all transgender parents appeared to be aware that this past had to be accepted and not denied, especially as regards the identity of the child.

The transgender parents we interviewed clearly experienced some difficulties merging their biological parenthood with their true gender identity. Interestingly, however, several parents reported that it was in fact parenthood prompted them to come out and start the gender transition. Some of them had been suffering from severe depression and suicidal thoughts before their transition. For these respondents, coming out and transitioning meant they were able to become better, happier parents to their children. The two trans men we interviewed, who were both biological mothers, found that parenthood had made them more aware of their inner gender identities. At some point they had both had the feeling that they were not 'real' mothers.

Lennert, trans man, parent of a two-year-old son and of two stepdaughters:

Anyway, the presence of [my son] supported me in taking that step [to start the transition]. Because of him I was more aware of it. He comes home from kindergarten and says 'daddy'. I would normally be the mother. I was already confused and it makes it even more confusing if that little boy sees me as a daddy. Maybe that was an encouragement for me. He saw me as 'papa', here is your 'daddy'.

In sum, besides the emergence of the protective processes, it also became clear during the interviews that both children and transgender parents attempted to construct meaning around the gender transition and actively reflected on what it meant for their parent-child relationships.

<u>Transgender parenthood and family resilience: a capacity, process and outcome</u>

The unique social situation of being a parent and transgender was often mentioned by the participants themselves. Most of the children and their parents were aware that the situation of transgender parenthood was exceptional and challenging for their families. Participants acknowledged that, in order to face a gender transition as a family, it was essential to engage in the protective processes we found in our study (continuity in family life, open and honest communication, social support both inside and outside of the family, and constructing meaning around the biological and social parental roles). Furthermore, the majority of participants reported that this unique family situation also gave rise to certain opportunities for both children

and parents. Children, especially older children, and their parents indicated that they had learned and experienced various positive things in the turmoil of the gender transition.

Ellen, 19 years old, daughter of a trans woman

Yes, I think it changed me very much in a positive way. I think I have become much more open-minded, towards everything actually, also homosexuality… I won't simply judge people anymore.

Examples of the processes and new capacities acquired were multiple: to communicate about feelings, to deal with prejudice, to attach less importance to what others think, to think less rigidly in terms of gender, to put things into perspective more, to enjoy the more positive things in life and to focus less on the negative aspects. In situations where children were still relatively young, almost all of the parents we interviewed expressed the hope that the family's experience of the gender transition would help their children to become more mature, broad-minded individuals in the long term.

Eric, cisgender partner of a trans man, father of two sons, 12 and 10 years old:

I hope it [the transition] has taught them to be tolerant of different sorts of family composition and of anything that deviates from the norm. (…) In that way I hope we have set them a good example.

Parents, especially cisgender parents, reported that the gender transitions of the transgender parent had not only made the trans individuals happier and less restless, but also made family relations less stressed and tense in the long term.

Diane, cisgender partner of a trans woman, mother of a son and a daughter, 17 and 12 years old:

There is a certain peace (…) It used to be that when there was something wrong, she got angry more quickly. Now, it's nicer. Really the feeling: this is how it should be.

We can conclude that a parent's gender transition, which is a major non-normative demand in heteronormative contexts, is likely to be challenging for a family. However, it may also be a potential means of becoming more resilient, both for the family as a whole and for each individual.

Discussion

Being transgender and a parent is an unique social situation and an understudied topic. Until now, the literature has failed to document the experiences of children who have transgender parents. Our aim was to respond to this research need in the field of transgender parenthood by conducting in-depth interviews with transgender parents and their families using the multi-actor model and the Family Resilience theoretical framework.

In the tradition of the Family Resilience model, we distinguished four protective family processes which possibly emerge when a parent is transitioning. These processes broadly correspond to the processes in the literature concerning family resilience mentioned earlier: family flexibility, family communication, family cohesiveness and family meaning. The first process we recognized was the importance of continuity in family life and relational ties, especially between the child and the transgender parent. We saw that the families we interviewed had attempted to achieve a balance between the changes inherent to the gender transition and the maintenance of

continuous family life, whether or not the parents stayed together as life partners. Second, both children and parents were found to value open communication and the space to ask questions as part of the adaptation and adjustment process during and after transition. Third, all respondents emphasized that the process of a gender transition is something that happens in a wider family context in which other family members and significant others, particularly the cisgender parent and peers, play a decisive role. This relational aspect is a specific example of how family cohesiveness can protect families during a gender transition. Lastly, we found that children and parents had attempted to construct meaning around the gender transition and the associated family changes by reflecting on the meanings of biological and social parenthood. We conclude, then, that family resilience in transgender families is not only a family capacity that may be involved in various protective processes, but potentially also an outcome. While most participants described the parent's gender transition as challenging, it was also perceived as positive in the long term in that the experience led to several individual and familial outcomes and the acquisition of new skills and qualities.

The findings presented in this article contribute to the Family Resilience literature by providing new insights into the protective processes used by families to safeguard family functioning. In addition, the study's application of the Family Resilience framework enriches the literature surrounding the unique experience of having a transgender parent.

First, the present article builds on previous studies of transgender parenthood, which found that children with transgender parents may experience a wide range of emotions during the parent's transition and encounter difficulties regarding family conflict, peer relations, and social stigmatization (Church et al., 2014; Haines et al., 2014; Sales, 1995). These findings were generally confirmed in our study. Most of the children we interviewed reported being afraid of relationship dissolution and social stigmatization. However, this fear was only justified in a minority of our sample: the majority of the parents we interviewed stayed together and of the three couples who did end their relationship, only one experienced severe family conflict. Similarly, while all of the children had experienced fear of stigmatization at least once, almost none had actually suffered severe stigmatization. This study also confirmed the unique and highly important role played by cisgender parents in children's acceptance processes, as observed in previous research (Freedman et al., 2002; Haines et al., 2014; Hines, 2006; White & Ettner, 2004, 2007). In addition to this relational aspect, we found that open and honest communication among family members is also of great importance. Humor appears to be a significant means of facilitating this communication. Due to the small sample size used in our study, we were unable to confirm earlier findings indicating that older and especially teenage children are less accepting than younger children (Veldorale-Griffin, 2014; White & Ettner, 2004, 2007). We did find that older children demanded more involvement in the transition process than younger children. In particular, teenagers expected to be have control over the way in which the transgender parent's status was disclosed in their social environments.

Second, by adapting the Family Resilience model and applying a multi-actor method, the current study examines more closely the relational aspects and processes typical of transgender families. The relational and process aspects of gender transition have been mentioned in earlier studies on transgender parenthood (Veldorale-Griffin, 2014; Whitley, 2013), but were never the primary focus.

Third, due to its theoretical framework, which emphasizes family strengths rather than weaknesses, this study acknowledges the potential positive outcomes of having a transgender parent and challenges heteronormative assumptions about the ideal family type. The prevalence of such heteronormative premises has frequently been criticized in relation to research on same-sex parenting (Riggs, 2004).

This study has a number of limitations which should be acknowledged. First, due to the small sample, it was not possible to make comparisons regarding the gender, educational level or age of the children or parents we interviewed. Second, the belief that a relationship cannot survive a gender transition is still widespread (Bischof et al., 2011; Samons, 2009). Survey data on the transgender population in Flanders does not provide conclusive information about how many couples with children divorce when a partner comes out as transgender. However, we can assume that the divorce-marriage ratio is at least as high as in the general population, which was 71% in Belgium in 2010 (Eurostat, 2013). Consequently, we may cautiously assume that our sample is biased, because the majority of the parents we interviewed (six of the nine families) were still living together as couples. This has implications when interpreting the findings, as relationship dissolution can obviously impact both children and parents. Third, the timeframe of the research made it impossible to include a longitudinal approach. As a result, the children and parents were interviewed at different points in the transition and comparisons among the families would be rather speculative.

Further research is needed to investigate the influence of marital conflict and relationship dissolution among parents, as most parents were still living together in our sample. Future research should also examine the long-term experiences of these families and how the processes we identified evolve over a longer period. Moreover, the Family Resilience framework focuses mainly on processes occurring inside the family. Additional research could deepen our understanding of processes which occur in external contexts, such as therapeutic situations.

Through its application of a qualitative, multi-actor method and in-depth interviews with both children and parents, this article identified a number of protective processes at work in a family when its members are adapting to the gender transition of a parent. The Family Resilience Model appears to be an adequate means of identifying and analyzing processes visible in families when a parent transitions. The research concludes that a gender transition is challenging and emotional for children, transgender parents and cisgender parents. However, most of the children we interviewed did not experience their parent's gender transition as a painful loss because of the protective family processes described. This conclusion may have important implications for anyone working with children and their transgender parents.

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8.3 MANUSCRIPT ENGELSTALIG ARTIKEL OVER DE HULPVRAAG BIJ TRANSGENDER GEZINNEN

Who is there for whom? Transgender families' search for adequate psychosocial support in Flanders

Abstract:

Current professional transgender health care in Flanders is provided by multidisciplinary gender teams and takes place within the framework of the Standards Of Care (SOC) developed by the World Professional Association for Transgender Health (WPATH). The focus in these health care settings lies on the transgender individual. Yet critics of the SOC have repeatedly flagged their purely functional scope and the gatekeeping role of health professionals. Besides professional transgender support, informal transgender support, such as peer support groups and support from the social environment, have been shown to play an important role in the gender transition process. To date, however, no research has examined how these psychosocial support systems for transgender individuals and their families are experienced or how they interact with one another. The present article investigates transgender families' experiences of professional psychosocial support and shows how these families compensate for potential shortcomings using informal support systems. In-depth interviews were conducted with 15 parents (7 transgender and 8 cisgender) and 14 children from a total of nine different families. The professional care and support received was perceived to be of good quality, but the too-narrow medical focus on the transgender individual's health was criticised. Overall, informal support from peer support groups, family and the wider social environment were reported to be important sources of emotional support and information exchange. However, certain potential drawbacks were also distinguished with regard to these informal support systems. Implications for care providers, policy and future research are discussed.

Keywords*: Transgender, Transgender healthcare, SOC7, self-help social support, LGBTQI families*

Referentie: Dierckx, Myrte, Motmans, Joz, Mortelmans, Dimitri, & T'Sjoen, Guy (In review). "Who is there for whom? The search for adequate psychosocial support for transgender families in Flanders."

Introduction

In recent decades, transgender health care has been professionalised in numerous countries and regions including Flanders, the northern region of Belgium. This professionalisation was given a new impetus by the Standards of Care (SOC) developed by the World Professional Association for Transgender Health (WPATH) and the subsequent updates to this document. Yet important criticisms have been levelled at the SOC, primarily concerning the gatekeeping role of health professionals and the purely functional scope of the guidelines (Benson, 2013). The most recent version of the standards, SOC7 (2012), responded to this criticism by highlighting the importance of including the family environment and social support in the psychological and medical treatment provided (Coleman et al., 2012). Besides this professional transgender support, informal support systems for transgender individuals – such as peer support groups and support from the social environment – have also received attention (Hines, 2007; Motmans, 2006; Zamboni, 2006). Yet, to date, no research has examined how these types of support interact with one another. Furthermore, studies of different types of psychosocial support have not yet focused specifically on transgender families. This article aims to address this gap in the literature, firstly, by investigating transgender individuals' and their families' experiences of professional support; and, secondly, by analysing how transgender individuals and their family members actively compensate for potential shortcomings in professional support systems using informal support systems.

We first provide an overview of the existing information on transgender psychosocial support in various care contexts, ranging from formal, professional care to more informal peer and social support, and relate this literature to the current Flemish context. Subsequently, we present the results of our qualitative study on transgender people and their families, describing their experiences of the psychosocial support received during the gender transition of a partner or parent. Finally, we discuss these findings in the light of the current literature and conclude with implications for care providers, policy and future research.

It is important to note that the research presented here was conducted in the Flemish context. The theoretical framework was based mainly on North American and Western European literature. We are aware that cultural and political circumstances may vary from country to country with regard to transgender psychosocial support.

Professional transgender support and the SOC

In Flanders, psychosocial support for transgender people takes place within the framework of the current WPATH SOC7, which stipulates that mental health assessments are required before hormonal or surgical interventions can be considered. The goal of the SOC is to provide clinical guidance to health professionals in assisting transgender individuals to achieve better personal comfort, health and psychological well-being both safely and effectively (Selvaggi & Giordano, 2014). Several countries have specific medical pathways and legal requirements for transgender care in addition to the international SOC (Castagnoli, 2010; Hines, 2009).

Despite its influence, the SOC has repeatedly attracted criticism in the research literature, especially with regard to the gatekeeping role of the mental health professional and the aspect of power. The guidelines place clinicians working in formalised gender programmes in a position

of power and cause them to operate as gatekeepers in the transition process (Austin & Craig, 2015; Bockting et al., 2006; Latham, 2013; Rachlin, 2002). In this situation, it is possible that transgender people access therapy only in order to obtain the necessary documents to move forward in the medical transition process (Maguen et al., 2005). One US study reported, for example, that the most negative aspect experienced by transgender individuals was the role of the therapist in providing access to hormonal and surgical sex reassignment (Bockting et al., 2004). When required by health professionals, obligatory psychotherapy may violate the autonomy of the transgender individual and encourage the pathologisation of transgender people (Budge, 2015).

Another major criticism of the current SOC is that functional psychotherapy related to medical interventions may lead to psychotherapy with an overly narrow scope. Consequently, there is a risk that counselling will become focused on the physical experience rather than the psychosocial issues related to the gender transition (Goethals & Schwiebert, 2005). In such a situation, the therapy may overlook certain life issues and/or prevent patients from being forthcoming about their problems (Benson, 2013). Various studies have found that transgender people are often led to seek mental health services initially because they are experiencing “normal” life challenges, similar to the experiences of cisgender people: e.g. depression and marital problems (Benson, 2013; Rachlin, 2002; Shipherd et al., 2010). A possible improvement on this purely functional mental health care would be to distinguish psychological evaluation and the related diagnostic tests from psychotherapy (Rachlin, 2002). This is also suggested in the current SOC7, in which psychotherapy and family therapy are recommended when necessary (Coleman et al., 2012).

Despite the above mentioned challenges and the lack of systematic studies of the effects of supportive psychotherapy (Byne et al., 2012), many transgender individuals perceive psychotherapy to be helpful and experience positive changes as a result of psychotherapy (Bockting et al., 2004; Rachlin, 2002). The most recent version of the SOC7 responds to the criticisms of the gatekeeping role of health professionals and the purely functional scope of the guidelines. It also requires a mental health assessment rather than psychotherapy, although the latter is still highly recommended (Coleman et al., 2012). Consequently, there has been a shift in transgender care from purely physical care towards a more holistic, psychological approach with increased consideration of the entire transgender spectrum (Coleman et al., 2012). Accordingly, Selvaggi and Giordano state that the current SOC7 and the suggestion to use psychotherapy as a form of assessment are neither violations of autonomy nor discriminatory, but should in fact be perceived as a form of positive discrimination: transgender individuals are now being offered the best possible multidisciplinary care because of the required psychological therapy (Selvaggi & Giordano, 2014). Nevertheless, concerns remain with regard to the narrow view of transgender health care and its primary focus on diagnosis, psychopathology, etiology and medicalisation. Consequently, demands for more holistic transgender health care, which includes the psychosocial aspects of health and incorporates the wider social environment of the transgender person, are still being voiced (Austin & Craig, 2015; Benson, 2013; Blumer et al., 2012).

The literature has also identified a number of more practical elements that affect professional transgender support. For example, US-based research stated that an important barrier to mental health services was their high cost and their not always being covered by medical insurance, even despite the high health insurance premiums paid by the research sample (Shipherd et al., 2010). The availability of mental health care professionals qualified to treat transgender individuals can

also be a problem, especially in more rural areas (Bockting et al., 2013; Mayer et al., 2008; Willging et al., 2006).

Informal support

Peer support

In support groups and among online peers, transgender individuals may find more holistic psychosocial support free of pathologisation and gatekeeping power dynamics (Rachlin, 2002). Historically, transgender support groups were established because transgender people were marginalised groups and needed to build their own social networks and networks of care (Hines, 2007). Peer support has been acknowledged in the mental health care and therapeutic fields for its important role in informal care. A review of mutual help groups in general concludes that peer support groups are generally beneficial (Bracke et al., 2008), but it is still unclear whether self-help can generate similar outcomes to professional mental health care (Pistrang et al., 2008). Transgender peer support groups in Western societies are now seen as complementary to professional transgender mental support; in fact, the two spheres sometimes work closely together. A wide variety of peer support initiatives exist, ranging from professionally led self-help groups to member-led groups, and may include group therapy, one-to-one support or online contact through email or in chatrooms (Buxton, 2006; Pistrang et al., 2008).

The literature on peer support distinguishes various key aspects. First, peer groups can operate as providers of information: they are often key sources of information within transgender communities (Hines, 2007) and allow members to exchange what is known as “experiential expertise” – stories about “good” and “bad” experiences and health professionals (L. Brown, 2009; Schrock et al., 2004). This exchange of information may be related not only to the theme of the peer group, but also to general, practical and material topics (e.g. job opportunities) discussed in the context of close friendships that have grown out of the self-help group (L. Brown, 2009). Second, peer support groups can be places in which emotional support takes place. Relief from loneliness, shame and fear has emerged as an important motivation for joining a transgender support group or online community. In these groups, transgender individuals can finally be themselves in a safe environment and achieve a sense of universality (“we are not alone”) (Citron et al., 1999). Participation in peer support groups often results in higher self-esteem, lower social isolation and stigma, fewer feelings of depression and anxiety, more moral acceptance and increased feelings of empowerment (Buxton, 2006; Maguen et al., 2005; Schrock et al., 2004). The beneficial effects of receiving social support are generally accepted. Interesting, however, it appears that providing peer support is more beneficial than receiving it. This effect is called the helper therapy principle (Bracke et al., 2008; L. Brown, 2009; Reblin & Uchino, 2008). A third key aspect of peer support groups concerns civil rights and politics: transgender peer support groups can foster discussions about empowerment, policy issues, the variety of people identifying as transgender and the social identity of being transgender (Citron et al., 1999; Schrock et al., 2004). Research has shown that participants in support groups are more vulnerable when the emphasis is mainly on passing (assimilating or blending in without people knowing one is transgender). To counteract this vulnerability, support groups have recently begun to focus on political consciousness, which can be more empowering (Motmans, 2006; Schrock et al., 2004).

Previous studies which have addressed the topic of transgender peer support acknowledge that these groups and informal networks can fill the gaps left by professional care in the standardised system (Hines, 2007). One study of patient satisfaction found that therapy which offered the opportunity to connect with other transgender individuals was perceived as very valuable (Bockting et al., 2004). Other studies have found that peer support is considered especially valuable early in the transition process but becomes less significant when people move beyond the early stages of the transition (Bischof et al., 2011; Hines, 2007). In addition, it has been noted that while transitioning in general and receiving counselling is not economically accessible to all, peer support – especially online and telephone support – is a relatively affordable means of accessing psychosocial support (Bockting et al., 2006; Citron et al., 1999; Markowitz, 2015; Reblin & Uchino, 2008).

Besides the beneficial aspects of peer support listed in transgender studies and elsewhere, certain disadvantages have also been described. For example, while strong transgender identification and community affiliation can be helpful, peer opinion can also act as a negative force if there is pressure to conform to group norms (Bockting et al., 2006). Another possible counter-effect of being involved in transgender peer support groups is the continuation of marginalisation and isolation from the wider social environment (Goethals & Schwiebert, 2005), reinforcement of an "us versus them" mentality, and an increase in the degree of stigma experienced (Markowitz, 2015). Participants may feel overwhelmed by other members' stories and the realisation of the difficulties that still lie ahead (Citron et al., 1999). In addition, certain more practical disadvantages have also been described. For example, there is the fact that transgender peer support groups often lack heterogeneity – in the US context they have been shown to be mainly white and middle class (Schrock et al., 2004) – and also that these community-based groups are often concentrated around large urban areas (Raj, 2008). In sum, however, general reviews report that these support groups are often beneficial and there is no evidence that they cause harm (DeAndrea & Anthony, 2013).

Social support

The coming out of a transgender individual is almost always a family matter. Yet many family members, friends and general health professionals know little about the issue of being transgender in a family context (Buxton, 2006). Involving partners, family members and the wider social environment in professional and peer support is important in securing social support while transitioning (Bockting et al., 2006; Zamboni, 2006) and is therefore highlighted in the current SOC7 (Coleman et al., 2012). Social isolation and a general lack of social support are common among transgender individuals and are barriers to increased self-esteem and self-efficacy. Similarly, negative reactions in the social environment can cause even more problems for transgender individuals (Samons, 2009). It is clear that social support from family members, friends, colleagues, and acquaintances may serve as an important protective factor for transgender individuals, one which may result in decreased mental health symptoms and service utilisation, especially given the high rates of discrimination and victimisation experienced by this group (Coleman et al., 2012; Maguen et al., 2005).

After the disclosure or discovery of the transgender identity of a loved one, a wide range of emotional processes can take place within a family. Several authors have distinguished various stages in the adaptation and acceptance processes (Emerson, 1996; Lev, 2004a; Stotzer et al.,

2014; Veldorale-Griffin, 2014). For example, partners of transgender individuals may experience stress, grief, anger, betrayal, loneliness and fear following the coming out of their partners (Zamboni, 2006). They may also question their own sexual orientation and gender identity (Raj, 2008), feel rejected sexually, and experience self-blame and low self-esteem (Buxton, 2006).

The impact of the disclosure on any children in the family is often crucial for the partners of transgender individuals. Research has shown that a child who has a transgender parent may experience a wide range of emotions during the transition and might also face difficulties related to family conflict, peer relations, and social stigmatisation (Church et al., 2014; Haines et al., 2014; Sales, 1995). However, recent research has shown that when there is continuity and open and honest communication among parents and children about the gender transition, children will not necessarily perceive the transition as a painful loss (Dierckx et al., In review). It has also been shown that the emotions of both partners and children are strongly influenced by their own familial and societal contexts (Buxton, 2006; Israel, 2004).

While there is overwhelming research evidence that a supportive social environment is crucial to mental health outcomes for transgender individuals, social support may also have counter-effects. For example, receiving social support can sometimes arouse painful emotions such as feelings of shame and guilt towards loved ones. Such feelings are less common when it comes to professional care relations, as there is a sense that the transgender individual has a right to be helped in such cases (De Jong et al., 2014).

The context: Transgender psychosocial support in Flanders

In recent years, Flanders has seen a vast increase in people – both adults and minors – looking for support regarding gender-variant feelings (UZ Ghent, 2013). These people can access the services of the internationally renowned Centre for Sexology and Gender at Ghent University Hospital, as well as individual care providers in various Flemish provinces (Motmans, 2010).

In Belgium, only those who meet the legal statutory criteria described in the law of 10 May 2007 on transsexualism (Belgian Government, 11 juli 2007) can officially register for a change of sex designation (Castagnoli, 2010; Motmans et al., 2014). These legal requirements have been the subject of criticism similar to that directed at the WPATH's SOC prior to 2012: the legal conditions intensify the undesired gatekeeping role of health professionals and have a too-narrow focus on transgenderism that starts from a gender binary and physical traits rather than from the psychosocial identity. It is partly because of these legal medical conditions that many transgender people in Flanders eventually seek professional support.

The Belgian Transsurvey (2008) (Motmans, 2010) established that the majority (60%) of respondents had sought specific medical or psychological help in connection with their gender identity problems. Most of the sample reported positive experiences with the health professionals they contacted, although a third of respondents had changed GP because of negative experiences. Of the respondents who had not sought help, almost half still wanted to. The most common reasons for not seeking professional support were shame and lack of knowledge. The most frequently cited concerns about transgender-specific health care were the long waiting times to see a transgender specialist and the high cost of medical care: many hospitalisation insurance policies in Belgium do not include transsexualism in the list of medical

conditions that qualify for reimbursement (Motmans, 2010). Several conclusions were drawn from the 2008 Transsurvey regarding professional support for transgender people: professionals require better training about transgender issues; access to specialist care should be improved; and professional care should be made more affordable, for example by including transgender care in the insurance reimbursement system and by raising awareness among insurance companies (Motmans, 2010).

In addition to professional transgender care, Flanders also has several peer support groups. These groups are often well structured, locally active, and run in most cases by a small group of volunteers, mostly white middle-class trans women. The majority of Flemish transgender groups now collaborate regularly with LGB groups, though this collaboration was not always easy to establish (Motmans & van der Ros, 2015). Cavaria, the Flemish LGBT umbrella organisation, represents both LBGs and transgender people (Motmans, 2010).

In 2013, the Flemish government's Equality Department began funding Transgenderinfopunt, a transgender information point located at the Centre for Sexology and Gender at Ghent University Hospital. It operates as a free, central, neutral agent for Flanders and provides information, training and support surrounding transgenderism. It has no medical authority, but can offer first-line support and refer people to specialist health professionals, therapists and peer support groups (www.transgenderinfopunt.be).

Study rationale

High suicide attempt rates both in Flanders and elsewhere demonstrate the importance of providing adequate psychosocial support and mental care is (FRA, 2014; Motmans, 2010; Motmans et al., 2015). In the last decade, partly due to SOC7, the field of professional transgender health care in Flanders has become more inclusive and sensitive to psychological issues, non-binary gender variations and the family and social contexts in which a gender transition takes place. Complementary to this professional care and support, a wide variety of peer support initiatives have been established. Past research showed that the outcomes of these initiatives are mostly beneficial. Similar conclusions have been drawn with regard to the valuable influence of family and social support. How these different types of support are experienced and interact with one another remains unclear, however. In addition, research into psychosocial support has focused mainly on the individual experiences of transgender people rather than transgender families.

The current article aims to address this lack of knowledge by examining how different types of support interact with one another and are experienced by transgender families in the Flemish context. On the basis of interviews conducted during the Families in Transition project, we investigated Flemish transgender individuals' and their families' experiences of professional support in order to ascertain how they actively compensate for the shortcomings of professional support systems using informal support systems.

Method

Participants

In total, we interviewed 15 parents, 7 of whom were transgender and 8 cisgender, and 14 children from 9 different family situations, all living in Flanders. Two of the 7 transgender parents were trans men and five were trans women. The 8 cisgender parents included one man and seven women. The 14 children comprised three boys and eleven girls. At the time of the interviews, the youngest child was 9 years old while the oldest was 26. All children were maximum 18 years old when their parent started transitioning. On average, the duration of the parent's gender transition was approximately two years, although the social role transition often happened more quickly. At the time of the interviews, the transitions had begun between 14 and 1.5 years ago.

Data collection & analysis

Research based on perceptions and personal experiences, such as a gender transition, requires an adequate qualitative methodological framework. The Families in Transition research project used a multi-actor qualitative approach and involved in-depth interviews conducted with transgender individuals, their partners, ex-partners, and children about the gender transition. For this understudied topic and small sample size, we chose an explorative methodological framework rooted in the tradition of grounded theory and the related symbolic interactionism (Jeon, 2004; Oswald, 2002; Van Gils & Willekens, 2010). This allowed us to focus the study on the respondents' descriptions of their experiences both during and after the transition. We conducted in-depth interviews with both adults and children. A wide range of methodological and ethical considerations were taken into account regarding the minor research participants. A research and interview protocol was drawn up and subsequently approved by the Ethics Committee for Social Sciences and Humanities at the University of Antwerp.

An open call for participation in this research was distributed among numerous Flemish LGBT, youth and family, and civil society organisations, the network of clinical practitioners in transgender health care, and through public and social media. The family context and the experiences of children were the initial focus of the research project and several criteria were used in forming the sample. All children were required to have been at least 18 years old when their parents started transitioning and to have had regular contact with their transgender parent, regardless of whether or not their parents were still living together. Children who had been born into transgender families but had not experienced a parent's gender transition were not included. Before the interview, all participants received a written description of the purpose of the research. Participants signed an informed consent form, as did both parents of any minor participants. After the interview, every participant received a letter which included the contact details of the researcher, whom they could contact if there were any questions about the research. The contact details of various support organisations were also included in the letter.

The in-depth interviews covered a wide range of topics, including experiences and needs regarding professional support, peer support and family and social support. The length of the interviews ranged from 17 minutes to 1 hour 36 minutes. All interviews were digitally recorded and transcribed. All of the transcripts were then analysed twice using NVivo software (Denzin & Lincoln, 2005). As the interviews touched upon a wide range of topics and experiences, they were

first open coded in the tradition of the grounded theory method (Starks & Trinidad, 2007). The second round of coding was more theory-driven and paid specific attention to different forms of psychosocial support.

Results

In what follows, we report our findings from these interviews with regard to our respondents' experiences of various types of support. We first describe the findings related to professional psychosocial support, before moving on to informal forms of psychosocial support.

Professional psychosocial support: high quality…but not as it should be

Seven of the nine transgender respondents we interviewed had received care from the multidisciplinary gender team at Ghent University Hospital. Most of them had sought additional support (either with or without their partners and children) from other mental health professionals. Two transgender respondents had had very little contact with the gender team at Ghent University Hospital: they had been to Thailand for their gender reassignment surgery (GRS) and to other professionals for hormone prescriptions and psychological counselling. During the interviews, the transgender respondents and their families reported mixed experiences with professional support. Two families felt that the professional support available had been inadequate. Three families looked back with rather mixed feelings. Four families evaluated the professional psychosocial support they had received as generally positive.

The majority of criticism from our respondents, both transgender people and family members, was directed at the narrow focus on medical aspects and the lack of contextual support and long-term follow-up. Most respondents believed that professional psychosocial support was not always necessary for everyone, but all adult respondents and most children did say that it was important that such support was available when needed. However, more than half of the adult respondents said that availability was a problem, especially for partners and children. The fact that family therapy had not been suggested by the treating physician, psychiatrist or psychologist was experienced as a flaw in a professional transgender care system that was otherwise considered to be of good quality.

Joanna, trans woman:

Looking at it in a contextual way, in order to maintain all those relationships and connections between people… I don't think that happens enough. I think that is very strange.

Tinne, trans woman:

Actually it is quite limited (the psychiatric assessment). It's more diagnostic. It has nothing to do with psychotherapy. It is more like a conclusion: okay, are you one (a person with gender dysphoria). Okay, then we will help you and you will get your reimbursement from the social security system.

Consequently, most transgender respondents sought additional psychological counselling besides the assessments required by the SOC7. In most families, one or both partners began looking for adequate relationship therapy for themselves and for professional counselling for their children. They reported difficulties finding a professional who was familiar with the transgender context, which sometimes led to frustrations and misunderstandings. Two

respondents (from separate families) reported that the mental health professionals treating them had repeated at the beginning of the counselling the common belief that a relationship cannot survive a gender transition, a statement experienced as shocking and painful. Both relationships of the two respondents survived the gender transition. One daughter of a trans woman also reported feeling that transgender health professionals do not always acknowledge the consequences for and feelings of family members who experience a gender transition.

Kim, daughter of a trans woman:

I talked to a psychologist in Ghent. It did not work for me. She had her own opinion about it. You may be a transgender specialist, but you cannot understand how it feels if you are not in that situation.

With regard to the care protocols followed during the transitions, most respondents did not feel that the gatekeeping role of psychiatrists was an issue. Only one trans woman explicitly challenged this role and described many health professionals as patronising. To overcome this frustration, she consulted a psychiatrist who would write prescriptions without asking too many questions. Two transgender people, one of whom started the transition before the introduction of SOC7 (2012) and one after, reported that the protocol made their gender transitions progress too slowly. In contrast, however, most partners and ex-partners and some children perceived this built-in delay in the protocol as very valuable, as it gave them time to come to terms with the transition.

Many transgender respondents and family members whose gender transitions started some years ago expected the counselling offered to transgender people and their families now to be better and more holistic than when they themselves were receiving counselling. On the other hand, two trans women feared that the increase in people seeking help for gender-variant feelings and the subsequent increase in work load for the limited number of experienced professional care givers would mean that the quality and level of personalisation in transgender care would fall, leading it to become more “one size fits all”. In this regard, they reconfirmed the important role of health professionals and in some way also supported the gatekeeping role of these specialists.

As regards more practical barriers, such as costs and regional accessibility, there were fewer complaints. Only one respondent explicitly reported being relieved she could afford the care and medical interventions she had received, unlike other people she had met. Most respondents referred to financial problems linked to their divorce or the loss of their job. In many cases, the latter was related to transphobic reactions from employers and/or long-term absence caused by depression prior to the gender transition. Few respondents complained about regional accessibility. After periods of trial and error with different specialists, most of them had found a mental health professional in their region who was able to provide adequate psychosocial support.

Informal support

Our transgender respondents and their family members reported that the lack of sympathetic, holistic, contextual psychosocial support was partially compensated for by the support provided by informal support systems, such as organised peer support and the support of family members and friends.

Peer psychosocial support: source of security… and frustration

Most transgender respondents we interviewed had attended a peer support group at some point in their transition. At the time of the interviews, only one respondent was still a very active member of a peer support group. Others had some informal contact with peers they had met through peer support groups. One couple, who were in the early stages of the transition at the time, were attending activities organised by a peer support group.

Most transgender respondents had positive experiences of peer support groups and all respondents, both transgender people and their family members, acknowledged the potentially important role peer support initiatives can play. The most important aspect for them was the emotional support: knowing that they were not alone. Peer support groups also broadened the social circles of most families: years after the transition, most respondents no longer attended meetings but were still in contact with people they had met in those groups. In this regard, respondents said it was more important to meet other people in the same situation and simply have a good time with them during that challenging period rather than to talk about the gender transition itself.

Alice, trans woman

Above all, you go there to have a nice evening and if you have any problems or questions then there is the opportunity to talk about it at the bar (…). Not the other way around: you only come here when you have problems. No, this is the place to go to have a nice evening together, but there are also people who can give you advice, help and comfort you.

A second aspect of peer support groups mentioned by several respondents was the provision of information. One cisgender woman specifically mentioned the importance of obtaining information and learning about others' experiences in those groups. For her, this information gave her a more realistic view of what was still ahead. In contrast, her transgender partner found that this knowledge could be scary and serve as a tough reality check; for him, this was a reason to avoid contact with transgender support groups. While almost all adult respondents mentioned the importance of peer support for transgender people while transitioning, the impact was less clear when it came to peer support initiatives aimed specifically at family members. Most partners considered them helpful, but two partners reported that they had not needed any peer support at all. Some partners said that peer support dealing specifically with helping children cope with a gender transition would have been helpful.

Saskia, ex-partner of a trans woman:

I don't need it at the moment, but I know there is a group of people who will be there when I need support. Whether to talk about this (the transgender identity of her ex-partner) or something else. There are transgender people with children, adult children… If we ever have any questions or problems, we have a safety net. I do not see it as self-help, but as people you can rely on if needed.

Most of the children we interviewed thought that it would have been helpful to meet other children in the same situation. Many of these children had not had extensive experience of peer support. Any peer support they had experienced had been very informal, such as emailing another child of a transgender parent. These informal contacts had been made at the initiative of a health professional or a parent.

Charlotte (18 years), daughter of a trans woman:

I did not really have that need (to meet other children of transgender parents). But I felt relieved when I saw that there were other people in the same situation. (…) If you meet other people in the sea of normal families - you know what I mean,… You have common ground and even if you're totally different personality-wise, it's just the fact that you went through the same thing. Yes, that was a relief for me: 'Look, an ordinary family like us!'.

Both transgender respondents and family members also identified a number of negative aspects related to peer support groups. First, some respondents felt reluctant to go to peer support groups because they did not want to become involved with a group of "abnormal" people, lose contact with the "real" world outside, and enhance the stigma and feelings of insecurity. The feeling that they could not relate to the people running the peer support groups was also expressed. Sometimes this aversion to peer support groups reflected transphobic attitudes.

Joanna, trans woman:

They are stuck in a sort of puberty. (…) They are making their problem into a new problem, because they think of it as their status. It should actually be about who they are in life.

Lennert, trans man:

Honestly, those peer support meetings, I do not need them. I am sure I will get there on my own (…) I am a trans man myself, but those trans women horrify me. That is just so bizarre. I think it is strange and I cannot understand it.

Second, some respondents felt that when peers portrayed themselves as experts, they were in fact generalising their own personal experiences and ignoring the specificity of individual situations and people. Similar concerns were also expressed about the reverse situation: some respondents were reluctant to share their stories in peer support groups as they did not want to generalise and project their own experiences onto other family situations. Giving support to others was perceived as valuable but challenging, as it could be emotionally demanding.

Veerle, partner of a trans woman:

I'm not holding the truth. I cannot say for other people: 'That's what you should do'. Cause in the end it is about people and every person is different. Everyone reacts differently on certain things…

Joke, trans woman:

I can share my experiences, but I'll never force somebody to do something. Who am I to pretend I am a therapist? But I can give advice.

Ann, partner of trans woman:

It is a very sensitive matter. It does go mentally very deep. I experienced that with that one person (that asked me for advice) and also every time we went to the hospital in Ghent. We were exhausted afterwards. It takes so much.

Another potential pitfall of peer support reported by our respondents was the diversity of the transgender community (transgender, gender-variant people, transvestites) and of transgender

people and their families. It was sometimes difficult, for example, for respondents to find similar people in similar situations (age, gender, gender variance, family composition, worldview). Meeting and talking to people who differed significantly in these aspects was a cause for frustration.

Some respondents reported observing certain changes in peer support over the preceding decade. First, the number of initiatives has grown and second, many initiatives now focus less on psychological support and more on organising activities which are fun and/or empowering. This change appears to have occurred hand-in-hand with professionalisation.

Many respondents mentioned the Internet as a means of making contact with peers. Forums, websites, and social media had all became channels through which experiences, personal stories, and information could be shared. Two transgender respondents started their own blogs to provide others (both peers and their wider social circles) with information about their gender transitions. Blogging was experienced as a good medium for sharing stories and thoughts about the transition with others. One downside of the Internet mentioned by our respondents was that some individuals use fake identities online and being “trolls” . In general, however, the Internet was perceived as a good means of finding peer support.

Social support from loved ones

A more important type of informal support for the transgender respondents we interviewed was the support found in their own social environments. This psychosocial support had mostly been provided by close family members, partners and children, and to a far lesser extent by other family members, close friends and colleagues. In seven of the nine family situations we studied, partners and ex-partners had provided intense support. This often took the form of conversations and psychological support; accompanying the transgender person to meetings and appointments with specialists; mediating between the transgender parent and the children and also encouraging children towards accepting the gender transition. In this regard, many adult respondents expressed the importance of parents’ showing respect to one another, remaining a team when parenting even if they have separated, and cherishing family moments in order to maintain family bonds.

Saskia, ex-partner of a trans woman:

You have to listen and talk about it. (…) Even if you are arguing about it, but it means that it can be negotiable. That gives perspectives for the future.

Joanna, trans woman:

I asked myself: how can I do it (the gender transition) without losing anybody? By showing limitless respect to my children, my wife, my family, my friends,…

Mark, partner of trans man:

Sometimes people express admiration that I’m still with Yves. It’s just like that. I do not need credit for it, nor admiration. It’s a path we took together. A path that was decided for the most part by caring for our children. We wanted the best for our children and in our opinion, a family was better than separating.

Children also provided support in all of the families we studied, though this support was generally less intense than that provided by partners. The children we interviewed had attempted to show their support by accepting their parent's transgender identity and showing positive interest in the medical and psychological aspects of the gender transition. One daughter did feel she could not talk openly and honestly with her parent. Because of this, her acceptance and support diminished during the gender transition. One parent admitted that she was able to accept her partner's transition more easily because her children had reacted so positively. However, the reverse situation was more common: most children acknowledged the important influence of the cisgender parent's attitude on their acceptance of the transition.

Charlotte, daughter of trans woman:

I think my mum was a silent support for all of us. That is how I saw her. Although, I also know that probably wasn't 100% the case, because she was scared as well.

In several of the family situations studied, the parents operated as mediators between their children and professionals and brought their children into contact with specialists who had experience of transgender issues. Parents also served as the chief source of information for children.

While support from people outside the nuclear family was mentioned far less in the interviews, it was still perceived as important – especially for cisgender partners, ex-partners and children. Fear of negative reactions from family members friends, neighbours and colleagues was present in all families in at least some form. In reality, transnegative reactions were rather limited among friends of the family and the children's peers, but more common at work and among certain family members, especially the parents of the transgender respondents. Our respondents felt that this negativity among parents could be explained by the emotional turmoil inevitably experienced when a child is no longer who you thought he or she was and by the generational differences in transphobic attitudes: older generations are generally more conservative. Most families, with the exception of one, were also very pleased with the way in which their children's schools responded to the news that they had a transgender parent. Most schools were not able to provide specific support for the children, but made a counsellor teacher available if needed. Some schools offered children and/or parents the opportunity to give a talk about transgenderism.

Generally positive reactions from the social environment were experienced as a relief and important psychological support by both transgender respondents and their partners, ex-partners and children. However, seeking support among friends and family could also have certain negative effects. Some respondents felt, for example, that seeking support among friends and family could put too much pressure on confidants and also that the advice and support they offered was not always as neutral as that received from professionals. One daughter of a transgender parent found enthusiasm about her father's transition frustrating when she had not yet accepted the transition herself:

Kim, daughter of a trans woman:

My girlfriends think it's cool. I think to myself: 'Yes, it seems cool'. If I was an outsider, I would think it was cool too. But no, if I had the choice my father would still be a man.

Overall, our respondents reported that informal support from family and the wider social environment was extremely important. Close family members, such as partners and children, were the most important sources of social support for the transgender respondents. Partners and children themselves found support among other family members, friends, and peers at school.

Discussion

This article presents the first investigation of transgender families' experiences of various forms of psychosocial support – both formal and informal – before and after the introduction of the SOC7. Our findings have several important implications for mental health professionals working with transgender people. Despite the attention paid in the most recent SOC (Coleman et al., 2012) to the social and familial contexts in which a gender transition takes place, our conclusions show that transgender care and support still lacks a contextual approach in Flanders. This is in line with the finding that the growing interest in family-centred care in various health care settings and social work practices focuses mostly on minor clients rather than adults (De Jong et al., 2014). It seems that this observation could also apply to adult transgender care. The widespread belief, even among mental health and family therapists, that a relationship cannot survive a gender transition (Bischof et al., 2011; Samons, 2009) – experienced firsthand by two couples in our sample – is a clear example of this contextual insensitivity: professionals focus on the transgender individual and neglect the partner and family life. Although Belgian data show that transgender people who have had gender reassignment surgery (GRS) are significantly more likely to be divorced than other transgender people (Motmans et al., 2014), care providers need to be mindful of couple dynamics and cautious about predicting a relationship's outcome when a partner embarks on a gender transition. Our findings and the previous research literature indicate that relationship termination is not the only possible outcome (Israel, 2004).

Another key finding of our study is that informal support may be used to compensate for the sometimes too-narrow focus of professional psychosocial support. Almost all of our transgender respondents had attended a peer support group at some stage of their transition, which is far great proportion than that reported in the Belgian Transsurvey (51.3%) (2008). This indicates that peer support often has a wider scope than transgender issues alone and includes a variety of activities open to transgender people and their families. However, several drawbacks to this informal type of support were distinguished in our study. Firstly, transgender peer support can be problematic when it comes to subjectivity and personal experiences, reflecting concerns expressed about other peer support settings (Li et al., 2014). Providing support as a peer can be emotionally demanding, as those offering support are likely to have their own struggles. The aspect of power was also mentioned, raising the question of who exactly has the right and sufficient expertise to give advice. Collaborating and/or training with professionals may therefore be valuable (Li et al., 2014).

Another shortcoming of peer support identified by our respondents was the aspect of restigmatisation. For some, being around others and hearing their problems provides comfort, while for others, it can discourage participation (Markowitz, 2015). The issue of internal stigmatisation and prejudice within transgender peer support groups has already been reported in the 2008 Transsurvey (Motmans, 2010). It seems that peer support groups sometimes lack an inclusive approach and some people will feel more at home in certain groups than in others. The empowering and political functions of peer support groups were not mentioned frequently by

our respondents, a fact which could be explained by the Flemish context: in Flanders, transgender people are a minority group recognised as such by the government and several policy proposals have specifically attempted to ameliorate the situation of transgender people and reduce stigmatisation. The interviews we used in our study were conducted in this relatively transgender-friendly climate. Another possible explanation could be the lack of spokespeople and sense of continuity necessary to make a long-term political and social commitment. Most transgender people are active only when the need is greatest and "disappear" once they have found their own paths (Motmans, 2010). An interesting starting point for further debate would be to look at how this continuity could be established in peer support across the current network of multidisciplinary gender teams, Transgenderinfopunt, and the Flemish umbrella organisation Cavaria. One practical solution to this lack of continuity is the Internet, as it allows all information to be stored for those who come later. Internet-based support and information provision was generally experienced positively by our respondents, in line with previous research: Evans and colleagues found no adverse outcomes of online support groups (Evans, Donelle, & Hume-Loveland, 2012), though this finding has sometimes appeared less clear-cut in the literature.

Besides peer support, most transgender respondents in our sample reported being able to count on the support of their family and friends. This was perceived as very important, also for their partners and children. However, social isolation and fear of being rejected by their social environments due to stigmatisation appear to have been very common at the time of the transgender respondents' coming out and the start of their transitions. Consequently, professionals and peer support initiatives should focus on transgender individuals' need to create and maintain support (Austin & Craig, 2015) and to optimise this support, whether professional or not, for family members (Raj, 2008). In addition, general psychological support and self-help initiatives should be extended to include the entire family and the wider social environments of transgender people.

This article has a number of limitations that should be acknowledged. First, the rather small sample was formed in the context of a research project on transgender families, but we are aware that this sample is not representative of the entire transgender population in Flanders. Second, a common limitation of studies conducted among members of self-help groups is that it is rarely possible to include a control group of individuals who have similar problems but do not attend self-help groups (Citron et al., 1999). As our sample was small, we were unable to make comparisons with a control group that did not attend self-help groups or receive support from family members. Finally, in contrast to earlier studies of professional support, financial barriers were rarely mentioned by our respondents. Financial issues were more often ascribed to divorce or job loss than to the costs of transgender care. It should be noted that our sample was not particularly diverse in terms of socioeconomic background: the majority of the families we interviewed could be described as middle class or upper middle class. What is more, the Belgian welfare system provides reimbursements for a relatively extensive proportion of transgender care following a gender dysphoria diagnosis (Motmans, 2010). As a consequence, extreme caution is called for when extrapolating our findings on financial barriers to other countries.

This article presents the first investigation of transgender families' experiences of various forms of psychosocial support – both formal and informal – before and after the introduction of the SOC7. The transgender families we interviewed reported that a holistic psychosocial approach, including the family and social contexts, is still lacking. Overall, the care and support received

from mental health care professionals was perceived to be of good quality. However, respondents criticised the too-narrow focus in professional transgender care on medical health and individual mental health and the little attention given to the family and social contexts in which the gender transition takes place. In order to improve transgender care and support, the peer and family environments should be supported and incorporated in both professional and peer care settings.

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