

Transphobia and Other Stressors Impacting Trans Parents

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Limited research regarding transsexual or transgender (trans) parents has often focused on their children. This analysis represents the first published profile of trans parents (N = 110) from a large probability-based sample of trans people (N = 433). The Trans PULSE Project used respondent-driven sampling to collect survey data from trans people in Ontario, Canada. Trans parents differed from nonparents in that they were older, more educated, and had higher personal incomes. Trans parents did not differ significantly from nonparents in the level of transphobia they experienced and many reported being impacted by multiple stressors. A majority felt that being trans had hurt or embarrassed their family, worried about growing old alone because they are trans, or had been made fun of for being trans. A substantial minority had been turned down for a job, had to move away, been hit or beat up, been harassed by police, or been fired from a job because they were trans. Some reported no legal access to their child (18.1%) or having lost custody or having custody reduced because they were trans (17.7%). Recommendations are made for mental health professionals to support trans parents and their families through psychosocial support, family therapy, professional training, and advocacy.

KEYWORDS *transgender, transsexual, parent, child, family, transphobia*

Since completing this manuscript, co-author Kaitlin Bradley has left the University of Western Ontario and taken a position as a Health Information Analyst at Toronto Public Health.

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INTRODUCTION

While the experiences of gay and lesbian parents are increasingly featured in research, there has been much less attention paid to transgender (trans) parents (Goldberg, 2009). Trans people experience extensive discrimination (Grant et al., 2011) and ongoing pathologization (Ansara & Hegarty, 2011), and benefit from fewer U.S. state-level human rights protections than sexual minorities (Transgender Law and Policy Institute, 2012). Researchers have rarely explored the extent to which these factors may impact trans parents. In addition, demographic characteristics of trans parents are largely unknown, although a recent U.S. survey of trans people ($N = 6,450$) reported that 38% of trans people are parents (Grant et al., 2011). The inability to identify oneself as trans on established North American household survey tools (for example, the U.S. and Canadian Censuses) has resulted in a dearth of information about trans-led families (U.S. Department of Commerce, 2010; Statistics Canada, 2006).

Early literature often presumed that a child would be harmed simply by virtue of having a trans parent. For example, clinicians Green and Money (1969) advised that it was best for a parent pursuing a gender transition to sever his or her relationship with the child(ren) (p. 287) and not seek any custody or visitation rights “for the protection of the children” (p. 422). However, studies that have explored psychological well-being among the children of trans parents, in particular in cases in which an individual transitions while raising children, have not necessarily found this assumption of harm to be founded. These studies have found that children’s adjustment is primarily impacted not by the gender transition, but by the level of parental conflict (Freedman, Tasker, & di Ceglie, 2002; White & Ettner, 2004, 2007) and the child’s age at the time of transition (White & Ettner, 2004, 2007). Clinicians practicing with trans parent families have echoed these findings (Israel, 2004; Raj, 2008). These studies have not included trans parents who transitioned prior to having children, and thus may reflect family functioning during times of substantial change. Researchers have proposed that children’s adjustment to a parent’s gender transition may be similar to adjustment to other major family transitions, such as divorce (Hines, 2006; White & Ettner, 2007) with protective factors including close emotional ties in the family and parental cooperation (White & Ettner, 2004). Studies that have investigated the sexual orientation and gender identity of the children of trans parents have found that these do not differ from those of children raised by cisgender (non-trans) parents (Green, 1978, 1998; Freedman et al., 2002).

Some researchers have explored systemic barriers in the lives of trans parents, describing a lack of services (Gapka & Raj, 2003) and exclusion from both mainstream (Fox, 2008) and same-sex (Ryan, 2009) parenting resources. Discrimination against trans parents has been documented in the school system (Ryan & Martin, 2000), public recreational settings (Pyne, 2012), and

the legal birth registration process (Pyne, 2012). In addition, research has found that services for prospective trans parents are poorly equipped to serve trans people, including adoption services in jurisdictions where trans people are permitted to adopt (Ross, Epstein, Anderson, & Eady, 2009), as well as prenatal, midwifery, and assisted human reproduction services (Pyne, 2012). Fertility clinicians and bioethicists have called attention to the scrutiny directed at trans people who seek to conceive children (Wahlert & Fiester, 2012, p. 283) and to the “insulting” debates in clinical literature regarding whether trans people should be assisted to become parents at all (De Sutter, 2001, p. 612). In addition, literature exploring child custody and access issues for trans parents has reported severe bias in U.S. family courts adjudicating custody and access claims (Chang, 2003; Flynn, 2006; Green, 2006; Tye, 2003). A recent survey of trans people in the United States ($N = 6,450$) found that 29% of participants with children had experienced an ex-partner limiting contact with their child, and 13% had had their relationship with their child limited or terminated by a court (Grant et al., 2011). Trans parents in Canada also face substantial barriers to maintaining child custody (Pyne, 2012).

Research exploring trans parents’ relationships with their children has described the emotional impact on those who are alienated from their children (Pyne, 2012), in particular, trans seniors who lack support from their children (Witten, 2009). More positively, research has also reported on mutual care practices between trans parents and children (Hines, 2006), trans parents’ strategic efforts to protect children from transphobia (Pyne, 2012), and strengths that trans parents may offer their children, such as challenges to normative gender roles (Ryan, 2009) and role modeling authenticity and self-advocacy (Pyne, 2013). Finally, there is some suggestion that parent-child relationships in trans-led families improve over time (Pyne, 2012).

The purpose of the current analysis was to describe some of the experiences of trans people who are parents in the Canadian province of Ontario. A number of contextual factors for Ontario trans parents are relevant, including (1) legal recognition for same-sex marriage in Ontario since 2003, allowing trans people to marry a person of any gender; (2) an Ontario family law precedent which suggests that being trans should have no legal bearing on child custody (*Forrester vs. Saliba*, 2000); and (3) protection for trans people under the Ontario Human Rights Commission (OHRC) through the category of “sex” since 2000, and more recently through the categories of “gender identity” and “gender expression” (OHRC, 2012). Despite these factors, we found serious challenges for trans parents, some of whom were parenting before these protections were in place. Our analysis focused on trans parents’ experiences of discrimination, gender support, and child custody status. We explored factors based on findings from other studies and the lived experience of trans members of our community-based research team.

METHOD

Sampling Method and Participants

Data were collected as part of the survey phase of the Trans PULSE Project. Trans PULSE is a Canadian Institutes of Health Research-funded community-based study of the health and well-being of trans communities in Ontario (transpulseproject.ca). Survey methods have been described in greater detail elsewhere (Bauer, Travers, Scanlon, & Coleman, 2012). Trans people age 16 and over in Ontario, Canada, were eligible to participate if they identified under the broad umbrella of “trans,” including those who were transgender, transsexual, bigender, genderqueer, some Two-spirit trans people, and others who identified as men or women with a trans history.

Participants were recruited using respondent-driven sampling (RDS), a form of chain-referral sampling developed for hidden populations such as trans communities, where random samples cannot be obtained. In RDS, participants recruit additional waves of participants (Heckathorn, 1997, 2002); sampling bias is limited through design (e.g., using a recruitment quota to avoid bias from super-recruiters), and through tracking network characteristics and adjusting for network biases during analysis. In Trans PULSE, 16 original participants (seeds) were distributed geographically and demographically; 22 additional seeds were added when it was ensured that long enough recruitment chains could be generated to produce a sample with characteristics that were no longer biased by the seeds. Seeds’ recruits were wave 1, their recruits were wave 2, and sampling continued for 12 months, with a total of 10 waves and a final sample size of 433. Recruitment networks were tracked and participants reported their network size, providing data needed for analysis of the networked sample. The median network size was 8.

Measures

All measures were by participant self-report. Given the lack of validated measures within trans samples, questionnaire items were developed specifically for this study. The survey was pre-tested by the project’s Community Engagement Team, a geographically and demographically diverse group of 16 trans people, for content validity.

PARENTAL STATUS

Participants were asked, “Are you a parent, whatever this means to you?” This was not defined in order to capture the widest range of parents. Those who answered “yes” were asked to indicate their specific relationship to their child(ren).

LOW-INCOME CUT-OFF

Household poverty among participants was measured using Ontario's low-income cut-off (LICO), an income threshold below which families are likely to spend 20 percentage points more than the average family on necessities such as shelter, clothing, and food (Statistics Canada, 2013).

TRANSPHOBIA

An 11-item transphobia scale was modified from an existing homophobia scale (Diaz, Ayala, Bein, Jenne, & Marin, 2001), and included items assessing a range of transphobic experiences, including police harassment, sexual objectification, social dislocation, and job loss. This scale was developed in consultation with trans members of the research team and the project's Community Engagement Team to ensure content validity. While it has not been assessed for construct validity, internal consistency was high, with Cronbach's $\alpha = 0.8071$.

GENDER SUPPORT

Participants were provided a range of potential people in their lives and asked, "How supportive of your gender identity or expression are the following people?" Responses included not at all supportive, not very supportive, somewhat supportive, and very supportive. Selecting very supportive was coded as "strong support."

SOCIAL AND MEDICAL TRANSITION STATUS

Social transition status was defined as living in one's felt gender full-time, part-time, or not at all. Medical transition status was coded as completed based on whether a participant indicated they had completed all the medical treatment they desired. This varied between participants, and could include hormone therapy only, or a range of procedures. Other categories included the following: in process of transitioning, planning to transition but not begun, not sure whether transitioning, not planning to transition, or that the concept of "transitioning" did not apply to the participant.

OTHER SURVEY ITEMS

Most items in this analysis were reported directly from the survey items, which are available online (<http://transpulseproject.ca/resources/transpulse-survey/>).

Statistical Analysis

We analyzed data using Respondent-Driven Sampling Analysis Tool (RDSAT) version 6.0 to produce proportions and associated 95% confidence intervals (Volz, Wejnert, Degani, & Heckathorn, 2010). Proportions were weighted based on network size (the number of potential recruitment paths leading to that participant) and differential recruitment patterns, to produce estimates for the networked trans population of Ontario. Confidence intervals were generated using a modified form of bootstrapping (Salganik, 2006), with 10,000 resamples through recruitment chains. To test for differences between proportions, Zou's variance recovery methods were used to construct a 95% confidence interval around the difference (Zou & Donner, 2008) and to generate a *p*-value from this confidence interval (G. Zou, personal communication, October, 23, 2013).

RESULTS

An estimated 24.1% of trans people in Ontario are parents (95% CI: 16.4, 31.3). Socio-demographic characteristics of trans parents and nonparents are presented in Table 1. Trans parents were more likely than nonparents to be on the male-to-female (MTF) gender spectrum, than the female-to-male (FTM) spectrum ($p = 0.0036$). Approximately two-thirds of trans parents were MTF (66.3%; 95% CI: 49.1, 80.1). Trans parents were older than nonparents, with 73.3% over 35 years of age. Trans parents did not differ from nonparents on ethno-racial group or on birthplace (inside versus outside of Canada). However, as a group, they were significantly more likely to have completed a college or university degree ($p = 0.0174$). While there were no differences between parents and nonparents on household poverty ($p = 0.8376$), trans parents had higher personal incomes, likely reflecting the age differential between parents and non-parents. Parents and nonparents did not differ on relationship status, though they did differ on legal marital status, with trans parents more likely to either be married or have been married. Of trans parents, 26.0% were never married, 27.2% were currently married, 41.5% were separated or divorced, and 4.3% were living in common-law relationships. In Canada, common-law status refers to cohabitating couples who have a legal status that confers rights and responsibilities similar to, but distinct from, those of licensed marriage. There were not statistically significant differences in social transition status based on parental status. However, there may be differences with regard to medical transition; trans parents appear less likely to be in the process of medically transitioning, and more likely to indicate that they are not medically transitioning, are unsure, or that the concept does not apply to them.

TABLE 1 Sociodemographic Estimates for Trans People in Ontario, by Parenting Status

	All trans people N = 433			By Parental Status						p-value ^a	
	N	Parent N = 110		Parent N = 110		Nonparent N = 299		N	% (95% CI)		
		% (95% CI)	N	% (95% CI)	N	% (95% CI)	N				
Gender spectrum											
Female to Male	227	52.8 (44.5, 62.1)	35	33.7 (19.9, 50.9)	177	61.6 (51.8, 71.9)					0.0036
Male to Female	205	47.2 (37.9, 55.5)	75	66.3 (49.1, 80.1)	121	38.4 (28.1, 48.2)					
Age											
16–34	252	61.0 (53.0, 71.2)	22	26.7 (14.3, 45.5)	217	77.0 (67.3, 85.4)					<0.0001 ^b
35–44	82	17.0 (11.4, 23.0)	31	20.0 (11.3, 33.9)	46	13.7 (7.6, 19.7)					
45–54	57	12.8 (7.3, 19.1)	30	23.2 (9.4, 33.0)	22	8.3 (3.2, 16.6)					
55–64	29	6.5 (2.3, 9.8)	19	21.3 (7.5, 34.3)	9	0.8 (0.3, 1.6)					
65+	10	2.6 (0.6, 5.2)	8	8.8 (1.8, 18.8)	2	0.1 (0.0, 0.3)					
Ethno-racial group											
Non-Aboriginal White	333	77.4 (71.2, 84.3)	96	85.4 (73.0, 94.2)	218	73.7 (65.8, 82.3)					0.0904 ^c
Aboriginal	35	6.8 (3.6, 10.5)	7	5.6 (1.5, 12.0)	26	7.7 (3.3, 13.1)					
Non-Aboriginal racialized	62	15.7 (9.6, 21.5)	7	9.0 (1.4, 20.2)	52	18.6 (11.1, 25.6)					
Ethno-racial background(s) ^d											
Aboriginal	35	6.8 (3.6, 10.5)	7	5.6 (1.5, 12.0)	26	7.7 (3.3, 13.1)					0.5713
White Can/Amer/Euro	378	86.5 (81.2, 91.5)	101	91.2 (80.0, 98.2)	255	84.3 (77.7, 90.5)					0.2248
East/South/Southeast	33	7.2 (3.5, 11.5)	3	1.9 (0.0, 4.7)	29	9.9 (4.4, 15.9)					0.0121
Asian											
Black Can/Amer/African	11	3.4 (0.8, 6.8)	1	4.6 (0.0, 16.3)	10	3.6 (0.7, 7.7)					0.8116
Latin American	11	2.8 (0.8, 5.7)	2	0.5 (0.0, 1.8)	9	4.1 (1.1, 8.2)					0.0589
Middle Eastern	13	3.6 (1.1, 6.9)	1	2.0 (0.0, 5.8)	10	3.1 (0.6, 6.2)					0.2440
Indo Caribbean	8	3.3 (0.7, 6.7)	1	4.6 (0.0, 15.8)	7	3.5 (0.6, 7.4)					0.7859
Other	4	0.2 (0.0, 0.4)	3	0.1 (0.0, 0.4)	1	0.2 (0.0, 0.6)					0.6241
Place of birth											
Canada	348	81.2 (74.5, 87.3)	85	79.9 (66.3, 91.6)	242	81.4 (73.9, 89.0)					0.8415
Outside Canada	82	18.8 (12.7, 25.5)	25	20.1 (8.5, 33.7)	54	18.6 (11.0, 26.1)					

(Continued on next page)

TABLE 1 Sociodemographic Estimates for Trans People in Ontario, by Parenting Status (*Continued*)

	All trans people <i>N</i> = 433		By Parental Status				<i>p</i> -value ^a
	<i>N</i>	% (95% CI)	Parent <i>N</i> = 110		Nonparent <i>N</i> = 299		
			<i>N</i>	% (95% CI)	<i>N</i>	% (95% CI)	
Region of residence							
Eastern Ontario	58	14.9 (7.4, 24.6)	18	8.4 (2.3, 20.7)	35	12.3 (5.1, 22.3)	0.0215 ^c
Central Ontario	58	16.8 (10.7, 24.7)	20	24.4 (8.4, 41.2)	34	13.8 (7.9, 22.8)	
Metropolitan Toronto	195	32.7 (21.6, 41.9)	34	19.8 (7.9, 33.3)	151	41.0 (26.8, 51.6)	
Southwestern Ontario	78	27.3 (16.8, 38.5)	25	38.4 (18.7, 58.3)	51	26.4 (15.8, 37.9)	
Northern Ontario	21	8.4 (3.0, 16.2)	9	9.0 (2.1, 19.4)	10	6.4 (1.1, 15.2)	
Education							
< High school	49	12.5 (8.0, 18.7)	9	12.6 (1.3, 28.7)	33	11.6 (6.8, 18.6)	0.0174 ^f
High school diploma	53	16.2 (10.9, 21.5)	9	12.2 (1.7, 23.0)	42	17.1 (11.1, 23.5)	
Some college or university	112	28.2 (22.2, 35.4)	26	15.5 (8.1, 27.0)	82	33.6 (25.3, 42.1)	
College or university degree	171	35.6 (28.0, 42.6)	52	55.2 (35.6, 70.2)	113	31.5 (23.4, 39.7)	
Grad/professional degree	45	7.6 (3.5, 11.5)	14	4.6 (1.4, 11.8)	26	6.2 (2.2, 10.8)	
Personal income							
< \$15,000	177	49.0 (41.0, 59.0)	25	28.0 (11.6, 45.2)	144	60.0 (49.8, 69.4)	0.0013 ^g
\$15,000–\$29,999	79	21.3 (15.1, 29.1)	19	17.2 (7.3, 38.7)	58	21.0 (14.1, 30.3)	
\$30,000–\$49,999	64	15.9 (9.3, 20.2)	20	24.1 (9.4, 38.2)	37	11.1 (6.0, 15.4)	
\$50,000–\$79,999	45	7.2 (3.2, 11.1)	20	17.2 (4.2, 30.3)	22	3.6 (1.2, 6.5)	
\$80,000+	29	6.7 (2.7, 12.6)	19	13.5 (2.8, 29.4)	9	4.3 (0.6, 10.2)	
Household poverty							
Below low-income cut-off	144	33.7 (26.7, 41.6)	33	37.3 (21.4, 55.3)	104	35.3 (27.1, 44.8)	0.8376
Above LICO	279	66.3 (58.4, 73.3)	77	62.7 (44.7, 78.6)	195	64.7 (55.2, 72.9)	
Relationship status							
Single, not dating	151	44.1 (36.5, 52.0)	30	46.6 (29.5, 64.5)	112	45.9 (36.2, 54.0)	0.9443 ^h
Single, dating	66	12.1 (7.4, 16.5)	14	10.5 (2.3, 17.8)	51	13.7 (8.2, 20.7)	
Monogamous relationship	147	31.8 (25.1, 39.4)	50	31.2 (17.6, 47.1)	86	28.2 (20.5, 37.4)	
Non-monogamous relationship	41	6.7 (3.6, 10.0)	8	5.1 (1.1, 12.9)	32	8.3 (4.1, 12.6)	
Open or poly relationship	24	5.4 (2.4, 9.3)	7	6.6 (1.2, 14.4)	15	4.0 (1.4, 8.6)	

Marital status									
Never married	255	61.0 (52.3, 69.1)	17	26.0 (10.7, 40.8)	223	76.4 (66.9, 83.5)		<0.0001 ⁱ	
Separated	34	7.8 (4.2, 12.6)	25	24.5 (12.7, 42.4)	9	2.8 (0.5, 6.8)			
Divorced	30	7.3 (3.5, 12.2)	17	17.0 (4.4, 29.4)	12	4.1 (0.6, 9.3)			
Widowed	1	0.2 (0.0, 0.7)	1	1.0 (0.0, 3.6)	0	0.0 (0.0, 0.0)			
Living common-law	41	9.3 (5.2, 14.2)	12	4.3 (1.3, 9.0)	27	10.2 (4.9, 16.4)			
Married	66	14.4 (8.9, 20.2)	37	27.2 (13.5, 42.2)	23	6.5 (3.3, 11.3)			
Social transition status									
Full-time in core gender	273	47.9 (40.7, 56.9)	59	40.0 (31.2, 61.4)	201	49.9 (39.3, 60.5)		0.2883 ^j	
Part-time in core gender	106	30.0 (21.8, 36.1)	33	26.1 (12.9, 37.5)	65	30.6 (20.3, 37.9)			
Not living in core gender	49	22.2 (15.5, 29.9)	18	33.8 (14.9, 45.5)	29	19.5 (12.9, 30.3)			
Medical transition status									
Completed a medical transition	156	26.1 (19.0, 33.7)	33	20.8 (8.8, 35.0)	112	26.3 (18.6, 35.3)		0.4891 ^k	
In process	116	24.3 (18.2, 30.5)	24	17.9 (8.5, 27.8)	89	30.1 (22.5, 38.1)			
Planning, but not begun	74	26.0 (19.8, 34.1)	20	25.3 (11.8, 39.6)	52	27.9 (19.7, 36.0)			
Not planning, concept doesn't apply, not sure	86	23.6 (16.1, 30.6)	33	36.0 (19.5, 55.2)	45	15.7 (9.3, 22.6)			

^a p -values are based on variance recovery methods for a difference between two proportions; ^b p -value for difference between proportions age 16–34; ^c p -value for difference in proportions non-Aboriginal White; ^dethno-racial background was a check-all-that-apply item, so totals will not sum to 100%; ^e p -value for difference in proportions residing in Metropolitan Toronto; ^f p -value for difference in proportions having a college or university degree;

^g p -value for difference in proportions with personal income below \$15,000 per year;

^h p -value for difference in proportions that are single and not dating;

ⁱ p -value for difference in proportions never married;

^j p -value for difference in proportions living full-time in their felt gender;

^k p -value for difference in proportions indicating they had completed a medical transition, which involved different treatments for different individuals (hormones and/or surgeries)

TABLE 2 Parental Characteristics and Custodial Status of Trans Parents in Ontario, Canada

Characteristic	Parent <i>N</i> = 110	
	<i>N</i>	% (95% CI)
Relationship with child		
Stepparent	22	24.3 (3.5, 34.5)
Biological parent	71	77.9 (59.7, 93.5)
Adoptive parent	8	1.8 (0.0, 7.6)
Foster parent	1	0.0 (0.0, 0.0)
Intentional nonbiological parent	12	3.6 (0.0, 12.0)
Partnered with a biological parent	18	8.8 (0.4, 26.5)
Partnered with a stepparent	3	—
Partnered with an adoptive parent	1	0.0 (0.0, 0.0)
Partnered with a foster parent	0	—
Partnered with an intentional nonbiological parent	2	—
Other	6	16.1 (0.0, 8.9)
Legal custody status		
Sole custody	6	3.3 (0.0, 6.7)
Shared custody	30	19.5 (5.9, 42.1)
Access parent	10	8.5 (0.0, 29.8)
Supervised access parent	1	0.0 (0.0, 0.0)
No legal access to children	11	18.1 (0.6, 45.1)
Children are adults	38	43.7 (13.0, 60.1)
Other	11	6.8 (0.0, 20.8)
Ever lost or had custody reduced due to being trans		
Yes, lost custody	7	10.4 (0.0, 28.9)
Yes, had custody reduced	7	7.3 (0.0, 24.3)
No	92	82.2 (59.6, 97.2)
Degree of satisfaction with current custody arrangement		
Completely satisfied	37	42.1 (26.5, 81.5)
Mostly satisfied	18	28.7 (7.1, 56.3)
Mostly dissatisfied	12	10.1 (0.0, 25.3)
Completely dissatisfied	9	19.1 (0.2, 15.7)
See children less due to being trans		
Yes	29	12.0 (1.7, 23.8)
No	62	86.3 (73.3, 97.3)
Unsure	8	1.7 (0.0, 6.0)

Custodial status and parental characteristics of trans parents are described in Table 2. The majority of trans parents (77.9%) are biological parents to their children, though a sizable minority are stepparents (24.3%) or partners of biological parents (8.8%). An additional 3.6% are intentional nonbiological parents, indicating that they were parents to their child(ren) since birth, yet not through biological relationship. The children of approximately half of trans parents (43.7%) are now adults. Among parents, 10.4% reported that they had ever lost custody due to being trans, while 7.3% had custody limited. About 1 in 5 (18.1%) indicate they currently have no legal access to their children, and 12.0% see their children less often due to being trans.

Experiences of transphobia, gender support, and social participation are described in Table 3. Few differences were found in social participation, although the difference in avoidance of public spaces approaches significance ($p = 0.0621$), suggesting that trans parents may be more likely to venture into public spaces than trans people who are not parents, perhaps due to parental responsibilities. Few differences were found in gender support as well; however, it is notable that only 43.9% of trans parents indicated that they had strong support from their children for their gender identity. Parents and nonparents experienced similar levels of transphobia, including similar levels of specific transphobic experiences. Some experiences were high or nearly universal among both groups. Nearly all had heard that trans people were not normal, and in excess of 60% had experienced each of the following: feeling that being trans hurt or embarrassed their family, worrying about growing old alone, and having been made fun of for being trans. A substantial minority had been turned down for a job, had to move away, been hit or beaten up, been harassed by police, and been fired from a job, because they were trans.

Additional fertility and parenting-related questions are presented in Table 4. While many trans people wanted to have a child in the future (36.7% of nonparents and 19.4% of parents; $p = 0.1106$), only a small minority of those who had medically transitioned had their provider discuss fertility issues with them (22.7% of nonparents and 11.0% of parents; $p = 0.0200$). It is not known what proportion were already parents at the point of initiating medical transition.

STRENGTHS AND LIMITATIONS OF THE CURRENT STUDY

Research regarding trans parents has tended to focus on their children (Green, 1978, 1998; Freedman et al., 2002; White & Ettner, 2004, 2007), and research focusing on trans parents themselves has often consisted of small qualitative studies (Hines, 2006; Pyne, 2012; Ryan, 2009). While the present analysis represents a first published profile of trans parents from a large probability-based sample, it also has some limitations. First, data are cross-sectional, and temporality is not always clear with regard to parenting. For example, lifetime measures of experiences of transphobia, as well as current measures of transition status and of demographics such as poverty, do not allow this analysis to shed light on when these experiences took place in relation to parenting. Moreover, this study was undertaken to sample a broad spectrum of trans communities in Ontario. As such, many of the parents included are the parents of grown children. While this provides an overall picture of trans parenting, it does not allow for these results to be readily applied to parents of young children, who may interface with courts, schools, or social service organizations. In addition, the previously stated

TABLE 3 Transphobia, Gender Support, and Use of Public Space among Trans People in Ontario, Canada, by Parenting Status

Experience	All trans people N = 433						By Parental Status						p-value ^a
	Parent N = 110			Nonparent N = 299			Parent N = 110			Nonparent N = 299			
	N	% (95% CI)		N	% (95% CI)		N	% (95% CI)		N	% (95% CI)		
Avoidance of public spaces ^b	318	68.1 (63.1, 78.8)		75	54.6 (42.8, 75.3)		243	72.9 (66.3, 83.9)		243	72.9 (66.3, 83.9)		0.0621
Avoidance of traveling ^b	146	26.8 (20.7, 33.9)		43	30.0 (19.1, 45.6)		103	25.9 (18.8, 34.0)		103	25.9 (18.8, 34.0)		0.5965
Transphobia ^c													
<11.0	111	32.2 (24.9, 40.1)		37	42.8 (26.5, 60.1)		74	27.9 (20.4, 37.1)		74	27.9 (20.4, 37.1)		0.1203 ^d
11.0 to <21.0	216	52.6 (44.3, 60.4)		57	46.0 (29.6, 61.7)		159	55.5 (46.0, 64.0)		159	55.5 (46.0, 64.0)		
21.0 to 31.0	74	15.2 (9.7, 21.8)		15	11.2 (3.0, 23.2)		59	16.6 (9.7, 24.0)		59	16.6 (9.7, 24.0)		
Specific experiences of transphobia:													
Heard trans people aren't normal	385	95.8 (92.8, 97.9)		105	95.5 (86.8, 100)		279	96.1 (92.9, 98.4)		279	96.1 (92.9, 98.4)		0.8716
Felt family hurt or embarrassed	332	78.3 (71.7, 84.9)		96	83.7 (69.6, 95.3)		235	76.8 (68.9, 84.2)		235	76.8 (68.9, 84.2)		0.3645
Worry about growing old alone	326	77.1 (69.6, 83.6)		92	84.4 (71.5, 93.9)		233	74.5 (65.8, 82.5)		233	74.5 (65.8, 82.5)		0.1671
Made fun of	318	72.6 (67.7, 80.4)		84	64.2 (52.8, 82.2)		233	75.7 (69.8, 83.6)		233	75.7 (69.8, 83.6)		0.1690
Turned down for job	186	38.9 (31.5, 46.5)		40	28.0 (13.6, 42.2)		146	43.1 (34.4, 51.6)		146	43.1 (34.4, 51.6)		0.0764
Had to move away	154	31.9 (24.6, 39.3)		35	22.0 (10.8, 35.1)		119	35.5 (27.3, 43.8)		119	35.5 (27.3, 43.8)		0.0724
Hit or beaten up	114	26.3 (19.1, 33.5)		27	22.6 (11.3, 39.1)		86	27.5 (18.8, 35.6)		86	27.5 (18.8, 35.6)		0.5486
Harassed by police	103	23.6 (17.0, 30.4)		29	21.4 (10.1, 36.2)		74	24.5 (16.5, 32.3)		74	24.5 (16.5, 32.3)		0.6875
Fired from job	66	12.7 (7.9, 18.0)		18	6.1 (1.3, 14.2)		48	14.4 (8.3, 21.2)		48	14.4 (8.3, 21.2)		0.0786
Strong support for gender identity or expression from:													
Anyone	376	89.7 (83.4, 95.7)		100	82.8 (72.0, 98.4)		276	90.7 (85.1, 97.2)		276	90.7 (85.1, 97.2)		0.2850
Any family member	283	61.7 (53.1, 70.9)		81	62.5 (46.8, 83.9)		202	60.9 (51.3, 70.0)		202	60.9 (51.3, 70.0)		0.8781
Any peer	358	87.4 (80.7, 92.9)		93	85.5 (71.4, 97.8)		265	88.0 (79.9, 93.8)		265	88.0 (79.9, 93.8)		0.7430
Any leader	152	47.5 (36.4, 60.2)		31	30.1 (15.1, 60.4)		121	52.3 (38.4, 65.7)		121	52.3 (38.4, 65.7)		0.1109
Cultural community	37	22.7 (8.4, 52.0)		9	16.0 (0.0, 67.0)		28	22.1 (7.6, 60.0)		28	22.1 (7.6, 60.0)		0.7963
Religious community	22	21.9 (2.1, 46.3)		8	9.2 (0.0, 83.8)		14	13.9 (0.0, 32.9)		14	13.9 (0.0, 32.9)		0.7829
Parents	113	28.0 (21.5, 36.8)		19	26.0 (12.5, 51.8)		94	27.3 (20.1, 36.5)		94	27.3 (20.1, 36.5)		0.9000
Children	—	—		45	43.9 (50.0, 50.0)		—	—		—	—		—

^ap-values are based on variance recovery methods for a difference between two proportions;

^bavoidance was asked specifically on the basis of one's being trans;

^chigher scores indicate higher levels of transphobic experiences;

^dbased on a test for difference between proportions experiencing low transphobia (<11.0)

TABLE 4 Desire and Preparation for Having (More) Children among Trans People in Ontario, Canada, by Parenting Status

Characteristic	By Parental Status						p-value ^a
	All trans people N = 433		Parent N = 110		Nonparent N = 323		
	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)	
Health care provider asked about fertility preservation before medical transition ^b	54	21.7 (12.9, 29.2)	10	11.0 (3.2, 24.9)	44	22.7 (12.6, 30.6)	0.1106
Wants to have (more) child(ren)	148	32.3 (25.6, 40.1)	29	19.4 (9.4, 32.6)	119	36.7 (28.9, 46.0)	0.0200

^ap-values are based on variance recovery methods for a difference between two proportions;

^bamong those who had begun or completed medical transition

human rights and family law protections in Ontario suggest that the situation for trans parents cannot be readily extrapolated to jurisdictions where fewer protections exist.

Finally, while respondent-driven sampling provides an improvement on convenience sampling methods, and has been demonstrated to produce unbiased results when the method's underlying assumptions are met (Wejnert, 2009), it is possible that bias remains. For example, it has been demonstrated that biases can be introduced that are unrelated to participants' network sizes or to differential recruitment, and therefore cannot be adjusted out (McCreesh et al., 2012).

DISCUSSION

We found that trans parents face transphobia and multiple stressors. These findings call on practicing mental health professionals such as social workers and psychologists to assist trans parents in accessing psychosocial support, to support family members and minimize transphobic responses in the family, to assist prospective trans parents with family planning, to ensure adequate professional training, and to advocate for equitable treatment of trans people within society and the helping professions.

Unfortunately, experiences of transphobia were commonplace. Because they were trans, many had been made fun of (64.2%), hit or beat up (22.6%), harassed by the police (21.4%), or had had to move away (22.0%). The majority reported that their family was hurt or embarrassed because they were trans (83.7%) and that they feared growing old alone because they were trans (84.4%). Although these were lifetime measures and do not shed light on whether trans parents had these experiences while raising young children, other research has found that discrimination and lack of social support are detrimental to trans people's mental health (Nuttbrock et al., 2010; Rotondi, Bauer, Scanlon, et al., 2011; Rotondi, Bauer, Travers, et al., 2011), and thus likely add stress and strain to family life for those who are parenting. Indeed, many trans parents in this study lived with the fear of transphobia, avoiding public spaces (54.6%) or avoiding travel (30.0%) because they were trans. Further, due to being trans, some had been turned down for a job (28.0%) or fired (6.1%). Psychosocial support is needed to help trans parents counter transphobic messages, foster self-worth, and build resiliency. Peer support models may be particularly useful, given that many participants reported a lack of strong support for their gender identity.

For clinicians and therapists working with couples and families, our findings regarding child custody and access have many implications. Some participants reported having no legal access to their child (18.1%) or having lost custody or had custody reduced because they were trans (17.7%). Many reported being completely or mostly dissatisfied with their current custody

arrangement (29.2%), and that they saw their children less because they were trans (12.0%). Although these findings are specific to Ontario, a recent survey (Grant et al., 2011) and a number of legal analyses report substantial bias in child custody and access outcomes for trans parents in the United States (Chang, 2003; Flynn, 2006; Green, 2006; Tye, 2003). Indeed, Flynn (2006) argues that no form of legal parenthood (through adoption, marriage, or birth) is currently secure for trans parents in the United States. While legal reform is outside the scope of clinical work, mental health professionals are often called upon to testify in family courts and must be aware of the role that transphobia may play in a custody dispute. Green (2006) argues that many trans parents lose child custody/access after being alienated from their child by an angry ex-spouse. Pyne (2012) notes that ex-spouses may draw on societal transphobia to frame a trans parent as unfit and mobilize support for themselves within the justice system. In addition to providing informed testimony in such cases, clinicians and therapists can assist in achieving more equitable custody outcomes by fostering healthy family adjustment during a parent's gender transition, thus reducing reliance on courts. An Ontario-based project providing legal training about trans parents and family law issues can serve as a model for other jurisdictions seeking to address inequitable child custody outcomes (LGBTQ Parenting Network, 2014).

For (ex) partners and children, the experience of a partner or parent transitioning to a new gender role may result in unique challenges, potentially including feelings of grief or loss (Lev, 2004). Peer support groups such as the Canadian Trans Partner Network (www.transpartnernetwork.com) can assist (ex) partners with processing this complex experience. For children, there are few available resources to assist them in their adjustment. Indeed, only 43.9% of participants indicated that they had strong support from their children for their gender identity. Where age appropriate, a resource manual developed to support the children of trans parents may be helpful (Canfield-Lenfest, 2008), and a manual developed to support the parents of trans youths can serve as a model for the creation of new resources (Brown, 2008). By providing psychosocial support to families (individual or group), clinicians and therapists can assist by role-modeling respect for trans people, challenging expressions of transphobia within the family, and minimizing parental alienation by supporting families to stay connected. In addition, therapists can work with parents who are undertaking a gender transition to identify realistic expectations of their children and (ex) partners, and find effective ways to communicate. While support for the family unit may decrease the potential for alienation, there may remain situations in which therapists must assist trans parents in grieving the loss of family members and building new chosen families. Transition can be a vulnerable time and clinicians should be aware that increased support may be needed. Therapists may also need to assist trans parents in accessing accurate family law information. While trans

parents in this study had higher incomes than those who were not parents, likely due to their older age, many trans parent-led households remained below the LICO poverty line (37.3%) with distressing implications for those who require costly legal counsel during child custody disputes.

Although experiences with adoption and assisted reproductive technology were not explored in this study, other studies have found discrimination against trans people in family planning policy and practice (Epstein, 2014; Pyne, 2012; Ross et al., 2009). In the current analysis, 32% of participants (parents and nonparents) wanted to have (more) children in the future, yet only 21.7% had had a health care provider inquire about fertility preservation prior to medical transition. Clinicians and therapists may need to assist prospective trans parents in researching and considering their future options.

Finally, training and advocacy are vital for ensuring that societal transphobia is not mirrored in the therapeutic relationship. Trans awareness and anti-transphobia curriculum must be added to clinical training programs and offered as in-service training to practicing clinicians. A short online documentary about the experience of trans parents is available as a training resource (Huberdeau, 2012). Furthermore, mental health professionals are uniquely positioned to advocate for the equitable treatment of trans individuals in society. Psychology in particular has a record of severely pathologizing trans people through historical and ongoing diagnosis and treatment practices (Ansara & Hegarty, 2011; Parlee, 1996; Winters, 2008). Almost all (95.5%) trans parents in this study had heard that trans people are “not normal.” Clinicians and therapists must lend their professional credibility to call for an end to the pathologizing of trans parents in family courts and social services, to advocate for human rights protection for trans communities, and to support trans parents in their bid for equity.

In closing, research regarding trans parents has most often addressed their children (Green, 1978, 1998; Freedman et al., 2002; White & Ettner, 2004, 2007). Studies focusing on trans parents themselves have typically consisted of small qualitative projects (Hines, 2006; Pyne, 2012; Ryan, 2009). The present analysis represents a first published profile of trans parents from a large probability-based sample. For trans parents in Ontario, Canada, we found that experiences of transphobia were commonplace. While high levels of transphobic experiences did not differ between those who were parents and those who were not, the potential impact of this discrimination on parenting was noted. Of particular concern was the large number of participants who reported having had child custody removed or limited because they were trans. These findings call on practicing mental health professionals such as social workers and psychologists to assist trans parents in accessing psychosocial support, to support family members and minimize transphobic responses in the family, to assist prospective trans parents with family planning, to ensure adequate professional training, and to advocate for equitable treatment of trans people within society and the helping professions.

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