

Pre-teenage Transgender Children: Their Families and Education

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Jamie Faulkner M.A.

Graduate Program in Education: Teaching and Learning

The Ohio State University

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Dissertation Committee:

Mollie Blackburn, Advisor

Cynthia Tyson

Antoinette Errante

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Abstract

This qualitative study focuses upon the experiences of pre-teenage transgender (PTT) children as they negotiate their identities with their families and educational institutions. PTT children are an at risk population in U.S. public schools and frequently experience a lack of support and understanding from their families. Transgender identities are often subsumed into the broader discourse of lesbian, gay, bisexual, and transgender (LGBT) identities. The lack of awareness of and support for PTT children is a substantial problem within education and leads to problems such as verbal and physical harassment.

This qualitative study has two principle foci. The first is to determine how an analysis of historical discourses of transgender informs our current understanding of this concept. Using a Foucauldian discourse analytical style it examines and questions the basis for transgender being categorized as a psychiatric condition. The second is to understand how PTT children negotiate their identities with their families and schools, and to see how their unique identities highlight gender inequities. These questions were addressed by analyzing the data in the interviews conducted with the study participants using Ahmed's cultural politics of fear, Goffman's stigma, and Connell's doing transgender. The first foci area of this study found that transgender as a concept has been shaped more by normalizing heteronormative and cisnormative discourses than scientific facts, and that researchers should reflect the negative impact of discourses on transgender identities when conducting research. It found the contention that transgender was a disordered form

of gender identity development, when no ordered or normal form exists to be highly problematic, along with the fact that transgender still remains a psychiatric condition. It found the argument that the treatment of PTT children is unethical to be largely unsubstantiated and that in fact treatment constitutes a firmer ethical standpoint than non-treatment. The second foci area of this study found that PTT children had an early awareness of how their identities are stigmatized, but were nonetheless reported as being happier since their gender transition. PTT children became aware of their gender identity from as young as 2 and often felt pressured by society to conform to stereotypical gender norms. Finally, PTT children experienced harassment in schools, faced gender segregated schools that were hard to fit into, and families faced schools that in general were uninformed and unprepared to handle a PTT child. It recommends that educators minimize gender segregation in schools, implement school policies that offer specific protections for gender identity and gender expression, actively incorporate anti-bullying training into school culture, and finally develop guidelines for introducing transgender students to schools. Finally it suggests families incorporate a child-led form of parenting, develop community networks of support, and become aware of the current medical implications and realities for PTT children.

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Vita

2005.....B.A. History, University of London

2009.....M.A. Education, The Ohio State University

2009 to 2011Graduate Administrative/Teaching
Associate, Department of Teaching &
Learning, The Ohio State University

2013 to 2014..... Vice President, The Council of Graduate
Student, Student Life, The Ohio State
University

2014-2015..... Graduate Research Associate, Department
of Teaching & Learning, The Ohio State
University

Fields of Study

Major Field: Education: Teaching and Learning

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Chapter 1: Introduction

Some of my earliest memories are about gender, although I was unaware of it at the time. I remember being about 7 years old playing a game with my younger sister and asking her where some of my Mum's old clothes were. Later that evening I took some of them and hid them under my bed. I put them on that night and fell asleep wearing them. I was very careful when doing this and always ensured that my parents had either gone to bed or thought that I had. I didn't think that what I was doing was wrong; to me it felt perfectly "normal" and in fact was the only time that I felt "normal". What I did think was that little boys were not supposed to be dressing in girl's clothes, and so I instinctively felt that I would have to keep this a secret.

To this day, I do not know what prompted me to ask my sister that question. I had no notion of what being *transgender* meant, or even that it existed. The community I lived in would not have been accepting of a transgender child and the potential consequences for my family would have been devastating. I ensured therefore that my family was never faced with having to make what would have been a difficult decision: being supportive, but socially ostracized, or being repressive and maintaining social respectability. As a result, I took to simulating a feminine appearance covertly, behind closed doors (literally as well as figuratively speaking).

Presenting as female was an action that I was taught to despise by social norms and masculinity discourses of what it meant to be a “real man.” Cultural messages embedded in television, movies, and commercials as well as implicit messages from my local community that rigidly practiced and defined gender through clothing selections and social discourses all taught me that I was somehow wrong. My education also provided this ontology by providing gender specific activities for boys and others for girls, and by instilling practices that would be carried into later life. I tried to “kick the habit.” However, I was unsuccessful in managing to do this and what I soon discovered was that I could lie to everyone else about this, but not to myself.

I wanted to start this education-based study on pre-teenage transgender children and their families with where it all began for me: My childhood. I know from my own experiences that growing up as transgender is challenging, partly because it is such a misunderstood form of identity, frequently vilified by individuals and institutions alike; partly also though because people around young transgender children, such as family members, teachers, and other members of the community simply do not know how best to support them. This study is aiming to clear up not only some common misconceptions about transgender concerns, but it is also a means of providing some insights into the complexities involved for PTT children who have to negotiate their identities with their families and schools alike. Since the phrase pre-teenage transgender children is somewhat of a verbal mouthful, I am introducing the acronym “PTT” followed by the word “child”

or “children” from this point forward to make the term more accessible to people and to encourage its inclusion in educational and familial discourse.¹

We do know several things about what being transgender means and, on reflection, several inferences can be drawn from my opening narrative that represent the commonalities between my childhood experiences as a transgender person and what we know about PTT children today. First, one’s awareness of gender identity typically manifests itself at a very young age (as young as 2 years old) (Lev, 2004). Second, a prolonged period (spanning many months or several years) of identifying as the “opposite” gender is a signifier that a child is likely to be transgender (Spack et al., 2012). Third, whatever you do as an individual, it is impossible to change something as intrinsic as your gender identity, through therapy or any other means (Brill & Pepper, 2008). Fourth, being transgender is not a (“lifestyle”) choice. No one wakes up and suddenly decides to be transgender; it is not a conscious decision. It is not cool or trendy, and can often lead to disownment and social ostracism (Pleak, 2009). Fifth, the root cause of what makes a person transgender is unknown (Giordano, 2013). Sixth, that PTT children whose gender identities are either repressed by those around them, or self-repressed (as was so in my case), will often resort to private and secretive coping strategies to enable them to express their true and innate sense of gender identity (Beam, 2007; Dykstra, 2005; Ludeke, 2009; Luecke, 2011; Peterman, 2010). Seventh, the psychological strain that an individual endures by being repressed is understood to cause

¹ I believe that the introduction of this acronym into education is important for PTT children in order to ensure that there is a clear symbol to represent their particular demographic.

considerable harm to the individual in terms of mental, psychological, and physical torment (Boenke, 1999; Burgess, 2000; Drescher & Byne, 2012; Ehrensaft, 2012; Grossman & D'Augelli, 2007). Finally, PTT children are often aware of the fact that the transgender component of their identities is heavily stigmatized by society. This is often exhibited and becomes apparent through speech, mannerisms, and other social cues (Dykstra, 2005; Johnson & Benson, 2014; Ryan, 2010).

We are therefore in possession of some insights about the challenges and constraints acting upon PTT children. However, both families and educators often lack sufficient knowledge of the extent to which the challenges that society present to PTT children require them to negotiate their identities within education and families in particular. We have also as of yet failed to develop effective strategies to fully support them in their development. This study is seeking to contribute to our collective knowledge of PTT children so that we can possess a better appreciation of the challenges that face them. It is this deeper level of awareness and understanding that this study is principally concerned with.

Statement of the problem

As educators, we frequently omit PTT children from our academic, classroom, and administrative discourses. Teacher training programs rarely, if at all, make any mention of transgender children, save within the context of Gay, Lesbian & Bisexual (LGB) children, and they are not given specific strategies for how to talk about gender in the classroom (Boucher, 2011; McCarthy, 2003; Peterman, 2010). Early childhood teachers frequently feel ill-prepared to address transgender concerns when they arise

(Payne & Smith, 2014). Administrators and other educational personnel are often uncertain about how to interact with and treat transgender children, and within the academy we should be doing considerably more to prepare pre and in-service teachers to support the development of transgender children (Greytak et al, 2009; Kosciw et al, 2011).

The disproportionately high instances of harassment of transgender children in schools is a serious problem that also needs to be addressed. The Human Rights Watch (HRW) has identified transgender children as the most vulnerable children population in U.S. schools (Bochenek et al, 2001). In 2011, the Gay Lesbian Straight Education Network (GLSEN) school climate report stated that levels of harassment are even higher for transgender children than they are for LGB children. That levels of harassment for transgender children are higher than for LGB children can be explained by the fact that in addition to being harassed for being perceived as sexual minorities, they also experience harassment for their non-normative gender expression. This speaks to the conflation and confusion that people often have with sexual orientation and gender identity. Harassment of transgender children in schools, includes verbal, physical, and psychological bullying, and results in lower class attendance rates, lower academic performance, and diminishment of long term educational aspirations and potential (Greytak et al., 2009). This will be expanded upon in the literature review in chapter 2. In addition to these survey-based studies identifying harassment prevalence levels, qualitative researchers have also highlighted the extent to which transgender children are victimized in schools through personal accounts of their experiences (Allan, 2008; Bochenek et al., 2001;

DePalma & Atkinson, 2006, 2010; Greytak et al, 2009; Luecke, 2011; McGuire & Conover-Williams, 2010; Peterman, 2010; Ryan & Martin, 2000; Saeger, 2006; Wyss, 2006).

In addition to instances of bullying transgender children, schools and society fail to affirm their identities and understand them. In educational research literature, there is a distinct lack of research on PTT children specifically, and this is mirrored by the lack of knowledge of and support for transgender children among educators (Dykstra, 2005; Green, 2010; A. Grossman, 2006; Ludeke, 2009; Luecke, 2011). There is a lack of accurate and supportive material to assist teachers with engaging very young children on gender topics. Children's books frequently fall short of positively representing the lives of transgender people (Rockefeller, 2009). Finally, schools rarely include transgender specific or inclusive language in their policy documents, values statements, or everyday school discourses (Greytak et al., 2009; Kosciw et al., 2011). This exclusion frequently leaves transgender students lost and vulnerable within educational institutions, because there is nothing that speaks to who they are (Boucher, 2011; Case, Stewart, & Tittsworth, 2009; Dykstra, 2005; Luecke, 2011; Peterman, 2010; Wyss, 2006).

Finally, studies report disproportionately high instances of homelessness among transgender children (Beam, 2007; Hunter, 2008). This occurs more at the teenage than pre-teenage age group, but it nonetheless stands as an ominous signal for the futures of many PTT children. The data also indicates the importance of taking an identity-complex approach and of being aware of the power dynamics that homogenize the identities of transgender children by adopting a unidimensional identity approach. Reducing the lives

of transgender children to a single identity marker i.e. gender identity, to the exclusion of other components of their identity such as race, class, and sexuality is harmful because it can lead to an over-simplistic analysis that does not speak to or address the complexity of human existence. Homelessness is an important example of why an identity complex approach should be adopted. Statistics state that disproportionately high numbers of transgender children are homeless. However, by adopting an identity-complex approach i.e. an intersectional perspective rather than a unidimensional one, the rate of prevalence varies considerably when the identity markers of race and class are included. From this perspective, the prevalence of homelessness is higher among transgender children of color, particularly Black and Latino/a transgender children (Reck, 2009; Rosario, 2009). Therefore, without a sufficiently identity-complex approach we risk drawing conclusions that fail to meet the needs of individual transgender children.

Study Background

This study was designed to acquire information about the complexities involved in how PTT children negotiate their identities with their families and schools. Specifically, this study's contribution to the field of education will be raising awareness for the complexities facing PTT children as they negotiate their identities. I hope that it will also highlight the necessity for the development of further policies and practices for institutions of education and pedagogical strategies for educators that seek to recognize and affirm the identities of PTT children, along with methods and strategies for families to best support their development. The end desired result is simple: to make the lives of PTT children better both inside and outside of institutions of learning. It is believed that,

in time, these contributions will assist PTT children and their families with the process of negotiating schools and society. Although this study cannot instantly solve all of the problems outlined in the statement of the problem, it can begin addressing those problems by increasing awareness, encouraging new discourses, and facilitating the inter-change of ideas.

Since August 2012, I have been attending and participating in a local community support group specifically designed for PTT children and their families. The group is run by a licensed social worker, Erica² whom I met through a professional colleague. Erica's hard work has helped to create an environment where support group attendees feel safe, secure, and communally-supported. Erica invited me to attend this group in the capacity of a role model for the children and a friend/supporter to their families. This serendipitous opportunity has allowed me to conduct research on an area of education that typically receives little to no attention. Many of the support group participants, both the children and their families, wanted to participate in my research once it had received Institutional Review Board (IRB) for Human Subjects research approval. For families, this was as much out of a desire to help their children as it was out of altruistic civic-mindedness; for children I felt that it was an outlet for them to talk with someone whose life experiences aligned with their own.

PTT Children Context

There are times when we tend to forget that when we are talking about *transgender* topics, issues, concerns, identities, and studies we are in fact, at least tacitly,

² All names of those involved in this study are pseudonyms to help protect participant privacy.

including children as young as 2 years old, because being transgender often becomes apparent once children begin to develop a sense of their own identities (Lev, 2004). It may prove difficult for some adults to reconcile with the visible embodiment of transgender and childhood by a not insubstantial number of children. Discourses on childhood often construct this life period as one of “innocence”(Allan, 2008; DePalma & Atkinson, 2006; Payne & Smith, 2014); in contrast the concept of transgender is more often constructed by societal discourses as a licentious and socially deviant “lifestyle choice”. Irrespective of how many transgender children do exist nationwide and globally, they do have at least one thing in common: they are constructed as social anomalies.

PTT children exhibit what is ostensibly counter-intuitive to most people; that is, the ability to know their gender identity from an early age. Whereas adults frequently question a transgender child’s ability to know who they are, dismissing them as being “too young to know that”, the same degree of questioning and doubt is not focused upon *cisgender* children i.e. children whose anatomical sex and gender identity are constructed as being consistent with social norms. Adults take it for granted that cisgender children do know their gender identity at a young age, whereas transgender children cannot. However, the experiences that gender specialists, parents, and indeed the experiences that I have had as a transgender person and from working with PTT children through this research study belies this commonly-held belief. On the contrary, my experiences actually demonstrate the importance of developing strategies that teach us how to listen more closely to PTT children, scaffold and support their own epistemological development, and finally, alleviate the pressure on PTT children by taking on the

responsibility of challenging the *heteronormative* (Warner, 1991) and *cisnormative* (Logie et al, 2012; Serano, 2009) societal norms that govern our own belief systems

There are no exact figures on the number, proportion, or prevalence of transgender children in the U.S. (or anywhere else for that matter), any more than there are for transgender adults. The American Psychiatric Association (APA) has estimated prevalence ranging from 0.005% to 0.014% for transgender women, and 0.002% to 0.003% for transgender men (American Psychiatric Association et al, 2013). However these rates are only for the adult population (over 18 years old) who attend specialty clinics and are therefore likely to be underestimates since not everyone has the social and economic privilege of receiving such treatment.

The APA does not provide prevalence estimates for PTT children and it is highly likely that many are not receiving treatment or support. This may be because some families lack the financial resources to pay for such expensive medical intervention, other families may be unsupportive, and still others may have children who are not at a treatable stage, either in terms of age or because they lack a clear diagnosis from a psychologist or psychiatrist. As stated earlier, there are high instances of homelessness in transgender children populations, particularly among Black and Latin transgender children. This is largely because rather than simply being unsupportive some families disown their children. Many of these children are also highly unlikely to be counted in any prevalence estimate since the cost of treatment would be well beyond their means.

Prevalence figures that may exist for transgender children are also likely to be inaccurate partly because of the element of time. Not all children referred to gender

specialists for being “suspected” of being transgender by their caregivers grow up to be transgender. Rather, they are simply demonstrating what might be termed *gender variant* behaviors, i.e. behaviors that are not constructed as being consistent with their birth-assigned sex. There are gender specialists who have suggested that a proportion of one in 500 children are significantly *gender variant* (Brill & Pepper, 2008). There is though a clear distinction between being transgender and gender variant, as will be discussed in the next sub-section, and in fact the majority of children referred to gender specialists for being transgender turn out to be simply gender variant. This fact is not particularly surprising in a society that has constructed such rigid gender norms, boundaries, and practices that have led to what some scholars have identified as gender policing (Gagné & Tewksbury, 1998; Halberstam, 1998; Kane, 2006; Martin, 1998; Pascoe, 2007).

The result of gender policing is that it exacts a high price for being transgender, even for PTT children. This price is not purely economic in terms of treatment cost and opportunity cost as the result of educational or employment discrimination; it is also social in terms of marginalization and disownment, psychological in terms of the trauma that this process entails, and finally safety since instances of violence committed against transgender children inside and outside of schools is disproportionately high (Beam, 2007; Greytak et al., 2009; Luecke, 2011; Reiterman, 2002; Ryan, 2010; Sausa, 2005; Serano, 2009; Wyss, 2006). Gender identity, in a society that is based upon gender binaries is hard to negotiate for those who are perceived to be gender anomalies. The conflation of gender expression with anatomical sex is endemic (Agrawal, 1997) and for

PTT children who do not fit neatly into such discrete categories, marginalization is virtually guaranteed.

Transgender Nomenclature

Before continuing, it is essential to provide some definitions of the nomenclature in transgender literature as they are currently constructed. This area of study contains an extensive lexicon that is not universally agreed upon by scholars or transgender people. This disagreement over terms is, in part, due to contextual formulations, but also because there is a lack of conformity over definitions within the field. So that this study is comprehensible to readers both in education and across other disciplines, it is therefore necessary to provide working definitions of how these terms will be used.

Etymologically, transgender is constructed from the Latin prefix “trans” meaning “across from” or “on the other side of”, and “gender” from the Latin “genus” meaning “type”. In this study, *transgender*, sometimes shortened to *trans*, *transboy*, or *transgirl*, is being used as an adjective to denote a child who experiences internal disquietude consistent with what might be termed *clinical distress*³ as the result of a disjuncture between their anatomical birth sex assignment and their innate sense of gender identity (Luecke, 2011; Mallon, 2000; Sausa, 2005). A less frequently used term in contemporary literature is *transsexual* meaning an individual who transitions from one gender to another, often involving a somatic transition with the use of *cross sex hormones* and *genital surgery* (American Psychiatric Association et al., 2013).

³ This phrase is drawn from the Diagnostic & Statistical Manual and is a clinical expression measured by specialists.

The term transgender will be privileged over transsexual. Etymologically transgender references gender whereas transsexual does not. In addition, my research participants utilize the term transgender and finally it is virtually impossible for a minor in the U.S. to go through what is commonly known as *sexual reassignment surgery* (SRS), and thus the term transsexual is not applicable. Finally, over the last two decades, the term *transgender* has become more prevalent in sociological literature and is thus more recognizable and accepted. Finally, as Stryker & Aizura (2013) have highlighted, a google books Ngram viewer charts the progression prevalence of transgender and transsexual, showing transgender to be an increasingly applicable term:

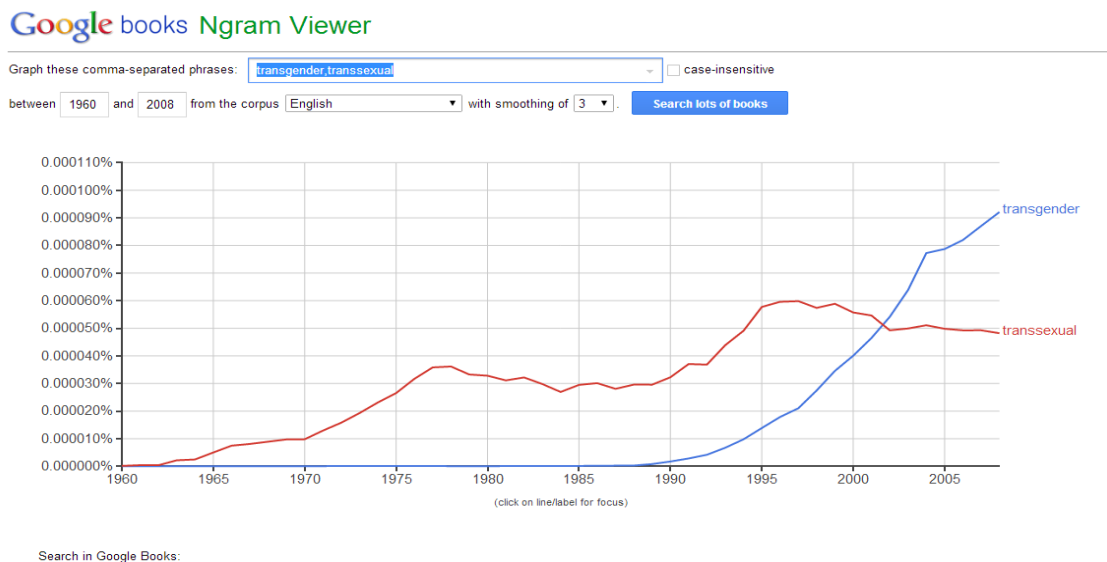


Figure 1. Google Ngram charting prevalence of transgender and transsexual

A *cisgender* child is one whose gender identity and birth-assigned sex are considered to be congruent in the West i.e. a phallus denotes a male birth sex assignment and male gender identity, and a vagina a female birth sex assignment and female gender identity. This gives rise to the construct of cisnormativity, that this relationship between gender identity and birth-assigned sex is natural and therefore normal, constructing all other combinations and expressions as abnormal. Etymologically, cisgender is constructed from the Latin prefix “cis” meaning “on this side of” and gender from the Latin “genus” meaning “type.”

Both a *transboy* and a *transgirl* are distinct from a *gender-variant* boy or girl. Gender variant describes a child whose gender behaviors and interests would be said to fall outside of what would be considered “normal” for a child’s birth assigned sex, but who exhibits contentment with their gender identity. A gender variant child is, by definition, cisgender as well.

Gender identity refers to a child’s innate and internalized sense of self as a boy, girl, neither, or both. It is important to note that because this is internalized it is, in many respects, invisible to the outside world, and can only be determined by the individual, hence why it is so important to listen carefully to children. Although in many respects invisible, one’s gender identity can become apparent from one’s *gender expression*. Gender expression is how gender is externally expressed by children and includes everything from clothing selections, to physical mannerisms.

SRS refers to medical operations that are sometimes undertaken by transgender people to physically re-align their anatomical sex with their innate gender identity. SRS is

known by a number of names including: *Gender reassignment surgery*, *gender affirmation surgery*, *gender confirmation surgery*, *genital reconstructive surgery*, *genital surgery*, *sex affirmation surgery*, *sex realignment surgery*, and colloquially “*the operation*”.

Sexual orientation refers to the gender or genders one is physically attracted to. Heterosexuality is constructed as representing “normal” sexual orientation, as explained by the construct of heteronormativity, the idea that man and woman are complementary genders and natural and therefore normal bedfellows. Other combinations, such as homosexual, gay, lesbian, and bisexual are automatically constructed as abnormal. Sexual orientation and gender identity, although often conflated and/or confused, are entirely distinct. As Norman Spack stated during one of his lectures on treating transgender children, one way to remember the difference is: “sexual orientation is who you go to bed with. Gender identity is who you go to bed as” (2013).

The working definitions given in this section provide a useful starting point from which to develop. These definitions are not seen as immutable i.e. it is thought to be both possible and necessary to further develop them. Further analysis of transgender nomenclature, including some revisions, ideas, and suggestions will be posited in chapter 4, section 4. Part of the contribution that this study is making is to simultaneously challenge and re-construct a more affirming terminological taxonomy for PTT children. This is consistent with many of the precepts of queer theory. Although there is a disinclination in general to name and categorize things and phenomena because of the perception that language and power are closely aligned (Foucault, 1972, 1995), it is also

possible to posit the argument that naming one's own identity and component parts is empowering and rather enables a sense of control instead of subordination.

PTT Children and Medicine

Medical fields, such as psychiatry, endocrinology, and surgery all impact upon trans people, particularly PTT children. A more detailed discussion of transgender concerns in these medical fields will occur in chapter 4. This section serves as an introduction to some of the key concerns and is important because if we, as educators, are to support more fully the development of PTT children, it is essential for us to understand some of what is currently occurring in medicine in terms of diagnostic procedures, treatment types and availability, root causes of transgender, and the role that medicine plays.

From a diagnostic perspective, transgender children have to meet the requirements for what is now styled *gender dysphoria* (GD). GD is the actual clinical diagnosis used within the psychiatric field of *transsexualism*, or *transgenderism*. These two terms are referencing the “conditions” of being transgender or transsexual. GD references an individual who experiences distress due to the disjuncture between their innate sense of gender and their birth-assigned sex. When this term first entered the third edition of the APA's *Diagnostic & Statistical Manual of Mental Disorders* (DSM) in 1980 it was styled *gender identity disorder* (GID) and was placed under the *psychosexual disorders* section of this manual. It was not until the fifth edition of the DSM published in 2013 that *gender dysphoria* came into being as a separate category from *psychosexual disorders*. Prior to this terminological and categorical change, there was lengthy debate

on the ethical questions that revolved around both GID and GD, and several questions were raised: Which term was more suitable, should GID/GD still be categorized under psychosexual disorders, which diagnostic criteria should still be included, should the language change, and finally does this “condition” belong in the DSM at all? (Bartlett, Vasey, & Bukowski, 2000; Drescher, 2010; Drescher & Byne, 2012) These questions will form part of the discussion in chapter 2 and chapter 5.

The DSM V provides diagnostic criteria and features for GD, and subcategorizes it into two main sections: one for adolescents and adults, and one for children. For children the required diagnostic criteria include: A need to be of another gender over substantial period of time (at least 6 months) and a marked incongruence between one’s experienced/expressed gender and assigned gender. There are several additional criteria, some of which need to be present to warrant a GD diagnosis (American Psychiatric Association et al, 2013). One particular feature of a GD diagnosis that practitioners must observe in a transgender child is actual clinical distress caused by the incongruence between birth assigned sex and innate gender identity. Such distress could be physical, mental, emotional, psychological, or some combination thereof.

The medical treatment of those diagnosed with GD can begin in children as young as 9 and will typically be split across three stages: wholly reversible, partially reversible, and irreversible interventions (Giordano, 2013). These occur at different stages of human physical development known as the Tanner Stages. These will be delineated in chapter 4. In addition to these affirming treatment types there sadly still exist more repressive treatment types known as “reparative” therapies. This will also be covered in chapter 2. It

is uncommon for minors in the U.S. to receive endocrine treatment if diagnosed with GD. Most endocrinologists will not treat minors with GD because specialists do not yet know what the long term potential side effects of this treatment might be. Arguments on the ethical and epistemological questions associated with the morality of medical intervention for young children will be offered in chapter 2.

The medical profession defines what transgender is, but as of yet it does not know what makes a child transgender, any more than what makes a child *gay, lesbian, bisexual,* or *straight* for that matter. Theories have been posited that include: brain structure formation, DNA and/or chromosomal abnormalities, hormonal levels, and even the exposure of the fetus to certain medications during pregnancy. However, there have been no conclusive results and there is currently no consensus of opinion on what makes a person transgender (Giordano, 2013; Stryker & Aizura, 2013). It would be reasonable to argue that what makes a person transgender is irrelevant, and that the real issue is how we, as a society, should progress to an ideological stage where transgender people are seen and treated as “normal” people.

The absence of medical support condemns a transgender child to be phenotypically at odds with their innate sense of self. In a society governed by gender norms and stereotypes the absence of medical intervention can be devastating, because children are then at the mercy of their genes, which can potentially result in a stereotypically male appearance for a transgirl if she is forced to go through male puberty. Certainly there are treatments that transgender adults can go through to try to reverse, or at least ameliorate, the effects of an unwanted puberty. Some of these

treatments can be remarkably effective in the reversal of an unwanted puberty, such as a transgender woman having laser hair treatment to remove body hair. However, for some pubertal effects there is no reversal treatment. For instance, if a transgirl is genetically destined to grow to be 6'5", there exists no treatment to shorten her to 5'10" (Spack, 2009; Spack et al., 2012). The effects of an unwanted puberty are potentially devastating to a trans person and detailed ethical questions on the morality of treating a PTT child will be explicated in chapter 2.

Transgender Children & Education

Harassment is a fundamental reality for almost all transgender children in schools and the disproportionately high levels that they experience ought to be of considerable concern to educational personnel. This section will focus upon this issue of harassment, some of the consequences that harassment has for transgender children, some proposed solutions to such high levels of harassment, and finally contextualizing transgender concerns more broadly within other forms of marginalization discourses

The concern with such high levels of harassment is twofold: First, from a wellness perspective such levels of harassment can, and often do, have detrimental effects on the physical, mental, emotional, and psychological well-being of transgender children. The safety and welfare of all children in schools is a central concern of educational personnel, but the welfare of minority high risk groups like transgender children is critical given the challenges and barriers they implicitly and sometime explicitly face in educational institutions (Allan, 2008; DePalma & Atkinson, 2009; DePalma & Atkinson, 2010).

The second concern is from an educational achievement perspective. In general, transgender student performance is reportedly lower than their cisgender male and female counterparts. However, this disparity becomes magnified when transgender children experience high levels of harassment (Greytak et al., 2009). Harassment statistics are disconcerting, as are some of the individual narratives that have emerged that have actually led to transgender research study titles such as: “This is my hell” (Wyss, 2006). Bullying and marginalization are frequent experiences for transgender children in schools (Bochenek et al., 2001; Greytak et al., 2009; McGuire & Conover-Williams, 2010; Peterman, 2010; Ryan & Martin, 2000; Saeger, 2006; Wyss, 2006). The status quo for transgender children will not improve until we actively incorporate talking about transgender concerns into school discourses.

As educators, we know that there is a relationship between student harassment and student achievement, specifically that higher levels of harassment causes lower levels of achievement (Greytak et al., 2009; Kosciw et al., 2011). In addition, it should also be noted that achievement not only refers to present performance, but also future potential i.e. reaching individual educational potential and realizing long term aspirations. The aim for educators therefore should be to find ways to reduce harassment for transgender children; a simple solution to identify, but a complicated remedy to enact.

It is apparent from previous studies that if harassment levels can be reduced then both the well-being and educational achievement of transgender children will improve. There are two over-arching, and related, areas that must be focused upon to reduce harassment: an increase in the level of academic research within colleges of education,

and a more effective and explicit incorporation of transgender concerns into teacher training and professional development programs.

More research on PTT children concerns in education must occur. Currently, few education studies on this particular sub-set of transgender people exist and the result is a general lack of knowledge about what it means to be transgender among educational personnel. Educational personnel cannot be supportive without first understanding what it means to be transgender and that requires further research.

This call for research may seem surprising to some scholars and practitioners who are familiar with the plethora of articles published under the heading of LGBT. Certainly there is a considerable volume of books and articles that invoke this acronym. However, it would be inaccurate to suppose that transgender concerns are being addressed in this volume of literature. As frequently as the “T” is included in LGBT literature it is excluded from the main discussion, and therefore transgender concerns are not adequately discussed (McCarthy, 2003). The LGBT acronym is, in part, responsible for what could be termed an *illusion of inclusion*. There is a general perception that the “T” component is analogous to the “LGB” component and that therefore in discussing LGBT issues one is automatically referencing and thus including transgender concerns. More often than not transgender concerns, which are distinct from LGB concerns, are not included and thus such a presupposition is not only inaccurate, but serves to reinforce another common misconception: that transgender is a form of sexual identity as opposed to a form of gender identity. Furthermore, referencing sexual orientation, a taboo subject in most early and middle childhood classrooms anyway (Allan, 2008; DePalma &

Atkinson, 2006, 2009, 2009, 2010; Renold, 2002) simply compounds the challenges associated with talking about transgender concerns in classrooms.

Second, training for educational personnel on specific transgender concerns must occur in both pre-service teacher programs and in-service professional development programs to provide them with the necessary skills to be supportive (Green, 2010). Many in-service teachers have not been taught, either in their past training or current professional development, about how to support young transgender children (Dykstra, 2005; Luecke, 2011; Payne & Smith, 2014; Sausa, 2005). Transgender concerns are possibly the most noticeably-absent subject from curriculum theory, pedagogy, teacher training programs, and classroom discourse in the U.S. today. In most, if not all, pre-service teacher training programs, transgender topics particularly at the early and middle childhood levels receive less attention, or none at all, than other areas of diversity (Jennings, 2010; Jennings & Macgillivray, 2011; Jennings & Sherwin, 2008; Macgillivray & Jennings, 2008; Payne & Smith, 2012; Robinson & Ferfolja, 2008; Sherwin & Jennings, 2006).

Talking about gender identity with elementary and middle school age children is complicated because of the barriers posed by religious and social discourses. Talking about gender identity and specifically transgender identities automatically and explicitly introduces the body into classroom discourse, positioning this topic in opposition to the “innocence” that characterizes early and middle childhood classrooms. Early and middle childhood classrooms are frequently seen as places of nurture, safety, and innocence (DePalma & Atkinson, 2006; Kehily, 2009; Renold, 2002) making it challenging to talk

about seemingly explicit issues. However, whether that innocence is a desirable outcome is a notion capable of question. For educators, the challenge is to become sufficiently conversant so as to be able to facilitate conversations on transgender concerns for cisgender children, and sufficiently support the development of transgender children.

We talk about other forms of marginalization practices such as racism, sexism, classism, and disability in early and middle childhood classrooms because they are recognized as being social issues that impact upon children's identity development (Brooks & McNair, 2009; Delpit, 1992; Giroux, 2004; Jackson, 1968; Schultz, 2003). In the same way, we also need to talk about gender in the classroom and explicitly include transgender issues within that conversation. Like issues of race and class, gender is a central component of identity and young children need to be engaged on this issue in order to scaffold their learning and assist with their development. In addition, children's identities also affect their learning experiences in the classroom and consequently how well they perform in educational environments.

As with other marginalized groups (sexual minorities, people of color, people with disabilities, or some combination thereof), transgender children tend to be ostracized through mechanisms of power and oppression. Like racism, sexism, and homophobia, *transphobia* is yet another iteration of our collective fear of difference; the manifestation is different but the outcome is the same. Heteronormative discourses and for that matter cisnormative discourses (Allan, 2008; DePalma & Atkinson, 2006, 2009; Kane, 2006; Renold, 2002) pervade schools and society and commence in early childhood. The construction of "appropriate" gender behaviors in part occurs through the conflation of

gender, sex, and sexuality, three separate entities that are more often than not confused and used synonymously (DePalma & Atkinson, 2009). As education researchers, we must find ways to interrogate, disrupt, and deconstruct these discourses of power if we are to understand more about what transgender is, what it is not, and about how it impacts upon the lives of very young children.

Areas of study such as multicultural education and culturally relevant pedagogy were born out of the notion that by engaging children on issues that were relevant to their epistemological construction of knowledge, their educational performance would improve (Banks, 1995, 2004; L. Delpit, 2003; Eisner, 2003; Ladson-billings, 2001). Therefore we, as educators, must find new and innovative methods of incorporating transgender discourses in all aspects of school life to improve the school experiences of transgender children, and consequently all children. By adopting such an anti-oppressive education framework (Kumashiro, 2000, 2002), including transgender concerns in classroom discourse will eventually become as seamless, implicit and acceptable as *heteronormative* discourses i.e. discourses that assume discrete gender binary categories of male/female, with “natural” and endemic characteristics, gender roles, and attributes including the alignment of biological sex, sexuality, and gender identity (Warner, 2000).

The harassment of transgender children in schools is a serious issue that requires sweeping solutions. Academic research will enable more effective teacher training that in turn will provide teachers with the tools they need to address the harassment of transgender children and better support and affirm their individual sense of self. It is important to remember that there was a time when other forms of discrimination like

racism were not incorporated and discussed by children. It is apparent that with increased opportunities of engagement with racial discourses, not only is awareness raised, but also instances of racism and racist behaviors among children diminish. Transgender concerns require the same level of attention by educators to enable a similar trajectory of improvement. The aim is not to combat only a single form of discrimination, but to engage actively in the process of addressing all forms. Since solutions will require critical thinking and in-depth engagement with equity and social justice issues by both educators and children, the potential benefits are not simply for transgender children, but rather for all concerned.

The Current Study

PTT children require protection in school policies, teacher training on transgender concerns, and inclusion in classroom discourse. Arriving at such implications involves first understanding the epistemological perspectives of PTT children and their families in their own words. This study aims to raise awareness for the complexities involved for PTT children who have to negotiate their identities with their families and schools. In essence, all children therefore are deemed beneficiaries of this research in the sense that by learning more about what it means to be a PTT child, they will develop a more sophisticated understanding of gender identity, and so grow up to become more culturally-competent and socially just citizens.

To achieve such understanding, this study is built around two analytical chapters. The first of these, chapter 4, is comprised of an analysis of historical discourses, particularly in the medical fields, that have shaped the concept of transgender. By

employing a Foucauldian discourse analysis (FDA) it answers the following research question: How does an analysis of historical discourses of transgender inform our current understanding of this concept? Through an engagement with early sexological works, sexual dimorphism and gender identity development, answers to this question will be produced. The second of these, chapter 5, is comprised of an analysis of the empirical data collected from the PTT children and their families who participated in this study. Data, comprised of conversational interviews, are analyzed using Ahmed's cultural politics of fear, Goffman's stigma, and Connell's doing transgender frameworks in order to provide answers to the following two research questions:

1. How do the PTT children in this study negotiate their identities with their families at home and in schools?
2. How do the unique identities of PTT children and their families help to highlight gender inequities in schools and society?

Together, these two chapters challenge the stigmatized assumptions made about transgender identities while simultaneously learning about the complexities of the identity negotiation processes that PTT children are faced with as a result of the stigma attached to being transgender. This dual approach therefore encourages us to challenge the negative assumptions that are often made about transgender identities while simultaneously raising awareness for what educators and families can do to meet the unique needs of what is arguably the most vulnerable transgender population: PTT children.

This introduction has presented transgender issues and concerns, situated it as a topic, and begun the process of more systematically developing this discourse within education. Chapter 2 will be a review of existing literature on transgender concerns, with a particular reference to PTT children within education. Since literature on this specific demographic and in this context is slight it will therefore be necessary to expand the parameters of the search to include “transgender children” in general in education, and to occasionally draw from other inter-related disciplines such as medical fields and social work. This will help to demonstrate what knowledge we are currently in possession of, but more importantly what has not been sufficiently investigated. It is this literature review that has, in part, led to the development of the scope and topic of this study.

Chapter 3 will begin by delineating my personal epistemology in order to understand the individual perspective taken. It will then introduce the methods of analysis and data collection methods used in the historical discourses analysis in chapter 4, as well as the empirical analysis of interview data collected from the research participants in this study.

Chapter 4 will focus specifically on some of the origins of transgender issues as a concept here in the West by taking a historical look at how it came into being and developed over time, particularly within the medical professions. It will analyze some of the early sexological research that forms the basis of the psychiatric component of transgender identities, assess sexual dimorphism and its construction of gender binaries in society, and examine theories of gender development. These will collectively lay the ground work for finding ways forward and being supportive of PTT children.

Chapter 5 will comprise of the empirical data collected, analyzed, and discussed according to the precepts outlined in chapter 3. This chapter will examine the experiences of the PTT children in this study, and their respective families. The basis of this examination will be the interview data collected over a period of several months. Finally, chapter 6 will outline the implications and limitations of this study prior to outlining potential future research directions.

Chapter 2: Literature Review

The paucity of research on PTT children in education and in familial contexts is extremely concerning. This is particularly so when seen in the context of the comparatively more developed medical fields of PTT child research such as endocrinology, psychology, and child development. As outlined in chapter 1, the conglomeration of research in the medical fields is unsurprising when considered in the context of the perennial pathologizing of transgender people as being mentally ill. It was only in 2013 that the APA altered the DSM to remove the term disorder from the clinical diagnosis of being transgender i.e. GID to GD, and even then being transgender still remains a mental disorder. Research into transgender concerns within education is not only in its infancy compared to medicine, but also preceded by a particular popular perception of what being transgender means. Irrespective of our own preconceptions of transgender people, our job as educators is to support and inspire all children to fulfill their goals and dreams, particularly marginalized populations like PTT children.

The contention of this literature review is that it is as important to conduct research on PTT children in educational and familial contexts as it is to conduct research in the medical fields. This literature review is not examining medical literature, although some will be included as part of the critical review in chapter 4, but instead confines itself to studies within the field of education and within familial contexts. Given that children

spend the majority of their lives in educational settings or with their families, we cannot hope to support PTT children effectively without researching within these contexts. It is therefore important to research into areas where children spend most of their time to further our knowledge and eventually enable educators, who interact with transgender children on a daily basis, to better support them through their individual development.

This literature review is thematically-structured into two main sections. Section one reviews studies within education that focus on PTT children. Due to the paucity of literature on PTT children in education, this review also necessarily broadens its search parameters in education to include and incorporate research on teenage and young adult transgender children. Section two will succinctly outline some of the research taking place in familial contexts, paying particular attention to the relationships that families of PTT children have to negotiate with educators and educational institutions.

PTT Children and Education

By examining the literature produced on transgender concerns, it soon becomes apparent that the volume of research on transgender concerns has increased sharply this century. In January 2015, a “transgender” subject terms search in Academic Search Complete, Education Full Text, ERIC, and Education Research Complete databases, limited to peer reviewed journals for the default date range of 1969-2105 yields approximately 1960 hits. The term “transsexual” is being excluded from the search, because in addition to its often synonymic relationship with the term “transgender”, it is more closely associated with medical research and has a lack of applicability for minors within education. By limiting the date range between years “2000 to 2015”, the number

of hits only reduces to approximately 1930, indicating that academic research on transgender concerns has come into focus this century.

This search however reflects transgender concerns across multiple disciplines beyond education. By narrowing the search parameters to include “education or schools” in the subject terms search field, the number of hits returned is approximately 220, a more accurate reflection of the number of studies within education. The majority of hits returned from a search on transgender concerns in general is from disciplines such as medicine (Benjamin, 2006; de Vries et al,2006; Hamburger et al, 1953; Hembree et al, 2009; Houk & Lee, 2011; Milrod, 2014; Moore et al, 2003; Spack, 2013; Spack et al., 2012; Tuvemo, 2006; Waal & Cohen-Kettenis, 2006), psychology (Burgess, 2000; Garofalo et al, 2006; Grossman & D’Augelli, 2007; Lev, 2004; Mallon, 2000; Mallon & DeCrescenzo, 2006; Mills, 1999; Morrow, 2004; Nemoto et al, 2004; Sausa et al,2007; Smith et al 2002; Whitbeck, et al 2004), and law (Hembree et al., 2009; Hicks, 1999; Hunter, 2008; Marksamer, 2008). The fecundity of medical research returned from this search is despite eliminating “transsexual” from the subject term search field. Education-specific research on transgender concerns is a comparatively under-developed field of inquiry, both in terms of research volume and longevity. In addition, it is apparent from the literature that most of the research that is conducted on transgender concerns within education focuses on teenage and college-level age groups.

To draw focus on pre-teenage groups within education, the subject search term “children or elementary”, was added to the above search, reducing the number of hits to just 13. By examining these 13 articles, it becomes apparent that 7 of them are still not

focused specifically on PTT children in education. One focuses upon the teenage and young adult experiences (Caudwell, 2014), a second on LGBT children in general (Holmes & Cahill, 2004a), a third is a book review of a report on teenage transgender experiences and as such neither the subject or review are pre-teenage focused (Martino, 2013), a fourth focuses on counseling competencies and practices with an adult transgender sex worker (Patton & Reicherzer, 2010), a fifth focuses on gender non-conforming, rather than transgender, elementary school children (Slesaransky-Poe et al, 2013), a sixth focuses on familial experiences with transgender children (Johnson et al, 2014) and will be included in section two of this review, and finally one is a short review/response to a front cover picture depicting a transgender child on a nursing journal (Collins, 2013). The other 6 articles (DePalma, 2013; Dykstra, 2005; Jacobson, 2013; Luecke, 2011; Payne & Smith, 2014; Ryan et al, 2013) do focus more specifically on PTT children in an educational context and therefore will form part of this review. In addition to these 6 research articles, one dissertation focusing on elementary school experiences of transgender children was located (Sullivan, 2009). Unfortunately though, the research population of this study are adult transgender people reflecting on their elementary school experiences. It therefore falls outside of the parameters of this study, because it represents not only older generations of transgender children, but it also does not provide a child's perspective as seen through the eyes of a child. Finally, there are some books and book sections that address PTT concerns in educational contexts (Brill & Pepper, 2008a; Fox, 2011; Meyer, 2010; Meyer & Sansfacon, 2014). As with research articles, the majority of books that research into the lives of transgender children focus

either on teenagers and young adults, or within the context of LGB narratives (Beam, 2008; Beemyn & Rankin, 2011; Belge & Bieschke, 2011; Bochenek et al, 2001a; Cianciotto & Cahill, 2012; Erickson-Schroth & Boylan, 2014; Fisher & Kennedy, 2012; Fisher & Komosa-Hawkins, 2013; Mintz, 2011; Sanlo, 1998; Sanlo et al, 2002; Sears, 2003; Vaccaro et al, 2011; Wells & Federation, 2012).

This section examines and highlights the importance of addressing and understanding the lives of PTT children in educational contexts based upon the searches conducted above. It identifies some important themes that past research conducted particularly on pre-teenage, as well as teenage, transgender children in education has highlighted, and also some of the limitations and gaps in this research. This section is thematically organized into six sub-sections. Sub-section one will focus upon the lack of research specifically on PTT children in order to contextualize the field. Studies that have been produced on PTT experiences specifically are introduced and incorporated throughout this section to establish what we currently know and how we can further our understanding. Sub-section two examines the extent to which case studies of PTT children (and their families) actually include the child's voice in their study. This is a concern given that it is the child who is experiencing the gender transition and who therefore has a store of knowledge that this study believes is important. Sub-section three examines research on levels of harassment of PTT children in educational settings. In the absence of substantial research, harassment levels of teenage transgender students in schools will therefore also be examined to supplement our knowledge, along with the consequences of such harassment. Sub-section four examines the extent to which

research on school policies and resources that address gender inclusion and specifically protections for PTT students, and indeed transgender children of all ages exists. Sub-section five examines research that focuses on the extent to which school personnel include transgender concerns in classroom practices and ways in which they do so. If there is little inclusion, the question of why inclusion is slight must also be examined. Finally, sub-section six examines research that has investigated PTT inclusion and concerns in teacher preparation programs. This is necessary to determine if we are currently even preparing teachers to support PTT children in the classroom.

PTT marginalization. The marginalization of PTT children in educational research occurs in two specific ways: First, the subsummation of transgender concerns in general into the broader discourse of LGB concerns, and second the omission of pre-teenagers from research that does focus on transgender concerns. Most of the research that could be described as either transgender inclusive or transgender focused therefore does not include pre-teenagers. The conflation of transgender concerns with LGB concerns and identities in educational research has largely subsumed research on transgender concerns into LGB concerns. The acronym LGBT is a common occurrence in educational research and the concerns of transgender children are all too frequently treated synonymously with those of LGB children. When research on transgender children is conducted that does address transgender concerns, it focuses on teenage and young adult experiences, largely omitting the narratives and concerns that directly affect pre-teenagers. As a result, there is a distinct lack of educational research focusing on PTT children.

There is a long history behind the conflation of transgender identities with LGB identities (as will be discussed in more detail in chapter 4) that is important to understand. What we today recognize as two distinct constructs, gender identity and sexuality (Money, 1957; Stoller, 1994), have, historically, been treated synonymously by formative researchers on human sexuality (Cauldwell, 2001; Ellis, 1901; Freud, 1959; Hirschfeld, 1933; Krafft-Ebing, 1965; Ulrichs, 1994). These late nineteenth and early twentieth century sex researchers, known as *sexologists*, focused on identifying what they perceived as “aberrant” forms of sexual identity, based upon pre-conceived ideals of men, women, and sexual norms (Terry, 1999). The concept of transgender emerged from sexologists’ focus on human sexuality due to the hypothesis of physical gender traits being principle determinants of sexuality. This methodology was frequently employed by early sexologists who sought to draw links between physiognomy and physiology, and sexuality. In the same way, specific neologisms were co-opted and employed by sexologists to give legitimacy to these aberrant identities. First, the neologism *homosexualitat* (homosexuality) (Kertbeny, 1869), and later the neologisms *transsexual* (D. Cauldwell, 2001a) and *transgender* (Prince, 1969) also emerged. The term homosexuality was subjected to, and infused with, the power of “scientific” reasoning and discourse, paving the way for the future pathologization of LGB identities. The term *transsexual* emerged from sexological research and was constructed as a mania in which a person wanted to literally change sex (Ekins & King, 2006). The term *transgender* represented the emergence of culturally-based transgender scholarship, distinct from medical discourses (Stryker, 2009). However, transgender identities continued to be

connected with LGB identities and were similarly pathologized by the APA in their 3rd edition of the DSM with the formal diagnosis of GID (APA, 1980). The historical roots of the term transgender therefore have ensured its continued conflation with LGB identities across research disciplines, including education.

The conjoining of transgender with LGB identities can clearly be seen in educational research. Since the year 2000, several education articles have been produced with titles that employ both the acronym LGBT and that spell out the acronym (Biddulph, 2006; Bidell, 2014; Breshears, 2008; Craig, Tucker, & Wagner, 2008; Eames, 2012; Gowen & Wings-Yanez, 2014; Greene, Britton, & Fitts, 2014a; Griffin & Ouelett, 2003; Heck, Flentje, & Cochran, 2011a, 2011b; Heck, Lindquist, Stewart, Brennan, & Cochran, 2013a; Henning-Stout, James, & Macintosh, 2000a; Holmes & Cahill, 2004a; Horn, 2009; Jacob, 2013; R. M. Johnson & Poteat, 2013; Judge, 2014; Kjaran & Jóhannesson, 2013; Lee, 2014; Maher et al., 2009; Munoz-Plaza, Quinn, & Rounds, 2002; Poland, 2010; Rayside, 2014; S. Russell, 2010; C. Ryan, 2010; Savage & Schanding, 2013; Schneider & Dimito, 2008; Vargo, 2014; Whitbeck et al., 2004). These examples focus primarily on LGB student concerns, despite containing “transgender” or “T” in the title, and thus have little, if any, potential benefit for transgender students specifically. However, transgender concerns are often theorized upon in studies that purport to focus on LGBT children, even when there are no transgender participants in the study, as was the case with Munoz-Plaza et al (2002) who note that “in addition, the study did not include any transgender youth” (p. 61). In general, transgender concerns are less frequently taken into account in LGBT inclusive studies, as McCarthy (2003) highlights:

almost everyone who uses LGBT in essence means LGB. Indeed numerous books and articles with “LGBT” in the title address transgender issues in a cursory way, if at all. Classes and conference workshops on LGBT issues in education typically make only passing reference to transgender youth. (p. 46)

Transgender student marginalization exists in schools in terms of the provision of resources for LGB and transgender students. A 2013 GLSEN school resource report for LGB and transgender students highlights this:

Resources purported to be LGBT inclusive, such as GSAs and LGBT-inclusive curricula, may not adequately address transgender issues, and thus be more “LGB” than “LGBT.” (Greytak et al, 2013, p. 48)

The resources highlighted by GLSEN as falling short of addressing transgender concerns include curriculum and class content, some Gay-Straight Alliances (GSAs), and school anti-bullying and harassment policies. LGB resources therefore may have accidental benefits for transgender students, but few specifically include and incorporate their identities and concerns.

The GLSEN’s “harsh realities” report (Greytak et al, 2009) on teenage transgender students’ school experiences delineates the potential and actual harm that conjoining transgender with LGB identities can cause to transgender students. It does this by identifying two specific problems of such conjoining. First, it creates the illusion that we are representing and addressing transgender concerns by including them with research into LGB issues. This association has led to the further marginalization of transgender

children: “although research regarding the educational experiences of LGBT youth has increased over the last two decades, the specific experiences and needs of transgender students remain largely unexplored by the literature” (p. 2). This illusion of inclusion is problematic because by invoking the term transgender without sufficient or even any focus on transgender concerns, educational research is creating the impression that transgender needs are being addressed without actually addressing them, in many respects causing further marginalization.

The second problem of conjoining transgender identities with LGB identities according to GLSEN is that it creates confusion as to what transgender is and what it is not. It is a form of gender identity and it is not a form of sexuality. However, its conjoining with marginalized sexual orientations creates the impression that it is a form of sexuality. One of the major consequences of this association is that it leads to additional harassment: “transgender students often face pervasive harassment and assault because of their gender identity, gender expression, *and their actual or perceived sexual orientation*, and are often subjected to intense scrutiny and judgment by their teachers and peers” (p. 2, my emphasis). The inclusion of transgender with LGB identities likely leads to the further marginalization of an already misunderstood identity. From the GLSEN surveys, it is also clear that it may even contribute to the high level of bullying that transgender students already experience; on the one hand they are bullied for their appearance, but the inclusion with LGB identities leads to the perception that they are also sexual minorities, and they are thus bullied for that reason as well (Greytak et al., 2009; Kosciw et al, 2011).

The confusion and general misunderstanding of transgender identities stems, in large part, from conjoining it with LGB identities. The following personal narrative of the parent of a 7 year old transboy illustrates this:

Our biggest issue with the school was their lack of knowledge. At first it was suggested that we switch schools to one that is 12 miles away.

Thanks. The problem is not the kids, it's the parents who call and say, "I don't want my kid in that class because they are teaching gay stuff." I find myself telling the teacher what to say. (Brill & Pepper, 2008, p. 154)

What is apparent from this excerpt is that the common perception of transgender is that it is a form of sexual identity. In order to effectively delineate transgender issues therefore, a clearer distinction between transgender and LGB issues must be made in future scholarship, while still highlighting the inter-related relationship between them. In addition, there is a distinct need for scholarship that specifically focuses on transgender concerns in education, particularly at the pre-teenage level. Such scholarship is much needed if we are to better understand the specific concerns and needs of transgender people as well as foster greater understanding about this identity.

In addition to transgender concerns in general being marginalized by their close connection with LGB issues in educational literature, PTT concerns are marginalized within research in education that actually does focus on transgender concerns. The studies that have been produced tend rather to focus on teenage experiences in high schools (Biddulph, 2006; Dittman & Meecham, 2006; Gowen & Wings-Yanez, 2014; Greene et al, 2014; Griffin & Ouelett, 2003; Gutierrez, 2004; Heck et al., 2014; Heck et

al 2011; Heck et al, 2013; Henning-Stout et al, 2000; Holmes & Cahill, 2004; Johnson et al, 2014; Kosciw et al, 2009; Ludeke, 2009; McGuire et al, 2010; McGuire & Conover-Williams, 2010; Munoz-Plaza et al, 2002; Rands, 2009; Russell et al, 2011; Sausa, 2005; Savage & Schanding, 2013; Wyss, 2006) and young adult experiences in college (Beemyn, 2003, 2005; Beemyn et al, 2005; Bilodeau, 2005; Boucher, 2011; Case et al, 2009; Green, 2010; McKinney, 2005; Miner, 2009; Pusch, 2005). These example studies sometimes employ more universal or generic terms like *K-12*, *transgender children*, *transgender child*, and *transgender youth*; in reality though the focus is on teenage and young adult experiences, not pre-teenage experiences.

Inclusion of PTT voices. In articles or book sections that do focus on PTT children's experiences, the voice of the child is frequently under-represented or nominally included, with some notable exceptions. Jaden, a PTT girl who was the focus of Luecke's (2011) case study, was quoted throughout the study, and her caregivers also paraphrased and repeated to the researcher things that Jaden had revealed to them. Brill & Pepper's (2008) work, *the transgender child*, had a section on education. Both in this section and throughout the book, the voice of pre-teenage children are captured along with parental accounts of conversations with their children. Fox's book section briefly includes a quote from Bryce, the focus of her study, but may have benefitted from more substantial inclusion. These works would all have benefitted from greater inclusion, despite being inclusive. However, most of the works highlighted as being on PTT children in elementary school contexts did not include transgender children's voices.

Ryan et al's (2013) and DePalma's (2013) elementary classroom studies, while focused on gender non-conformity and transgender *concerns*, did not specifically focus on PTT *children*. However, both sets of researchers regularly cite the conversations of cisgender children's reactions to these new topics and in so doing highlight the complex conversations and thought processes that the children were having. Payne & Smith's (2014) study was on PTT children in elementary schools but focused on school personnel's reactions to them rather than the children themselves. Similarly Jacobson's (2013a) article on school nurses and their interactional roles with transgender children and teens did not include excerpts or quote from PTT children. Dykstra's (2005) article was a reflective work on the need to make pre-schools more trans- inclusive. The articles also did not include the voices of any PTT children. Sullivan's (2009) work focused on PTT children elementary school contexts does cite frequently from its study participants. However, the participants were reflecting on their elementary school experiences years later as adults, and so children's insights into a situation are not provided, but rather that of a reflective adult recalling the past. Finally, Meyer's (2010) book on gender and sexual diversity in K-12 schools does have sections specifically on transgender concerns and includes elementary settings. However, again no voices of PTT children were included.

Arguments might be made that PTT children are too young to communicate on such a complex issue or too young to know who they really are. However, the contention of this study, along with others that have included the voices of PTT children, is that not only are these young children quite cognizant of who they are, but they are also able to articulate their identities in quite complex ways. Jaden, for instance, in Luecke's (2011)

study was only 6 years old when she asked her aunt, who was a nurse, the following question: “Do you think someday they will be able to do a brain transplant?” (p. 120). The aunt answered that she did not know and asked why she was asking. Jaden responded: “because I want my brain to be transplanted into a girl’s body” (p. 120). If young children are given the opportunity to speak, what they say is not only revealing, but important for us to know. Their thoughts, feelings, and ideas reveal to us a particular state of mind, which we in turn can learn from.

PTT harassment. Harassment levels of PTT children are an under-researched topic in education. Education studies have not focused specifically on this issue, although studies that focus on PTT children populations specifically often address issues of harassment that their participants have experienced but not in substantial detail.

Some of the 6 identified articles, and 4 books that have a focus on PTT children in educational contexts do sometimes offer some information on harassment levels and the forms that they take. Most of these works provide little to no data on the harassment experienced by PTT children specifically. Jacobson’s (2013a) article, focuses on pre-teenagers as well as teenagers, but the study relates only one instance of harassment of Hannah, an 11 year old MtoF transgender child. She experienced bullying from a peer, but no details beyond that are provided. In the same way, Dykstra’s (2005) article does not focus on issues of harassment, but rather is more of a reflective work on the need for making trans-friendly pre-schools. Harassment details are not cited or detailed. De Palma’s (2013) article conceptualizes issues of heteronormativity and cisnormativity, and procedurally outlines what educators could do to diversify classrooms in terms of gender

inclusion. However, the study does not focus on issues of harassment specifically as that was not within the study's scope. It is also important to note that this study forms part of a research project in the United Kingdom (UK) and any harassment statistics, though germane to the UK, would not necessarily be transferable to the U.S.

Ryan et al's (2013) multiple case study focuses on incorporating gender diversity and transgender issues into an elementary school curriculum. It does not focus specifically on instances or rates of harassment in classrooms. However, the authors do note the following: "Because research suggests that re-enforcing gender stereotypes in young children can lead to gender-based harassment, issues of gender diversity and gender nonconformity should be discussed in elementary school classrooms to head off such harassment" (p. 87). Similarly, Payne & Smith's (2014) article on the fear of elementary school educators in facing and addressing transgender issues in classrooms does not go into detail on issues of harassment. It rather talks about the importance of incorporating gender complexity into practice and how educators need more support to achieve this goal, particularly from pre-service training programs. They also place emphasis on the role of heteronormativity in the classroom, and for that matter cisnormativity, specifically how it monitors and controls the actions, discourses, and thoughts of classroom participants.

Luecke's (2011) article goes further and builds upon our understanding of harassment and the forms it takes through a single case study of Jaden, a PTT girl. The harassment that Jaden experiences is exemplified by an excerpt from Jaden's aunt, Dyann, who recounts the following:

Jaden said that in that school she thought they'd kill her everyday. She took no risks, but still the kids knew. They were calling her gay, telling her she needed a sex change operation. How do eight year olds know about sex change operations? Jaden was scared there. (pp. 122–3)

The bathroom issue is also raised. The fear experienced by Jaden was such that she simply would not use either bathroom, and curtailed her water intake so that she could “hold it” for the entire day. The threats, name calling, and general fear that Jaden experienced speaks of an intolerance that is not isolated to a single school, but rather something much deeper and heavily institutionalized.

Coinciding with harassment is not simply the harassment itself, but the fear of harassment, as indicated by Dyann in the above quotation. Ahmed (2004) explains fear in the following way:

While the lived experience of fear may be unpleasant in the present, the unpleasantness of fear also relates to the future. Fear involves an *anticipation* of hurt or injury. Fear projects us from the present into a future. But the feeling of fear presses us into that future as an intense bodily experience in the present. (p. 65)

As we saw in Jaden's story (Luecke, 2011), it is this anticipation of fear that is sensed to be present that can be particularly corrosive as it erodes the ability of a person to function as they usually would. In Jaden's case it was physically paralyzing and dissuaded her from utilizing what should be treated as a purely functional item. Instead, fear drove her to the extreme of “holding it” for the entire day, because of the threat associated with the

specter of the bathroom for transgender people. Such an anxiety-stricken response is quite typical for someone in the grip of fear. In the face of such institutionalized harassment, the effect that this has on the ability of a child to function in school and achieve their potential is considerable and must be addressed by educators.

This institutionalization of harassment is further indicated by a GLSEN & Harris Interactive (2012) report conducted to assess the school climate in elementary school classrooms. The survey found several troubling indicators about being transgender in an elementary school. Only 41% of teachers believe that a transgender student would be comfortable at their school; only 41% would feel comfortable responding to a question from their students about transgender people; 8% of teachers include transgender when the topic of families arises; that PD sessions improve teacher comfort level with addressing questions on transgender issues raised by their students, but do not feel more comfortable addressing bullying based upon gender expression; finally, teachers are slightly more positive about the outlook for LGB students than for transgender students. The parallels between these statistics and those collected from high schools were remarked upon by the authors. These perceptions from teachers reveal a degree of fear for the well-being of transgender students alongside an inability to support them fully.

In addition to what academic studies on PTT children can tell us, the media has also brought forward the issue of harassment of PTT children. From appearances on popular talk shows and news stations, several PTT children's stories have become quite well-known. The stories of Coy Mathis (CNN, 2013a), Josie Romero (NBC News, 2012), Jazz Jennings (ABC News, 2013), and Danann Tyler (Cooper, 2011) give vivid insights

into the path that PTT children walk and the many obstacles that they have to negotiate. The complexity of the decisions that these children and their families have to make, both medical and educational, are quite startling. In terms of the latter, one of the issues that arises is harassment particularly from peers at school, but also the wider community.

To take two examples from the above, both Coy Mathis's family and Josie Romero's family, including the children, recounted instances of hostility and harassment that they and their children experienced. In Coy's case, one of the principle challenges faced was over her school district's denial of her right to use the girl's bathroom at Eagleside Elementary. Coy's parents took her case to the commission. In issuing its decision the State's rights division stated that the ban "creates an environment that is objectively and subjectively hostile, intimidating or offensive" (CNN, 2013). During this time, the family had to withdraw Coy from school while they pursued a legal battle to win Coy the right to use the girl's bathroom. This was eventually won, but the fact that the family had to resort to a legal battle says something about the degree of school and community resistance they experienced. This is remarkable considering how young Coy was; she was about 6 years old at the time.

In Josie's case, her family, who lived on a U.S. military base in Okinawa, Japan recalled the struggles that they experienced because of how the community and school reacted to Josie's transition. Almost immediately after Josie began life as a girl in public and entering school as a girl, her school experienced parent protests and her family began to receive death threats. Eventually the military had to relocate her family to Tucson Arizona. Josie was only about 6 when she entered school as a girl. The hostility and

resistance to Josie that the family experienced from the school was shocking to Josie's mother in particular. She had assumed that since they had now resolved Josie's behavioral issues, which included fits, screaming, and crying, and were so violent that she was on medication, that the teachers would be much happier. However, as she recalls during the documentary: "that was not the way it went" (NBC News, 2012). It was very apparent that the school was either unwilling or actively resisting Josie's female identity. In recounting some of these instances, Josie speaks not only of the complex process of negotiating life as a transgender child, but also of the stigmatization connected with being transgender. Josie herself communicated during the documentary that: "it doesn't matter what they say, they can say anything they want, I'm going to do what I think is right" (NBC News, 2012).

Despite being so young, this stigmatization extends to these children as evidenced by the harassment they experienced simply for being transgender. From this, we can conclude that PTT children are certainly not immune to harassment any more than teenage transgender children. How widespread the harassment is and how often it manifests itself is difficult to determine from these individual accounts. However, the fact that all of these children from multiple backgrounds and geographic locations have experienced some form of harassment is at least suggestive, if not indicative, of a broader, more systemic problem.

The distinct lack of research on PTT children is also important because several school climate surveys stress the disproportionately high levels of harassment that teenage transgender children experience. Not only is this outlook for PTT children

disturbing, it also highlights the necessity of earlier intervention by educators. The lack of current research on harassment among PTT children in schools necessitates an examination of research focused upon teenage transgender harassment.

The harassment of teenage transgender children in U.S. schools is a serious problem. The Human Rights Watch have cited transgender children as the single most “at risk” population in U.S. Schools (Bochenek et al, 2001) and the severity of the treatment of transgender children in schools has even led to transgender research study titles such as: “This is my hell” (Wyss, 2006). Bullying and marginalization are frequent experiences for transgender children in schools (Cianciotto & Cahill, 2012; Greene et al., 2014; Greytak et al., 2009; Gutierrez, 2004; Heck et al., 2013b; Henning-Stout et al., 2000; Holmes & Cahill, 2004; Luecke, 2011; McGuire & Conover-Williams, 2010; McGuire et al., 2010; Peterman, 2010; Rands, 2009; Ryan et al., 2013; Ryan & Martin, 2000; Saeger, 2006) and these scholars highlight that schools are some of the least affirming environments for children who are perceived as gender variant.

One area of schools in which bullying and harassment for transgender children become particularly poignant is in one of the most functional areas of schools: bathrooms. As Beam explains: “The stick figure man and the lady in the triangle dress are ubiquitous, and they signal fear for many transgender people, especially those who don’t pass well or don’t choose to mainstream their look” (Beam, 2007, p. 179). Due to their gendered nature, bathrooms typically present considerable problems to transgender children and represent spaces of extreme vulnerability, because there are strictly-enforced pre-qualifiers to obtaining access to either. This is even the case at the pre-teenage age.

As already mentioned, a recent example of bathroom controversy for transgender children occurred when Coy Mathis' school district banned her from using the girl's bathroom. Although Coy's parents filed a lawsuit, which they eventually won (Solomon Banda & Riccardi, 2013), the controversy surrounding this functional space remains at all age levels.

Acts of violence in bathroom spaces are clearly an issue for pre-teenagers but, as research shows, is far more common for teenagers. Researchers have incorporated anecdotes of bullying and harassment that transgender children experience in highly regulated spaces, like bathrooms:

[The boys would] drag me into the bathroom and like humiliate me and try to find out what I was. [...] I was totally like sexually assaulted by them [...]. People talk about how they were harassed in high school. And what they mean is they got raped. There's like a really big difference between these things!" It's like, okay, [getting] harassed is [...] serious, ya' know? But [...] I want people to know that this language gets used to cover over some really painful forms of harassment that are [...] major traumas in someone's life, ya' know? And it's, it is bad to have things yelled at you because what that carries with it is the threat of something happening to you that's worse, you know? And it is humiliating to get yelled at and looked at and stared at and spit at. All of these are things that happened to me at that school. But, you know, being assaulted [is not the same thing].

(Wyss, 2006, pp. 717–8)

Other forms of harassment related to this strongly gender-segregated school facility include glares and stares, name calling, security, and even the police being called. It is therefore unsurprising that several transgender individuals have reported “holding it” and limiting their daily water intake to avoid the restroom obstacle (Beam, 2007). The potential and sometimes inevitable physical consequences of doing so over long periods of time on a regular basis will likely lead to health problems.

Students are not the only ones responsible for the harassment and marginalization of transgender children. Educators and administrators also engage in perpetuating this cycle of harassment, particularly through gender policing behaviors (Gagné & Tewksbury, 1998; Halberstam, 1998; Kane, 2006; Martin, 1998; Pascoe, 2007). For instance, in 2000, a Massachusetts Superior Court Case, *Doe vs. Yunits* was filed on behalf of a transgender girl who was singled out by her school principal because her clothing was seen as “too feminine” (Cianciotto & Cahill, 2012, p. 18). The child, known as Pat Doe, was made to go to the Principal’s office each morning so that he could approve what she was wearing. If the Principal did not approve, then she was sent home. The following year, the administration said that they would prohibit her from enrolling if she continued to wear girl’s clothing. A court case was eventually brought by Pat’s grandmother, who had raised her. The Judge’s ruling on this case was as follows:

Pat’s decision to wear women’s clothing is not merely a personal preference but a necessary symbol of her very identity. Furthermore, to force her to wear male clothing would be to stifle her selfhood merely because it causes some members of the community discomfort....rather

than view Pat as a disruption to the educational process, the situation could be seen as an educational opportunity. (p. 18)

The case was decided in Pat's favor, but is indicative of a broader trend of institutional harassment of transgender children in U.S. schools.

In many respects, the case of Pat Doe, whose real name was kept secret for privacy reasons, but has since been announced by the Gay & Lesbian Advocates & Defenders (GLAD) organization as Trina Harrington (GLAD, 2000) demonstrates the pervasiveness of gender policing, and is akin to what Mallon (2000) identifies as a form of "corrective". Mallon gives the specific examples of what he terms as "the sports corrective" for gender variant boys and "the etiquette corrective" for gender variant girls. Such methods are examples of heteronormative and cisnormative discourses that manipulate children perceived to be "different" in the "hope" that such correctives will "fix the problem."

The specific instances of harassment detailed thus far are important because they represent individual examples of harm committed against an identifiable person, not broad spectrum statistics across a population. It highlights the individual or micro level suffering that such harassment causes. A number of studies have researched specifically into the conditions of transgender children in U.S. schools from a quantitative perspective (Greytak et al., 2009, 2013; Kosciw et al., 2009; Kosciw et al, 2013; Kosciw et al, 2011a). These studies have collected statistical data to calculate levels of harassment and harm committed against transgender children in U.S. schools. It is important to note that these studies had research participants who were in their teenage years. Sadly, there have

not been equivalent studies to identify such trends at the pre-teenage level. However, the findings from existing large scale studies on teenagers, like those performed by the GLSEN are important to be aware of because they demonstrate what will happen to PTT children as they mature, unless we as educators find ways to address this issue. The findings of the GLSEN study “harsh realities” will be summarized below in terms of verbal harassment, physical safety, educational achievement, and school belonging.

In terms of verbal harassment, the 2009 GLSEN report found that 90% of transgender students heard derogatory remarks such as “faggot” or “dyke”. 82% of transgender students heard comments about not being “masculine” enough, and 77% about not being “feminine” enough when it came to gender expression. 32% of transgender students reported school staff making homophobic comments, 39% heard them make sexist comments, and 39% heard them make negative comments about a student’s gender expression. Finally, little intervention on the part of school personnel was reported by them. Only 16% of transgender students stated that school personnel intervened on hearing homophobic comments and only 11% reported intervention by school personnel when negative remarks were made about someone’s gender expression.

In terms of physical safety, high instances of risk for transgender children were also found in the GLSEN report. 69% of transgender children felt unsafe because of their perceived sexual orientation, and 65% because of how they expressed their gender. Verbal harassment was almost ubiquitous with 89% having experienced it because of their perceived sexual orientation and 87% because of their gender identity. More than half have been physically harassed 55% because of their perceived sexual orientation and

53% because of their gender expression. Further, several transgender students have been physically assaulted, 28% because of their perceived sexual orientation and 26% because of their gender expression. Finally, most transgender students (54%) who were victimized in schools did not report the instances to school authorities. Of those who did, only 33% felt that staff addressed the situation effectively (Greytak et al., 2009).

Such victimization inevitably has consequences for transgender students in terms of their educational achievement. Increased levels of absenteeism, a decrease in pursuing further education, and a decline in performance are all hallmarks of the effects of victimization. 46% of transgender students were more likely to miss school for safety concerns, 49% reported a disinclination to head to college (notably this was particularly the case for those who experienced particularly high levels of harassment), and finally those transgender students who experienced high levels of harassment had significantly lower GPAs than those who experience lower levels (approximately a 0.5 difference). This latter statistic seems also to indicate a relationship between harassment and performance.

In addition to educational achievement suffering, a general disengagement of transgender students from the school community was reported. This was the case in instances where particularly high levels of harassment were present and the sense of school belonging was particularly low. In general, if opportunities were available to talk about transgender issues in schools, coupled with the feeling that transgender students could be open about their gender identity, then there was an increase in the sense of belonging within the school community. Finally, less than half of transgender students

reported that their schools had a venue (such as a Gay Straight Alliance or GSA) where they could talk about transgender concerns.

The 2009 GLSEN transgender student survey highlights that the challenges faced are distinct from other marginalized groups. Levels of harassment for transgender children are notably greater than for LGB children. In a purely educational context, the results of such harassment include missing school, lower grades and feelings of isolation. The study also provides statistics of nationwide instances of harassment. These include the following: 90% of transgender students experienced derogatory remarks, 53% have been physically harassed, 26% physically assaulted and only 33% reported that educational staff actually intervened most of the time (Greytak et al., 2009). Other qualitative studies also highlight the fear, harassment, physical, verbal, and psychological abuse experienced by transgender children in education (Holmes & Cahill, 2004a; McGuire et al., 2010; Wyss, 2006).

Gender policing manifests itself in bullying and harassment from other students because there is a perception that the student is not behaving as they should. Arguably much of this harassment stems from the fact that there is a general disinclination among educators to engage children early on in their development with important issues such as sex, sexuality, and gender. There is certainly a relationship between silence on these topics and the bullying, marginalization, and discrimination that school climate studies have reported (Greytak et al., 2009). It is also likely that the status quo for transgender children will not improve until we, as educators, actively incorporate talking about transgender concerns into school discourses. One of the most important ways in which

we can manage this incorporation is by developing transgender components of pre-service teacher training programs that effectively represent, support, and address issues and concerns that are critical to transgender children.

This section has necessarily drawn predominantly from teenage-focused data on harassment since there is a distinct lack of pre-teenage data. What we do know is that harassment is a serious problem for transgender children in general and that for pre-teenagers in particular their future outlook as they progress through school is bleak. One of the essential components for ensuring safety for all children, particularly marginalized populations, is effective safeguards in school policies. To help set a safe climate, what constitutes acceptable behaviors, what protections are guaranteed, and what the consequences are for dissenters must be clearly outlined in school policies.

Transgender inclusion in school policies. Few studies focus specifically on transgender inclusion and protection in school policy language and resources. There are some quantitative school climate studies that have highlighted the need for policy reform that specifically includes protections for LGB students as well as transgender students (Greytak et al., 2013, 2009; Kosciw et al, 2009; Kosciw et al, 2011; McGuire et al, 2010). However, the extent to which school policies currently protect transgender students nationally is largely unexplored and unknown, although current protections are believed to be insufficient by researchers.

The studies identified by the literature review search do not focus on levels of school policy protection for transgender students nationwide and thus do not address them in substantial detail. However, some of the studies' authors have noted that

transgender, and LGB for that matter, receive less attention at the policy level compared to other “diversity” issues (Payne & Smith, 2014). Although Ryan et al (2013) do not go into detail on school policies per se, they do, interestingly, note how curriculum has the potential to become the anti-bullying policy. This is the case when curriculum is utilized by teachers as a mechanism to simultaneously teach material and foster acceptance through models of inclusive behaviors and language in particular. In similar vein, Luecke (2011) notes how an educator actually incorporated school board policies on harassment to illustrate to students the distinction between personal opinions and acceptable behaviors, and that certain language and word usage were unacceptable. She also emphasized how this knowledge of policies can be used to empower bystanders and enable them to actively intervene and so ameliorate levels of harassment and bullying.

One study that does focus on school policies and LGBT inclusion was done by Russo (2006). Russo’s national study focused on all U.S. states and specifically on the level and frequency of anti-homophobia policies in schools nationwide. His findings clearly state that “40 states, or 78%, do not afford LGBT students with *sexual orientation* nondiscrimination protections” (p. 138). This could be thought to provide us with a baseline of protection levels for LGBT students, in general, nationwide. One of the central problems that Russo’s work highlights is the assumption that providing students with protection for sexual orientation specifically gives protection to transgender students, which it does not. Whereas to determine protection levels for LGB students it is necessary to look at the language in school policies to ensure that it includes terms such as “sexual orientation,” “sex,” or “sexuality,” the same cannot be said for transgender

students. In reality, policies that offer protection on these grounds do little to protect transgender students because being transgender is unrelated to sexual orientation. The assumption that protection for LGB students is synonymous with transgender students is simply indicative of the conflation of gender and sex that often leads to transgender students falling through the cracks of protection in school policies and legislation, as discussed earlier. Taking this into account, the current status quo in K-12 institutions in terms of policy protections for transgender students is that they are currently insufficient, and must be given immediate attention.

One of the ways in which K-12 institutions could better protect transgender students is by examining some of the policy recommendations and implementations within higher education. At the college level, researchers have specifically highlighted the dangers for transgender students of university policies conflating gender and sexuality. Miner (2009) makes the following recommendations to colleges for the better protection of transgender students:

One of the misconceptions about protections for transgender students is that policies and laws against discrimination based on sex apply to them. Generally, this is not the case. In fact, the policy language that best protects transgender students is “gender identity or expression.” This allows not only for protections of people who are transitioning but also for those who have broken a gender norm. This should be a part of any institution’s non-discrimination policy. (p. 72)

In addition to clarifying this common misconception, policy researchers suggest other specific methods of protection for transgender students, including minimizing medical intrusiveness, an avoidance of biological determinism with respect to gender, provisions of gender inclusive or neutral facilities, and also developing gender inclusive language in university policies (Miner, 2009; Schnetzler & Conant, 2009).

A further consideration within the purview of administrators is the broader philosophical issue of how necessary having gender on forms and other official documentation actually is (Schnetzler & Conant, 2009). Examining the issue of gender information as an intrusion of privacy, as opposed to gender information being seen as necessary is a matter several scholars have questioned, not least because of the exclusionary properties that it has for those who do not fit into the binary (Bem, 1993; Boylan, 2004; Butler, 2004; Elliot & Roen, 1998; Kessler & McKenna, 1978; Lorber, 1996; Reiter, 1975). If total omission of gender is not possible, constructing a system that provides the student with a degree of autonomy by giving them the opportunity to fill in a blank box with a self-descriptive term is another alternative.

There is one major limitation of such transgender policy research conducted at the college level, with regard to its transferability to K-12 institutions. That the advice being provided by college policy scholars is useful and would help transgender students is a virtual certainty and indeed many of the suggestions could be incorporated. However, some of the advice given is premised upon the students having reached legal maturity. Whereas for the majority of college students this is the case and therefore they have a degree of freedom and autonomy to make their own decisions, this is not the case with

the majority of students in K-12 institutions, and not the case at all for students at the elementary school level. Certainly K-12 institutions would benefit from some of the college level recommendations, but not all of them would be transferable.

School personnel practices. One of the major struggles that PTT children experience in classrooms is the lack of knowledge and consequent inability to support their developmental trajectories that teachers display. In addition, administrators such as school counselors and principals also seem to be unprepared to be supportive. The 4 articles and book chapters found by this literature review that are U.S. based case studies in pre-teenage education contexts (Fox, 2011; Luecke, 2011; Payne & Smith, 2014; Ryan et al., 2013), in addition to the elementary school GLSEN report (2012), support this assertion. Although not case studies per se, Dykstra (2005) and Jacobson et al (2013) note the general lack of preparedness and knowledge of school personnel on transgender concerns. Finally Sleseransky-Poe et al's (2013) article focuses on gender non-conforming children in elementary schools also bear some cautionary inspection.

All four case studies on transgender children in elementary school contexts assert that in most cases, school personnel are not prepared, or worse unwilling, to support transgender students or gender variance among students in general. Luecke (2011) notes that this unpreparedness was not the case at Parkhurst school simply because certain teachers had prepared for and researched into transgender issues and thus were able to incorporate it into instruction and staff meetings. School personnel had regular team meetings, designed lesson plans that included information and discussions about gender issues, and also talked about acceptable language and behaviors. Parkhurst school

personnel were more of an exception to the rule because it was “Unlike many schools.....[where] teachers and staff exacerbate the dangers for gender variant students by failing to intervene and even contributing to the harassment” (p. 132). Similarly Ryan et al (2013) note how in their case study there was successful incorporation of transgender concerns because one teacher in particular took the lead in researching effective ways to be supportive. The authors lament that “teachers are frequently unwilling to address or challenge the fixed notions of gender expressed by their students” (p. 87).

Fox (2011) highlights that the conflation of transgender with LGB identities has one particularly serious implication in terms of teacher classroom practices. She argues that:

Connecting T to LGB to form LGBT or GLBT has some people in the field of early childhood education and elementary education feeling as if this is an area that does not need to be addressed. Since lesbian, gay, and bisexual refer to a person’s sexual orientation and that development may not fully come to fruition until a child has passed through the elementary school, a teacher or administrator might also believe that any issues related to transgender might also occur in the middle and high school years.

However, the development of gender occurs in the years prior to kindergarten. (p. 76)

That this conflation can and does communicate confusion to teachers and practitioners; a separation and clear delineation of gender identity and sexual orientation would seem to be advisable.

Another aspect of school personnel practices is the manifestation of fear when it comes to transgender children and concerns. Payne & Smith (2014) note:

Because we live in a patriarchal culture where particular forms of masculinity are deeply aligned with power and dominance, any disruption causes fear and anxiety and any gender variance or gender non-conformity is a threat to societal norms. (p. 403)

This power structure manifests itself in the forms of heteronormativity and cisnormativity, which, as several authors have examined, are becoming increasingly pervasive in elementary schools.

Although not an article specifically on PTT children, Slesaransky-Poe et al's (2013) article on a gender non-conforming child is an interesting case study that relays some useful information for setting gender complex classroom and school environments. It provides a practical insight into how the collaboration of the authors ensured that Martin's experiences were positive: "In his five years at Cynwyd Elementary, as far as we know, he was never called names, bullied, or harassed" (p. 41). Slesaransky-Poe notes how this was due to the collaboration of the article's authors (the school principal, school counselor, and external counselor) with other members of the school. Whether harassment would have occurred had Martin been transgender, rather than gender non-

conforming, is hard to gauge, hence the findings presented in the article being treated more cautiously.

Martin's entry into a new school is prepared for by the collaboration of all four of the article's authors. The school in question lacks gender diverse expertise, and this case study provides a blow by blow account of the stages of preparation. The work is undoubtedly useful, but limited in terms of the subject being gender non-conforming as opposed to transgender. As such, issues such as physical change aspects, medical interventions, psychological and mental health aspects, discussions of gender dysphoria, strict pronoun usage, and legal name change are not focused upon as they were not germane to Martin. The focus is rather on fostering gender diversity and inclusion, which are also essential aspects, but the picture remains incomplete from a transgender child perspective.

Elementary schools as “innocent spaces”. The issue of *innocence* is one that researchers have conceptualized as being a central component of elementary school classrooms (DePalma & Atkinson, 2006; Kehily, 2009; Renold, 2002). Elementary school classrooms in particular are seen as having been perennially innocent and free from what might be termed “adult” or sexual concerns. This freedom from sexual concerns is not mere chance, and not naturalistic, rather it is a process of exclusion that is performed actively. This exclusion though is something of an anomaly because both body and sexuality are simultaneously ubiquitous and marginalized in elementary school classrooms (Paechter, 2004). This is explicable through the understanding that

elementary childhood classrooms do not actively exclude sex, rather they exclude non-heterosexual and non-cissexual references to sex.

A heterosexual presumption exists within schools that normalizes both sex and gender behaviors and attributes (Epstein & Johnson, 1994). In many respects, this is a formulation of what Jackson called “the hidden curriculum”, the idea that students receive unspoken and unofficial social and cultural messages at school that instill certain behaviors, values and norms (Jackson, 1968, 1993). When Jackson developed this idea through prolonged elementary school observations, he did so through the lens of the school as a mechanism of socialization. Several scholars have since used this idea of a hidden curriculum and examined how it produces particular social discourses in schools that reflect societal standards and mold students belief systems (Apple, 1996; Freire, 2000a; Giroux, 2004).

The primary problem with the hidden curriculum is that the school becomes a mechanism of the social transfer of privilege in a very literal sense i.e. it perpetuates and reinforces existing social inequalities through the exploitation of less powerful social groups. For instance, some scholars have co-opted this concept within the context of social class, or socio-economic status (Anyon, 1981; Willis, 1981). Anyon, for instance, observed teachers in New Jersey in schools across socio-economic lines. In lower SES schools, she observed teachers replicating the mechanized activities found in factories, wrote-memorization skills, and top down instruction, all of which, she argued, produced students whose chance of social mobility was low. In higher SES schools, teachers taught students how to be critical thinkers, how to be leaders, and how to develop independence

of thought. In this way, schools essentially replicated social inequality through manipulation of the body. The mechanisms are not apparent unless viewed through a specific lens, in much the same way that heteronormative and cisnormative mechanisms manipulating children's bodies in elementary school classrooms are not obvious without looking at the situation from a particular perspective. The principle involved in both cases is the same: the exploitation of less powerful, or marginalized, social groups through manipulation of the body.

The body is central to the pervasiveness of heteronormative and cisnormative discourses that are reflected by society onto schools. Paechter (2004) identifies how schools discipline children's bodies, specifically their sex, sexuality, and gender expression through control over the mind. She suggests that *mens sana in corpora sano*, "a healthy mind in a healthy body", is achieved through the way in which "the hidden curriculum of sex education emphasizes that sex, along with the body with which it is implicated, is something that should itself be hidden" (p. 318). Despite the ostensible hiddenness of sex, sexuality, and gender, the fact remains that "in schools.....sexuality is both everywhere and nowhere. Indeed, schools....are important sites for the production and regulation of sexual identities" (Epstein & Richard, 1998, p. 108).

A healthy mind in a healthy body is a popular aphorism that has a very particular meaning in the context of schools. Early and middle childhood schools "are conditioned by broader society, and heterosexuality and gender normativity have been expected and enforced throughout history and across the globe" (DePalma & Atkinson, 2010, p. 1669).

Heteronormativity and cisnormativity emerge as concepts from the body as the focal point of meaning-making. Harvey (2000) asserts that:

Viewing the body as the irreducible locus for the determination of all values, meanings, and significations is not new. It was fundamental to many strains of pre-Socratic philosophy and the idea that ‘man’ or ‘the body’ is ‘the measure of all things’ has had a long and interesting history.

(p. 97)

In elementary school classrooms, bodies are caught up in environments that are heavily regulated and ostensibly desexualized due to social influences. However, desexualization is not a neutral process but rather a byword for a heterosexual norm. Such heteronormativity is clearly visible in everyday classroom practices and is not regulated or policed in the same way that sex and gender minorities are *invisibilised* by their prohibition in elementary school classrooms (Allan, 2008).

There is a popular perception that by educators addressing issues of sex, sexuality, and gender identity in classrooms they are also necessarily introducing sex, sexuality, and gender into the classroom, and thereby shattering the silence of these topics in elementary school classrooms (DePalma & Atkinson, 2006). The conclusion being drawn is based upon the assumption that the children in the classroom are unaware of these issues and do not want to learn more about them. Advances in technology, accessibility to electronic information, and the pervasiveness of the media all ensure that adults are kept well informed. However, this information transfer is not confined to adults only; children are also surrounded by a constant media and technological-presence that ensures that they too

become cognizant of issues from an early age (DePalma & Atkinson, 2010). The pervasiveness of sex and gender in society makes such issues inescapable in the media. For instance, a well-known news report in 2008 gave rise to the issue of a man having a baby. The man concerned, Thomas Beatie, was born biologically female but transitioned during adulthood, while maintaining his female sex organs. He became pregnant twice and gave birth to two children as a man. The assumption often made is that children could not be aware of such issues and that they do not therefore need to be engaged on such topics by their teacher. However, primary school studies have noted that:

we have encountered primary school children who were familiar with this high-profile case, illustrating that the popular media ensures that children are grappling with sex and gender, as well as sexuality, whether we address these issues in school or not. (p. 1671)

This raises the question of whether or not it is the responsibility of educators to discuss these issues with children so that they receive guidance in the process of making sense of sex, sexuality, and gender issues.

If we accept that children are often already aware of sex, sexuality, and gender issues, is there virtue, as educators, in encouraging classroom discourse to enable guided discussion of these issues? Many scholars have argued for a more directive form of discussion on such issues in which teachers should not relinquish their authority as teachers (Evans, 2004; Hand, 2007, 2008). Doing so would be tantamount to neglecting children's development and understanding of the concepts of sex, sexuality, and gender because it deprives them of an opportunity to discuss, learn, and grow. Omitting these

issues from classroom discourse leaves children solely with the uncritical hegemonic narratives presented by most media outlets that simply reinforce sex and gender stereotypes and binaries. Instead, we have the opportunity to provide children with an outlet to examine these assumptions and “disrupt more traditional storylines in which the male-female binary is put in place and maintained in place” (Davies, 2003, p. 159).

This hegemonic discourse of innocence is a significant barrier to the inclusion of sex and gender issues in the classroom. Payne & Smith (2014) highlight how this discourse of “innocence” often results in an unwillingness on the part of school personnel and families to engage children in discussions on sexuality and gender. The litigious culture in U.S. society does not help matters and often dissuades teachers from incorporating transgender identities into the classroom. Traditionally, elementary school children are constructed homogenously and not as *gendered* beings. It is believed they have not yet got to the stage where they are *gender-conscious* and aware of themselves as *sexual* beings. Brill & Pepper (2008) highlight the inaccuracy of this claim from their work with PTT children. Their work demonstrates that children become conscious of their gender at an extremely young age, sometimes as young as two. Although they may not become conscious of their sexuality until they are older, this is simply not the case with their gender identity. However, as adults we often make decisions for children by deciding what issues should or should not be included in classroom discourses. The result, at least ostensibly, is that children are treated as asexual beings, and not with a level of maturation that enables the introduction of topics such as transgender identities.

And yet, those same individuals who are complicit in upholding this argument of immaturity and innocence engage with sexually-explicit discourses: “pretend weddings, gendered play areas-kitchen and dress up corner vs. the building block center...and stories of princesses waiting for princely kisses” (Payne & Smith, 2014, p. 401). This engagement calls into question this notion of innocence, because universal “protection” from sex, sexuality, and gender, if indeed such protection is needed, is a flawed argument, due to the exclusion being only for non-heteronormative and non-cisnormative identities only. This is less exclusion than it is marginalization, because it is not so much that we are unwilling to engage with and include sex, sexuality, and gender discourses in the classroom, it is rather that we are unwilling to include non-heteronormative and non-cisnormative discourses in the classroom.

Pre-service and in-service teacher programs & transgender concerns.

Research frequently talks about “diversity” and the degree to which pre-service teacher programs include issues of diversity in their curricula (Arthur-Kelly et al, 2013; Carrington & Saggars, 2008; Heinrich, 2008; Wiggins et al, 2007). However, most studies examining diversity in programs, and indeed most programs that prepare pre-service teachers reduce diversity to issues of race (Bleicher, 2011; Causey et al, 2000; Heinrich, 2008). Occasionally SES is also included (Phillion, 2003), but this is largely because of the disproportionately high numbers of people of color from low SES backgrounds, a fact that is particularly poignant in Urban education settings (Siwatu, 2011). There are programs that seem to incorporate issues of language, religion, and gender under the umbrella of diversity (Huerta & Flemmer, 2005), but even when gender

is incorporated transgender specifically is omitted. Special education issues are also sometimes included under the umbrella of diversity, particularly when it comes to intellectual disabilities (Raphael & Allard, 2013). Transgender concerns are arguably the most noticeably-absent subject from teacher training programs in the U.S. today.

One of the most important steps that education must take if transgender children are to be included, affirmed, supported, and protected in schools is for teacher education programs to incorporate transgender issues into their curricula. Rands highlights that:

If the field of education is committed to equity and social justice, then teacher education programs must prepare educators to teach gender in more complex ways that take into consideration the existence and needs of transgender people. (Rands, 2009, p. 419)

In most, if not all, pre-service teacher training programs, transgender topics particularly at the elementary school level do not constitute part of the curricula and teachers do not receive the training that they require to support and become allies for transgender children (Case & Meier, 2014). Many in-service teachers report that they have not been taught about transgender concerns and feel ill-equipped to support young transgender children (Dykstra, 2005; Luecke, 2011; Payne & Smith, 2014; Sausa, 2005).

Neither teachers nor social workers in participating schools seemed to be cognizant of how to support transgender children, and most highlighted this topic as being conspicuously absent from their pre-service teacher preparation programs. This absence of preparation in pre-service teacher programs transmits itself to elementary school classrooms, where the majority of teachers seem to be unprepared to address

transgender issues when they arise (Payne & Smith, 2014). Finally, the GLSEN's numerous reports {Citation} on the condition of transgender, and for that matter LGB, students in schools recommends that teachers receive more preparation on transgender topics so that they are better placed to address harassment and implement more trans-inclusive curricula.

It is held to be axiomatic among educators that all children learn and perform better in learning environments where they are understood, supported, represented, and protected (Anyon, 1981; Banks, 1995, 2004; Danforth & Rhodes, 1997; Delpit, 1992; Freire, 2000; Giroux, 2004; Kumashiro, 2000; Ladson-billings, 2001; Tyson, 2002; Vescio, Bondy, & Poekert, 2009). For children to learn in such environments, teacher training programs must address the diversity within the student population, including transgender students. Educators certainly require education on transgender concerns, but another important segment where support can come from are families. As with education, receiving support from families is essential to the educational success and overall well-being of transgender children.

PTT Children and Their Families

Most literature investigating or writing about transgender identities in a familial context typically focuses on one of three areas. One, the adult experience where one adult family member transitions (Beck et al, 2013; Boyd, 2007; Boylan, 2004; Cossey, 1992; Lev, 2004), two, the grown up child experience, such as a college student, transitioning (Beemyn, 2003; Beemyn et al, 2005; Bilodeau, 2005; Boucher, 2011; Case et al, 2009; McKinney, 2005; Miner, 2009; Pusch, 2005), and three, the teenage experience where

high school age students transition (Andrews, 2014; Beam, 2007; Hill, 2014; Krieger, 2011; Kuklin, 2014; McGuire & Conover-Williams, 2010) . Each of these three demographics has relatively substantial quantities of literature and research outlining some of the experiences both from the perspectives of the person transitioning and sometimes from their family members. By contrast, little research on the experiences and identities of PTT children exists.

Consequently, this section will present findings from research that focuses on pre-teenage groups when available, as well as drawing from the wider field of K-12 age groups. This section will be thematically organized into three subsections. Sub-section one will examine literature that highlights both the need for and benefits of a supportive familial environment for the healthy development of PTT children. A particular emphasis will be placed upon the insights the literature provides. Sub-section two will examine literature that has noted some of the negative consequences of an unsupportive familial environment. Sub-section three will examine literature highlighting the lack of literature that highlights the notion of diversity within transgender children and their families beyond gender identity.

Supportive families. Research provides us with several insights into the role of families in the lives of PTT children. First, the role of parents is that they first try to be understanding and then be supportive of their transgender child, rather than directive. Parents must also be prepared to sit down with their child to educate them on biology. Parents must take on the responsibility for explaining the realities of puberty and their changing bodies (Ehrensaft, 2012). Although it may seem counter-intuitive to think that a

child can lead adults through this journey, research by family counselors and child psychologists states that this is the case. This involves listening to the child and allowing them to guide you and reveal to you who they are (Brill & Pepper, 2008).

Second, as the parent of a young transgender child, learning how to be supportive begins with reflexivity. It is necessary for parents to prioritize their own learning and be willing to develop, and confront as necessary, the ontological and epistemological bases from which their worldview is formulated. Of particular importance, as will be elucidated in chapter 3, is the understanding that the concept of transgender is socially constructed as opposed to the “neutral discovery of an objective truth” (Castello & Botella, 2007, p. 263). It should not be imagined though that this process is rapid; usually it is characterized by a protracted period of crisis that will vary from household to household (Brill & Pepper, 2008b; Ehrensaft, 2011; Pepper, 2012).

Third, going through this process of growth alone is not the most effective way to develop. Seeking other families in similar situations, finding a good therapist or professional family counselor, and seeking good online discussion forums may help to normalize the experience (Brill & Pepper, 2008). It may be rare, but it is far from unusual, and discovering others who are battling, or who have battled, with these emotions can be assistive in terms of developing strategies and best practices to work through periods of readjustment. One example of this is the Family Acceptance Project (FAP), which deals with supporting LGBT children. In particular, this project offers support for ethnically and religiously diverse families, supports the wellbeing and health of LGBT children, combats homelessness, informs public policy, and finally develops a

model for overall family wellness (Herthel & Jennings, 2014; Ryan, 2010; Ryan et al, 2013). The extent to which transgender concerns are attended to by projects like FAP is debatable. Certainly FAP notes that it was only more recently that transgender concerns emerged, and it seems clear that the principle focus is on LGB identities. It should also be noted that FAP seems to focus more on teenage and young adult experiences, as would be expected if the principle focus is on LGB identities, since sexual orientation typically manifests itself at an older age than gender identity.

Fourth, another potential aspect that families of PTT children, particularly parents, must be prepared to address are both the psychological and medical aspects of this identity. Psychological distress is frequently found in transgender people of all ages (Burgess, 2000; Cohen, 1997; Grossman & D'Augelli, 2007b; Ignatavicius, 2013; Lev, 2004; Saeger, 2006). Young children will typically exhibit what is described as clinical distress due to the misalignment of their physical self with their inner self. Typically this is something that can be, largely, addressed by medical interventions such as blockers, and eventually HRT, followed by surgery. For pre-teenagers, only blockers are relevant because HRT would not be administered until a child is a teenager (Edwards-Leeper & Spack, 2012; Hembree et al., 2009; Houk & Lee, 2011; N. P. Spack, 2009; Tuvemo, 2006; Waal & Cohen-Kettenis, 2006). More exhaustive detail of medical interventions will be provided in chapter 4.

Fifth, parents and families should be prepared for criticism of their decision to support the transition of their child. This has been reported as coming from extended family members, community members, school personnel, and even medical personnel

(Ehrensaft, 2013; Johnson et al., 2014; Johnson & Benson, 2014; Kuvalanka, Weiner, & Mahan, 2014; Malpas, 2011; Ryan, 2010; Saegar, 2006). Mothers, in particular, are frequently targeted as being somehow to blame for their children being transgender. A case study by Johnson & Benson (2014) illustrates how this can manifest itself:

Sarah's willingness to allow Lee to live as a girl elicited accusations from her family suggesting child abuse or neglect. Her uncle made phone calls to family members to voice his discontent, they aren't invited to certain family events....She was told that somehow her "feminist" beliefs caused her son to be feminine.....Sarah's ex-husband's family.....contacted legal counsel along with child protective services, claiming that allowing Lee to live as a girl was neglectful. (pp. 132-3)

This sort of accusation is frequently voiced from a male to female transitional direction, but is less often reported for a female to male transitional direction.

Sixth, another area that parents frequently have to be navigate are relationships with educational institutions. As we have seen by the review in the previous section, PTT children face an elementary school system that research studies suggest is not adequately prepared to understand and support gender differentiation in general (Dykstra, 2005; GLSEN & Harris Interactive, 2012; Luecke, 2011; McGuire et al., 2010; Payne & Smith, 2014; an et al., 2013; Slesaransky-Poe et al., 2013). This is in large part due to the pervasiveness of heteronormative and cisnormative discourses in elementary schools that govern so much of how school personnel operate. The manifestation of these discourses

in elementary schools is frequently in the form of innocence (DePalma & Atkinson, 2006; Kehily, 2009; Renold, 2002).

Seventh, despite the challenges that society presents to families who have transgender children, a considerable number of benefits of being supportive and of affirming the identity of a transgender child have been identified. These benefits include: higher self-esteem and feelings of self-worth, a more positive long term outlook, amelioration of potential psychological and physical concerns, and finally a greater degree of life satisfaction (Ryan, 2010; Ryan, San Francisco State University, & Family Acceptance Project, 2009). In addition, properly supported transgender children will typically perform better and have a more positive learning experience in schools when their families support and affirm them (Greytak et al., 2009, 2013; Kosciw et al, 2013; Kosciw et al, 2011). This is not just in terms of increasing their sense of self-efficacy and ability to perform, but also because families will intervene in schools to ensure their child's safety and acceptance, thereby providing them with a potentially more conducive environment to learning and achievement (Burdge, 2007; Luecke, 2011; Slesaransky-Poe et al., 2013).

Effects of unsupportive families. Unfortunately, the reality for several PTT children whose families are unsupportive can be, and usually is, detrimental to their health and general well-being. The main fear for transgender children of all ages is some form of familial rejection, specifically parental rejection. The need for acceptance, the reliance on parents for general health and wellbeing, and the need for support in terms of physical transition processes are all central to this fear. The consequences of rejection and

the high incident rate of rejection and/or repression for transgender children are truly terrifying. These will now be discussed further.

Family rejection and lack of support have been shown to have profound effects on transgender children in both indirect and direct manners (Bouris et al, 2010; D'Augelli et al, 2001; Grossman & D'Augelli, 2007; Koken et al, 2009; Lev, 2004; Needham & Austin, 2010). Indirectly, psychological distress occurs as children not only fear parental rejection but also fear that their gender atypicality may indicate failure or disappointment to their families. Directly, issues such as lack of educational support, lack of treatment or worse, non-affirming treatments, and homelessness can all occur.

Most parents have dreams and aspirations for their children, but those dreams can sometimes cause psychological distress for the child. Such goals usually manifest themselves in gender-specific ways due to the association of certain characteristics and activities with males and others with females. Psychologists who speak with parents of transgender children often report the phenomenon of *grieving* or *bereavement* associated with the loss of their son, who is now their daughter, or their daughter who is now their son. This sense of loss is associated with the child now being unlikely to fulfill many of the dreams that their parents had for them due to the gender-specific nature of those dreams, for instance becoming a mother and having children or “following in his father’s footsteps”. From the child’s perspective, the knowledge of upsetting their parents’ dreams can cause considerable psychological distress, manifesting itself in self-harming behaviors and repression of one’s trueself (Brill & Pepper, 2008; Pepper, 2012). Many children will do anything to please, or not to disappoint, their parents and in this sense a

stable and supportive family life is essential for transgender children, because an unsupportive family can have disproportionately negative effects in terms of mental and emotional consequences (McGuire & Conover-Williams, 2010; Ryan, 2010).

Familial rejection will also affect the educational achievement and long term aspirations of transgender children. The logistical challenges that families of transgender children face in negotiating relationships with the school district and individual school that their child attends are considerable, and will only be pursued by a supportive family. The challenges for families derive from several quarters in school systems including: school philosophies, the degree of knowledge for both teachers and students about this particular experience, and also more practical considerations like which restroom they can use and how safe in general they will be in a highly gender normative environment (Dykstra, 2005; Martin, 1998; Peterman, 2010; Ryan et al, 2013).

Parents therefore must be prepared to be allies in their child's school system. To do this, parents will therefore need to acquire and develop knowledge about transgender children issues, particularly their developmental trajectories (Grossman, 2006; Mallon & DeCrescenzo, 2006). In addition, parents will also need to be in a socio-economic position where they are able to be supportive. If the parent(s) hold(s) multiple jobs then realistically their ability to be supportive and dedicate the time to being an ally in schools will be significantly reduced. Such intersecting forms of identity will be discussed in the next sub-section.

Familial rejection can be even more troubling for children who wish to pursue body-altering treatment, such as hormone therapy or medical procedures. This is because,

for the most part, legal minors i.e. children under age 18 must have parental consent to obtain legal treatments for the physical component of transitioning. Overall, it is difficult for children to access support, transition-related medical care, or mental health services without their parents' involvement and consent (Lev, 2004).

Unfortunately, treatment also comes in much more negative and harmful forms. Whereas hormone therapy and body-altering treatments are generally considered to be affirming, an alternative category of treatment, known as reparative or conversion therapy positions transgender as an illness or disease that can be cured through treatment. Such treatments include chastity, electric shock treatment and/or emetics to be administered to counteract undesirable behaviors or emotions, and finally psycho-religious study (Bright, 2004). There is no credible empirical research evidence to substantiate the claim that "reparative" therapy is successful in changing one's sexual orientation or gender identity (Haldeman, 1994; Mills, 1999; Morrow, 2004; Tozer & McClanahan, 1999). On the contrary, the United Nations condemned reparative, or conversion, therapies (Mendez, 2013). In the U.S., a number of organizations have banned reparative therapies including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the American Academy of Pediatrics, the American Medical Association, and the National Association of Medical Workers (Bright, 2004). It is important to note that this is a practice still alive and in daily occurrence in the U.S and one that we, as educators, must be aware of because, the line between such therapies and child abuse is incredibly fine.

Another major concern is that transgender identities and gender atypical behaviors can lead to familial disownment and so to homelessness. This is another, not all that uncommon, outcome of family rejection. The harmful effects associated with homelessness have been documented by several researchers, particularly in fields such as medicine, psychology, and counseling (Brill & Pepper, 2008; Grossman, 2006; Johnson & Benson, 2014; Lev, 2004; Mallon & DeCrescenzo, 2006). Some of the specific results of such hostility and misunderstandings are frequently unfortunate and often tragic, including: forced promiscuity, substance abuse, a high prevalence of HIV, illegal (and often harmful) medical treatments, depression, self-harm, suicidal ideation and suicide (Cohen, 1997; Herbst et al., 2008; Klein, 2000; Tooru Nemoto, Operario, Keatley, Han, & Soma, 2004; Reck, 2009; Sausa et al., 2007).

Of particular note are some of the illegal and harmful medical treatments that are part of being both transgender and homeless, and which are particularly associated with the MtoF experience. Varying forms of self-feminization include the administration of street hormones, the provenance of which are questionable, and the effects frequently harmful. Perhaps even more harmful though is the (self) injection of silicon into the breast, buttock or hip areas. As Beam (2007) highlights in her ethnography of transgender children in California, the potential consequences of injecting silicon into the body can be detrimental to the health of the recipient. Despite silicone being considered inert there have nonetheless been reports of the damage that it can cause:

Depending upon where it's injected, the silicone can become a mass of infected tissues that can slide in to the lower legs or scrotum or cause real

trouble if it travels to the lungs. Transwomen have had long latency periods.....and then it has suddenly caused a deformity or infection. In the lungs silicone has led to respiratory difficulty, chemical pneumonia, and even heart failure. It has killed several transsexuals over the past few years. (p. 127)

The prevalence of this latter reality of being homeless and transgender speaks to the multiple forms of marginalization experienced by transgender children at the intersections of their identities. In other words, by observing transgender children at the intersections of their identities the transversal effects of the impact that say homelessness and socio-economic status have on being transgender become apparent. One specific example of this is the so-called “pumping party”. The prevalence of them is uncertain, but in essence it involves a somewhat euphemistically-labeled “doctor’s wife” administering black market silicone to transgender children in a given location before moving on to another town. The popularity of this service among transgender children is noted by Beam (2007): “the doctor’s wife would work from early morning into the late night.....and then she’d be gone, off to another city, clearing a cool couple hundred grand or more” (p. 128). Without adopting such an intersectional approach, researchers are in danger of capturing only a tiny part of an experience, without truly interrogating the depth of complexity of lived experience. Therefore, if we are to avoid homogenizing transgender children and simultaneously do justice to the individuality of their lived experiences, it is necessary to be cognizant of how multiple facets of identity intersect and impact upon being transgender.

Lack of research on diversity within transgender. There is a distinct lack of research emphasizing the diversity of transgender children and their families beyond gender identity. Transgender research can often come across as presenting a homogenized, monolithic community. Naturally an emphasis will be placed on gender identity, however other aspects of child and familial identity are important. One way in which homogeneity is similarly exacerbated is through research largely representing white, middle class families. Most of the research that is produced on transgender children at any age level documents white transgender experiences (Garofalo et al 2006; Nemoto et al, 2004; Reck, 2009; Rosario, 2009). The pervasiveness of whiteness in transgender representation is considerable and has resulted in a specific transgender identity being affirmed and normalized. It has consequently resulted in the academy's ignorance of non-white families with transgender children. From one of the earliest transsexual icons back in the 1950s, Christine Jorgensen, up until the present day, being transgender has been conceived as a predominantly white, heterosexual, middle class, experience, with the traditional ideals of femininity being affirmed (Meyerowitz, 2002). Interestingly, as Meyerowitz notes, up until Christine Jorgensen, public attention and research was directed more toward FtoM experiences.

Aside from this re-inscription of gender roles, the characterization of what it meant to be transgender has had an exclusionary effect for many. White transgender experiences have been emphasized along with MtoF experiences, but other forms of diversity within this heterogeneous community have been less conspicuous. This includes people of color, low SES or non-able bodied transgender individuals (Winter, 2002). This

raises the issues, and importance, of not homogenizing transgender experiences into a single experience but rather complexifying this heterogeneous group by focusing on multiple aspects of individual's identities and trying to understand how they intersect and interact. Studies on such intersections are the exception, not the rule, and as a result specific marginalization processes take place within an already marginalized population.

The under-representation of minority transgender individuals deprives researchers of rich data (Rosario, 2009). Studies that do focus on minority transgender populations, in terms of race, and SES (Garofalo et al, 2006) provide additional levels of complexity that mainstream white, middle class transgender children are less likely to experience, such as homelessness and the accompanying risk factors. Research that has been conducted also indicated that transgender children of color are statistically more likely to become homeless than their white counterparts (Garofalo et al., 2006; Reck, 2009; Rosario, 2009). The complexities of lived experience remind us that we are never comprised of just one thing. Rather, what makes us individuals is how exactly facets of our identity interact with each other and how this affects our social location. Increasingly, multi-axis analyses in qualitative research are becoming more frequent because researchers are able to more accurately represent lived experience. In transgender studies, particularly in education, there is a distinct need for intersectional emphasis to avoid essentializing and further marginalizing transgender students and their families.

As a result, attention has also focused upon discourses that emerge through an examination of transgender children experiences at their intersections. One of these is masculinity discourses, which disproportionately affects MtoF transgender children. Diaz

(1998) highlights how several MtoF transgender children of color often have to deal with a higher prevalence of masculinity discourses, religious complication and more traditional notions of gender and family roles. Failure to abide by the norms espoused by such discourses leads to social ostracism and for children that frequently results in homelessness.

This in turn opens up the uniqueness of the challenges that PTT children, depending upon other facets of their identity, may face. It highlights the often conflicting negotiations and challenges that face PTT children, and reminds us of the fact that the children population in the U.S. is becoming increasingly diverse and not only in terms of racial composition. Therefore, far from being quintessentially ubiquitous to all transgender children, the challenges faced and the discursive negotiations necessary are actually highly individualized, and cannot be determined by a single-axis interpretation of transgender identities.

Literature Review Summation

The aim of this literature review has been to identify current themes and trends in research conducted on PTT children in educational and familial contexts, or lack thereof. The paucity of research in these particular contexts and with this specific population highlights how little we know about PTT children concerns in education, and how little we are doing for their mental health, physical wellness, educational achievement, and future potential. This review has identified several gaps in our current knowledge where research is much needed in both educational and familial contexts. It is not possible for a

single study to address all of these gaps, but it is necessary to identify all these areas to indicate future research directions for scholars.

Research on PTT children is largely subsumed into LGBT research and research focused on the teenage age group. Transgender identities and experiences are probably most familiar to people in association with the LGBT acronym. In educational scholarship, transgender inclusion is ostensible in that there is a presupposition that addressing LGB needs are synonymous with addressing transgender needs. It also often creates the erroneous assumption that transgender is a form of sexual orientation, as opposed to gender identity. Without fully delineating transgender as its own subject area in education, its continued association with LGB concerns is simply going to perpetuate the cycle of confusion, and lead to the further victimization of an already marginalized population. Research on PTT children needs to focus specifically on them if we, as educators, can hope to support their identity and educational development. In addition there is a general omission of PTT child focus in literature that does focus on transgender concerns in education. What literature there is primarily focuses upon the teenage and young adult experiences and identities, and not on pre-teenagers. This is a major oversight that must be addressed.

Most of the research that has been produced on PTT children in educational contexts has a distinct lack of inclusion of PTT children's voices. It is the contention of this study that much can be learned from PTT children and that if families and educators are going to be guided by their experiences and identities they need to have significant opportunities to be heard

Given the level of harassment that we know transgender teenagers experience in high schools, it is essential that we conduct more research at the elementary level that raises our awareness and leads to the inclusion of all transgender children throughout all aspects of school life. Earlier intervention can help to ameliorate bullying and harassment that transgender children experience by increasing awareness and understanding for this issue. It is also important to research into this age group because insufficient research on harassment levels of PTT children exists. Studies indicate that harassment does exist, but the extent of the harassment is not known.

There is currently a distinct lack of focus on school policy protections for PTT children in school. In order to protect PTT children, school policies need to be developed that invoke specific terminology that protects children on the ground of gender identity and gender expression. Current research identifies the harassment and bullying of transgender children in schools as a substantial problem. Protection on the grounds of sex or sexuality does not adequately cover transgender children, although they are of course essential protections to have in school policies for LGB people. School policies should also highlight the need for teacher and administrator support and involvement in the enforcement of such policies to protect individual student's identities.

There is a distinct lack of transgender inclusion in classroom practice. This includes most, if not all, aspects of classroom practices including lesson planning, curriculum decisions and materials, and pedagogical strategies. Full inclusion and representation must be incorporated if PTT children are going to feel safe and supported, and teachers must be provided with support in order to achieve this.

There is a lack of focus on trans-inclusive teacher education. Although diversity issues and concerns form a part of many pre-service teacher training programs, transgender issues are rarely, if ever, discussed. If they are addressed, it is through the ostensible inclusion of LGBT narratives that rarely focus on their specific needs and concerns. If teachers are to support all children, they first need to understand them. Teachers must therefore develop their content knowledge of basic foundational concepts and language alongside more complex considerations in order to be supportive of PTT children.

There is a lack of research on what constitutes a supportive familial environment for PTT children. Research on PTT children in familial contexts has provided several interesting insights. However, there are some key points that remain under-researched. First, awareness among families that gender identity is formed is typically formed by the age of 5 or 6. This seems to be a commonly accepted fact for cisgender children, although it is typically a concept that is rejected when it comes to transgender children. Raising awareness of this is pivotal if families are to understand that they must be led by their child from an early age. Second, finding ways to forge stronger links with their schools to work with teachers in supporting their child also requires attention. Third, families must develop strategies to progress through their own journey of understanding and acceptance when it comes to gender identity. Finally, supportiveness must also translate into educational contexts through stronger and more efficacious family-school relationships. PTT children will benefit immensely from having a supportive family advocating for them in their school. Ways in which this needs to be done must also be investigated.

Substantial work with families in general must be carried out to raise awareness and foster support for PTT children. Research indicates that general acceptance of transgender children in families is less than favorable and the negative consequences that this can have for children can be, and often are, detrimental to their health and educational performance. Developing strategies to approach this topic with unfamiliar families are much needed.

There is a lack of focus on the diversity that exists within transgender populations. There is no single transgender community, but several diverse transgender communities. To emphasize this heterogeneity and to present a gender complex approach that emphasizes diversity within diversity, this individualism must be highlighted within familial contexts. As with transgender adults, PTT children are often constructed unidimensionally and consequently homogenized. This can lead to essentializing what it means to be transgender and often positions one transgender individual as the representative of all transgender people. This is no different to the essentializing processes that occur for other minorities. To address this, it is important to conduct research that constructs PTT children as multi-dimensional in order to emphasize the other components of their identities and to try to understand how they impact upon the transgender component of the individual's lived experience. Inter-relationships with race, sexuality, and SES should be examined to understand how components affect each other and complicate the narrative of what it means to be transgender. It is also important to draw links with sexuality so that the distinctions and relationships between LGB and transgender identities can be forged.

Although this study cannot adequately address all of these areas, it can certainly make a contribution to filling many of the gaps identified. First, this study focuses exclusively on transgender issues specifically, not LGBT issues generally. Second, the research conducted is also not situated within a broader LGBT context and instead represents a clear separation that enables a substantive delineation of PTT children concerns to occur. Third, it focuses on PTT children and their families specifically, not on teenage or young adult experiences. Given the scarceness of research with this demographic within education, it is an absolute necessity to work with this age group and develop ways to be more inclusive and supportive of their needs. Fourth, the voices of PTT children (when possible) and those of the parents will be privileged and undergird the entire analysis in chapter 5, based upon the premise that their life experiences place them in the best position to inform our practices as educators. Fifth, this study aims to facilitate the learning process about transgender concerns for elementary school personnel through the words and worldviews of PTT children and their families. This will have implications for both transgender content knowledge and teacher pedagogy. Sixth, this study will address the issue of school policy protection at the elementary level, specifically what policy protections might be needed for PTT children. This again will emanate from the study participants. Seventh, although the focus is on PTT children, the analysis will seek to draw links with other aspects of their identities to provide a more complex assessment of their individual lived experiences. Finally, it is hoped that the findings from this study will help to raise awareness among educators and families to help PTT children obtain the support that they need.

Chapter 3: Methodology

This methodology chapter will be organized into three sections. Section one delineates the researcher's epistemology. Since the perspectives and belief systems of the researcher affect every aspect of the research process, it is essential to present them. It will also outline the theoretical frames employed in each chapter. Section two focuses on the method of analysis and methods employed in chapter 4, which focuses on how our understanding of the concept of transgender is informed by an analysis of historical discourses, particularly those in the medical fields. This section will explain how texts were identified, and outline the method of analysis. Section three will focus on the overall research design that enabled data to be collected for analysis in chapter 5, which is comprised of the empirical analysis of the interviews with participating PTT children and their families.

Epistemology

The concept of epistemology was named in the nineteenth century. When philosophers began to question the nature of reality, and what constituted ethical behavior for society or morality for an individual, the question of what it meant to truly know something arose. From Ferrier's (1854) earliest conceptualizations of epistemology it has come to represent the branch of philosophy focused on the study of knowledge and justified belief. The specific form of epistemology generally focused upon by

epistemologists is termed propositional knowledge i.e. knowledge that declares something to be true like $2 + 2 = 4$. This is distinct from procedural knowledge i.e. the knowledge of how to perform a particular task, like riding a bike (Audi, 2010; BonJour, 2010). As Gettier's (1963) arguments demonstrate, three pre-conditions are thought to be at least necessary, if not always sufficient, for knowledge: truth, belief, and justification (Shope, 1983). The implications that epistemology has in terms of qualitative research is how it has taught researchers to question their assumptions, perspectives, and what they hold to be true when conducting research. So where does the researcher's own epistemology lie on this spectrum?

Researcher epistemology. My personal epistemology is closely aligned to tenets of social constructionism. Social constructionism is a broad school of thought, but there are some core constructs that are noteworthy and indicative of the researcher's epistemology. An understanding of these epistemological tenets and of how they have impacted upon other aspects of this research study, specifically the selection and interpretation of theoretical frames, methodologies, and methods, is essential if an understanding of the data is to be reached.

The process of meaning making (Denzin & Lincoln, 2011; Esterberg, 2002) is integral to all human activities and is interactional in nature. Meaning provides a very different form of social experience for individuals depending upon the interactions they have with themselves, others, and the objects or symbols in question. Lock and Strong (2010) emphasize how language plays a pivotal role in this process, it being symbolically-based. The interpretation of symbols is interactive and can occur internally,

through reflection, or during conversation with others. Such interactional interpretation lends itself to meaning making and understanding in a highly individualized way.

Meaning is time and place specific and entrenched within complex socio-cultural processes. Different contexts impact upon individual interpretations as does the historical situatedness of those contexts. The continuity of symbols that is so often assumed is problematized by social constructionism as having variable meanings and values across space and time. Pinker (2003) provides us with a simple economic example to illustrate the issue of space:

Just as the value of something may change with time....so it may change with space....A banana is worth more to me in a store down the street than it is in a warehouse a hundred miles away, so I am willing to pay more to the grocer than I would to the importer. (p. 235)

In the same way, examples of meaning changing across time are also abundant. The treatment of people of color in research, particularly in so-called third world countries, has also been subjected to the influence of time in terms of producing meaning. Historically, traditional ethnography has been employed to produce images of people of color as “the other”. The concept of time specifically has been employed for this purpose by ethnographers to infantilize and make primitive the “native”. As a result, critical interpretations by social scientists and anthropologists have developed ways to explain this resultant hierarchy of privilege or worth. The concept of *allochronism* has been produced and employed to explain this hierarchical production. Allochronism is the denial of the simultaneity of the ethnographic “other” with the representing subject and

the consequent placing of the other in another time (Fabian, 2014). The idea of producing meaning through manipulating time to give one culture the semblance of being “primitive” or “backward” and another of being “progressive” or “advanced” is dependent upon the manipulation of time to produce meaning. Again part of the process of socially constructing knowledge and reality is based upon the relativity of time and space; in other words, knowledge is, in large part, dependent upon time and space.

The problem from these scenarios is not the dependence upon time and space specifically, but rather how knowledge can be manipulated to produce particular meanings through the formulation of categories. This can be something ostensibly harmless, but that nonetheless dictates reality. Clothing is a clear example of this, and again is subject to time and space factors. Today in the U.S., specific items of clothing have become categorical symbols of women in a way that they are not for men. Clothing such as skirts, blouses, stockings, and high heel shoes are all stereotypically-indicative of women and are viewed as “normal” attire. They do not in themselves make a woman a woman, nor do women have to wear them in order to be women. They are however perceived to be cultural indicators and symbols of traditional womanhood in the U.S. today. Change the time period and the location however and such clothing types that today in the U.S. are seen as abnormal for men can immediately become “normal”. Go back to seventeenth or eighteenth century continental Europe and the attire description given above was considered standard court attire for men. Aileen Ribeiro (2002, 2003, 2005, 2008) has written extensively on court attire during these times, along with the changing themes of fashion over time. Male court attire included petticoat breeches,

characterized by their looseness and simulation of women's petticoats, an overskirt accompanied by a bow, over the knee stockings with garter belt, and high heeled shoes with a small ribbon. Such attire was socially-constructed as appropriate for the male sex at that time and in that space.

Today however, such categories of clothing have been defined as female-appropriate and male-inappropriate and as such, men are actively discouraged from wearing such clothing categories. However, time/space variability demonstrates the idea of clothing being gender -specific is in many respects arbitrary since it is so variable across time. As such, clothing categories are socially-constructed with a particular meaning as opposed to being naturally imbued with it. It has resulted in a rigidly defined system that begins from birth and is systematized throughout every stage of life. Any individual exhibiting transgressive behaviors is discouraged through multiple forms of gender policing, and it is this result of categorization, as Allport (1954) has argued, that is so corrosive and leads to stereotyping and so to discrimination. Meaning therefore, across time and place, is not static but subject to the complex interplays of socio-cultural factors.

From a social constructionism perspective, meaning is often formulated within a particular power dynamic. Certain symbols therefore have meaning because they are given institutional validity. One of the most ubiquitous symbols that is imbued with institutional meaning beyond its raw self is money. Money in essence consists of materials such as paper, cloth, ink, and various forms of metal (Searle, 2010). Historically, money actually embodied intrinsic value, since in the past coins were frequently made with precious metals such as gold and silver (Davies & Bank, 2002;

Weatherford, 2009). Today, money in most currencies holds no intrinsic value as it is made from non-precious or inexpensive materials. It is much more of a functional item that has become institutionalized. In macroeconomic theory, money has several core purposes, including being: a medium of exchange, a measure of value, a standard of deferred payment, and a store of value. The value of a currency today can be based on various factors including land value, a country's store of precious metals (usually gold), and the backing of a country's government to proclaim it as legal tender (Abel & Bernanke, 2008; Mankiw, 2009). As such, institutional meaning is necessarily socially constructed since human beings have decided to attribute greater value to a piece of paper printed by the U.S. mint, than a piece of paper printed by a LaserJet printer in an office.

Such institutional meaning is attributed to other symbols that society places importance upon. Marriage, at least up until recently, was given specific meaning and possessed certain privileges that were denied to many individuals simply because they did not conform to heteronormative standards. In addition to marriage being a bond between two people, it possessed other privileges, such as tax incentives. A gay or lesbian couple were not able to say that they were married until more recently and then only in certain States. Again this exemplifies a time/space relationship, but it also represents official, or institutional, meaning and demonstrates how only certain types of knowledge have meaning.

Social constructionism is concerned with creating a more socially just existence. It does this through "revealing the operations of the social world, and the political apportioning of power that is often accomplished unawares, so as to change these

operations and replace them with something that is more just” (Lock & Strong, 2010, p. 8). It is important to note that social constructionism is not concerned with political critique with the goal of social justice. Rather, it is believed that there is something more fundamental than human language that pre-exists and enables human experience. Social constructionism is seen as a way of interpreting and understanding the foundations of human nature. In this way, it is genuinely transformative, but in a more fundamental way than critical theory. However, it is related closely to it, as exemplified by Marx’s eleventh thesis on Feuerbach: “the philosophers have only interpreted the World in various ways; the point, however is to change it” (Marx & Engels, 1976, p. 8).

Very naturally, social constructionists are generally skeptical of the idea of attributing essential characteristics to people or phenomena. Rather, a social constructionist believes that individuals are co-constructors of their realities rather than being governed by some form of innate or pre-ordained essential qualities. In this way, social constructionists also do not ascribe to realist ideals, specifically epistemological realism a sub-category of objectivism, that what we know of an object or thing exists independently of our minds. Such ideas stem from numerous early philosophical works such as Plato, St. Augustine, and St. Thomas Aquinas (Bhaskar, 2009; Brower, 2014; Devitt, 1997; Fitzgerald & Cavadini, 1999; Lodge, 2013; Rist, 2012).

Social constructionism is critical of the status quo in society and is necessarily focused on consciousness raising. Hacking (1999) outlines this by presenting a thesis around X: “X need not have existed, or need not be at all as it is. X, or X as it is at present, is not determined by the nature of things; it is not inevitable” (p. 6). A social

constructionist theory would argue that X, or the character of X is not determined by the nature of things. It is not pre-ordained, but rather came about and was shaped by social forces, history, culture, none of which were inevitable and all of which could have turned out differently. The thesis could be expanded and “X” could be deemed to be inherently negative and the conclusion could be drawn that either we would be much better off without it, or if it remains it requires radical transformation.

As Hacking develops his ideas still further, he draws upon the ideas presented by gender and feminist scholars. In particular, Simone de Beauvoir’s famous pronouncement in *Le Deuxieme Sexe*: “*On ne naît pas femme: on le devient*” (one is not born, but rather becomes, woman) (Beauvoir, 2012, p. xviii). Several gender and feminist scholars argue with a social constructionist epistemological perspective, because the inequity inherent in the binary gender system is seen to be constructed rather than pre-existent. In the same way, so-called gender deviants like transgender individuals are constructed as such because they are not seen to fit neatly into the gender binary. Their identity is therefore seen as subversive and unnatural. A social constructionist would argue that transgender people were not born subversive, but became subversive in the same way that de Beauvoir has argued was the case for women. This is also the belief of the researcher of this study.

I believe it to be socially imperative to take an identity complex approach when working with any research population. Being transgender was part of the identity of the children whom I had the pleasure of working with, and in a different way than that of their respective families also. However, it was not the totality of their identities and certainly

not that of their families. Intersectionality (Crenshaw, 1991; Delgado, 2011; Knudsen, 2007; McCall, 2005) also assists with a more complex understanding of any given identity category and posits the concept of diversity within diversity. For transgender people this serves as a useful means of “un-homogenizing” a community and instead presenting it as multiple communities of individuals. As a transgender woman, I do not feel that I belong to any single or unified transgender community, but rather an intricate and complex array of individuals whose one common link is this idea of being transgender. This is in juxtaposition to a monolithic community of essentialized beings.

Insider/outsider theory is quite common in qualitative research as it speaks to the relationship that a researcher has with their participants. It is hard to subscribe to this theory while simultaneously avoiding essentializing and homogenizing a research population. To do so, it is important to deconstruct transgender into sets of thematic commonalities while acknowledging individualism. In many respects, I would be seen as a cultural insider in the one essential way that mattered: that I am transgender. I believe this fact gave the children I worked with piece of mind when they spoke with me, irrespective of which direction they were heading i.e. MtoF or FtoM. I felt that they felt they could speak with me and that I would both understand and accept the validity of their feelings because I could relate to how they felt in a way that is not possible for a cisgender person. I also believe that I gave the parents and other family members some comfort because it provided them with an individual who had also had to negotiate their transgender identity with their own family. It also gave them a visible picture of what a

transgender person can grow up to be i.e. a normal member of the community as opposed to the often marginalized images presented by the media.

Arguments have been presented of the advantages and disadvantages of being a cultural insider. The advantages of being a cultural insider that I experienced in this project, took the forms of access to this vulnerable population, having an in-depth understanding both personally and professionally of what it means to be transgender, being accepted automatically as an ally working in my participants' interests, and finally as a mentor for the children and an understanding conversation partner for their families. Had I not been transgender, I do not believe that I would have been granted access by the social worker to the support group that I attended as a supporter and friend, even if I had managed to locate the population. Part of the reason was trust and understanding, but also, and more importantly, I would be able to give back to the community through my interactions, and experiential knowledge in a way that a cisgender person could not. I brought to the table a means of helping while being supportive.

One of the main disadvantages of being a cultural insider often cited is that important facts and information will be left out of narratives given to a cultural insider, because it comes under the mantle of implicit knowledge. In this instance, I do not feel that this applied. In fact, given the often highly personal subject matter being discussed I felt me being an insider enabled more detailed conversations to occur because it was felt that I was able to understand in a personal way, as well as in a professional way. In this scenario therefore my cultural insider status in relation to my participants was not a disadvantage; quite the opposite.

Data Collection and Analysis of Historical Discourses

This section focuses on the methods of analysis employed in chapter 4 of this study, which focuses on answering the following question: How does an analysis of historical discourses of transgender inform our current understanding of this concept? This section is comprised of two sub-sections. Sub-section one outlines the method used to collect data for analysis in chapter 4. The data collection method employed to identify past research that addresses these areas is primary research. Sub-section two focuses on the method of analysis employed in chapter 4. The method of analysis is based upon the use and interpretation of Foucauldian discourse analysis (FDA). The interpretation is also based upon the researcher's own epistemology.

Primary research. The methods of data collection employed in historical analyses frequently include primary research. Primary research is research focused on primary sources that often occurs after research into secondary sources has been conducted (Anderson, 2004; Glass, 1976; Greenhalgh & Peacock, 2005). A primary source is one that is in its original format that has not been altered or distorted in any way. They are direct outcomes of events or the records of participants. Examples could include school board meeting minutes or eyewitness accounts or records. A secondary source is when an individual who was a non-observer or non-participant comes between an event and the source. So a report written about a school board meeting based upon the meeting minutes or the accounts of participants would be an example of a secondary source (Ary, Jacobs, Razavieh, & Sorensen, 2009). The rationale for this method is that an examination of secondary sources enables the researcher to have an overall

understanding of the field as well as to identify some of the formative works in the field of focus. It should be noted that primary research is considered distinct from archival research. Archival research typically involves going directly to primary sources with at least some research goals in minds, but possibly not with fully-developed research questions. It is a much longer process and it is not unusual for archival research projects to involve several years of searching (Ramsey, Sharer, L'Eplattenier, & Mastrangelo, 2009).

Primary research in this study provided a means of collecting data through an examination of past literature and proved invaluable for sections one, two, & three of chapter four. For section one, the starting point was some of the canonical research produced in transgender studies (Bornstein & Bornstein, 1994; Feinberg, 1992; Serano, 2009; Stryker, 2009; Stryker & Aizura, 2013; Stryker & Whittle, 2006; Wilchins, 1997). Many of these works, in particular the transgender studies readers highlighted the early works of sexologists produced at the end of the nineteenth and first half of the twentieth century (Caldwell, 1956; Ellis, 1915; Hirschfeld, 1991; Kinsey, 1953; Krafft-Ebing, 1965). It became clear that early work on sexology was formative not in producing modern LGB discourses, but also of producing modern conceptualizations of gender, specifically transgender. This in turn also prompted further reviews of secondary sources that had focused more on human sexuality such as Terry's (1999) prolific work on the role of science and medicine in formulating sexuality.

Foucauldian discourse analysis. Chapter four employs FDA as its methods of analysis for two principle reasons. First, the relationship Foucault explicated between

knowledge construction and the power nexus is particularly pertinent for transgender identities that have largely been shaped by the pervasiveness of scientific discourses. Branches of science including psychology, psychiatry, endocrinology, and perhaps most importantly the earlier work on human sexuality have constructed transgender within very specific parameters. The power yielded by scientific discourses has validated this knowledge and it still remains the most influential and pervasive discourse affecting transgender people (Bornstein & Bornstein, 1994; Feinberg, 1992; Serano, 2009; Stryker, 2009; Stryker & Aizura, 2013; Stryker & Whittle, 2006; Wilchins, 1997). Second, the fecundity with which medical researchers have employed Foucault's work as a means of critiquing past and current scientific discourses on care and inclusion as a means of identifying and examining the prevalence of power/knowledge constructions in medical discourses commends FDA as a methodology (Bunton et al, 2002; Cheek, 1999; Gastaldo & Holmes, 1999; Heartfield, 1996; Lupton, 1992; Powers, 1996; Willig, 2000). The principle theoretical precepts being employed in this study are drawn from several of Foucault's work, including: *Discipline & Punish* (1995), *The Archaeology of Knowledge* (1972), *The Birth of the Clinic* (1973), and *The History of Sexuality* (1990). Both social constructionism and the theoretical frameworks drawn from Goffman's stigma and Ahmed's work on fear inform FDA in that they focus its application on specific aspects of transgender identities and concerns that are key to its reconceptualization.

FDA as a term or concept may seem counter-intuitive to many and even something of a misnomer (Cheek, 2004). Foucault never systematically developed a single specific discourse analytic method and his research into the power-knowledge

construct cautions against developing any such unilateral system (Foucault, 1972, 1990, 2012). Such a system would involve superimposing our text upon those that we examine, thereby bringing them within the power nexus whose reductive effects we are trying to demonstrate (Foucault, 1975). Avoiding as far as possible the reductive effects of power is how Foucault approached discourse analysis, as exemplified by his account of the Pierre Riviere parricide case in France, which was presented without interpretation or commentary, so as to avoid the reductive effects of power relations.⁴ Rather than viewing FDA as a distinct methodology, it would be more accurate to describe Foucault's work on discourse as providing the necessary tools to conduct a discourse analysis as opposed to prescribing a specific way that it should be done (Cheek, 2004). In light of this it would be accurate to say that we understand a particular construct of transgender because FDA formulates a specific view of reality that demonstrates how the concept of transgender has been articulated throughout history and the relational effects that that snapshot of reality has had on contemporary understandings.

FDA scholars recognize the materiality of discourse and acknowledge its effects on the being of both the subjects and objects of knowledge through a specific conceptualization of power. According to Foucault, knowledge is not produced outside of power, but directly correlates to it and reciprocates it, i.e. the relationship is not that a

⁴ Pierre Riviere was a Frenchman who killed his mother, sister, and brother in 1835. While legal proceedings ran their course, he wrote his version of the story, which along with psychiatric reports, the judge's investigation and contemporary newspaper accounts formed the basis of Foucault's book. Foucault's own belief in recounting Riviere's history was that it should not be interpreted or subjected to psychiatric or psychoanalytic commentary.

subject produces knowledge, but rather it is a specific power-knowledge relationship that determines both the forms as well as the possible domains of knowledge:

We should admit rather that power produces knowledge ...that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations (Foucault, 2012, p. 27).

The multiple processes of power and knowledge are established and articulated in discourse, which is conceptualized as a network of “converging, conflicting, and intervalidating enunciations delimited by conventions, which include certain interlocutors and allow certain utterances while excluding others” (Terry, 1999b, p. 14).

One of the structural components of a Foucauldian perspective of discourse has been more recently articulated by linguists as that of *presuppositions*. As Leps (1992) explains, the concept of presuppositions, or truth-values, emanates from the understanding that words can produce meaning beyond what they explicitly state. In other words, a presupposition represents the elements of words that produce a literal meaning without being explicitly stated. A classic example frequently cited comes from Bertrand Russell’s (1905) work on *denoting* is: “The present King of France is bald” (p. 483). The unstated implicit meaning, or presupposition, in this sentence is that there actually is a King of France. In light of this, one of the most important implications of presuppositions on a discourse is that they construct discursive parameters.

The relational control that power exercises over the body is an inescapable reality of discourse, since discourses of the body abound within medicine. When referencing the body, Foucault contends that: “power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs” (Foucault, 2012, p. 25). Perhaps nowhere does the terrain of the body manifest itself more explicitly than within medicine, which in part explains the paucity of medical research using FDA precepts. FDA has been used extensively by researchers to examine issues within health and medical fields, specifically because it frames discourse as a way of thinking and/or speaking about aspects of reality within a given cultural space and time (Bunton et al, 2002; Cheek, 1999; Gastaldo & Holmes, 1999; Heartfield, 1996; Lupton, 1992; Powers, 1996; Willig, 2000). Foucault’s contention that discourses are operationalized to understand and interpret reality in specific ways within a particular context has resulted in the notion that discourses are in essence governed by certain rules and parameters that are formed through manipulations of power. Given this alignment between knowledge production and power, it would be accurate to argue that medical discourses producing transgender as pathologically abnormal are not objective truths, but rather the result of specific epistemological constructions of reality.

One effect of power involves the privileging of one discourse over another. At particular moments in history, a certain discourse will assume prominence, or greater truth status, over another, this being an effect of power (Foucault, 1972). For example, if procreative sexual intercourse is a presupposition of normal sexual behavior, then behaviors not conducive to this perceived norm would be deemed aberrant. If therefore a

medical discourse reported that a biological female believed herself to be a man and refused to engage in sexual intercourse with a man for the purpose of producing a child, a doctor would conclude this to be not only an aberrant behavior but very possibly a psychiatric disorder, because it prevented what was believed to be normal behavior. Which discourse prevails therefore becomes a manipulation of power. Nietzsche reminds us that all things are subject to interpretation, whichever interpretation prevails at a given time is a function of power and not truth (1896). An alternative way of conceptualizing the relationship of power and discourse would be to view the controlling of a particular discourse as tantamount to having control over power.

This concept of silencing and representation occurs on a discursive level, but it also occurs on a micro/individual level, i.e. discourses also have the ability to silence people as well as other discourses (Cheek, 2003, 2004). Within a discourse, some individuals are constructed as normal while others are systematically excluded, necessarily becoming abnormal. In other words, a discourse can potentially normalize one experience or one type of person while constructing other experiences and people as dissentient, aberrant or *other* (Said, 1978). This engagement with what might be termed *othering* processes i.e. the process of categorizing and treating someone as fundamentally different and alien from a perceived norm, is much the same as the master-slave dialectic explicated by De Beauvoir (2012). Whereas difference can sometimes imply a threat, othering is not always used in that context. Sartre (1958) demonstrated that the concept of the other can simply imply a phenomenological alteration rather than a threat: “To perceive the Other is to make known to oneself what he is by means of the world” (p.

340). Understanding this concept is central to understanding how difference is constructed in multiple contexts of human identity.

A Foucauldian approach to discourse analysis goes beyond standard syntactical and semantic analyses of the content of a text or material. Rather, focus is on how texts have been influenced and shaped by their particular historical and social/cultural situatedness. If a cultural norm for biological females was to get married, have children, and look after their husbands, then a scientific text investigating the case of a woman who is horrified by menstruation, believes it impossible to engage in intercourse with men, and who needs a penis rather than a vagina to feel complete, would necessarily characterize this “woman’s” behavior as abnormal. In this way, it would be correct to deduce that a text is simultaneously a product of a specific snapshot of reality, as well as being a producer of that reality. Foucault encouraged texts and the language produced within a text to be interpreted as both subjective and value laden as opposed to neutral, value-free purveyors of truth or facts. Language therefore should not be viewed as having universal meaning; it would be more accurate to say that language is assigned a particular meaning by both the author and the reader. Interrogating the text therefore requires a different set of questions to be asked. For sexological research such questions might include: What influenced Krafft-Ebing to use words to describe some “gender aberrant behavior” as a form of paranoid metamorphosis? Why did Hirschfeld choose to describe human sex and sexuality by developing a framework of serial sexual intermediaries? The idea is that employing FDA highlights the implicit assumptions and meanings contained within a text.

Since FDA is grounded in history, it is also necessary to appreciate Foucault's sense and notion of the purpose of history. Much of Foucault's notion of history stemmed from Nietzsche's historiographical writings on the purpose of history: "historical study is only fruitful for the future if it follows a powerful life-giving influence, for example, a new system of culture" (Nietzsche, 2010, p. 12). Nietzsche was critical of popular deployments of history, which he viewed as fantastical, typically creating narratives of past mistakes or heroic deeds. In his view, such narratives impeded social progress because they distorted reality. It was these theorizations of history that Foucault used to develop what he termed an *effective* history, which itself is based upon a discursive construction of reality. So in the same way that reducing the act of sex to procreation, along with behaviors not conducive to it, is a simplification of a complicated reality, Foucault would likely see this to be an example of a traditional historical account. A Foucauldian reading would posit that it dissolves "the singular event into an ideal continuity – a teleological movement or natural process....the World we know is not this ultimately simple configuration,....On the contrary, it is a profusion of entangled events" (Foucault, 1984, pp. 88–89).

Instead of tracing historical events, Foucault encouraged what he termed *genealogical* examinations i.e. an analysis of hegemonic discourses. This was a particular method used to examine historical texts based upon an investigation of textual construction i.e. how texts were constructed and formed hegemonic discourses through specific manipulations of power. His approach centralizes power relationships including linguistic appropriation in that it formulates an interpretive lens that uses language rather

than chronology as the point of reference. This departure from the reassuring presence of familiarity is essential in order to avoid more popular historiographical accounts of the past. Unsurprisingly, such teleological approaches appear throughout the history of Science as is apparent from the pathologization of transgender identities. Such histories follow traditionalist formats, much as Nietzsche alluded to above, and focus on a teleological assessment that inevitably draws from and presents those theories and discoveries that have led to modern conceptions of scientific “facts”, while simultaneously ignoring those that have failed (Mayr, 1990). In other words, popular histories are constructed to justify contemporary reality instead of critically examining the power constructs that have led to this production of “truth”.

FDA requires a focus upon the specificity of actual practices, questions that seek to understand the rules of discursive formations, and an understanding of the influence of power on knowledge production. Historicizing (i.e. the interpretation of something as the product of historical development) analytical constructs and terminology is crucial if we are to accurately understand what it means to be transgender. Lather (2004) reminds us of the importance not to leave heavily coded unities like class, race, gender, and sexuality uncritically examined. All too often such constructs form the cornerstone of our analyses without a critical examination of their formulation, how the meanings of such constructs have developed and changed over time, and understanding how power has manipulated their production. Assessing transgender discourses will therefore involve a shortening of vision, focusing the lens of inquiry on that which is closest, the body being foremost in

mind (Foucault, 1984). With this understanding of FDA, a clearer and more accurate understanding of transgender as it was presented in early sexological studies is possible.

Research Design and Methods of Analysis for Empirical Data

This section focuses on the research design, and methods of analysis employed in chapter 5 of this study. Chapter 5 is focused on answering the following 2 research questions:

1. How do the PTT children in this study negotiate their identities with their families at home and in schools?
2. How do the unique identities of PTT children and their families help to highlight gender inequities in schools and society?

Sub-section one of this section will focus on the research design by outlining exactly what was done. Sub-section two will outline chapter 5's methods of analysis.

Research design. This first sub-section outlines the preliminary steps taken for the composition of chapter 5. It outlines the identification process of PTT children as a high-need research population, how access to this population was acquired, the processes and considerations taken during the IRB protocol, and the recruitment of participants for eventual data collection. It will then proceed to talk about the concept of research partners, delineate the theoretical precepts of conversational interviewing, outline the considerations and steps that I took during the interview process, and then finally address the transcription processes followed. It will then address the research questions that this study is answering.

Population identification. My gender transition commenced shortly before I began to write my candidacy exams. My research background up until that point was not specifically on transgender concerns, primarily because the suppression of my own identity precluded me from focusing on an issue that may have revealed a secret that I had kept hidden for 20 years. My research background did however provide me with an in-depth knowledge of identity and epistemology, multicultural education, critical pedagogy, critical race theory, and qualitative methodologies. My decision to focus my dissertation on PTT concerns was primarily because my own transition had forcefully highlighted to me the lack of knowledge on what it means to be transgender both within the College of Education at Ohio State and at the university at large. It made me wonder that if there was such limited knowledge about transgender concerns in a large college of education, how much could there be in K-12 institutions, and how much research was being produced on this topic?

I commenced with a plan of action that was comprised of two principle components. First, in-depth background reading into transgender studies as a field to learn about some of the current issues and research trends. Second, identifying and then reviewing literature within educational and familial contexts that has been produced on transgender concerns. With regard to my literature review, it quickly became apparent that there really was very little research on transgender children and young adults in K-16 institutions. It also became apparent that the research being written, was largely being produced by people who would be considered to be cultural outsiders i.e. cisgender scholars. It also became apparent that the research was largely focused upon White

transgender experiences as opposed to being inclusive of transgender children of color. One additional factor that shocked me was the level of harassment that transgender children experience. As the previous chapter's literature review details, transgender children are the most at risk population in U.S. schools. Although I knew that conditions were bad for transgender children in schools, I was unaware of just how bad they are.

By further examining K-16 literature, it also became apparent that what research there was largely focused on teenage and young adult experiences. Even though the level of research for teenage and young adult transgender children is insufficient, it was still relatively greater than the PTT children category where research studies barely entered double figures. This background research, along with my personal childhood experiences growing up, and current experiences transitioning as an adult convinced me that research in this area is an absolute necessity.

Population access. Although I had identified a population that I would like to work with, I was by no means set on conducting research with them, nor did I even know if it would be possible to do so. After all, transgender children are a protected population and hard to locate, let alone do research with. I therefore decided to put research to one side and see if there were PTT populations in the city who would like additional help and support. My first task was to locate such a population. To begin this process, I decided to reach out to my friends and supporters. In commencing my own transition, I had begun to build a supportive network of friends and advocates who themselves had networks of professional and social contacts in LGB, transgender, and queer communities. One close

friend and supporter, Diane⁵, who herself was a lesbian and active within multiple LGB, transgender, and queer communities had a professional contact who was a licensed social worker and who had recently formed a support group for PTT children. I was put in contact with the social worker, Erica, who identified as a lesbian and was extremely active within transgender communities in the city. She agreed to meet with me and we met in a coffee shop in the city. There we talked for about 2 hours about her group and some of the work that she did. She also asked me about my own life, transition, and work, it became apparent to her that I could certainly benefit support group members by becoming involved as a friend, supporter, and mentor for the children and their families.

Although Erica had in-depth knowledge of transgender people through her community work, as a cisgender person herself she felt that she lacked the personal, in-depth understanding of what it meant to be transgender. She therefore believed that having an adult transgender person attend her groups would greatly benefit the children and their families. I was honored that Erica extended this invitation to me since several other transgender adults who had expressed interest in the group had been denied access. I believe that my identity as a transgender woman, my personal outlook and epistemology, my knowledge of the field, and the potential positive difference that I could make in education for transgender children all assisted in her decision to include me in her group. I remain indebted to her for the faith that she showed in me.

I attended the first session of her support group in the summer of 2012 in a public library. I met the 3 children who attended that session, along with their respective

⁵ All names of partners and non-participants are pseudonyms.

families. Erica explained why I had come and asked me to introduce myself to the group. I talked for about 10 minutes and was unanimously accepted by the group as a welcome member. Most of the adult family members who attended, who will be described in chapter 5 along with other participants, were extremely supportive of their children and active in their local communities. It was not difficult to imagine that the opportunity to collaboratively conduct research with me would offer them the opportunity to further support their children's journeys. As for the children, my impression was that each and every one of them that I met during the first session and during later sessions possessed a high degree of intelligence and a precocious knowledge of their own identities, a knowledge that was more advanced than my own sense of self when I had been their age. For about 6 months, I continued to attend the monthly meetings and during that time got to know more about each of the children and something of their respective family's dynamics.

IRB protocol. As I began to get to know group members better, I could begin to see that there was potential for conducting research with many of them. I therefore wrote an IRB protocol and submitted it for review so that I could potentially commence with research. The IRB process was lengthy and took the best part of 6 months to complete. My protocol was subjected to multiple amendments and revisions, principally because in addition to wanting to work with very young children, I was also seeking permission to work with a protected population. My adviser and I attended a meeting with the IRB committee after my protocol had already been revised in order that I might answer additional questions. I believe that my openness about my own transgender identity gave

my case additional merit because of the insider knowledge and direct experience that I possessed. My protocol was subjected to one more round of revisions after this meeting before finally, in early 2013, I had been granted permission to begin recruiting participants.

Transgender children are a protected population and as such both acting ethically and respecting and protecting their privacy are paramount to their well-being. By choosing to participate in my study, the children and families knew that they would be speaking with someone who had to negotiate those same issues and therefore would understand the necessity for it. The bravery involved on the part of the children and their families in speaking out through this study has most certainly won my admiration. Although bound by the IRB to maintain the privacy of my participants, most, if not all, would have preferred to speak out openly, not anonymously. However, even with the guarantee of anonymity it took about 6 months to secure IRB approval for this project, including attending a meeting accompanied by my adviser with the entire IRB to answer questions and explain in more detail what my intentions for this project were. Again, my insider status was considered to be an asset because it provided a clear rationale for carrying out this work.

Recruiting participants. Possibly the smoothest component of the entire research process was recruiting participants. The relationships that I had developed with members while attending the support group meetings purely in the capacity of a friend and supporter had enabled considerable trust to be built up. That, coupled with the knowledge that I had in-depth experiential knowledge as a transgender individual, as well as

professional knowledge about transgender identities and concerns encouraged many members of the group to participate in my research study. They were also aware from their own experiences with schools that the general level of knowledge about transgender identities in schools was slight to non-existent. This was also a factor in some of the families decisions to homeschool their children.

I was conscious of the need not to have too many participants as this was a qualitative study that would be based upon in-depth interviewing, and a high number of participants would not be conducive to the production of in-depth accounts as my ability to transcribe such large volumes of audio recordings was limited. However, I also did not want to exclude anyone from participating. In the end, I was fortunate in that I ended up with a manageable number of participants and did not have to exclude anyone. I was able to speak about and disseminate information about my research in accordance with the system outlined in my IRB protocol: providing written information in a recruitment letter to support group attendees along with written consent forms for adults and children. I made sure that I was available through multiple mediums for questions and families were given until the next support group meeting to make a decision to participate, although many decided on the spot that it was a necessity for them to be involved. I was personally extremely heartened and excited that several families wanted to voluntarily be involved in this research study. They understood the extent to which this mattered and also what an under-researched area PTT children in education were, simply through their own experiences with schools. The prospect of acquiring more in depth information about their experiences was now becoming a reality.

Research partners. One essential issue with respect to my research participants is how I viewed them and their role in this study. As both the children and I are transgender, I felt a keen affinity with them and on multiple occasions during our conversations, and later during transcription I was reminded of my own childhood experiences and struggles some years ago. What was of pivotal importance to me was that I both tell and privilege their stories and part of honoring this relationship is not simply to reference them as research participants, but instead to accord them full status as research partners (Pole, Mizen, & Bolton, 1999) in the collective process of meaning making. A substantial part of the chapter 5 data analysis will relate the experiences that they shared with me. These experiences are not simply experiences, they are knowledge in their own right and as such I believe it is essential to accord them research partner status because it is their experiences that are informing educators and other families of what it is like to be a PTT child. Finally, it is also a term being used to indicate the importance of including children's voices more fervently in education and of placing more value on the knowledge they possess and what we can learn from it. Historically, women's voices have been omitted from research, but it is also apparent that the same assessment can be made of children in research (Oakley, 1994). I hope that the construction of research partner along with my decisions in how to present, analyze, and relate their experiences goes some way to redressing such perennial omissions and that it highlights the knowledge and value of what children have to tell us.

Conversational interviewing. To collect in-depth data from my partners and in a form that represented their experiences and knowledge in as natural and unedited a

manner as possible, I determined on interviewing as the most viable method of collecting data. Although this would mean devoting a considerable amount of time to transcription, my belief was that it was necessary in order to do justice to these lived experiences. Multiple forms of interviewing exist, and initially when writing the IRB protocol I had decided upon semi-structured interviewing. This method is hallmarked by open-ended questions, active listening on the part of the interviewer, and where the topics are reasonably well understood by partners (Ayres, 2008; Crabtree & Miller, 1999; Fontana & Frey, 2000). I wanted interviews to be structured without being too directive, and above all I wanted the conversations to flow naturally and represent the authentic thoughts, feelings, and emotions of my partners. However, I was also conscious of the fact that I needed to frame the interviews within particular parameters and provide topics for partners to address. So at the time of writing the protocol, semi-structured interviewing seemed to make the most sense.

By the time I had actually received IRB approval though I had managed, through my attendance at the support group meetings as a friend and supporter, to develop close relationships with partners who very much regarded me as an ally, supporter, and friend. Due to this, it was possible for me to conduct conversational interviews, which I felt would be a more effective method to use. Conversational interviewing is a method used by researchers to:

Generate verbal data through talking about specified topics with research participants in an informal and conversational way....conversational interviewing foregrounds aspects of sociability, reciprocity, and symmetry

in turn taking found in mundane conversation. In emphasizing features of mundane conversation, conversational interviewers strive to facilitate a research environment in which participants feel free to participate in extended discussions of research topics in a less hierarchical environment than that convened in structured interview settings. (Roulston, 2008)

Conversational interviewing is frequently used by researchers who are working with marginalized populations and are advocates for social justice. Despite the formal/official aspect of the research being conducted (IRB consent forms etc.), the researcher sets an informal or casual tone so as to extend conversations and improve their effectiveness. Putting partners ease, having minimally intrusive recording equipment, and accommodating the participant in terms of time and location can all contribute toward setting this tone, as can casual questions to lead into the interview itself (Patton, 2002; Rubin & Babbie, 2009).

Conversations usually take place between people who are known to each other. As I had developed relationships with partners prior to data collection this a key reason for adopting conversational interviewing as a data collection method. One of the main advantages with this type of interview is that it alleviated some of the natural apprehension that the word interview can cause many partners and assist with addressing the power dynamic that interviews possess. One of the problems facing an interviewer focused on social justice is that the natural power dynamic in an interview disfavors the participants that the interviewer is trying to empower (Phoenix, 1994). This often makes the task of performing such research inimical to its purpose.

Interviewing process. Having prepared myself for this type of interview, I set out to deploy its precepts. Being aware of the power dynamic in interviews, I set about trying to assuage this dynamic in multiple ways. I left the choice of interview location entirely up to my research partners, and I worked around their time schedule as far as possible. Interviews would only last as long as was convenient for my partners, and they were aware in advance that their interviews could stop or go off the record at any time. Recording equipment consisted of a small digital device similar in size to a packet of cigarettes. I placed the device out of the way so that it would not appear too intrusive and interrupt the natural flow of conversation. Finally, our past relationships and the multitude of things that I had in common with my partners enabled casual, everyday conversations to start things off and gently lead into more substantive issues. I believe that the authenticity and validity of the interviews were strengthened by adopting the measures espoused by conversational interviewing and ultimately led to a richer store of data.

Transcription. Interviews spanned a period of approximately 6 months and were accompanied by the simultaneous process of transcription. The volume of transcription was considerable as there were 13 participants and many were interviewed several times. The individual and aggregated data is displayed in the table below:

Child/Family Member	Number of Interviews	Interview Hours	Number of transcription pages (approx)
Cameron Family	1	2	40
Audrey	3	4	64
Lorenzo	2	3	32
Gwen	2	2	30
Chad & Mandy	1	1	26
Mandy	1	2.5	27
Brandon Family	2	3	59
Amy & Sandy	2	3	49
Ginny & Aby	1	1	20
Paige & Georgia	2	2	20
Georgia	5	4	40
Totals:	23	27.5	407

Table 1. Quantitative Summation of Research Partner Interviews

Transcription is an essential part of the process because it represents the final product that is the subject of data analysis. Transcribing the audio files to produce data was done as soon after the actual interviews as possible in order to maintain data integrity (Rosenblatt, 2002). Transcription was done using a combination of word processing and transcription software, specifically dragon naturally speaking. Transcripts were then double checked for errors. Transcripts were read through once transcribed and subjected to initial thoughts and analysis so that reflections on interviews could be as fresh as possible. In transcribing the interviews, notations were also included in the transcript so that a degree of emotional emphasis could be conveyed in the written word so as to better represent the spoken word. For instance if a sentence was said with considerable emphasis, a bracket noting this fact would be included after it. This was also helpful when it came to identifying portions of text that related to particular themes and finally research questions.

Methods of data analysis. Analytical methods for chapter 5 are informed by Ahmed's cultural politics of fear, Goffman's theorizations on stigma, and finally Connell's "doing transgender," the latter being a specific formulation of the "doing gender" paradigm. These three separate, but in many respects conjoining, analytical frameworks were drawn upon to inform the overall data analysis processes of chapter five. They were identified partly from my research into transgender concerns as frameworks that have proven effective in past studies on transgender issues, and in part from part research during my PhD. First, Ahmed's cultural politics of fear was identified as a method that had applicability to this research population, given the fear that many children and families experienced. Second, Goffman's work on stigma is also applicable due to the long-standing influence of psychiatry on transgender identities, and how it has produced a stigmatized image of transgender. Finally, Connell's work on doing transgender is similarly applicable due to its focus on how the interactions of transgender people raises their awareness enabling a unique contribution to the process of highlighting social inequities in society. This sub-section will delineate each of these frameworks and then outline how they informed the vital process of making sense of the data and of making meaning from the data. How these frameworks informed the data coding process, the thematic organization of the data, and eventual data analysis will all be addressed.

Ahmed's cultural politics of fear. Ahmed's (2004) theorization of emotions situates different emotions as experienced culturally by individuals. Ahmed explains how such emotions are produced:

The reproduction of life itself, where life is conflated with a social ideal ('life as we know it') is often represented as threatened by the existence of others: immigrants, queers, other others. These others become sources of fascination that allow the ideal to be posited as ideal through their embodiment of the failure of the ideal to be translated into being or action.....The reproduction of life – in the form of the future – becomes bound up with the reproduction of culture, through the stabilization of specific arrangements for living ('the family). The family is idealisable through the narrative of threat and insecurity; the family is presented as vulnerable, and as needing to be defended against others. (p. 144)

Emotional states are crafted through particular ontological interpretations of reality. Individuals are fed cultural messages that have particular meanings and that instill particular cultural responses. One emotion outlined by Ahmed that has particular pertinence for this study is fear, or rather the affective politics of fear. Ahmed's theorizations of fear, and how and when it manifests itself, in many respects builds upon Goffman's earlier theorizations on stigma in that it demonstrates how people respond to one another. Specifically though, it delineates the affective responses that those who are privileged or normative (what Goffman termed "normals") have to those who are considered *others* (what Goffman termed "discredited"), and like Goffman how this assessment of others constructs a normative existence, or life as we know it for those with privilege. Ahmed's work, like Goffman's, has considerable applicability for transgender identities.

As briefly intimated in chapter 2, Ahmed's conception of the affective politics of fear constructs it as stimulated by not only present phenomena but also by future anticipated actions and perceptions:

While the lived experience of fear may be unpleasant in the present, the unpleasantness of fear also relates to the future. Fear involves an *anticipation* of hurt or injury. Fear projects us from the present into a future. But the feeling of fear presses us into that future as an intense bodily experience in the present. One sweats, one's heart races, one's whole body becomes a space of unpleasant intensity, an impression that overwhelms us and pushes us back with the force of its negation. (p. 65)

Heidegger also suggested that fear could arise from something that was not even spatially or temporally present. In other words, fear does not stem from what is always present, but rather what is approaching: the futurity aspect of fear is just as important.

In addition to how the body responds to fear, another equally important question addressed by Ahmed, and one particularly pertinent for transgender people, is which bodies fear which bodies. Ahmed's concept of fear conceptualizes fear as an individual response based upon a particular relationship between space and mobility. Heidegger asserts that fear becomes more frightening when an individual is faced with the loss of the anticipated object. Phrased another way, the less we know about a particular object or person that we fear, the more we come to fear it. It is this anticipated and unknown fear that increases the threat of a negative reaction, or violence. It is this threat of violence that often restricts spatiality and access: the right to enter a particular space. This politics of

mobility restricts movement and has developed the notion of private and public spaces. It defines safety in terms of how safe people are in a particular space based upon their identity. This is often what has led women to be constructed as at risk in public spaces and why there is a discourse that favors women being at home or careful of how they appear in public.

This restriction of mobility also extends to transgender people in that the mobility of some bodies is at the cost of restricting others. Certain spaces are open to some people because that constructs a particular reality. The idea of gender-specific restrooms is an obvious example of this. The pre-qualifier of what it means to be able to enter a gendered space restricts some from being able to do it. It is this restricted mobility that constructs a narrative of fear, because only certain people are meant to be present. The presence of something constructed as not belonging is fearsome and “bound up with the authorization of legitimate spaces” (p. 70).

Goffman's stigma. Goffman's pioneering work on the concept of stigma during the 1960s constructed this concept as something *normals* (i.e. people who do not negatively depart from particular social expectations), will do to a person considered to have an “undesired differentness” (Goffman, 2009, p. 5). He further explains that:

The attitudes we normals have toward a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination,

through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents.....We use specific stigma terms....in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning. (p. 5)

While an individual with a common cold will go to the doctor and receive treatment in the form of antibiotics to “cure” them, they are not stigmatized for doing so. They are not seen as having an “undesired differentness” and made to feel ashamed of having a cold by those normals not similarly affected. They would not feel the need to conceal that fact from others out of fear of being discredited. Rather it is seen as a natural and normal human condition to become sick and then be cured. The same cannot be said for a person who is transgender and diagnosed as having GD. The language used alone confers stigma simply in the naming of the “condition” or “disorder” as a “condition” or “disorder”. It is automatically constructed as inherently wrong, relegating the diagnosed individual to a stigmatized existence for life.

Goffman’s theory of stigma has considerable applicability to gender minorities, specifically transgender people. A transgender child, or adult for that matter, presents a socially-perceived discreditable image. Consequently, the transgender child has to continuously prove and demonstrate their gender identity to normals who have imposed their own judgment on the individual based upon the heteronormative and cisnormative standards of the binary system of gender. Consequently, if the identity of the discreditable person is determined deficient by normals, and this can be based upon

publically visible appearance like facial structure and height as well as publicly invisible appearance like genitalia, then stigma can become attached and make the discreditable person actually discredited. Worse, a child who has to divulge their transgender identity also runs the risk of being further stigmatized by the “normals” perceptions of their difference (Milrod, 2014).

The language invoked by Goffman’s work on stigma is also interesting in that he makes the distinction between “discreditable” and “discredited”, an important difference when it comes to transgender people. A discreditable person is one who has the potential to be discredited, because they possess something about them that so-called normals would consider an abnormality and, if discovered, would certainly make this person not just discreditable but discredited. A discredited person is one who not only possess something that makes them stigmatized, but also is known to possess it. That it is publicly known leads to this stigmatization by normals. In terms of transgender identities according to this theory, a transgender child who is living stealth is discreditable, whereas a transgender child who is open about their identity is discredited (Goffman, 2009).

This in turn raises two other important aspects of stigma theory, namely visibility and context. Goffman uses the example of a person with a disability to illustrate this: “at a business meeting a participant in a wheelchair is certainly seen to be in a wheelchair, but around the conference table his failing can become relatively easy to disattend” (Goffman, 2009, p. 49). The discredited person has visibility that is context specific, and the degree to which a person reinforces their stigmatized self, in the eyes of normals, will depend upon the extent to which their discreditable feature impacts upon the

environment. Ironically, as Goffman notes, a person in a wheelchair at a conference table would be less obtrusive than a person with a speech impediment who has to give a presentation. Despite the person with the speech impediment being considerably less handicapped than the person in the wheelchair, the context determines the extent to which the discreditable feature is a factor; in other words the extent to which the discreditable feature interferes with interactions is a key determinant. One final point that should be noted in terms of visibility and context is one of familiarity. Goffman notes that “impersonal contacts between strangers are particularly subject to stereotypical responses” (Goffman, 2009, p. 51). Familiarity however tends to engender feelings of empathy: “as persons come to be on closer terms with each other this categoric approach recedes and gradually sympathy, understanding, and a realistic assessment of personal qualities take its place” (Goffman, 2009, p. 51). Multiple factors are therefore involved, and it is the complexity of these interactions that leads to the stigmatization of individuals or not.

One final factor that requires consideration is the concept of passing. Goffman devotes some time to this particular topic. He defines passing as an action performed by an individual “where the stigma is nicely invisible and known only to the person who possess it, who tells no one” (p. 73). This concept of passing has been practiced among several demographics who would otherwise be stigmatized had they not performed passing. Some famous examples of passing exist in U.S. culture, particularly with respect to racial identities. In fact, the notion of passing stemmed from racial segregation, *de jure* and later *de facto*, which resulted in a strict policing of “the color line” through

discrimination against people of color. In order to be treated fairly and to open the doors to a better standard of living, many Black people who were “mixed-race” but appeared phenotypically white passed themselves off as white people. Several works, some fictional some non-fictional, have been written on this topic and several television shows and movies have co-opted the concept of passing into their plots. One of the earlier and more renowned works was a 1929 novel entitled “Passing” written by Nella Larsen that told the story of two mixed-race childhood friends, Clare and Irene, who had reunited as adults, only now one was living as a Black woman and the other as a White woman. Clare, who was passing as a White woman, concealed her mixed race origin from all around her, including her white husband, Jack and in essence was living what would now be called a stealth existence. Larsen’s examination of such liminal spaces as presented in her work also highlights the extreme risks involved with passing, in case the person should be discovered. In the end, Jack discovers her deception, finds her at a friend’s party and Clare, who is seated by an open window falls to her death. Larsen leaves how she fell deliberately ambiguous. The benefit of whiteness, in this instance, has associated with it an extreme cost.

In relation to the personal cost of passing identified by Larsen in her novel, Goffman similarly highlights that with the action of passing there is usually a cost associated with it. There is often a feeling of conflict experienced by the individual described as feeling torn between two attachments due to never feeling fully a part of either:

He will feel some alienation from his new “group”, for he is unlikely to be able to identify fully with their attitude to what he knows he can be shown to be. And presumably he will suffer feelings of disloyalty and self-contempt when he cannot take action against “offensive” remarks made by members of the category he is passing into against the category he is passing out of-especially when he himself finds it dangerous to refrain from joining in this vilification. (p. 87)

Although its origins are in racial discourses, passing as a construct has been co-opted into the field of transgender studies and applied to transgender people, because it is often expedient to pass in some situations. In much the same way as race is policed, gender is similarly scrutinized for dissenters and in several situations and contexts, transgender people will feel obliged to hide their identity from being identified with the stigma of transgender. It should be noted that whereas transgender people do not feel that who they are is wrong or should be stigmatized, it has nonetheless been constructed this way. And it is the feeling that transgender is something to be ashamed of that is so often internalized by transgender people. In young children who are still in the formative stages of their development, this can lead to feelings of shame, low self-esteem, and finally fear (Milrod, 2014). These latter feelings have not only been theorized by Goffman, but also developed more recently by Sara Ahmed in her work on the cultural politics of emotion.

Doing transgender. The final analytical framework drawn upon for chapter 5 is Connell’s framework of doing transgender. In order to delineate this framework, an outline of the concept of “doing gender,” a work written by Candace West & Don

Zimmerman (1987) who together formulated and presented it as an ethnomethodologically-informed advancement of previous theorizations of sex and gender, is required since Connell's framework is a development of this one. This will include an account of some of the responses to the original doing gender article from guest authors who contributed to the February 2009 edition of *Gender & Society* in a special symposium focused on this concept. Second, it will outline the notion of "doing transgender" a theoretical advancement of West & Zimmerman's initial conceptualization by Catherine Connell (2010). Connell argues that transgender people have distinct situated experiences that are not adequately covered by "doing gender" and so argues for a re-configuration from "doing gender" to "doing transgender."

Doing gender builds upon the prior conceptualization and delineation of sex and gender as two distinct entities. Earlier scholarship by Money (1957) and Stoller (1994) from the 1950s onwards identified sex and gender as distinct categories and they have been a permanent fixture in sociological, and indeed most academic fields since. In short, sex was a biological ascription based upon physiological, hormonal, and anatomical factors, and gender was a sociological, psychological and cultural status, specifically a status that is achieved. Of further importance is cultural context and specificity. Cross-cultural interactions teach us of the differentiation that exists, both for gender, sex categorization, gender roles, and activities. Transgender identities are a good example of this and the degree of cross cultural variation that exists is substantial: The *Hijras* in India, the *Berdache* or *Two Spirit* in Native American cultures, the *Mahu* in Polynesia (South Pacific Islands), the *Travesti* in South America, and the *Kathoey* in Thailand all

represent different constructions of what the West views as transgender (Stryker & Whittle, 2006). Each possess its own individual system of taxonomy and is quite distinct from western perceptions of sex and gender. In the west, gender identity specifically is seen as fixed and static by about the age of five; in other words it is an aspect of identity that children can become aware of by the time they come to communicate (Brill & Pepper, 2008).

With this past framework of sex and gender in place, West & Zimmerman proceed to build upon past paradigms presented by Goffman (1973), Garfinkel (1991), and Kessler & McKenna (1978). Garfinkel's work on ethnomethodology, and its furtherance by Kessler & McKenna are of particular focus and play a pivotal role in framing the idea of "doing gender". Specifically, doing gender is an ethnomethodologically-informed understanding where gender is:

A routine, methodical, and recurring accomplishment...the "doing" of gender is undertaken by women and men whose competence as members of society is hostage to its production. Doing gender involves a complex of socially guided perceptual, interactional, and micropolitical activities that case particular pursuits as expressions of masculine and feminine natures. (West & Zimmerman, 1987, p. 126)

The idea of gender being an accomplishment or an achieved property shifts our focus from the internal to the interactional and inevitably the institutional. From this perspective, it is the individual who is "doing," but in a situated sense being very much a feature that emerges from social situations. In this sense, doing gender is both a rationale

for an outcome of social arrangements. It is also a means of legitimating one of the most fundamental divisions of society. Through this lens, gender is the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one's sex category. Gender activities emerge from and bolster claims to membership in a sex category.

In order for the “doing gender” construction to make sense, it is important to understand sex, sex category, and gender as being analytically independent. Sex and sex category are each defined as follows:

Sex is a determination made through the application of socially agreed upon biological criteria for classifying persons as females or males. The criteria for classification can be genitalia at birth, or chromosomal typing before birth, and they do not necessarily agree with one another....Sex category is achieved through application of the sex criteria but in everyday life categorization is established and sustained by the socially required identificatory displays that proclaim one's membership in one or the other category. In this sense, one's sex category presumes one's sex and stands as proxy for it in many situations. (p. 127)

It is important to understand that they can be independently variable, so one can claim belonging in a sex category even in the absence of sex criteria. In contrast to this, gender is “the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one's sex category. Gender activities emerge from and bolster claims to membership in a sex category” (p. 127). The analytical

independence of these categories is important when trying to understand the interactional basis of doing gender.

West & Zimmerman build upon Garfinkel's (1991) notable work that focuses on Agnes, a transgender woman that he worked with. Garfinkel's account highlights the negotiated reality of Agnes's life with respect to biological sex and specifically genitalia. Whereas like many transgender women, Agnes felt that her penis was essentially a birth defect that required correction, such a feeling could be construed as reinscribing biological determinism norms. If biology were used as criteria for sex identification and categorical apportionment, Agnes, at least prior to her SRS, would not have qualified as a member of the female sex. Kessler & McKenna complicate this notion of belonging, shifting away from such essential characteristics, such as genitalia, as determinants of sex category. During public interactions, genitalia are not publically-visible and sex categorization is therefore determined differently from other visible queues or insignias. So the automatic response to a person in a suit and tie would be male sex category identification, not because you know that they have a penis but because they bear the cultural hallmark of being male. In everyday life, insignia such as clothing announce one's sex category more than some perceived "essential" criteria such as genitalia.

Continuing with Agnes as a point of reference, West & Zimmerman expand upon their thesis by arguing that Agnes' major problem was not living up to stereotypical femininity so much as it was preserving her sex categorization as female. There is no absolute test for categorization in everyday interaction, rather identification of sex categorization is based upon perception: if an individual appears as such then they are

mentally categorized that way. One important point that could be said to apply frequently to transgender people, is that strict scrutiny and rigorous application of criteria are applied in instances where there is any doubt. Certainly with Agnes her consciousness of her need to display signifiers of being female; her clothing selections, hair, make up etc, all suggested that she was female. This is in accordance with what Kessler & McKenna have named the “gender attribution process” i.e. insignia that signal one’s gender.

As with many transgender women, myself included, Agnes appeared stereotypically female, or in Garfinkel’s words “120 percent female” (Garfinkel, 1991, p. 129). It is important to differentiate between sex categorization and gender at this point as they are not synonymous. Sex categorization is not dependent upon femininity or masculinity. Women can be “unfeminine” without losing the status of female, and men can appear feminine without losing the status of being male. What Agnes faced was what many transgender people face: the continuous task of *being* a female. This is measured not so much in terms of insignia such as dress and deportment, but rather her challenge was to “produce configurations of behavior that would be seen by others as normative gender behavior” (West & Zimmerman, 1987, p. 134). Learning such configurations is not an easy process and the answers cannot simply be found in manuals or books, they are situationally and culturally specific and must be managed and adapted. In this respect, doing gender consists of the careful management of such situations so that the result is visible in context as somehow gender appropriate. In other words we become accountable to individual and institutional norms.

The above so far represents the original conceptualization of doing gender from the original date of publication, 1987. In the special symposium of the journal *Gender & Society* edition (volume 23, number 1), a number of authors wrote articles that sought to critique and further develop the doing gender construct. There were some notable points raised by these authors on doing gender, along with West & Zimmerman's response article to their insights. These articles collectively contribute to a clearer and more robust understanding of doing gender and will be summarized here.

Connell's critique focuses on West & Zimmerman's reading of Agnes. Connell argues that West & Zimmerman's interpretation of Agnes, is in line with Garfinkel's that the central task for Agnes, and indeed for all transsexual individuals, is to pass. Connell's critique is that passing was certainly the preoccupation that the doctor's had who were involved in Agnes' case, but to construct passing as the ultimate aim of a transgender person is not accurate, as I can personally attest to. Connell argues that when West and Zimmerman argue that "her problem was not so much living up to some prototype of essential femininity but preserving her categorization as female" (West & Zimmerman, 1987, p. 132), their analysis is coming closer to centering the relationship of embodiment and recognition. West and Zimmerman responded that their analysis focused on the shift from viewing gender as an ascribed status into an achieved status, which entailed moving masculinity and femininity from natural or essential properties to interactional or social properties.

Smith's (2009) critique seems somewhat misplaced and confusing. Her disagreement with West and Zimmerman is how the political categories of race, class,

and gender are translated into the objects of social scientific research. West and Zimmerman do not talk about race or class in their 1987 piece, only sex, sex categories and gender. Her argument appears to be arguing for a transcending of categories, and certainly this is how West and Zimmerman have taken it. They respond by acknowledging the reality of identity politics and social categorization, but also provide examples of how eliminating categories could be harmful to marginalized groups.

Kitzinger (2009) provides a methods-based critique of doing gender; specifically that no methods for conducting future research using the doing gender construct are recommended. This is acknowledged by West & Zimmerman who then reflectively recommend certain methods. One of the methods that the authors suggest the doing gender construct could inform is interviewing, particularly when it comes to an examination of power relations. This is consistent with this study's aims and interviewing is the method used by this study.

Risman (2009) posits the idea that the focus needs to be not so much on doing gender but on *undoing* or *redoing gender*. This is consistent with many other arguments posited by feminist scholars, most notably Judith Butler (2004). West & Zimmerman's response is an inclination to accept the critique as a terminological or nomenclature issue. Redoing gender as opposed to undoing gender, a feat not possible because gender is held accountable and therefore shifts in meaning but is not eliminated, is akin to challenging the social norms or normative behaviors associated with particular sex categories. This is therefore taken as a call for redefining masculinity or femininity, which is part of what

doing gender highlights through raising awareness of the power relationships in social arrangements.

Messerschmidt (2009) argues that sex category incumbency is the backdrop against which people evaluate each other's conduct. He argues that what is involved in exhibiting or suppressing the human body as either female or male is part of what produces a sense of masculinity or femininity. West & Zimmerman agree that further investigations of what produces sex categories and enables them to be recognized deepens the understanding of doing gender. The implications for transgender people that investigating productions of sex categories and deconstructing what those productions are is essential and will be given attention in chapter 5.

Finally, Vidal-Ortiz emphasizes the need for a focus away from biology and toward everyday lived experiences when it comes to doing gender. He argues that this is particularly important for transgender people who typically get categorized as their "true selves" or as possessing a mental disorder. Again, West & Zimmerman are in agreement and posit that it is one of the reasons why Agnes's story is alive today, because it emphasizes the practices and assumptions that we all face in everyday life.

The critiques and responses are all invaluable for the continuous process of development of an analytic framework. Doing gender seems to have acquired greater clarity and meaning from these critiques and the authors' responses to them. The implications they will have for this study will be invaluable, as will the further development of doing gender that occurred post-symposium, with Connell's notion of doing transgender, which will now be focused upon.

Given that research is being conducted on the topic of transgender people, it is important to take into account the methodological developments made by Connell (2010) on the original “Doing Gender” article by West & Zimmerman (1987). Connell’s qualitative study with transgender adults in the workplace led her to further develop the doing gender construct using insights that her participants supplied her with. Her research with transgender participants informed her that because of the unique situatedness of transpeople another configuration of doing gender has considerable merit, what she has termed “doing transgender.” Doing transgender might be a form of doing gender or a form of redoing or undoing gender, depending on the circumstances. However, in addition to the potential troubling of gender binaries, one of the key elements is that doing transgender also involved the development of a feminist/social consciousness for both stealth and out transgender participants.

Part of Connell’s (2010) argument about the doing gender paradigm was that theoretical implications were drawn from Garfinkel’s study on Agnes, a transgender woman. Garfinkel’s findings stem from a normatively perceived gender binary and he interpreted Agnes’ actions as such. The problem, as both Rogers (1992) and later Connell (2009) have highlighted is that a precondition of receiving treatment required Agnes to present as stereotypically female and pass as a woman. Given such a motivation for Agnes to perform normative gender, Connell’s argument was that this calls into question some of the core inferences of doing gender and thus requires a re-evaluation, particularly in specific contexts, such as work with transgender populations.

In addition to such a theoretical/conceptual argument, Connell's (2010) work with transgender people provides substantive compelling arguments for re-conceptualizing, or at least adapting the doing gender construct. Not that adaptation when working with transgender people was always warranted. Stealth transgender people were sometimes found to be subject to the same sort of gender accountability that cispeople were and so the doing gender construct did apply. Stealth transwomen were subject to expectations placed upon other women in the workplace, and stealth transmen were subject to expectations placed upon other men. Interestingly, Connell's findings did not show the opposite to always be the case either i.e. that out transgender people were not subject to the doing gender construct. The descriptions provided from some of the out transpeople indicated that their experiences did actually fit within the doing gender construct. By coming out as transgender, the subject is able to be read in a more gender normative fashion, which makes them feel more accepted by others and fit more neatly into the doing gender construct. This gender normative reading may seem counter-intuitive to some, because coming out is so often seen as announcing a non-normative status. However, coming out also mitigates ambiguity when it comes to gender presentation because it clarifies the identity of the individual and also because, in many cases, it also removes the potentially transgressive pre-transition appearance. Connell found this to be particularly true for transmen, who prior to transitioning lived as masculine women of whom several recounted instances where their appearance resulted in them being chased out of women's bathrooms for being "too masculine" (Connell, 2010). The act of transitioning in these instances enabled the individual to become more

socially-acceptable to their co-workers and the level of acceptance that they experienced thus increased, as long as they conformed to gender typical expectations.

When individuals in Connell's study who were out to their colleagues, but who also consciously and deliberately undermined gender expectations by engaging in non-normative gender behaviors or actions, an argument can be placed that there is a degree of "undoing" or "redoing" gender. This process of undermining was achieved through adopting a hybrid gender style of interaction with other people, and as such worked against the established gender order. An example from one of her participants, Kyle, a transman, was that post-transition he still maintained a style of speech that was different from his cisgender male coworkers. In his relationships with his clients, Kyle would ask about their feelings and talk with his hands, which were attributes he ascribed to his female socialization. Whereas such attributes are not necessarily female, despite his labelling of them as such, their interpretation by others during interactions marked them as such. This process of subversion disrupts the idea of doing gender, because it goes against gender expectations and in this respect works against dominant discourses of gender. In Kyle's case, he recognized that people read him as a typical straight white man, but his attempt to craft an alternative masculinity to ameliorate the privilege that his perceived identity gave him disrupts the notion of doing gender as constructed by West & Zimmerman. By consciously creating a hybrid and not simply assuming the stereotypical role of a straight white man, Kyle combined masculinity and femininity and consciously disrupted the gender binary and in so doing present evidence of his intentionality to undo or redo gender.

Another example of a method of disrupting “doing gender” is the instance where a transgender person engages in *transparency*. This is less mannerism or behaviorally-based in terms of speech patterns or body language and focuses more on being open about one’s identity by inserting it deliberately into conversations. Transparency is not behaviorally-transgressive in a subtle way and is not an action that could be policed or corrected in the same way that a non-normative gender behavior could be. It is rather overtly giving a voice to transgender identities by making it an issue in contexts where it could quite easily be included but typically is not. An example of this comes from another of Connell’s study participants, Carolina, a Latina transwoman who engaged in what might be termed transparency discourses. The following describes her particular approach:

The only way we’ll ever change people’s minds is for all of us to be out. It doesn’t mean you walk around with a big “T” on your forehead, but you gotta let people know.....It means that you don’t hide or deny who you are.....Because for me – who I am and where I come from is important....I’m going to make [being transgender] an issue.....I’m going to stand up when we start talking about civil rights and challenge people.

(Connell, 2010, p. 46)

Carolina’s plan was to employ transparency to critique legal and social inequalities once she commenced with law school. As Connell argues, such politicization of transgender concerns could also be viewed as moments of undoing or redoing gender in that this method undermines traditional gender norms and behaviors.

Further than simply undoing or redoing gender (whichever your epistemological belief system allows for), the transgender adults in Connell's study were actually performing "doing transgender." This is in large part not simply because they are challenging dominant gender norms, but also because they have developed a heightened awareness of gender inequality by virtue of their own transitions. An important question that must be addressed is how trans people are able to highlight gender inequality through their social positions, lived experiences, interactions, and negotiations. Connell's finding was that irrespective of whether the transgender people in her study were out or stealth their experiences sensitized them to gender inequality and so raised their awareness of the broader feminist project. Their positions as "outsiders within" to adopt Hill Collins' (2000) term enables them to look beyond "natural" gender discourses of difference.

This produces a further inference: if transgender people can provide unique insights into dismantling gender inequality, they can also be involved in the actual process of dismantling gender inequality. In this respect, they are not only aligned closely with the feminist project of dismantling discrimination, they are also enhancing it through the provision of some unique insights. This is an important component of doing transgender particularly because, as Connell highlights, transgender people have not only not been seen as an ally to feminism, they have actually been viewed and constructed as a threat to it (Eichler, 1987; Irvine, 2005; Raymond, 1979). By employing a doing transgender framework in research, bridges can be built across forms of "difference" so that natural allies can unite multiple demographics in the fight for social justice.

Connell (2010) highlights that even when the transpeople in her study tried to redo or undo gender, the feeling still remained that they were interactionally-reinterpreted in ways that reinforced the gender binary that they were trying to disrupt. These interactive processes as well as the consequences from such reinterpretation are unique to transpeople. However despite the imposition of normative standards from others, Connell still highlights that:

Transpeople must decide to mask or to highlight the discordance between their sex, gender, and sex category. Regardless of their decision, they seem to develop a feminist consciousness by virtue of their positionality as transpeople. We might call this process “doing transgender,” to acknowledge the unique interactive challenges and insights that transpeople experience. (p. 50)

Irrespective of whether transpeople engage in doing gender or doing transgender, they necessarily complicate the idea of situated interactionism involved in everyday life.

Whereas doing gender is concerned with “managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one’s sex category (West & Zimmerman, 1987, p. 127), doing transgender “captures transpeople’s unique management of situated conduct as they, with others, attempt to make gendered sense of their discordance between sex and sex category” (Connell, 2010, p. 50). Irrespective of whether doing transgender operated more like doing gender or redoing/undoing gender it resulted in the development of a heightened feminist consciousness for both stealth and out transgender people.

This study's deployment of doing transgender in chapter 5 will not only use it as a form of analysis of the data, it will also seek to further develop the construct in two central ways. First, it will demonstrate that the social consciousness raising is not only possible in transgender adults, but also in PTT children. Second, it will also show that the experiences PTT children have, coupled with the necessarily-close proximity that they have with their parents, also raises this social consciousness in them.

Collectively, these frameworks informed the data analysis for this study. During transcription of the interviews, I had listened to the interviews several times and gone through the process of writing them out in full. The transcripts were organized first by families and then chronologically to chart the timeline of conversations along with making notes about particular issues that stood out and thoughts that occurred to me that I thought may be of use later on. I also subjected them to some initial descriptive coding to get an idea of the themes and issues being raised. This was very much part of the preliminary process of familiarizing myself with the data that I had so that it could be subjected to more rigorous coding and analysis procedures later on. Having got the transcripts thus organized, I was ready to begin the process of coding in preparation for analysis.

Coding. Prior to analyzing the transcripts using the above frameworks, it was necessary to read through the transcripts again and commence with coding. Coding was an invaluable step in the process because it enabled me to start the process of identifying thematic commonalities across my research partners.

First, following King & Horrocks (2010) I began to develop *descriptive codes*. These are essentially codes that described what I was seeing in my transcripts in a very little sense. Examples of descriptive codes include “happier since transition,” “stealing underwear,” and “boy/girl lines.” Using excel, I began to tabulate all of the descriptive codes that I identified from reading the interview transcripts. Overall, some 137 individual descriptive codes were identified. Then, using excel I tabulated all instances of code occurrences in 5 separate excel spreadsheets (one per family). Each interview transcript was given an individual number notation to make it readily identifiable and pages were noted alongside individual transcripts. This would enable me to refer back to during the write up phase.

The next step was to identify *interpretive codes*. This stage was vital because it provided me with an opportunity to try to make sense of and interpret the meaning contained in the descriptive codes. This stage is also helpful because it begin the process of grouping descriptive codes that seemed to share some common meaning, something that would be helpful when it came to the thematically-organized write up stage. The interpretive codes that emerged tended to be quite broad, and examples included “children’s mental health issues,” and “children’s gender expression.” Up until this point, the frameworks identified above had not played a role in making sense of the data. However, they did come into play during the final section of data organization and understanding.

The final step related to coding was identifying common themes from my codes. These were very much informed by the analytical frameworks developed by Ahmed,

Goffman, and Connell and assisted me in the production of producing sub-sections within the two main sections of my write up. The two overarching sections, which were the focus of this study, were PTT children & their families, and PTT children and education. The sub-sections within each of these sections represent the common themes that were identified from coding the interview transcripts as well as being informed by one or more of the analytical frameworks. The rationale was to organize the data in terms of what I was being told, but to organize it thematically in a way that I could make sense of the meaning behind what I was being told. This would enable my data analysis to be more structured and organized.

Data analysis. Having identified common themes within which my data was situated, it was possible to turn my attention to analyzing the interview data in depth. My analysis was informed by all three frameworks, sometimes individually and sometimes collectively. Ahmed's work on fear and Goffman's work on stigma, and Connell's work on social awareness all assisted with my understanding of what the children and their families shared with me during interviews.

To provide a specific example, sub-section two of PTT children and their families focused on the age at which PTT children became aware of being transgender. My analysis of this sub-section drew on all 3 analytical frameworks to help make sense of what the children and their families were communicating to me. An example from this sub-section of how these frameworks enabled this process of analysis can be found in a response given by Cameron when I asked him when he first became aware of who he was. Cameron responded: "When I was 4.but I never told anyone because I thought

you weren't supposed to, like you might get in trouble or something" (Cameron Family, Personal Communication 1.1, April 21, 2013, pp. 9). His response automatically raised the question in my mind of how a child of 4 could have this sense of getting in trouble or that he was not supposed to be this way. I found answers by deploying these theoretical frameworks. First, Connell posits that the social positioning of transgender people raises their awareness of social inequities due to not fitting neatly into gender binaries was perceptible. It indicated the likelihood that Cameron had picked upon on gender organization systems in society and he had realized that how he felt did not fit, placing him in opposition to social norms. Second, Ahmed's construction of the futurity of fear also provided a link. It indicated that Cameron's fear of getting in trouble was because he perceived some potential danger further down the line if he ever did acknowledge how he felt. Third, Goffman's work on stigma also helped, because it provided a tangible assessment of how being transgender was stigmatized and therefore represented an undesirable identity to embody, because it was situated outside of cisnormative gender identities.

By following such analytical processes it was possible to organize, and make sense of the data that had been collected from my research partners and so provide answers to the research questions upon which this study is based.

Chapter 4: Trans-formations

This chapter is named *trans-formations* to indicate its *double-entendre*. The first meaning is deliberately discernable and literal: *transgender formations* i.e. how has transgender formed over time and taken on the meaning that it currently has today. The second meaning is slightly more subtle and literally involves eliminating the hyphen i.e. *transformations*, in order to highlight the need to recognize the conditions of PTT children as an important social justice need and work towards the transformation of the meaning of transgender. This title, I hope, encapsulates both the rationale for this chapter along with its aims. The principle research question that this chapter is concerned with is: How does an analysis of historical discourses of transgender inform our current understanding of this concept? Given the lack of research on PTT concerns within education, this chapter provides both an in depth, critical examination of how the meaning of transgender has been produced, and why it is important for us to understand and begin to re-conceptualize that meaning, both through critical argument and our educational practices. Understanding that this process of meaning making has been produced through discourses and why reconceptualization is necessary are particularly important for the most impressionable of transgender populations: PTT children.

Currently, dominant discourses on PTT children stem from the medical profession to denote a child who meets criteria for what is now termed gender dysphoria by the

APA. A gender dysphoric child is one who experiences what clinicians term *clinical distress*⁶ as the result of a perceived disjuncture between their anatomical birth sex assignment and their innate sense of gender identity (Luecke, 2011; Mallon, 2000; Sausa, 2005). Understanding how this “condition” of *gender dysphoria* has been produced, why we have constructed gender dysphoria as a mental disorder at all, why we have an institutionalized system that devalues rather than embraces difference, or why we consider “normal” gender identity to be dependent upon biological differences⁷ can all be understood through analyzing past discourses that have produced transgender.

The previous chapter, outlining the methodology, highlighted the dual importance of viewing transgender as a series of discourses. More important though is understanding that it is the complex interaction of power and knowledge that has produced a dominant conception of transgender in society through several medical discourses. This perception and understanding of discursive knowledge production and of discursive power necessitates a Foucauldian discourse analysis (FDA). Reconceptualization is only possible once we understand that discursive production is not absolute or pre-ordained, but malleable and capable of change. Rather than accepting terminology associated with transgender at face value, it is instead essential that we historicize the terms that form the basis of our understanding and analysis to see how their meaning has been derived and so work towards change (Lather, 2004).

⁶ This phrase is drawn from the Diagnostic & Statistical Manual and has the same meaning.

⁷ Ostensible is the operative word in this sentence (hence its emphasis) because the biological differences are not quite so clear cut as has often assumed.

This chapter is comprised of three sections. Section one examines some of the formative *sexological* research that took place toward the end of the nineteenth and first half of the twentieth century and how it discursively shaped the concept of transgender. Section two assesses sexual dimorphism discourses to highlight how such discourses operate as a function of power to construct normal and abnormal gender identities, so stigmatizing transgender identities. Section three first examines the diagnosis and treatment of gender dysphoria along with the normative assumptions of diagnosis and ethical questions of treatment. It then examines theories of “normal” gender identity development to determine what a normal gender identity development looks like, and how it develops.

Sexological Discourses

This section focuses on some of the formative sexological research that has contributed to the discursive construction of what we today have termed transgender. Using FDA, it examines how early researchers constructed not only a discourse of “aberrant” human sexuality but also, due to the conjectured inter-relation of sexuality and biological traits, one of transgender. It will go further and argue that sexological discourses have led to the framing of transgender people as “different” and “unnatural” by virtue of them “suffering” from this mental condition. This includes even very young people, because the APA’s last three editions of their DSM have included diagnostic criteria and features for GID/GD for PTT children.

From the late eighteenth century onward, science began to replace religion as the dominant social discourse in Western nations. Stryker outlines this transition:

Since the end of the eighteenth century, science has gradually come to replace religion as the highest social authority; since the middle of the nineteenth century medical science has played an increasingly central role in defining everyday life. It has often been used for very conservative social purposes – “proving” that black people are inferior to white people, or that females are inferior to males. Medical practitioners and institutions have the social power to determine what is considered sick or healthy, normal or pathological, sane or insane – and thus, often, to transform potentially neutral forms of human difference into unjust and oppressive social hierarchies (Stryker, 2009, p. 36).

That scientific discourses became hegemonic in society (Gramsci, 2010) had repercussions for sex and gender because it made way for traditional procreative discourses that were scientific, not religious. The ideas produced by discourses on the origin of the species, such as Darwin’s (1996, 2009) theory of evolution, which emphasized the primary function of sex as procreation (Greenberger, 2005), set a particular standard for what constituted normal sex and gender. This normal construction of sex and gender was constituted in the discourse of sexual dimorphism, which undergirded scientific research from the late nineteenth century onwards (Blackless et al., 2000; Hekma, 1996; Herdt, 2012). Specifically, a normal sexed and gendered person became defined in terms of their capability of producing offspring. This necessitated individuals who were not only biologically-capable of reproduction, but also sexually-inclined toward the so-called “opposite sex”. Therefore a heterosexual biological male

and biological female who were both fertile and possessed all necessary genitalia for traditional reproduction were constructed as normal by scientists and necessary for the survival and continued development of the human species.

The substantial power of sexological discourses in the formulation of discursive parameters of transgender should not be under-estimated simply because such scientific inquiry would be dismissed today as pseudo-science. Such an assessment ignores not only the situatedness of sexology in history and how researchers operated within parameters that were acceptable within that particular time and space, but also how such research set the tone for future scientific inquiry (Terry, 1999). FDA precepts are essential because they enable a focus on these parameters of acceptability by framing our focus on questions such as “what rules permit certain statements about transgender people to be made?” Asking this type of question enables us to understand one of the principle beliefs that most scientists hold: That scientific inquiry can establish truth and benefit mankind. In this way, we can avoid writing a history of the past in terms of the present, and instead focus on writing a history of the present (Foucault, 1995).

Of principle importance is for us to understand how early sexologists constructed what became known as transgender in the way that they did. Terry (1999) posits that as with most scientific researchers, it was common for sexologists to draw upon:

Scientific facts.....produced via....accepted presuppositions and gained truth-value because, like all scientific facts they made sense to their authors and audiences and were intelligible within the cultural and historical framework of their origin. (p. 8)

From reading early sexological research, it is apparent that two principle *presuppositions*, words that produce meaning beyond what they explicitly state (Leps, 1992), were in place that framed sexological research to construct homosexuality and eventually transgender as pathological disorders. The first “presupposition” was the reduction of sex to traditional procreation. The purpose of “normal” sex, sexuality, and gender being upon based procreation not only enabled, but necessitated aberrations of traditional (heterosexual) procreative relationships, feelings, and actions to be constructed as mental disorders. The second “presupposition” was that a binary sex and gender system based upon a heteronormative and cisnormative assumptions was natural (Herdt, 2012). Those identified as homosexual or transgender were automatically designated as disordered due to their perceived challenge to contemporary sex/gender conventions, based upon a system that viewed the “two sexes” as mutually exclusive and naturally organized to suit prevailing discourses of procreation (Stryker & Whittle, 2006).

Karl Westphal’s (1869) article on “contrary sexual sensations” in 1869 serves as a landmark for sexological emergence because it signifies the transition of religious discourses on sodomy to scientific discourses on *homosexuality* and *sexual inversion*. Foucault (1990) argues that whereas the sodomite had been constructed by religious discourses as a temporary aberration, the homosexual or sexual invert was constructed by sexological discourses, as a species, a thing to be studied, defined, and cured. Collectively sexology, as a technology of power (Foucault, 1990b) discursively classified and produced “contrary” human sexuality, such as homosexuality, and contrary human gender, such as transgender.

The etymological origins of nomenclature that was co-opted to form the basis of sexological research bears close inspection. The neologisms *homosexualitat* (homosexuality) and *heterosexualitat* (heterosexuality) are two of the most notable, the former being the principle focus of sexology, the latter a key designate of what it meant to be “normal”. Another term that emerged contemporaneously was *sexual inversion*, the idea that homosexuality was caused by possession of both sex characteristics, a concept that undergirded sexological research (Terry, 1999) Homosexuality and heterosexuality were coined by the nineteenth century Hungarian writer, Karl Maria Kertbeny and published in an 1869 treatise (Kertbeny, 1869). These terms emerged from his correspondence with the German scholar, Karl Ulrichs, who since 1862 had been writing an extensive collection of works on *Urnings* and *Uranians*, or what later became known as male and female homosexuals. It was Ulrichs who formulated the concept of sexual inversion. The co-option and deployment of all of these terms within sexology by scientists was unfortunate because neither Ulrich nor Kertbeny set out to condemn homosexuality; on the contrary they were both advocates. Kertbeny for instance described homosexuality as neither a sin, an illness or a crime, but instead an innate quality (Fera, Herzer, & Peppel, 1990). However, within sexological research this process of condemnation occurred through scientific research and thus leant considerable validity to the argument that such conditions were “abnormal.”

Late nineteenth and early twentieth century sexological studies did not focus specifically on what has now been conceptualized and named as transgender; rather, they focused on homosexuality and sexual inversion, pathologizing them as mental conditions.

Sexologists however had an important impact upon transgender identities due to the conceptualization of the synonymy of sex and gender. In other words theorizing on sexuality was virtually synonymous with theorizing on gender, and in fact some sexologists like Krafft-Ebing believed that homosexuality was a form of gender identity (Stryker & Whittle, 2006a). This conflation has caused confusion on the difference between sex and gender that remains with us in education today. This confusion is perhaps nowhere more perceptible than it is in the context of transgender children, where in education in particular there is still considerable confusion that negatively affects them (Greytak, Kosciw, Diaz, & Gay, 2009).

In terms of ideological strains, early sexologists could be classified into three distinct strains: *naturalists*, *degenerationists*, and *psychogenists* (Terry, 1999). To understand current constructions of transgender, it is essential to understand something about these discursive strains, because each one in different ways was influential in our understanding of transgender today. Naturalists, included Karl Ulrichs, Magnus Hirschfeld, and, Havelock Ellis⁸ who perceived homosexuality and sexual inversion to be inborn, resulting in an androgynous classification of homosexuals and some early theorizations on transgender people. Degenerationists, included Richard von Krafft-Ebing and David Cauldwell, who is believed to have coined the term transsexual (Ekins & King, 2006). This discursive strain constructed homosexuality and sexual inversion as an inborn constitutional defect that resulted in homosexual and transgender people being

⁸ Ellis is listed as a naturalist, but much of his research corresponds closely with Krafft-Ebing, and might be described as more degenerationists in terms of ideology. His work could be described as bridging the divide between these two discursive strains.

constructed as degenerate. Psychogenists, included most notably Sigmund Freud, who constructed homosexuality as emanating from early childhood experiences resulting in a deviation from the “normal” development of heterosexual desire and toward sexual perversion (Terry, 1999). The ideological commonality of these groups was the corporeal basis for homosexuality, which lent itself to the idea that sexuality was a product of gender. However, they were splintered over whether they were hereditary traits or socially-produced manifestations i.e. a cause of nature or the result of nurture.

Naturalists. The modern discourse on transgender people of a woman trapped in a man’s body or vice versa is frequently employed to rationalize and explain the “condition” of being transgender. The origins of this discourse can be traced back to when Ulrichs and others were beginning to theorize explanations for homosexuality. In trying to make sense of homosexuality, Ulrichs posited his theory of *third sex*, an idea and term in part borrowed from Plato’s construct of a literal *third sex*. In *Symposium*, Plato highlights that:

The sexes were not two as they are now, but originally three in number, there was man, woman, and the union of the two, having a name corresponding to this double nature, which had once a real existence, but is now lost, and the word “Androgynous” is only preserved as a name of reproach. (Plato, 2012, p. 51)

Drawing from Plato, Ulrich theorized homosexuality as an innate and inborn characteristic of possessing both male and female gender attributes. He developed the constructs *Urnings* (male homosexuals) and *Uranians* (female homosexuals) primarily

based upon the belief that male homosexuals had male bodies and females psyches and vice versa:

Besides the other germs, nature also places in each embryo physical germs of a physically female sex. This onset of a female sex of the body.....forms the harmonizing physical foundation for the femininity into which the Urning's psychic germs have been developed. This onset forms the necessary....conditions for the feminine soul residing in the male body. (Ulrichs, 1994, p. 363)

Ulrich reasoned that homosexuality was an attribute of a particular kind of person, who could be identified by the somewhat paradoxical presence of both sex characteristics. He described individuals attracted to the same sex as psychical hermaphrodites (i.e. the embodiment of "both" sexes) and saw them as fundamentally of the other sex i.e. a woman attracted to women as more of a man.

Ulrich's research was important primarily because many of his ideas were co-opted by other sexologists and used to construct explanations for so-called sexual degeneracy. Unfortunately for both homosexual and transgender people, what has been termed Ulrich's *suppletive* (Bauer, 2003) construction of third sex i.e. an additional category, provided an umbrella term under which "alternative" sexual identities could be included, based upon the pre-supposition that they did not fit neatly into the "normal" dichotomous iteration of sex and gender. Due to Plato's assertion of the inherent negativity of the term androgynous or third sex, and by Ulrichs' positioning of homosexual and transgender people outside the traditional "normal" system i.e. binary

sex and gender system, rather than challenging the validity of the system itself, Ulrich essentially constructed them as aberrant. In addition, by developing third sex terminology to explain the identities of homosexual and transgender people, he provided the linguistic tools and ideas for other sexologists to medicalize further sex and gender expression. His ideas and theorization led to the eventual construction of the *sexual inversion* paradigm that was to form the basis of sexologists' research for decades (Terry, 1999). In essence his work had extremely unfortunate consequences for both homosexual and eventually transgender people, because he provided the language and tools not only to categorize them from a deficit perspective, but also to warrant further scientific investigation.

There were sexologists who tended to conform more to a naturalistic ideology of third sex, like Magnus Hirschfeld, and who were therefore less inclined to overtly pathologize and stigmatize non-normative sex and gender identities. However, like Ulrich in many ways, his engagement with medical discourses and the “scientific” study of homosexuality and transgender identities, Hirschfeld also perpetuated the discourse of homosexuality and eventually transgender as pathological conditions that belonged within medicine. This was again unfortunate particularly considering that some of his most important and beneficial ideas for transgender people were never fully developed and so had little impact upon producing a more positive, less medicalized discourse of human sexuality and gender.

Like other naturalists, Hirschfeld developed a conceptualization of human sex, sexuality and gender, explicated in his *doctrine of sexual intermediaries* (Hirschfeld,

1933, 1936a, 1991), which stemmed from Ulrichs' notion of a third sex. Unlike Ulrich, Hirschfeld, formulated what has been termed a *serial* deployment of third sex (Bauer, 2003). The serial construction was premised on the insight that no single sexual category (or system) can adequately represent the variation that exists within the human species. This construction viewed sex and gender as a continuous sequence rather than as two discreet categories and therefore could potentially have raised significant doubt about the validity of the traditional binary model of sex and gender. However, it was not fully explicated or deployed and so this discursive strain had a far less marked effect than theories posited by other sexologists like Krafft-Ebing and Freud (Bauer, 2003). The effect therefore was that despite Hirschfeld's research presenting a more favorable view of homosexual and transgender people, it nonetheless contributed to the pathologization process through its engaged with medicalization discourses.

Although not fully developed and taken to their logical conclusion, Hirschfeld's work on sexual intermediaries is useful to expand upon at this point in order to understand the impact that it could have had on transgender people as a demonstration of how some discourses dominate and silence others. Thus, if we take Hirschfeld's theorizations further, as posited by Bauer (2003), we find that the distinction between serial and suppletive constructions is not simply semantic hair-splitting; rather it is a complete reconstruction of the entire sex/gender system into one that allowed for uniqueness and continuous variation. Hirschfeld's construction actually challenged the validity of the existing gender binary system by critiquing it as inadequately representative of reality. He therefore posited an alternative system, which far from being

an addition emphasized the infinite or continuous variation of uniqueness as opposed to the discrete mutually exclusive categories of male and female. In such a system there is no single other category and so the construct *hetero* from the Greek meaning “other” or “another” could assume its actual meaning as opposed to its distorted meaning of “the other” in a gender binary system. In other words, there no longer exists same sex attraction and different sex attraction; there only exists different sex attraction because everyone is to some degree a sexual individual and therefore necessarily different from others. In this construction, the only thing that can possibly exist is hetero-sexuality i.e. attraction to another because if everyone is unique then everyone is automatically an “other” rather than “the other” or “the same” (Bauer, 2003). The nature of such a discourse is both profound and groundbreaking, considering it was formulated in the early twentieth century and went against all dominant discourse and accepted truth-values. In this respect, Magnus Hirschfeld should have been a name as ubiquitous as that of Sigmund Freud, but his name is comparatively unknown. The discourse he produced, had it come to prominence, could potentially have eliminated sex and gender discrimination and privilege, but this particular discourse never came to dominate sexological discourses, since it went against the accepted wisdom of the times (Bauer, 2003). Instead, the discourses produced by other sexological strains came to the foreground, while Hirschfeld’s faded to the background.

The emphasis on both homosexual and transgender as aberrant and abnormal was further developed by Havelock Ellis, who might be said to traverse the divide between naturalist and degenerationist ideology. On the one hand he was a proponent of sexual

inversion, viewing it as a congenital abnormality i.e. an innate predisposition, but he also seems to have viewed it as a form of degeneracy, a word mentioned throughout his work on sexual inversion (Ellis, 1901). Like Hirschfeld, whose research frequently highlighted transgender phenomena (1933, 1936, 1991) through his references to *transvestism* and *eonism* (conjugated from Chevalier D'Eon and referencing a male who adopted feminine mannerism and clothes) (Stryker & Whittle, 2006), Ellis also focused on transgender phenomena, employing terms like *pseudohermaphrodites* and *psychosexual hermaphrodite*. He discussed Ulrichs' conception of a male body co-existing with a female soul, dismissing the notion as "simply unintelligible" (Ellis, 1901, p. 183). He rather posits the notion that during the development of psychosexual hermaphrodites:

We may imagine that the process has not proceeded normally, on account of some peculiarity in.....the original male germs or females germs or both, the result being that we have a person who is organically twisted into a shape that is more fitted for the exercise of the inverted than of the normal sexual impulse. (p. 183)

The construction produced for transgender identities is based upon the perception of something abnormal occurring during the sex determination and development processes, indicating an abnormality of form and identity. This is a familiar construction in medicine where researchers have for decades conjectured something of the same kind with research into so-called DSDs (Diamond, 2009; Raza & Warne, 2012; Reis, 2007) along with biological and genetic explanations for what causes an individual to be transgender (Erickson-Schroth, 2013), as will be further discussed in section two of this chapter. The

language alone has produced the very real understanding that investigations are formed from a deficit perspective of transgender, based upon a presupposition of what constitutes normal i.e. heterosexual, biologically-capable of procreation, and with XX or XY chromosomes.

Sexological research, like that produced by Ellis, was a technology of power that classified sex and sexuality in much the same way that the contemporary movement of eugenics was a technology of power that classified “the races”. Both sexology and eugenics were applications of prevalent scientific discourses like social Darwinism that very much set the tone for nineteenth and early twentieth century research into the human constitution. Ellis (1901) himself represents an overlap between these two technologies of power, as is apparent if one reads just the contents section of his book “sexual inversion”:

Introduction. Homosexuality among animals—among the lower human races—the Albanians, the Greeks, the Eskimo—the tribes of the North West United States—Indifference frequently manifested by European lower classes. (p. IX)

Ellis actually served as President of the Eugenics Education Society in the United Kingdom (Nottingham, 1999) and like other prominent members,⁹ eugenicist ideology featured heavily in his sexological work and helped to formulate his belief that sexual inversion was a congenital condition (Ellis, 2008), in much the same way as criminality and idiocy were seen as congenital defects. The parallels that can be drawn between

⁹ Neville Chamberlain (former British Prime Minister) & John Maynard Keynes were also members.

sexology and eugenics are remarkable particularly in terms of ideology, with Ellis at those crossroads (Grosskurth, 1980).

Sexology and eugenics shared a common goal: the classification of human beings into categories. Eugenics classified “racial” types and hereditary markers, whereas sexology classified sexual types and hereditary markers. These discourses were both concerned with categorization and classification as a means of subordination and control (Foucault, 1990, 1995). Unlike the process of cataloguing artifacts in archaeological research, this should not be seen as a neutral process because this process involved the development of social hierarchies. Gordon Allport (1954) reminds us that categories are not only intended for understanding; categories also reproduce power and knowledge through discriminatory systems of social control. With eugenics, social hierarchies were produced to justify the white race controlling other races, as the histories of colonial domination recount (Fanon, 2008; Mohanty, 2003; Narayan, 1995; Said, 1978; Spivak, 1988). With sexology, the manifestation of subordination and control is perceptible from the mental health fields, like psychiatry, that were founded and which officially categorized homosexual and later transgender people as having mental health defects (Foucault, 1973; Foucault & Khalfa, 2006). Arguably the watershed of such categorization emerged in the form of the APA’s DSMs (American Psychiatric Association, 1952; 1968; 1980; 1994; 2013).

The information produced by eugenicists and sexologists measured human worth in a very literal sense. With eugenics, worth was measured in terms of demonstrating the superiority of white people through comparisons with “non-white races”. This involved

the measurement of the relative size of skulls from different “races” to justify Western intellectual superiority (Gould, 2006). By contrast sexologists measured the hand, feet and hip sizes of *sexual inverts* in order to justify physiological inferiority or primitivism as being at the heart of sexual degeneracy. This inferiority was constructed in terms of physical abnormality, such as a homosexual woman who had distinctly male features and vice versa (Krafft-Ebing, 1965). This non-conformation to a perceived norm relegated individuals who were gay, lesbian, bisexual, and later transgender to spaces of inferiority. The same, it ought to be mentioned, was likely done for individuals who today would be described as intersex (Cawadias, 1946).

The commonality between Ellis’ work on male and female homosexuals and their relationships to what we now term transgender identities collectively produced a negative, medicalized understanding of their identities. Ellis for instance heavily stereotyped lesbian identities by attributing a certain “manliness” to them, in addition to making connections with criminality and insanity. In this respect the discursive production of transgender and homosexual identities that his work made was on par with those of degenerationists, like Krafft-Ebing.

Degenerationists. The discourses produced by degenerationist sexologists like Krafft-Ebing’s made significant contributions to the medicalization and pathologization of homosexuality and transgender identities. Krafft-Ebing’s landmark study *Psycopathia Sexualis*, which went through no less than 12 editions during his lifetime, constructed individuals exhibiting “symptoms” of homosexuality and/or transgender (Krafft-Ebing, 1965). With individuals who today would be seen as transgender or transsexual, Krafft-

Ebing constructed the term *metamorphosis sexualis paranoica* to describe them. This was the most extreme form of psychosexual disorder that he categorized, and he viewed such individuals as extremely emotionally disturbed. He described this “condition” as a form of mania comprising of hallucinations, delusions, and congenital malformations, and he believed their desire to transition was psychotic (Stryker & Whittle, 2006). The linguistic and scientific taxonomy that he constructed was detailed and he drew extensively upon Victorian era language such as “eviration” (castration), “defemination” (become less feminine), “viraginity” (a woman of strength), to define the psychosexual disorders that he investigated and thereby give them greater credibility. His deployment of such language further medicalized and pathologized what it meant to be homosexual and transgender.

Krafft-Ebing’s work also conflated sexuality and gender identity in that he did not distinguish between them so much as he considered homosexuality as a form of gender variance. This is central to understanding how transgender identities emerged from research that focused on human sexuality. From this perspective, gender was an explanation for sexuality. Homosexuality, influenced by a heteronormative framework, was understood and sanitized by viewing the subject as the other gender. Krafft-Ebing regularly recounts how he measured parts of his patients’ bodies to rationalize homosexuality in terms of gender identity. The following case of one Count Sandor (denoted by “S”) exemplifies this constructed conflation of sexuality and gender:

The first meeting which the experts had with S was, in a measure, a time of embarrassment to both sides; for them, because perhaps S’s somewhat

dazzling and forced masculine carriage impressed them; for her, because she thought she was to be marked with the stigma of moral insanity. She had a pleasant and intelligent face, which, in spite of a certain delicacy of features and diminutiveness of all its parts, gave a decidedly masculine impression, had it not been for the absence of a moustache. It was even difficult for the experts to realize that they were concerned with a woman, despite the fact of female attire and constant association; while, on the other hand, intercourse [dialogue] with the man Sandor was much more free, natural, and apparently correct. The culprit also felt this. She immediately became more open, more communicative, more free, as soon as she was treated like a man. (Krafft-Ebing, 1965a, p. 434)

First published in 1886, this represents one of the earlier “scientific” accounts and constructions of what today would be viewed as a transgender person. As well as being discovered to be a biological female, “she” was also found, through examination, to be attracted to women. Several interesting facts about Sandor were noted by Krafft-Ebing in his account of the examination. First, Sandor became more open and communicative when treated as a man, second, she expressed a horror of even speaking about menstruation, third, the idea of having sex with a man disgusted her and that she believed it to be impossible, fourth, she had a fear of female attire, fifth, she achieved sexual satisfaction through *manustupration* (masturbation) of a woman, and, finally that she occasionally used a stuffed stocking to mimic a *priapus* (penis). Of paramount importance is how Sandor was categorized as an aberration from a perceived

heterosexual and cisgender norm. The “symptoms” that “she” exhibited are linguistically not that dissimilar to the diagnostic criteria for GID in the third and fourth editions of the DSM (1980; 1994), and of gender dysphoria in the fifth edition of the DSM (2013). The traces of sexology can certainly be seen in modern-day psychiatry.

Sandor’s “deception” of those around her was what led to her examination by psychiatrists initially. This discourse of “deception” has become a formative concept within transgender discourses and its discursive construction dates back to these early sexological studies. The notion behind it is one of a masquerade being performed by transgender people i.e. that transgender men and women are trying to be “real” men or women but that really it is an elaborate charade and deceitful practice. Its significance stems from the power of this discourse in defining sex and gender constructs and specifically what it means to be of a certain sex or gender.

The question of why Krafft-Ebing should categorize such identities as negative as opposed to different is interesting. Again the influence of procreative discourses is perceptible. Hutter et al (1993) explain how Krafft-Ebing saw human sex and sexuality as being designed not for pleasure but purely as a form of life production. Any form of sex or sexuality that was not designed for this was automatically categorized as wrong. How it was seen as wrong was also subjected to a discursive shift with the replacement of religious discourses with science discourses. Whereas prior to the ascendancy of Science, sexual behavior not for the purposes of procreation would have been categorized by religious discourses as an immorality, such behaviors were now constructed by Science as a mental disorder (Brennan & Hegarty, 2007). Although Krafft-Ebing did not

specifically invoke transgender or transsexual in his terminology he did opine on such “conditions.” However, a later degenerationist sexologist, David Cauldwell, certainly did begin to provide a more concrete form of language that is much more recognizable as transgender to modern eyes.

David Cauldwell’s theorizations on homosexual and transgender phenomena also focused on the degeneracy aspect of this “condition”. Cauldwell’s work represents the progress of this pathologizing discourse on homosexuality and transgender phenomena in that his most notable research *psychopathia transexualis* (Cauldwell, 2001a) possessed marked overtones of Krafft-Ebing’s work, as can be inferred from the etiological construction of the title. In this article, he projected a single case study of a transgender person onto an entire population, further pathologizing transgender as a mental condition. He saw what he termed transexualism as a mental, genetically inherited predisposition and placed emphasis on dysfunctional nurturing and mental immaturity (Stryker & Whittle, 2006b). He viewed this condition not only as an illness, but through its projection harmful to the welfare of society. He positioned transsexual people seeking medical intervention as being opponents and even threats to law abiding citizens (Irving, 2008). Further Cauldwell’s opposition to sexual reassignment surgery went so far as to claim that any doctor willing to operate on a transsexual patient would not only be immoral, but also criminal (Cauldwell, 2001).

One pervasive discursive influence on sexologists was the reduction of sex and sexuality to procreation. It is clear from Cauldwell’s writing that this had a significant influence on his research as well. He believed that operating on a transsexual person

neutralized their reproductive potential, an act detrimental to society (Cauldwell, 2001). In light of this, Cauldwell believed it necessary to construct individuals exhibiting signs of transgender behavior or “symptoms” as not simply disordered, but psychopathic. As being transgender went against the procreation that Cauldwell believed so essential to human prosperity and progress, his work could be said to have some commonalities with Freud’s theorizations on the nuclear family as the basis for proper sexual sublimation and survival of the species (Terry, 1999).

Psychogenists. The works of psychogenists like Freud also had lasting effects on homosexual and transgender people and the research conducted led to their further pathologization. Psychoanalytic theories differed from naturalistic and degenerationist ideologies in that they were not only a response to the lack of evidence for degeneracy or inversion, but also because at their heart was the belief that all children had innate bisexuality and were not born automatically attracted to the “opposite” sex (Adler, 2005; Stekel, 1922). Freud saw children as remarkably similar, each possessing some characteristics of “the other” gender, again subscribing to a thesis of bisexuality (Gay, 1998). From a psychoanalytic perspective, homosexuality is therefore seen as a normal phase through which most children pass. The pathologizing effect of psychoanalytic theory on homosexuality and transgender stems from the construction of homosexuality as a normal, temporary, stage of childhood that one passes through as part of the Oedipus and Electra complexes. This automatically constructs homosexual adults as having experienced some childhood trauma that prevented a “normal” trajectory of gender

development. Homosexuality, and by extension transgender, therefore are constructed not as an inversion, but a perversion of “normal” sexual development (Mannoni, 1971).

In developing his theories, one of the central arguments posited by Freud is that other theories failed to explain and account for the diversity of homosexuality. This provided a platform from which he was able to further develop the Oedipus and Electra complexes, which represent what he considered to be normative/natural developmental trajectories in children (Mannoni, 1971). These complexes necessitated the child’s rejection of innate incestuous thoughts and feelings in order to fully develop and mature (Cavell, 2008). Freud’s theorizations pathologized homosexuality and transgender phenomena by presenting them as “primitive” due to having experienced a form of arrested development stemming from some childhood trauma (Freud, 1959). This in many respects runs parallel to theorizations on “primitive” cultures and peoples that several contemporary eugenicists, like Francis Galton, were making during this time (Galton, 1890, 1904; Watson & Galton, 1875). The primitive production processes involved were extremely similar both referencing under-developed psyches. In this respect projections of eugenics and sexology run parallel in that each represent manifestations of bio-power, or technologies of power (Foucault, 1990) that sought to other, infantilize, and pathologize transgender identities.

Links with current transgender constructions. The distinct designations of sex and gender that we have today were not clearly articulated until the 1960s (Stoller, 1994), and so when sexologists were beginning to theorize on and provide discursive parameters for transgender identities, they were not perhaps aware that they were doing so. The

explicitly named construct of transgender was therefore not in existence at the time that Ulrichs and other *sexologists* were beginning to theorize on human sex, sexuality, and gender. Despite the absence of references to transgender identities specifically, as we conceptualize transgender today, sexology played a substantial role in formulating modern constructions of transgender by setting discursive parameters of belonging for future medical researchers. The discourse itself is powerful since it has led to the belief that transgender people are psychologically and even somatically distinct from cisgender people (Terry, 1999). Such a distinction lends itself to the idea of transgender being an aberration from a perceived norm, rather than simply another form of being, an important distinction when viewed in the context of stigma attachment.

The focus on what we now term sexuality led sexologists to question and rationalize what would cause and explain same sex attraction. The prevailing wisdom was that homosexuals were somehow inverted, degenerate, or suffering from arrested development. In other words, because they were attracted to members of the “same sex” they must have body types, characteristics, and personalities that were, at least in some respects, of the “opposite sex” to explain their contrary behavior. So a woman attracted to women would, in many respects, be perceived as a man by many sexologists (Stryker & Whittle, 2006).

Discursive parameters for transgender identities were largely formed by sexological research in that the province of transgender became firmly rooted in medical research, which is not to say that it belongs in psychiatry, even if it has a place in medicine. The modern involvement of psychiatry, and the discursive power that it wields

largely formulates transgender identities in the West. However, it is important keep in mind that medical discursive parameters should not be confused with omniscience. They are parameters, nothing more, and they can be changed just like any others. If we look at transgender internationally we see multiple formulations and interpretations of this way of being: The *Hijras* in India, the *Berdache* or *Two Spirit* in Native American cultures, the *Mahu* in Polynesia (South Pacific Islands), the *Travesti* in South America, and the *Kathoey* in Thailand all represent different constructions of what the West views as transgender. These culturally-differentiated manifestations individually demonstrate the discursive parameters of Western constructions of transgender. They also demonstrate the infeasibility of conjoining such broad spectrum diversity under the single construct of transgender, unless we keep the term ductile, and scrutinize who is using the term, in what context, and for what reasons (Stryker, 2009).

The rationale for sexologists constructing homosexuality and therefore transgender in a negative manner was largely based upon pre-existing scientific discourses. The norms projected from these discourses, included procreation as the moral basis for sex and sexuality and a binary classification system of sex are apparent from how sexologists formulated their assessments of “normal.” The complex taxonomy constructed by Krafft-Ebing (1965), the centrality of the nuclear family constructed by Freud (1959), the connection between reproduction and social progress constructed by Cauldwell (2001), and the attribution of unfavorable and stereotyped characteristics to homosexuals constructed by Ellis (1901) all illustrate the value-laden presuppositions that worked upon the formulation of what later became known as transgender.

Foucault posits that early sexological research indicated a “hermaphroditism of the soul” (Foucault, 1990, p. 43). Based upon this construct of the soul, Foucault contends that concepts such as the psyche, subjectivity, character, and consciousness have been constructed and are regulated by scientific techniques and discourses. The soul, in this construction, is not a substitution for the body, it does not supplant it, rather it regulates the body through technologies of power and in essence becomes “the prison of the body” (Foucault, 1995, p. 30). This construction of the soul has some parallels with technologies of power. Just as Bentham’s (2008, 2011) concept of the *panopticon*, a form of prison designed to control and regulate the behaviors of inmates through the inducement of permanent visibility, so medicine employed the gaze to regulate transgender identities through scientific observations that constructed transgender into a pathological condition despite it being an essentially innocuous form of existence. Both are illustrations of power over the body reduced to its ideal form (Foucault, 1995).

The central issue is rather “to account for the fact that it is spoken about, to discover who does the speaking, the positions and viewpoints from which they speak, [and] the institutions which prompt people to speak about it” (Foucault, 1990, p. 11). Whereas some of these early sexological studies may seem ludicrous and laughable to modern eyes, ignoring them would be a grave mistake, because it would trivialize the impact that such early conceptualizations have had on more recent interpretations of transgender concerns. For instance, almost a century after Krafft-Ebbings work began, transgender was being included in the DSM as a mental disorder. Although Krafft-Ebbing’s accounts may seem credulous to modern eyes, how much more credible is it for

the American Psychiatric Association to say in 1980 that a predisposing factor of GID in childhood is that:

Extreme, excessive, and prolonged physical and emotional closeness between the infant and the mother and a relative absence of the father during the earliest years may contribute to the development of this disorder in the male (American Psychiatric Association. 1980, p. 265).

Such an assertion is not that dissimilar to Freudian theorizations on the innate bisexuality of the child and the processes that it must go through to fully mature i.e. the Oedipus complex in this instance (Mannoni, 1971). It is therefore important not to underestimate the influence that earlier medical discourses have had on our current thinking.

Another important example of the influence of sexology on transgender identities today can be seen in the work of the oft-acclaimed father of modern transgenderism, or transsexualism as he termed it, Harry Benjamin. When Benjamin began his research on and with transgender people, it represented progress from early sexology in that it was more compassionate, but it was nonetheless a paternalistic form of compassion: “The transsexual...puts all his faith and future into the hands of the doctor, particularly the surgeon” (Benjamin, 1966, p. 23). He provides an important formative link between early sexology and more modern constructs of transgender. His canonical work *The transsexual phenomenon* was heavily influenced by sexology as he notes in the preface:

As one who is neither surgeon nor psychiatrist – but rather as a student of sexological problems, and also as a long time practitioner in sexology – I feel myself to be in a good position for the necessary objectivity (p. 7).

Benjamin had actually worked closely with Magnus Hirschfeld, as he was himself of German extraction, and so although his work represented progress, as did Hirschfeld's, it was framed within sexological discourses that presented transgender as an aberration from normal, as opposed to just another form of variation. Unlike Hirschfeld though, Benjamin's work was influential, and so despite presenting transgender as a problem to be managed by psychiatrists, as was inevitable considering what had come before it, it was at least sympathetic and supportive. This represented the beginnings of a shift in attitude from condemnation to benevolent paternalism, much as European colonial nations had done when subsuming other countries into their Empires (Bhabha, 1984; Fanon & Philcox, 2004; Narayan, 1995; Said, 1993; Spivak, 1988).

One further link made is that Benjamin's work notes in more detail the presence of transsexualism in children, although it was relayed by adults reminiscing on their respective childhoods. This was again similar to Hirschfeld (1936, 2003) who had also drawn links between the manifestation of transgender and its appearance during early childhood. He does not raise the issue of the treatment of children, an idea that is still highly controversial to this day, but he does note that adult transgender people were aware of their feelings from early childhood. It was not until the 3rd edition of the DSM published in 1980 that the medical treatment of transgender children became a realistic possibility. However, treatment remained highly controversial and few if any endocrinologists would actually treat a pre-pubescent transgender child even if they did meet the criteria stipulated in the DSM.

The criteria outlined in the 1980 DSM III for children who have GID is also emblematic of the effects that sexology had had on modern day constructions of transgender. GID was placed under a section of the DSM entitled *psychosexual disorders*. The language use and descriptions given bear the hallmarks of sexology in that it is framed as a disorder requiring treatment, and is presented from a deficit perspective that speaks to the normative values that society attributes to each gender. The construction of transgender as a problem is based upon a definite discursive construction presenting any aberration from normative gender roles as an innate problem.

The accusation of sexology being a pseudo-science and therefore best ignored is misleading because such an assessment has the disadvantage of overlooking “the significant power and broader cultural influence of scientific and medical proclamations” (Terry, 1999, p. 8). Therefore, even if in hindsight we are tempted to dismiss earlier sexological studies as ludicrous, we would be remiss to do so as such discursive practices have not, by any means, left the medical profession. Linguistic similarities between sexology and modern day constructions of transgender in the DSM and other formative works like those of Harry Benjamin are perceptible and demonstrate the progression of stigmatizing transgender in pre-teenagers. If indeed transgender is a psychiatric condition, then it must be because it represents an actual physical and psychological aberration from what is truly normal, not just usual. Therefore an assessment of “normal” sex development and gender identity development processes must be examined in order to appreciate if there is such a thing as a normal process in either case.

An FDA of early sexological discourses has returned several findings to assist with our understanding of how historical discourses inform our understanding of the concept of transgender. First, although early sexological discourses pathologized sexuality, the conflation of sexuality and gender has also resulted in transgender identities being similarly pathologized. Second, sexological discourses have discursively defined the parameters of transgender research and guaranteed its place as a psychiatric disorder. Its strong links with the early formulations of transgender by Harry Benjamin have resulted in the presentation of transgender as a psychiatric condition. Third, the language use in the DSM to delineate gender dysphoria again bears the hallmark of sexological research. Such language serves to reify the concept of transgender as a mental disorder and continue the cycle of stigmatization of transgender conditions. Given the clear negative impact that sexology has had on shaping the concept of transgender it would be, as was asserted earlier by Terry, a mistake to dismiss such research as an antiquated pseudo-science. It is rather a discursive power.

Problematizing Sexual Dimorphism

The othering of transgender identities and related diagnoses such as GID or GD are based upon specific presuppositions of what constitutes normal. The transgender = abnormal construction stems from the perception of a perceived misalignment between biological sex and gender identity. So a male biological sex coupled with a female gender identity would be seen as a misalignment and therefore indicative of a transgender identity. Conversely, the cisgender = normal construction stems from the perception of a perceived alignment between biological sex and gender identity. So a female biological

sex coupled with a female gender identity would be seen as a normal alignment and therefore indicative of a cisgender identity. In the context of binary knowledge, the construction of transgender as abnormal is predicated upon the existence of cisgender as normal and vice versa.

The rationale for the cisgender = normal construction is a particular ontology of sex and gender known as sexual dimorphism (di = two, morph = types). Sexual dimorphism, as its name infers, is a pervasive scientific discourse that constructs only two “normal” outcomes of fetal sex determination and development processes: reproductively-capable males and females. Sexual dimorphism itself is in large part informed by traditional procreative discourses and necessitates a heterosexual coupling of these two normal outcomes in order to enable traditional reproduction and the survival of the species. Individuals who fall outside of this dichotomy and who fail to live up to the gender norms espoused for each sex category have historically been constructed as abnormal, as the previous section on sexology exemplified. Sexual dimorphism hinges upon the notion that traditional reproduction is the primary function of sex and is a justifiable reason to construct only two outcomes of fetal sex processes as normal. It also reduces the complexity of these processes to two normal outcomes, despite the evidence of virtually infinite human variation.

This discourse of sexual dimorphism is arguably the single greatest reason why transgender identities are treated as abnormal today, and why PTT children have to live with the stigma associated with this construction of transgender. PTT children (and transgender people in general) are not alone in this non-normative construction;

individuals who are considered to have so-called “intersex conditions” or “disorders of sexual development” (DSDs) are also tarred with the brush of stigma, simply for being a less frequent outcome of sex development processes. However, less frequent does not (and should not) mean wrong, it simply means less frequent. One of the responses that scientists have had to these less frequent permutations is to investigate and subsequently categorize them into a taxonomy of (negative) difference. This is something that transgender individuals and people with DSDs have in common, and is yet another example of how difference has been constructed to mean something negative in order to bolster and construct a sense of what normal is.

Constructing traditional reproductive capability as the pre-requisite to being normal is problematic, because it presupposes it to be a necessary function for all people. It is not the destiny of all people to reproduce, nor would it be beneficial for all people to reproduce, irrespective of reproductive capability. PTT children treated prior to puberty, as with individuals with DSDs, are likely to be sterile and therefore unable to engage in traditional reproduction. This does not mean that they are abnormal, despite current medical constructions categorizing them as having a psychiatric condition. The power/knowledge nexus and its involvement in the production of discourses in medicine that operate as technologies of power have historically been deployed as mechanisms of control and subordination. Sexology was one such technology of power that was used to categorize normal sexuality by producing an understanding of abnormal sexuality in the form of a complex taxonomy of psychiatric conditions, which lent “scientific” credibility to them. Such conditions morphologically shifted into those that comprise the

psychosexual disorders in the DSM, and in the latest edition the additional category of gender dysphoria. Transgender was subjected to this taxonomy primarily because it was perceived as a threat to traditional procreation, as sexologists like Cauldwell (2001) has argued . It is this traditional procreation discourse and the role it plays in sexual dimorphism to categorize PTT children as abnormal that requires investigation.

This section will examine the validity of constructing transgender identities, particularly those of children, as aberrant based upon its incompatibility with traditional procreation and the discourse of sexual dimorphism. It will explore the basis and validity of sexual dimorphism as a discourse by examining fetal sex determination and development processes as outlined by developmental biology. It will posit that constructing only two normal sex outcomes among the many sex development outcomes that we are currently aware of is not an accurate depiction of truth and more a function of discursive power. It will argue that sexual dimorphism is outdated and rather than representing the complexity of actual sex development processes, is rather drawn from antiquated procreative discourses that emerge from Darwin's theory of evolution, which constructs the only function of sex as the traditional production of offspring. What we now know about sex determination and development belies the idea that so simple a system as sexual dimorphism could possibly account for so complex a process. Rather, this examination will present the idea that sex categories and consequently sexual dimorphism are redundant and that individuals should have the right to self-select their gender identity free from the incumbency of antiquated notions of alignment with obsolete sex categories and hence free from the stigma of abnormality. Such a system

would be more equitable for PTT children, because it would disinter transgender from abnormality.

This section is organized around three sub-sections. Sub-section one briefly contextualizes sex and gender and examines their inception as constructs alongside feminist interpretations of the normalizing power of sexual dimorphism. Sub-section two focuses on both typical and atypical sex determination and development processes that have grown out of sexual dimorphism and argues that the justification for presenting a “normal” dimorphic framework is predicated more on discursive power than biological reality. Sub-section three problematizes sexual dimorphism by highlighting its narrow perception of sex and reproduction, its inherent contradictions and over-simplifications, and its innate discriminatory processes. It also calls into question the virtue of a binary sex system that is, by and large obsolete, in everyday life, and serves largely as a discriminatory variable in the broader system of identity.

Sex & gender contextualized. Understanding how sexual dimorphism is situated within conceptions of what we today distinctly define as sex and gender is important if we are to understand the normalizing power dynamic that it has in situating transgender identities as abnormal. Sexual dimorphism predates sex and gender, but its normalizing discourse still impacts upon the perception of an individual being normal or not i.e cisgender or transgender. Since the 1960s in the social sciences, there has been a sharp and generally accepted distinction between what constitutes sex and what constitutes gender.

Social science scholars have traced the individual terms of sex and gender in the social sciences to some of the pioneering work of the psychologist John Money during the 1950s (Haig, 2004; Udry, 1994). Money worked extensively with intersex patients and opined that there was indeed a distinction between biological sex and the idea of gender. Money introduced gender more as a role than an identity, largely replacing the notion of sex roles (Money, 1957). However, it was not until the 1960s that theorists began to draw sharper distinctions between sex identity and gender identity. The psychiatrist Robert Stoller's work represents an early conceptualization designating gender as an innate form of identity, and sex as a purely biological identity. Despite drawing the distinction, he did highlight that the two categories were inter-related, despite being separate:

“Gender identity is created postnatally as a result of psychological influences: First, the anatomy and physiology of the external genitalia, by which is meant the appearance of and sensation from the visible and/or palpable genitalia, and second, the attitudinal forces of the parents, siblings, and peers” (Stoller, 1994, p. 65).

Gender in this construction is determined by both anatomy and psycho-social developmental factors and so an individual who was transgender was still believed to be partially constituted of some sense of innate maleness, although exactly how this occurred was largely unexplored.

A sharper distinction between sex and gender was drawn during the 1970s particularly with the emergence of critical discourses like feminism. Oakley (1972), for

instance, posited that: “Sex is a biological term; ‘gender’ a psychological and cultural one” (p. 158). This represented a shifting of definitional boundaries and presented gender as entirely distinct from sex. These terminological distinctions were still being conceived at this stage, but even with the separation, normal gender identity i.e. cisgender was still being determined by sex identity. This perception of alignment as the basis for being normal did undergo extensive cultural and theoretical criticism, particularly by feminist scholars.

Feminist critiques of the construct of gender have also been pivotal in formulating our current understanding of gender and sex. Much of feminist theory focuses on control over female bodies as a central issue. Historically, women’s control over their own bodies has been largely taken from them, whether this is on issues of enfranchisement, reproduction, sexuality, sexual participation, physical objectification, or spirituality (Butler, 2004; Hill Collins, 2000; Hooks, 1984; MacKinnon, 1989). In many respects, feminist movements emerged from the notion of women being something “less than human” or, phrased another way, “*Le Deuxième Sexe*” (Beauvoir, 2012). This was particularly the case when examining the intersection of gender with race, as the experiences of women of color attest to (Hill Collins, 2000; Hooks, 1984; Mohanty, 2003; Narayan, 1995; Spivak, 1988). This secondary status experience by women, and particularly women of color, mirrors how marginalized gender populations such as transgender and intersex people have been, and continue to be treated (Bornstein & Bornstein, 1994; Boylan, 2004; Burke, 1996; Ekins & King, 2006; Feinberg, 1992; Lewins, 1995; Meyerowitz, 2002; Wilchins, 1997).

It is important to be aware that feminism was a diversified movement and certainly did not speak with one voice on transgender concerns. To do so would have meant an invocation of yet another totalizing discourse, a substantial subversion of a basic principle of feminism. Several feminist scholars were in fact not only critical of transgender identities, but actively hostile to them (Eichler, 1987; Irvine, 2005; Raymond, 1979). Raymond, for instance, made a comparison between transsexual women and rapists, in the following excerpt:

All transsexuals rape women's bodies by reducing the real female form to an artifact, appropriating this body for themselves. However, the transsexually constructed lesbian-feminist violates women's sexuality and spirit, as well. Rape, although it is usually done by force, can also be accomplished by deception. (Raymond, 1979, p. 104)

The idea of there being essential qualities of men and women speaks to the totalizing discourse of sexual dimorphism. Characteristics are ascribed as being natural yet few, if any of us, actually live up to the expectations placed on such idealized forms of men and women and those who could be sad to achieve it do not hold on to it for long, because mortality is a reality for us all.

Feminism's major contribution to gender construction is the notion that gender is both socially and culturally constructed and so its meaning shifts across borders and time. The notion and influence of standpoint theory in feminism is critical to understanding how gender is constructed because it posits that people necessarily speak about and interpret reality according to their social and cultural experiences. The co-

option of standpoint theory precepts into feminism has led to the idea of a standpoint feminism (Harding, 2004), which necessitates:

A recognition of the power realities operative in a community, and points to the ways the ruling group's vision may be both perverse and made real by means of that group's power to define the terms for a community as a whole. (Harding, 1987, p. 162)

Using power as a unit of analysis is helpful in understanding how the complexities of gender manifest themselves, particularly for transgender identities who have been placed outside of normal categories by this nexus of power (Foucault & Gordon, 1980).

Normalizing constructs emerge from interactions of power and knowledge and the idea of a particular way of being as normal is essential when it comes to understanding gender (Butler, 1990). In gender studies, the constructs of *heteronormativity* (Warner, 1991) and *cisnormativity* (Logie, James, Tharao, & Loutfy, 2012; Serano, 2009) allude to the normalizing power of specific sex and gender identities, the former construct referencing heterosexual as normal and the latter referencing non-transgender or cisgender people as normal.

The sex/gender distinction has largely emerged from sociology and is based on the more general distinction made between nature and culture, or biology and society (Haig, 2004; Roberts, Shen, & Ingraham, 1999; Warner, 2000). Simply put, sex is what makes a human being male or female and gender infers masculinity or femininity.

Feminism necessarily complicates such notions of masculinity and femininity highlighting their fluidity across cultural contexts and in so doing problematizing the

concept of a stigmatized transgender identity. Masculine and feminine are qualitatively-defined i.e. socially constructed, and therefore what constitutes masculine in one society could be deemed feminine in another. With this model in mind, the possibilities arise of a male being feminine and a female being masculine or vice versa. From this, we could conclude that men and women are both biologically and socially constituted beings (Agrawal, 1997). However, is the biologically-constituted component really as robust as sexual dimorphism discourses would have us believe?

Sexual dimorphism arguments have been called into question by feminist scholars and other critical theorists because of its pathologizing of particular sex identities. The reason for feminist and cultural critique of sex and gender is based upon the fact that the normative status of male/female gender emerges from interpretations of the biological processes that lead to sex identity i.e. sex determination and development processes. In other words, a “male anatomy” defines one as male, and a “female anatomy” defines one as female. The argument by feminist scholars is that sexual dimorphism discourses are essentializing and as such inaccurately portrays what it means to be male, female, or something else entirely (Bem, 1993; Butler, 2004; Haig, 2004; Halberstam, 1998; Udry, 1994). However, how accurately are these sexual dimorphism discourses in interpreting scientific sex determination and development processes? What does an objective reading of sex determination and development processes actually tell us about sex identity if we examine developmental biology? Is the notion of sexual dimorphism actually valid or, does the practically-infinite variation of the human genome render the construct of a sex identity superfluous?

Sexual dimorphism. One of the strongest arguments used to justify the division of humans into only male or female sex and gender categories¹⁰ is that there is a tangible biological basis for it i.e. that there are some innate biological traits and features specific to “men” and others specific to “women” (Blackless et al., 2000; Netter et al, 1958; Reis, 2007; Tamar-Mattis & Diamond, 2007). This specificity is predicated upon a particular understanding of sex identity, based upon the biological facts of fetal sex determination and development processes. Sex determination is understood to mean the development of the primary or gonadal sex, whereas sex development is understood to refer to what happens after gonadal organogenesis (Wizemann & Pardue, 2001).

Our understanding of the complexity of these processes has become far more sophisticated over the last few decades primarily due to the technological advancements made in science that have enabled more in-depth investigations to occur. Consequently, scientific discovery has led to a better understanding of the human genome and its constituent parts (McCarthy, 2011). The more we learn about sex determination and development processes, the more complicated we understand it to be. This sub-section will begin by exploring what is currently constructed as a “typical” or normal sex determination and development process, and then it will examine what “atypical” or abnormal processes look like and how they are constructed.

“Typical” sex determination & development. The “typical” process of sex determination and development is constructed as the process that results in a male or

¹⁰ Some countries do offer a variation of a third sex/gender category on official documentation including Nepal, Germany, Australia, Thailand, India & Pakistan. However, the majority of countries offer only 2. It should also be noted that sometimes specific pre-qualifiers are necessary for such documentation.

female capable of traditional reproduction. This has been canonized by the medical community as the standard process by which one is supposed to develop to be considered “normal”. A simplistic outline of a “typical” fetal sex determination/development process in humans can be conceptualized as a series of stages. All fetuses begin phenotypically female and their chromosomal or genetic sex is typically determined by XX, XY, or some other combination of chromosomes. Usually, with XX chromosomes the embryo becomes female and with XY the embryo will become male. At around week 6 of gestation anatomy begins to form, usually ovaries in the presence of an X chromosome or testicles in the presence of a Y chromosome. Testicles usually produce androgens and this sometimes leads to the development of male organs. In the absence of androgens, the embryo continues in a female direction. Anatomy, usually in the form of either internal or external reproductive organs form during the rest of the period of gestation (Wizemann & Pardue, 2001). It should be noted that this brief outline is a highly simplified description of a “typical” sex determination or development process for a “normal” human being.

As any geneticist will attest, this “typical” process is much more complex and is still far from being fully understood by scientists (McCarthy, 2011). A marginally more complex outline involves understanding that in addition to the XY chromosomes, there are more than 10 other chromosomes involved in human sex determination and development and at least 70 known genes located on sex chromosomes and autosomes that contribute to the process (Wizemann & Pardue, 2001). For several decades, scientists have been aware of what has been termed a *testis-determining factor* (TDF) residing on the Y chromosome. During the 1990s, the TDF was found to be the *sex-determining*

region Y (SRY) gene, which is widely acknowledged to be the primary determinant of sex due to it inducing the androgynous gonad into testes (Behringer et al, 1994; Graves et al., 1995; Koopman et al, 1991). SRY initiates diverse gene expression that directs the gonad to form into either a testis or ovary, thus initiating the process of sex determination. Once testes begin to develop they regulate steroidogenesis with an increase in androgen production and decrease in estrogen. Anti-Mullerian hormone (AMH) compliments the androgens so that the Wolffian duct system survives and forms into the vas deferens and epididymis of the “male” form, while the female or Mullerian ducts degenerate due to the presence of AMH (Behringer et al., 1994). Androgens will complete this process by the eventual formation of male genitalia. In the absence of TDF, the gonadal anlage will develop as an ovary, the Mullerian duct will survive and eventually develop into oviducts, uterus, and upper portion of the vagina. The Wolffian ducts will degenerate in the absence of androgens (McCarthy, 2011).

The complexity of this process does not cease with these chromosomes, hormones, and genes. There are a number of other genes in addition to SRY that have been identified as being involved in this already complex sex determination process (Roberts et al, 1999). For instance, another gene that resides on the X chromosome: *Dosage-sensitive sex reversal congenital adrenal hypoplasia congenital-critical region on the X chromosome* (DAX-1) also plays a role. Typically DAX-1 is an ovary-determining gene, but scientists have also conceptualized it as a potentially antagonistic gene to SRY. In fact, DAX-1 has led to gonadal dysgenesis resulting in a female form in XY individuals. Other genes playing a role are: *steroidogenic factor-1* (SF-1), *doublesex*

and mab-3 related transcription factor 1 & 2 (DMRT-1 & DMRT-2), high mobility group box (HMG-box), and male abnormal 3 (MAB-3) (Wizemann & Pardue, 2001).

These examples of the complexity involved and of the sheer numeracy of outcomes highlights the innate variation and individuality that exists within the human genome. Incidentally, the X-chromosome alone consists of approximately 160 million DNA base pairs and encodes between one and two thousand genes (Wizemann & Pardue, 2001). The sheer complexity involved in the sex determination and development processes belies the possibility of only two normal outcomes, but rather is suggestive of multiple, potentially infinite normal outcomes. It also calls into question the virtue of invoking normal and abnormal, or typical and atypical terminology because such terms provide an inaccurate insight into what is actually occurring.

“Atypical” sex determination & development. Not only is the “typical” process of male and female development frequently oversimplified, it is also far from universal. For this reason, it was necessary when outlining the typical process to employ qualifying language such as “typically”, “usually”, “sometimes” in order to highlight that the process is common, but not universal. There are in fact multiple variations of sex determination and development in addition to what is constructed as being the “typical” or “normal” process, where an XY pair of chromosomes leads to a reproductively-capable male, and an XX pair of chromosomes to a reproductively-capable female (Colapinto, 2013; Dreger, 1998). It is, for instance, perfectly possible for an individual with XY chromosomes to be a woman i.e. to take on the phenotypical characteristics of a woman and to fully self-define and be accepted as a woman by society. The opposite is

also true. An individual's genotype can therefore not just be assumed simply because you have knowledge of the chromosomal pairing of that person. A range of terminology for such phenomena including *intersex conditions*¹¹ and/or *disorders of sexual development* (DSDs) have been developed to describe the instances in which this occurs. It is these "disorders" or "conditions" that comprise atypical determination and development. It is useful at this stage to outline both intersex conditions and DSDs more fully to demonstrate the numerous permutations in existence and to further highlight the inadequacy and antiquatedness of sexual dimorphism.

The Intersex Society of North America (2014), lists more than 10 well known DSDs on their website, some of which are related to intersex. There have so far been approximately 30 DSDs identified by scientists (Diamond & Beh, 2006; Fausto-Sterling, 2000; Holmes, 2011; Lee et al., 2006) as being distinct from the typical process outlined earlier. Space constraints do not allow for an exhaustive delineation of all known DSDs, but some of the more common and well-known ones will be outlined here to illustrate various manifestations of sexual development in humans.

Androgen insensitivity syndrome (AIS) is a condition affecting approximately 1 in 13,000 female births and can be either full or partial, although partial is far rarer (1 in 130,000). An individual with full AIS, will have XY chromosomes, and appear phenotypically as any other woman, typically have genitalia of a normal female appearance, but a shorter vagina, and undescended or partially descended testes. An

¹¹ Intersex is a less commonly used term in the medical field today and is becoming increasingly incorporated into DSDs. It is also important to note that intersex does not describe a single "condition". It is not a single manifestation, but rather a collective of them.

individual with AIS will be infertile, will not menstruate, and will typically have no, or vestigial, reproductive organs.

Klinefelter syndrome also known as 47XXY or XXY affects approximately 1 in 1000 male births and is marked by the individual having an extra “X” chromosome. The individual is generally considered male but will tend to virilize less during puberty, and they will have smaller testes that do not produce sperm. An individual with Klinefelter syndrome is sterile and incapable of having children. Some men with this syndrome will develop a female gender identity and in this instance would be considered actually transgender. A famous example of this occurrence being model and actress Caroline Cossey, also known as the fashion model *Tula* (Cossey, 1992; Tula, 1982).

Congenital adrenal hyperplasia (CAH) affects anything from 1 in 10000 to 1 in 36000 births depending on XX or XY chromosome assignment respectively. In women, internal organs are typically unaffected although fertility in adults is affected. The external genitalia will typically assume a more masculine appearance with a clitoris that looks more like a small penis and a labia that looks more like a scrotum. In men, CAH often induces early puberty and left untreated can stunt growth.

5 alpha reductase deficiency (5ARD) affects an unknown number of male births i.e. those with a Y chromosome. Individuals could have male, ambiguous, or female genitalia and are sometimes capable of producing sperm for reproduction. An individual with 5ARD will however have female primary sex characteristics, which often leads to families raising them as girls, despite them often having a male gender identity.

Swyer syndrome is also known as XY gonadal dysgenesis and is present in women without functional sex glands. This syndrome affects an unknown number of female births and those affected will not develop most secondary sex characteristics without hormone replacement therapy.

Turner syndrome or 45X affects an unknown number of female births and is characterized by the individual having only a single X sex chromosome. Individuals with Turner syndrome are typically of shorter stature, are infertile, and often have a swelling of the hands and feet (Intersex Society of North America, 2014).

DSDs are far from rare and should not be perceived as exceptions to or aberrations from some normal outcome. One of the best prevalence estimates is from a team of researchers at Brown University (Blackless et al., 2000b):

Cause	Estimated frequency/100 live births
Non-XX or non-XY (except Turner or Klinefelter)	0.0639
Turner	0.0369
Klinefelter	0.0922
Subtotal for chromosomal difference	0.193
Androgen Insensitivity syndrome	0.00760
Partial Androgen Insensitivity syndrome	0.000760
Classic CAH (omitting very high frequency population)	0.00770
Late-onset CAH	1.5
Subtotal of known hormonal causes	1.516
Vaginal agenesis	0.0169
True hermaphrodites	0.0012
Idiopathic	0.0009
Total	1.728

Table 3. Frequencies of Non-dimorphic Sexual Development

Their estimate is that 1.7% of births differ from what has been constructed as “typical” male or female sex development. The U.S. census bureau currently estimates the world

population at approximately 7.3 billion people (2014). If 1.7% of these people displays what is constructed as atypical development then that equates approximately to 124 million people, more than one third of the entire population of the United States. This is far from unusual therefore and actually represents a substantial number of people. A question that emerges from this data was succinctly stated by the researchers at Brown University: “how sexually dimorphic are we?” (2000). Rephrased, this question could be, “considering the sheer enormity of human individualism on the planet (7.3 billion variations to be precise) is it possible that more than a male or female outcome is possible?”

Sexual dimorphism is less an accurate interpretation of the human genome, and more a function of a powerful discourse of traditional procreation stemming from Darwin’s theory of evolution (Darwin, 1996, 2009; Greenberger, 2005; Mayr, 1991). It has led to the marginalization of several minorities, particularly individuals with DSDs and transgender individuals. Sex determination and development processes are incredibly complex, and not yet fully understood. There are a multitude of sex development outcomes, not just typical male and female, as one would expect from such complex interactive processes. Medicine’s construction of atypical outcomes for those possessing some or multiple “defects” are excluded from the “typical” or “normal” sex category of the human genome espoused by sexual dimorphism. However, there are several floors and limitations of sexual dimorphism that must also be examined.

There is an element of redundancy in traditional procreative discourses. To justify “typical” sex development as normal, discourses of traditional procreation stemming

from Darwin's theory of evolution have to be employed. Traditional procreation has been seen as necessary to the survival of a species and has consequently been constructed as a normal and necessary function of any species, as Ehrman states:

Darwin thought that the evolution of such sexual dimorphism was due to its positive correlation with greater mating success and fertility. Sexual selection, he said, was the "...advantage which certain individuals have over others of the same sex and species solely in respect of reproduction.

(Ehrman, 2009, p. 105)

A core constituent part of Darwin's theory of evolution is that a normal function of species in general is for sexually dimorphic partners to re-produce (Greenberger, 2005; Mayr, 1991; Shuster & Wade, 2003). However, taken as a collective it is not necessary for all individuals to reproduce or even be involved in reproduction. Several individuals in the world currently do not want to reproduce or cannot, and yet we have a steadily growing population. It should also be noted that reproduction for some people could actually do more harm than good for the population, such as individuals with communicable diseases. Being reproductively capable can therefore be a function that is not used without it being an automatic disqualification from normal status.

Homogenizing reproduction when in fact multiple forms exist is problematic and exclusionary. Such sexual dimorphic theory is predicated on phylogenetic structures that are conducive to reproduction and that this is the basis for the normal sex development of a species (Lerner, 2001). This is based on the understanding that Darwin produced from observing various species of animals. Darwin believed that survival of the fittest involved

the ability to reproduce and that the inability of an individual to reproduce was a phylogenetic malformation that would not survive, and the species would develop accordingly (Darwin, 1996, 2009b; Mayr, 1991). What has not been emphasized is the understanding that what separates human beings from other animals is our ability to think and adapt. Therefore, if something is the status quo for less complex species, it does not automatically follow that the same must be the case for human beings. Such interpretations over-simplify and ignore the complexity of lived experience:

Material interests reflect positions in the social relations of production and reproduction, as well as more immediate community contexts, political attitudes adhere more closely to class, gender role, and affiliation with social movements than to a simple division of men versus women.

(Lorber, 1996, p. 155)

A clear delineation across a sexually dimorphic construction of reproduction is not as apparent as Darwin opined in the 19th century, because humanity has progressed since then. We can also clearly see a diversification of sex that has emerged and consequently problematized traditional sexual dimorphic perspectives.

Today, sex and reproduction has diversified and we can clearly see that sexual dimorphism along traditional male/female lines is no longer necessary for procreation. Procreation is perfectly possible by other means, such as in-vitro fertilization (IVF), artificial insemination, and hormone treatment. Such treatments are conducive not only to heterosexual relationships but also homosexual relationships, and relationships that involve one or more transgender people, irrespective of natural reproductive capability.

Perhaps the female in a heterosexual relationship is reproductively capable but is a hemophiliac and the risk of pregnancy for her is therefore too great. Should she be categorized as abnormal because she uses a surrogate to carry her and her partner's child? The argument that females in a lesbian relationship cannot have children without male sperm is also potentially not accurate. In 2006, a team of scientists made further technological innovations and were able to successfully produce female sperm in mice. They further believe that they could potentially do the same with humans, making the male component in a traditional sexual dimorphic relationship obsolete (Nayernia et al., 2006).

Under a paradigm of sexual dimorphism, the inability to be reproductively functional is a disqualifier from being normal. Given this, what stance should sexual dimorphism take on males or females who have gone through "typical" sex development and are born reproductively functional, but become sterile later on, either electively or over time? Sterility in men could exist in men who went through typical sex development but who possess a low sperm count condition, or because of an elective procedure such as a vasectomy. Sterility in women could occur from an ovarian cancer scare necessitating a full hysterectomy, or passing through menopause, a process that also renders women sterile and reproductively dysfunctional (Kornblum, 2011; Lerner, 2001). Do males and females for whom any of these occurrences apply cease to be "normal"? Since sexual dimorphism sets reproductive capability as the pre-qualifier to being normal, and these individuals did eventually become sterile during their development, they would be categorized as abnormal. The sterility that occurs during post-natal development in

certain individuals with DSDs and transgender people has led to their categorization as abnormal on the basis of supposed reproductive inability. To equitably apply this standard of reproductive functionality, all people who eventually become reproductively dysfunctional would have to be classified as abnormal, since it is perfectly possible to argue that sterility is a genetic inevitability for most humans.

Finally, the reduction of sex to an act of procreation is an over-simplistic perspective on human sex, because for many the purpose of sex is not reproduction, but simply pleasure. A number of contraceptive devices have been developed in recognition of the fact that sex is not just about reproduction. Kornblum highlights that:

The idea of separating sexual intercourse from reproduction has an extremely long history. There are prehistoric cave paintings in Europe drawn by preliterate humans over 12,000 years ago that depict the use of primitive forms of condoms.....With widespread use of improved techniques of birth control in the second half of the twentieth century, sexual behavior among couples was more effectively separated from reproduction. (Kornblum, 2011, p. 161)

To reduce sex to reproduction and to require traditional reproductive ability as a pre-qualifier to the “normal” sex development espoused by sexual dimorphism ignores a far more complex reality of sex and its functions.

This section has similarly produced a number of findings. First, medicine’s deployment of pathologizing terminology such as “disorder”, “syndrome”, “condition”, “congenital abnormality” and “atypical” as a way of simultaneously “othering” anyone

not seen to fit neatly within sexual dimorphism is based on an unrealistically simple construction of the human genome and human sex. Such linguistic deployments are not demonstrative of pure logic or objective scientific reasoning; they are rather representative of the alignment of power with knowledge production through discursive productions of a reality that is passed. Sexual dimorphism, far from being an exact science of the human genome is rather a pervasive ideology predicated upon the exercise of power in its most precise and fundamental form: in the form of control over the body (Foucault, 1995). Developmental biologists actually identify considerable differentiation across genital morphology (Hosken & Stockley, 2004; Simmons et al, 2009) and the idea of absolute sexual dimorphism, given the complexity of sex determination and development in the human genome, is too simplistic a reading of such complex biological processes.

Second, far from being disorders, so called DSDs are in reality indicative of the inevitable multitude of outcomes that will happen with a process as complex and variable as sex development. This questions the assessment of transgender individuals as abnormal or disordered in the same way that it questions the assessment of DSDs as disorders. Therefore, the required “normal” alignment of gender identity with biological sex ceases to exist because there are no longer two sexes and the constructions of cisgender and transgender can no longer be understood in the way that they are, and certainly not within the binary construct of normal and abnormal.

Third, the construct of transgender is a process that is not yet fully understood, just as the entire processes of sex determination and development are similarly not yet

fully understood. That alone is not sufficient grounds for categorizing it as a psychiatric or any other type of disorder. In all probability, infinite variation, as Hirschfeld conjectured back in the early twentieth century, is more likely to be the status quo for the human genome.

Gender Identity Development

Contrary to popular opinion, children become conscious of their gender identity from an extremely young age, irrespective of whether they are perceived to conform to gender norms or not (Brill & Pepper, 2008a). When cisgender children, those whose gender identity is believed to be consistent with their biological sex, develop, their gender identity tends to be accepted and affirmed by adults. However, when transgender children, those who exhibit non-normative gender identity, develop the opposite tends to occur, adults frequently deny and question this reality and often seek methods to repair their children's identities (Brill & Pepper, 2008; Lev, 2004). In this latter instance, we see how the conjunction of transgender with childhood is something of an anomaly for many adults, because PTT children simultaneously embody innocence (Allan, 2008; DePalma & Atkinson, 2006; Renold, 2002), by virtue of being children, and represent sexual aberrance (Bettcher, 2013; Ehrensaft, 2012; Giordano, 2008; Irving, 2008), by virtue of being transgender. This disjuncture is hard to reconcile for many adults and remedial action on the part of parents and society is often resorted to in the form of so-called "reparative therapies" (Bright, 2004; Hicks, 1999), which are widely acknowledged to be detrimental to a child's mental health (Mendez, 2013).

Reparative therapy represents just one response to a perceived “dis-ordered” form of gender identity development on the part of the child. Other responses include denial and repression on the part of the families of PTT children. PTT children, specifically those diagnosed with what was GID but since 2013 has been GD, are viewed as having a mental disorder by virtue of a perceived disjuncture between their gender identity and biological sex. This is in large part based upon the normalizing discourse of sexual dimorphism, alongside sexological discourses, which heavily-impacted upon the formation of transgender within psychiatry categorizing such identities from a deficit perspective. Understanding what GD is, alongside some of the treatments available for PTT children with this psychiatric condition, is essential in order to understand why it is constructed as a disordered form of gender identity development, and whether or not it should be.

If GD is indeed a disorder of gender identity development, in a society built upon binary systems of knowledge, there must necessarily be such a thing as an ordered form of gender identity development. If there is such a thing as an “ordered” or standard form of gender identity development, what does it look like? Several theories on gender identity development exist, as will shortly be examined, but no single, agreed upon theory exists that explains what a standard or “ordered” form of gender identity development looks like. Such theories contribute toward our understanding of gender identity development, but none of them has an adequate explanation for how gender develops. This section argues that the lack of consensus on what constitutes an “ordered” form of gender identity development is tantamount to there being no such thing as an “ordered”

form. Therefore, in the absence of an ordered form, a “disordered” form of gender identity development, such as gender dysphoria in PTT children, has little merit.

This section is structured into three sub-sections. Sub-section one examines theories of gender identity development that have sought to explain what a normal development looks like and to see if adequate explanations exist. Sub-section two examines GD in terms of current diagnostic criteria and features defined by the APA’s DSM, and the treatment options available to PTT children diagnosed with GD. Sub-section three posits that diagnostic criteria are not objective but rather predicated upon a normative power dynamic that formulates “normal” gender behaviors. It will suggest that the interests of PTT children are not best served by psychiatry. Second, the question of whether treating PTT children is ethical are examined and arguments placed as to why treatment for PTT children is ethical and should be mandatory.

Theories of “normal” gender identity development. This section looks at theories of gender identity development in order to ascertain whether there is any consensus or construction of a normal gender identity development. Several theories are examined to understand whether any one theory can explain gender identity development. The three central theories examined are psychosocial, social, and biological. In the absence of any consensus or explanation as to what a normal or ordered gender identity development looks like, this sub-section contends that the contention of a disordered construction of gender identity such as GD has little merit.

Freudian theories of gender development were introduced in section one of this chapter under psychoanalytic theories. Freud’s conception of gender development is

prominent within psychosocial theories of gender identity development. His contention is that it begins in early childhood and involves the resolution of the Oedipus complex for boys and Electra complex for girls. The Oedipus complex posits that boys become jealous of their fathers due to possessiveness of their mothers, but eventually relinquish this when they realize that they are less physically capable; the result is an end-identification with the father and assumption of “male” behaviors. The Electra complex revolves around the notion of *penis envy*. Freud posits that girls begin to realize that they have been castrated, and that they hold the mother responsible. Girls desire a penis but in coming to realize such a goal as unrealistic substitute it with the desire for a baby. The girl eventually identifies with the mother and desires the father due to wanting a baby. In resolving the Electra complex she eventually acquires a stable female gender identity. If such complexes are unsuccessfully resolved, then so-called aberrations of sex and gender occur (Freud, 1959; Gay, 1998; Mannoni, 1971).

Although it would be hard to accuse Freud of being unimaginative, his theories have been extensively critiqued, particularly with regard to the process of maturation that a young girl must pass through. Penis envy has received sharp criticism from several feminist scholars. De Beauvoir argues that projecting the Electra complex onto all women is problematic, in part due to its reliance on the argument of male biological superiority as opposed to the socially constructed privilege that men possess (2010).

Freud’s theories do not account for children who are brought up in either gay or lesbian households who exhibit cisgender gender identities. Given the nature of the process of gender identity development that Freud outlines i.e. the necessary resolution of

either the Oedipus or Electra complexes, a cisgender outcome would be impossible in children brought up by same sex parents (Edgumbe et al, 1976; Eissler, 1977, 1993). Freudian psychosexual theories identify mimicry and imitation as core components of gender identity development. For boys raised in households with lesbian parents, or girls raised in households with gay parents, one would expect, according to Freudian theory, for such boys and girls to experience non-normative gender identity development. No evidence exists for non-normative gender identity development in same sex households (Mischel, 1970; Mussen, 1969; Parsons, 2010). Freudian theories fall short of explaining “normal” gender identity development. Cross cultural differentiation seems to suggest a social element of gender identity development, and so perhaps social theories of gender identity development could explain what an “ordered” development looks like.

Social theories of gender identity development do contribute to our understanding of how gender develops. Certainly cultural relativist and socio-cultural theories of gender account, in part, for the cross-cultural variation of gender and gender roles that we see in the World today. Rogoff (2003) elucidates this point:

“It is not surprising that gender differences among children are consistent with the adult roles of the current generation of women and men in many communities around the world. After all, from the earliest years, children participate in and prepare to assume the adult roles of their communities. Developmental transitions across the life span often encourage, test, and celebrate individual’s changing community roles” (p. 193).

At the same time, scholars have highlighted that this is not the case with some communities, and there tends to be more variability and inter-changeability of gender development and roles, so children will not always be mimicking the role of their gender role model, as Draper (1975) observed was the case with the !kung women that she observed.

What is deemed masculine in one society could easily be deemed feminine in another and in part it is this variation that has led several feminist scholars to the conclusion that gender identity development is simply a social construct. One of the most prominent scholars to posit this is Judith Butler, who argues for gender neutrality so that a proliferation of gender expression (i.e. a gender continuum conceptualization) can be enabled. A just society, one that does not impose bodily regulations based upon birth sex assignment is one that creates a context in which such proliferation is possible (Butler, 1990, 1997b, 2004).

Contrary to Butler's conceptualization of gender proliferation being healthy for society, Western society has developed within a binary understanding of gender. Gender socialization occurs on multiple levels and society is organized around gendered institutions. How we learn gender is, in many respects, socially constructed. As mentioned earlier, Bandura's work on *social learning theory* (Bandura, 1962, 1969, 1991; Bandura & McClelland, 1977) posits that people learn through observation and imitation. Children use this method to learn and Bandura's work demonstrates that children tend to imitate people that they perceive to be similar to them (Bussey & Bandura, 1999). So a cisgender boy would imitate a man to socially learn gender.

Children do not construct their gender simply through observing the behaviors of those around them. The process of development is also based upon interactions and adults play a key role in reinforcing a child's sense of self by projecting behaviors onto children through interaction. We also know that adults tend to be influenced by a child's phenotypical projection (perceived sex). Studies identify how parents of both genders projected gender norms onto children based upon perceived sex through various *sex-typing* processes (Culp et al, 1983). In other words, an adult who believed that they were acting with a boy would project male gender behaviors onto the child and female gender behaviors with a child they perceived to be a girl.

Social theories of gender identity development largely oppose the role of biology in gender. If biology did not play a role, and gender identity development was purely a matter of socialization, then theoretically bringing up a boy, who has gone through "typical sex development", as a girl would produce a female gender identity. Similarly, it would be possible to select the gender of an intersex child at birth, irrespective of their genitalia if socialization alone held the key to gender identity development. In other words, if socialization were the sole determinant of gender identity development, medical intervention with intersex neo-natals would be justified, because the parents would just have to socialize the child as one gender or the other in order to ensure healthy gender identity development. However, if socialization was the sole determining factor of gender identity development, then why would intersex organizations worldwide vigorously oppose any medical intervention until the child is old enough to make that determination on their own? (Intersex Society of North America, 2014). Further, why would intersex

children who have undergone genital correction surgery grow up to feel that the correction being made was the wrong decision? Sadly, there have been instances of gender correction being performed on neo-natal's who have grown up to feel "opposite" to the "correction" being made and sometimes with tragic consequences. The famous case of David Reimer is but one example. David was born what would be considered anatomically male, but was corrected in a "female" direction, undergoing genital correction and hormonal therapy to facilitate this process. He was subsequently brought up and socialized as a girl called Brenda. This was based on the belief that socialization or nurture would result in David being a "normal" girl (Colapinto, 2013). Tragically, David eventually committed suicide, and his case serves as a reminder as to why social theories do not fully explain gender identity development.

David Reimer's tragic case demonstrates the limitations of social models, but it also points to the prevalence of biology as a determining factor in gender identity development. There certainly seems to be some evidence indicating that biology does play a role in gender identity development. Exactly what role biology has in gender identity development and sex determination has been hypothesized and researched extensively. Some studies point to the influence of DNA and genes (Devaney et al, 2011; George et al, 2013; Lewis et al, 2012), others to chromosomes (Bachtrog, 2013; Eggers & Sinclair, 2012; Hattori et al., 2012), and others to hormonal balance (Hattori et al., 2012; Nestler et al., 2012; Ludbrook et al., 2012; Tuygun et al., 2011). Over the last two decades in particular, many scientists have been turning their attention to the human brain and its relationship with sex and gender identity development.

Scientists have compiled data from extensive investigations into the human brain structures of males and females to try to identify whether the human brain can account for sex differences and whether there is differentiation across the sexes (Baron-Cohen et al., 2005; Chen et al., 2007; Gilmore et al., 2007; Im et al., 2006; Menzler et al., 2011; Reiss et al., 1996). The studies cited here are a few samples from a much broader population of research. On the whole, researchers in this area are attempting to identify some specifically male traits and specifically female traits in human brains through correlation studies, in much the same way as early sexologists were attempting to identify certain gender specific physical traits (hand size, hip width and so forth) when they came across what they conceptualized as sexual abnormalities.

The research findings from most human brain and sex studies do describe some distinct differences between male and female brains. To serve as examples, two sets of results from two research studies will be examined. The first study (Ruigrok et al., 2014) is from a team of international scientists, based largely at the University of Cambridge in the United Kingdom. This study was a meta-analysis of other research conducted on human brains and sex between 1990 and 2013. 126 studies were found to meet the criteria set by this meta-analysis study. The total number of brains that were scanned in all of the studies included in this meta-analysis was not specifically stated. However, from a bar chart it is possible to see that the number is less than 10,000. One of the key findings of this meta-analysis was: “Males have on average larger overall absolute volumes (i.e. not corrected for body size) in each volume category, ranging from 8% to 13% larger volumes in males” (Ruigrok et al., 2014, p. 37). This is certainly a bold claim

to make considering the research conducted. Perhaps a more appropriate finding would have been to state that the males and females whose brains were actually scanned were found to have these differences, rather than a generalized statement projected universally onto men and women.

The validity of this finding becomes even more questionable when contextualized by one of the stated limitations of this study. It was noted in the limitations that there was not a sufficiently large sample of children's brains to draw inferences. A statistical study trying to find correlations between brain size, structure, and sex that does not have a sufficient number of children to make inferences is concerning, particularly when one considers that sex development occurs at a young age. Surely then an analysis of younger brains would actually yield more valuable data than that of adults? With regards to adults, the study claims that a sufficient number of adult brains were examined. So what is their definition of sufficiency? If universal claims about male and female brain structure and relative size are going to be made, then we would expect a large and representative number of brains to have been examined. Given the global population of 7.2 billion people (so 7.2 billion brains), even if the sample size was as large as 10000 brains, then the proportion of the sample expressed as a percentage of the population is: 0.00000138888. Is this really a compelling proportion given the universal nature of the claim?

The second study of note (Reiss et al., 1996) focuses on brain development in childhood and again looks for links between brain structure, size and gender. This study had a population of 85 brains from children aged between 5 and 17 years old. As with the

first study, conclusions drawn from this study state that male brains are larger than females, this time approximately 10% larger. They also find differences in the volume of grey matter and white matter across gender. There are two principle concerns with this study. First, and similar to a concern highlighted with the first study, that such a small sample size could be projected onto such an enormous population: “the total cerebral volume is 10% larger in boys compared with girls” (p. 1763). How is such a small statistical sample capable of providing such a universal conclusion?

Another concern with this second study is, arguably, even more serious than the lack of statistical representation. The results section of this study states the following:

Upon visually inspecting the distribution of this variable across genders, it became apparent that there was one (10-year-old) male for whom white matter volume was > 2 SDs (710.6 cm^3) from the mean of the entire male group. (No other volume from this individual was > 2 SDs from the group mean.) Reanalysis of volumes without this individual showed that gender differences were 11.0% and 7.5% for cortical grey and white matter, respectively. After exclusion of this subject, statistical analyses of gender differences for grey matter volumes remained significant for both total ($P \leq 0.0002$) and cortical grey ($P \leq 0.0001$) volumes. (p. 1766)

Out of an examination of just 85 brains, the researchers found one 10 year old male brain that was significantly different to the rest. Rather than take this into consideration, the response was to remove this individual from their analyses in order to ensure their results were statistically significant. This is disturbing for two reasons. First, in order to draw the

conclusions that more closely represented their hypothesis, researchers excluded a subject in a relatively small population that did not conform to the rest of the group, a subject that would have called the entirety of the conjectures into question. Second, this finding represented an opportunity for researchers to comment on the differentiation of brain types within and across genders. That it was ignored in the interests of drawing homogenized conclusions is disturbing.

As we saw in section two of this chapter, Allport's work on the role of categorization in stereotype production is again perceptible in such studies. Taking findings and formulating them into generalized and homogenized sets of characteristics for a particular category does, in some respects, create knowledge about a particular group. However, such generalizations also serve to create stereotypes by suggesting that a brain could be identifiably male or female without reference to the possibility that such a binary taxonomy is far too simple to account for the enormity of human variability. It is not so much that difference across brains exist, but what does this tell us about sex and gender identity development? Surely the questions need to be different if we are looking for explanations to such complex genomes.

Biological theories tend to over-state the case for the biological determinism of gender identity development, which is why they are often described by feminists scholars as essentialist (Butler, 1997; Halberstam, 1998; Harding, 2004; Hill Collins, 2000; Kessler & McKenna, 1978; Sedgwick, 2007). Biological theorists have argued that the "two sexes" are uniquely adapted to assume certain roles and that it is natural for men to perform certain tasks and be a certain way, and the same would be the case for women.

However, if such a natural alignment were indeed the case then there would be no cross-cultural variation because all men would behave and act in a way consistent with their biology i.e. there would be more uniformity among men. It is entirely possible that people do act consistently with their biology, but given the variation across genders one would have to conclude that there were more than two innate sexes and instead a number of sexes consistent with the level of variation i.e. infinite.

In addition to this major flaw in biological theories of gender identity development, it should also be noted that no scientist has come up with an explanation of how normal gender identity should develop. Biological factors such as genes, chromosomes, hormones, brain structures, and in utero development are all believed to play a role; but what those roles are and how precisely they impact upon gender identity development remains a mystery. It would serve everyone better if attitudes and ideologies became sufficiently flexible so that multiple perspectives and cross-disciplinary theories were drawn upon to create sufficiently complex answers to incredibly complicated question of how gender identity develops.

Gender dysphoria. In the field of psychiatry, the term GD emerged with the fifth edition of the APA's DSM for mental disorders to replace the former category of GID and remove it from the psychosexual disorders section (Drescher, 2010; Drescher & Byne, 2012). Irrespective of terminological shifting, GD still remains a mental disorder. From a diagnostic criteria perspective, transgender children have to meet the requirements for GD to be recognized within medicine and receive treatment. This term references an individual who experiences distress due to the perceived disjuncture

between their innate sense of gender and their birth-assigned gender. When this term first entered the third edition of the APA's DSM in 1980 it was styled GID and was placed under the *psychosexual disorders* section of this manual. It was not until the fifth edition of the DSM published in 2013 that GD replaced GID and was categorically separated from the psychosexual disorders section of the DSM. So what exactly are the criteria stipulated by the DSM for a child to be diagnosed with the mental disorder of GD?

The DSM V provides specific diagnostic criteria and features for GD, and subcategorizes these criteria into two main sections: one for adolescents and adults, and one for children. For children the diagnostic criteria are as follows:

Gender Dysphoria in Children

302.6 (F64.2)

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be Criterion A1):
1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.

3. A strong preference for cross-gender roles in make-believe play or fantasy play.
 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
 5. A strong preference for playmates of the other gender.
 6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
 7. A strong dislike of one's sexual anatomy.
 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

(American Psychiatric Association et al, pp. 451–2).

In addition to these diagnostic criteria, some features of gender dysphoria that are used to serve as a guide for practitioners are also included. One of the key features is that the incongruence between birth assigned sex and innate gender identity must cause actual clinical distress, which could be physical, mental, emotional, psychological or some combination thereof. Notably, the DSM stipulates that the desire to be of the “other” gender also includes a clause stating that the desire may also be to be an alternative

gender i.e. different to the one assigned to you. This is more commonly known as being gender queer, although this is not a term utilized in the DSM.

It is uncommon for minors in the U.S. to receive endocrine treatment if diagnosed with GD, because of the perception that such treatments can be harmful. Specifically, the majority of endocrinologists in the U.S. will not treat minors with GD because they feel that not enough is yet known about long term potential side effects of such treatments are (Edwards-Leeper & Spack, 2012; Hembree et al., 2009; Houk & Lee, 2011; Stein, 2012). Endocrinologists who do treat children diagnosed with GD do so because they are informed as to what the actual effects are and, more importantly, because they are aware of the negative consequences of non-treatment. Such treatments can begin when children are about to begin puberty. A common system used to outline stages of puberty is the Tanner system (UBM Medica, 2009):

Table

The 5 stages of puberty

The Tanner system is one of the most common staging systems used to describe the normal maturational events of puberty. Separated into 5 categories of pubertal status, Tanner systems use different scales for males and females. A typical scale in 3 categories, one for boys, one for girls, and one that combines both, is shown.

	EXTERNAL GENITALIA (boys)	BREAST DEVELOPMENT (girls)	PUBIC HAIR DEVELOPMENT (both)
Stage I (prepubertal)	Prepubertal	Prepubertal	Prepubertal (can sometimes see vellus hair similar to that on abdominal wall)
Stage II (beginning pubertal)	Scrotum enlargement, testes enlargement, scrotum changes in texture and color (reddens)	Elevation of breast and papilla; enlargement of areola (breast bud stage)	Sparse growth of long, slightly pigmented hair, straight or curled at base of penis or along labia
Stage III (midpubertal)	Enlargement of penis (length enlarges before thickness); testes continue to grow	Further enlargement of breast and areola (no separation of contour)	Hair gets darker, coarser, more curled; spreads sparsely from pubic junction
Stage IV (advanced pubertal)	Development of glans; penis size continues to increase; testes and scrotum continue enlargement, scrotum skin darkens	Areola and papilla form secondary mound above normal level of breast	Adult hair present, covering smaller area than eventual adult pattern, no spread to medial thigh surfaces
Stage V (postpubertal)	Adult genitalia size and morphology	Maturing; papilla projects, but is related to areola recession	Adult pattern emerges and stabilizes

After transit through this stage, the incidence of depressive disorders between females and males begins to diverge (1:1 changes to 2:1).

(Figure 3. The 5 Stages of Puberty)

The World Professional Association for Transgender Health (WPATH) outlines three main types or categories of treatment interventions in its *Standards of Care (SOC)*: *fully reversible interventions*, *partially reversible interventions*, and *irreversible interventions* (Coleman et al., 2012a). Each treatment is administered at different stages of puberty and each carries individual risks and has different degrees of reversibility. However, it is important for educators and families to note that these three categories represent the

WPATH endorsed treatment types, which are considered to be positive and beneficial for transgender children. There are several other treatments that have and sadly still are used upon transgender children that come under the descriptive category of *reparative therapies*. These are considered not only negative but actually harmful to the well-being of transgender children, and gay children incidentally, and they will also be discussed after the above three endorsed categories have been outlined.

Fully reversible treatments are typically administered to PTT children when they reach Tanner stage 2. The treatments are fully reversible and involve the temporary suspension of the endogenous production of estrogen in birth sex-assigned females and testosterone in birth sex-assigned males. This treatment is considered to be reversible in that they are not changing the body, but only delaying the onset of puberty, which in essence is simply a prolonging of the pre-pubertal state. Once administration of these treatments is stopped, puberty will resume. The purpose of this treatment in delaying puberty, is to give the child a longer period of time to understand their own identity more fully and to determine whether they are male, female, or something else entirely (Coleman et al., 2012a). Endocrinologists have found the most successful intervention method is through prescribing *gonadotropin-releasing hormone (GnRH) analogues* and administering it to children shortly after the early onset of puberty (Tanner stage 2). These work primarily by inhibiting the pituitary gland's ability to secrete gonadotropins by essentially shutting down the hypothalamic-pituitary-gonadal pathways in order to keep the child in a pre-pubertal hormonal state (Tuvemo, 2006a). There is minimal risk associated with this treatment and it is not considered to carry any substantial health

risks. The colloquial names for this treatment are *hormone blocker* or *blockers* (Spack, 2009).

Partially reversible treatments refer to the administration of cross sex hormones that initiate the development of *secondary sex characteristics*. The administration of cross sex hormones is often known as *hormone replacement therapy* (HRT) and will usually commence when the child is about the age of 16. The effects of these treatments put the individual through a puberty that is congruent with their innate sense of gender identity. For FtoM patients these are masculinizing or virilizing hormones and for MtoF patients these are feminizing hormones. As with all medications, there are associated potential health risks. Should treatment cease, then many of the treatment effects are at least partially reversible.

For transboys or FtoM, typically hormone regimens include testosterone. This can be taken orally, transdermally, or parenterally. These hormones will cause the individual to go through male puberty including increased facial and body hair, scalp hair loss, increased muscle, menstrual cessation, deepened voice, clitoral enlargement and vaginal atrophy. There are some potential health risks associated with this type of intervention. The main risk associated with this treatment is polycythemia (elevated red blood cell count). Other risks can include weight gain, lipid alteration, and liver disease (Coleman et al., 2012).

For transgirls or MtoF, typical hormones are estrogen and progesterone. These are either administered orally, intravenously, or through transdermal application. These hormones will cause the individual to go through female puberty including body fat

redistribution, breast development, skin softening, decrease in muscle mass, decreased libido, and decrease in testicular size. There are some potential risks associated with these medications. The main risk is cardio-vascular, but this is more applicable to adults than to children. Other risks include liver and gall bladder disease, diabetes mellitus, and hypertension (Coleman et al., 2012).

Irreversible treatments represent the final treatment stage of treatment, which includes the surgeries that enable what is called sexual reassignment surgery (SRS). WPATH recommends that individuals are at least 18 years of age and most countries do not allow this surgery until the child is 18 years of age, although there are instances of surgery being performed on people under 18. The over-arching goal of all of these treatments is to provide psychological well-being as well as social adjustment on an individual basis. This necessarily involves a physical change process i.e. the alignment of how the exterior person looks with how the inner person feels. Such medical interventions form a key component of being able to successfully physically change gender. Again, as with all surgeries there is a degree of risk involved, although today procedures have become so advanced that the risk of complications and fatalities has substantially reduced (Coleman et al., 2012).

For transboys, there are several individual genital surgeries that come under the umbrella term of SRS. Some of the surgeries are performed during individual operations and some during the same operation. They include *hysterectomy* (removal of the uterus), *salpingectomy* (removal of the fallopian tubes), *oophorectomy* (removal of ovary), *metoidioplasty* (enlargement of the clitoris), *phalloplasty* (construction of a penis),

vaginectomy (removal of the vagina), *scrotoplasty* (construction of a scrotum), and finally the implantation of erection and testicular prostheses (Coleman et al., 2012). Such surgeries are time consuming, expensive, often not particularly accessible, prone to complications, and physically traumatic involving long recovery times spanning several months.

For transgirls, the process of SRS is somewhat less fragmented and can often be done in a single surgery. Typical procedures include a *penectomy* (removal of penis), *bilateral orchiectomy* (removal of testicles), *vaginoplasty* (formation of a vagina), *cliteroplasty* (formation of a clitoris), and *vulvoplasty* (formation of a vulva) (Coleman et al., 2012). Again, the surgeries are expensive, not easily accessible, prone to complications, and physically traumatic involving long recovery times spanning several months.

The above 3 treatment categories outline the entire potential developmental trajectory of a PTT child through to adulthood. However, for a PTT child, the only legally-available treatment category is the fully reversible category, and it will be this that is the focus of discussion in the ethical aspects of treatment section later. Other intervention types, such as cross sex hormones are typically administered at about the age of 16, once the patient has had more time to develop and understand how they feel. Surgery will typically not occur until the individual is 18 or over, although there are instances of surgery being performed on transgender children as young as 16 (Milrod, 2014). From an educator and familial standpoint it is necessary to be aware of these treatments in order to understand the developmental trajectories of transgender children.

Blockers are the only legal treatment available for PTT children, although as many scholars have demonstrated, the availability of street hormones and other interventions for homeless transgender children, who make up a disproportionately large segment of homeless child populations (Bidell, 2014; Koken et al, 2009; Reck, 2009; Rosario, 2009), can and have been illegally attained sometimes with tragic consequences (Beam, 2007).

There are several determining factors involved in assessing availability that go beyond considerations of gender. First, familial support is essential as without this there is realistically no way for a PTT child to obtain treatment as a minor. The level of familial support largely emanates from the parents or legal guardians and the extent to which their own epistemological perspective on this area of knowledge enables them to be supportive (Bouris et al., 2010; Ehrensaft, 2013; Johnson et al, 2014; Kuvalanka et al, 2014; Malpas, 2011). Second, socio-economic status plays a substantial role. GnRH analogues are expensive and for children are almost always not covered by insurance companies. A 28 day supply of GnRH will cost between \$500 and \$1000, which immediately places this treatment beyond the means of many households (Spack, 2009a; Spack et al., 2012). In many cases, financial considerations alone will prevent supportive families from financing their child's gender transition. Third, as mentioned earlier, the majority of endocrinologists in the U.S. will not treat minors, let alone PTT children. This therefore adds geographic factors to the list of barriers to the availability of treatment as, given the landmass of the U.S., physically going to an endocrinologist who is prepared to treat pre-pubertal children can be enough of a deterrent, both in terms of time and money. Finally, prior to being able to be treated by a pediatric endocrinologist, the child must

have been in therapy for a substantial period of time and be in a position where the therapist is willing to provide a diagnosis of gender dysphoria (Hembree et al., 2009; Houk & Lee, 2011; Moore et al, 2003; Tuvemo, 2006; Waal & Cohen-Kettenis, 2006). Sometimes, multiple therapists are required to make the diagnosis, which again can result in additional challenges and costs. These treatments represent affirming ways of helping transgender children, but it is also important to be aware that more repressive treatment types known as “reparative” therapies exist, which can be particularly damaging to the wellbeing of gender non-conforming children.

Sadly, so called “reparative” therapies believes being transgender, and LGB for that matter, is not only inherently wrong but that it is also an illness or disease that an individual can be “cured” of, to make the person “normal” again. The word “cure” in this context denotes the belief that being “transgender” can essentially be removed from a person’s identity through therapy and that the patient can become a “normal” cisgender person (Drescher, 2010). The word “reparative” is in quotation marks because it incorrectly supposes that an LGB or transgender identity requires repair. Unlike the medical interventions described above that cater to the individuals innate sense of self, reparative therapies impose a heteronormative (Epstein & Johnson, 1994; Warner, 1991, 2000) and cisnormative (Logie et al, 2012; Serano, 2009) ideology on the individual by engaging in “therapeutic” techniques that “remove” the homosexual or transgender component from the individual. This is viewed as “repairing” the individual to make them “normal” again. “Reparative” therapy is used on both transgender and LGB

individuals and is often closely-aligned with fervent Christianity¹². In fact Christian doctrine frequently forms part of the “treatment” for these “conditions” (Hicks, 1999). “Reparative” therapy treatments include: chastity, electric shock treatment and/or emetics to be administered to counteract undesirable behaviors or emotions, and finally psycho-religious study (Bright, 2004).

There is no credible empirical research evidence to support the contention that “reparative” therapy is successful in changing one’s sexual orientation or gender identity (Haldeman, 1994; Mills, 1999; Morrow, 2004; Tozer & McClanahan, 1999). On the contrary, the UN in a recent report on the forced sterilization of transgender people condemned the practice of so-called “reparative therapies,” or “conversion therapies” as they are sometimes known (Mendez, 2013). In addition to this, a number of organizations in the U.S. have banned reparative therapies including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the American Academy of Pediatrics, the American Medical Association, and the National Association of Medical Workers (Bright, 2004). It is important to note that this is a practice still alive and in daily occurrence in the U.S and one that we, as educators, must be aware of, because the line between such therapies and child abuse is incredibly fine.

Diagnosis & the ethics of treatment. This sub-section has two principle interests. First, to present arguments that suggest that the interests of PTT children are not

¹² Christianity is not being singled out here. This is simply a finding from researchers. It also does not imply that Christianity is alone in being a proponent of this treatment.

being served by psychiatric involvement and diagnosis procedures. Second, to address the ethical debate of treatment versus non-treatment of transgender children and to argue that treatment rather than non-treatment inhabits a stronger ethical standpoint.

Arguments can very readily be placed that the GD diagnosis process is not only oppressive but predicated upon a power dynamic of normative assumptions of “typical” or “normal” behaviors for boys and girls based upon cultural stereotypes. Far from presenting a neutral or objective perspective, these criteria are framed within a broader heteronormative and cisnormative framework that arbitrarily sets normative gender identity and behavioral standards with little justification. It is the contention of this part of sub-section two that it is not in the best interests of PTT children to have the involvement of psychiatry in their lives.

One of the central problems with the DSM’s diagnostic criteria is less on ephemeral issues and more on how they are linguistically-interpreted and employed. The normative assumptions of gender behaviors that are made by the DSM are problematic not just because they are being employed in an uncritical manner, but also because they are being employed in an absolute manner. If these specific gender behaviors are not present they will not qualify for a diagnosis. Such restrictions of natural inclinations, through gender policing (Gagné & Tewksbury, 1998; Halberstam, 1998a; Kane, 2006; Martin, 1998; Pascoe, 2007), occur regularly in everyday life and transgressors are frequently castigated for displaying such “aberrant” behaviors. By framing their criteria in the way that they are, the DSM is simply reifying such stereotypes and constructing them as normal behaviors.

Take for example A2 in the DSM criteria list for GD: “In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing” (American Psychiatric Association et al, 2013). Clothing might be used as an indicator of gender identification, but consider the barriers. Girls have considerable flexibility when it comes to clothing selection and a girl who likes to wear dresses could easily have a male gender identity, they just like to wear dresses. Similarly a boy who is comfortable wearing jeans and tennis shoes could easily have a female gender identity, but a gender neutral expression. Such DSM criteria are phrased in such a way that they position specific behavior types as indicative of gender identity, when in reality such behaviors might easily not be.

The same objection could be levelled at a number of other criterion. Take A4 referencing toys, games, or activities (American Psychiatric Association et al, 2013). The supposition is that these are neutral selections made by young children and that they will select what naturally appeals to them. There are two substantial objections to this line of reasoning. The first objection is a cultural relativism argument in that what is deemed masculine in one society could easily be deemed feminine in another. A child who is viewed as biologically male who likes playing with Barbie dolls is simply expressing an interest in playing with them. Society constructs them as “girl toys” but they are not innately girl toys and playing with them does not demonstrate some innate female gender identity, but simply a preference for a particular type of toy. Presumably if the same child were to like football they would not meet this particular diagnostic criterion, even though

it is perfectly possible for that child to have a female gender identity and like football.

What is not being allowed for is the possibility of a biologically male child with a female gender identity and a masculine gender expression. After all, many cisgender girls have a masculine expression, so why exclude transgender girls? By having such a criterion as part of the diagnosis the DSM is simply invoking a social gender stereotype as opposed to providing accurate guidelines that support the best interests of the child. Perhaps, as Judith Butler has argued, gender neutrality would be in the best interests of society so that a proliferation of gender expression (i.e. a gender continuum conceptualization) can be enabled. A just society, one that does not impose bodily regulations based upon birth sex assignment is one that creates a context in which such proliferation is possible (Butler, 1990, 1997b, 2004).

Irrespective of whether or not they do indicate gender identity, the reliance on physical and external behavior queues rather than a focus on the internal emotional state of the child is of considerable concern. You cannot discern a child's gender identity simply through surface level observations. When I was a child, observing such behaviors in me would have led a practitioner to the conclusion that I was a typical, happy male child. The only way in which a practitioner could possibly have determined how I felt would have been through talking honestly with me and treating me as an individual who was actually capable of knowing my own identity. The only things that the criterion from the DSM indicate is that it is still possible for scientists to be influence cultural gender stereotypes as opposed to providing care givers with sufficient guidelines to accurately support children.

The second objection is in terms of the validity of observations being made. PTT children seeing a psychiatrist could be as young as 5 or as old as 12. Irrespective of age they have already gone through a great deal of social normalization, as conceptualized by *social learning theory*. Social learning theory posits that people learn through observation and imitation (Bandura, 1962, 1969, 1991; Bandura & McClelland, 1977). Children use this method to learn but they do not construct their gender simply through these methods as the process is also interactionally-based. In adult-child interactions for instance, adults reinforce a child's gender identity by projecting gendered behaviors themselves. The behaviors projected by adults are influenced by their perception of a child's sex. Studies identify how parents project gender norms onto children based upon this through various *sex-typing* processes. Culp et al (1983a) noted that:

adults behave differently toward unfamiliar infants on the basis of perceived sex and strongly support the thesis that adult predispositions are more influential in early adult-infant interactions than variations in infant behavior patterns. (p. 478)

Even though social theories of gender identity development frequently oppose the role of biology in this process, studies do nonetheless show how people are influenced by biology. In another similar study on adult-child interactions it was noted that:

adults are playing in masculine ways with children whom they think are boys and in feminine ways with children whom they think are girls. The women are playing in more feminine ways than the men overall. (Frisch, 1977, p. 1674)

In both of the above studies, adults altered their behavior based upon the perception of the child as male or female. In other words, the adults made assumptions about how and with what the child would like to play based upon their own sense of gender appropriate play. It should be noted that in Frisch's study, the infants in question were between 12 and 24 months and were presented as both boys and girls in different play sessions with adults. The adults behavior was noticed to change based upon the child's perceived sex. In this way, it is often adults who project gender norms onto a child based upon what they themselves have learned as gender appropriate interactions. In other words, behaviors that the DSM is hoping to observe as if the child were part of some fixed variable scientific experiment are unrealistic because behaviors are socially-influenced and culturally variable. To operate in this way is not only non-sensical, it is also tragically misses the point of what it means to be transgender. Gender identity is not concerned with such ephemeral considerations and cannot be observed from such surface-level data. Rather, gender identity is an internal process, a deep-rooted sense of self that can only be understood by meaningful interaction and conversation with the child and having the faith to trust what a child is telling you. If a psychiatric approach to transgender diagnosis is really the way forward, psychiatrists need a better instruction manual.

Psychiatry is one method of overseeing transgender concerns in a society, but it is not the only method and arguably far from being the best and most appropriate. One substantial objection to the entire diagnostic process for GD particularly for children, but also for adolescents and adults, is that it is unnecessarily confusing due to its reversion to

strict categorical identifiers. We tie ourselves in knots with such absolute categories: a biologically-male child, exhibiting masculine gender expression, but who also has a female gender identity. If we assume gender neutrality or gender complexity for that matter, it would just be: a child who we need to learn how to support and listen to. The unnecessarily complex identification procedures espoused by psychiatry are, as Kutchins and Kirk (1997) have argued, in essence “making us crazy.” Their argument is that simply by observing every day rudimentary activity, a disorder, problem, or condition could be perceived:

As you reflect on conversations you have had during recent weeks, you recall that your cousin, a rising young stockbroker, complained of not sleeping well; a writer friend who is finishing a novel admitted to being unable to quit smoking cigarettes....and your sister can't stop obsessing about a former boyfriend.....Individually, none of these problems strikes you as extraordinary.....but according to DSM IV, they also provide the texture of mental illness. In fact each of the behaviors above is listed as a criterion for one or more mental disorders:

- Not sleeping well: Major depressive disorder.
- Smoking: nicotine dependence.
- Obsessive thoughts: Obsessive-compulsive personality disorder. (pp. 21–2)

The authors' argument runs parallel to the one being made here: that what is in reality a relatively simple phenomenon, like a “girl” child emphatically stating that “she” is really

a boy, need not cause the consternation that it does, and that in reality the uproar is self-inflicted by a society obsessed by categorization. The reality is that perhaps we as a society are guilty of looking for behaviors to manage and control where no need exists and that in doing so more harm than good is being caused, particularly to PTT children, because of how science is projected on and defines social norms.

In addition to this unnecessary complexity, some of the discussions occurring within psychiatry on the issue of transgender concerns also call into question the appropriateness of involvement due to the self-recognition that calling this a condition stigmatizes transgender people. Prior to the terminological change from GID to GD in 2013, there was lengthy debate on the ethical questions about both terms, and several questions were raised: Which term was more suitable, should GID/GD still be categorized under psychosexual disorders, which diagnostic criteria should still be included, should the language change, and finally does this “condition” belong in the DSM at all? (Bartlett, Vasey, & Bukowski, 2000; Drescher, 2010; Drescher & Byne, 2012).

Behind the term GD lies the implicit assumption that what is being experienced by the individual child is a disjuncture between biological sex and gender identity and therefore constitutes a condition or disorder. Such a disjuncture is predicated on a cisnormative framework based upon discourses of sexual dimorphism as the natural and normal state of human beings. As section two of this chapter demonstrated though, sexual dimorphism, based as it is on archaic traditional procreative discourses is not so much a pre-ordained reality as a socially-constructed one. It therefore has little merit beyond the

power discourse within which it operates. By continuing to invoke psychiatric language with regard to transgender concerns, the cycle of oppression is simply perpetuated. The question that naturally arises from this is that if GD is removed from psychiatry, does that mean that treatment would also be removed? Is it possible to continue to provide medical treatment in the absence of a psychiatric diagnosis?

The argument in medicine is that in order to receive medical treatment you must have something wrong with you i.e. a condition of some sort. However, this is not a universally applied standard within medicine and it is possible to receive medical treatment without a psychiatric diagnosis. The field of plastic surgery offers a wealth of examples of procedures that are performed on individuals without diagnosis. If we therefore apply the standard universally, and place plastic surgery under psychiatric guidance would that be too unreasonable? After all how difficult would it be to argue that there must be something intrinsically wrong with an individual who wanted to run the risk, experience the pain, and pay to be surgically cut up just to improve their appearance? Should we start making woman who want a boob job see 2 therapists for several months in order to be clinically diagnosed with “low self-esteem disorder”, and then have those therapists give a surgeon permission to perform surgery to boost their confidence? Although I present these arguments slightly tongue in cheek, there is not a gulf of difference between treatment for transgender individuals and people who go through plastic surgery, save how they are categorized within medicine and psychiatry. For whatever reason, psychiatry does not feel the need to pathologize women who feel that their breasts are too small by categorizing them with a mental disorder. The fact that

we do not impose that on people seeking plastic surgery, but we do on PTT children needing endocrine treatment represents a distinct double standard in medical ethics and further, it presents a rationale for the removal of psychiatry from the field of transgender in general and PTT children specifically.

It is entirely possible to provide treatment for transgender people without psychiatric diagnosis as fields like plastic surgery demonstrate. The double standard is concerning certainly, but that we would continue to classify gender diversity of any kind as a psychiatric condition is simply perpetuating archaic values and outdated norms that oppress a minority who need our support, not our condemnation. The final decision to exchange GID for GD certainly represents a small amount of progressive thinking in the field of U.S. psychiatry and compared with the *World Health Organization's (WHO)* publication, the *International Classification of Diseases 10 (ICD 10)*, which classifies GID as a psychiatric condition and disease¹³ (World Health Organization, 2014) it is preferable, albeit only slightly. However, preferable is a long way from acceptable and only the total removal of GD in future editions of the DSM should be considered acceptable.

Several concerns have been raised in both medical and social circles when it comes to discussing the ethics of treating PTT children (Giordano & Boylan, 2008; Giordano, 2013). Although treatment for transgender adults is now considered ethical, at least in much of the medical community if not in society, treatment for transgender

¹³ Due to GD being listed in a book of diseases, it is naturally assumed by anyone reading it that it must necessarily be a disease.

children remains a contentious issue. The question that arises is very simple: What should the ethical position with regard to treating transgender children be or, phrased another way, which position is more ethical: treating PTT children, or not treating them?

Discussing the ethics of treating a PTT child is relatively simple and there are two principle issues. First an assessment of the potential harmful effects treatment both short term and long term and second whether PTT children are mature enough to know who they are in order to qualify for treatment. Discussing the ethics of non-treatment is more complicated because of the pervasive perception that non-treatment is ethically neutral. However, is this really the case? Could non-treatment harm the child? More importantly, could non-treatment actually constitute a greater harm to the child than treatment would? If the latter question is answered affirmatively, then treatment becomes more ethical than non-treatment.

The medical community's stance in the U.S. is far from clear on whether it is considered ethical to provide treatment for PTT children. The DSM (2013) provides diagnostic criteria for PTT children but does not stipulate what treatments are appropriate. The WPATH SOC (Coleman et al, 2012) does provide guidelines, as stated earlier, but not all endocrinologists adhere to these guidelines, by refusing to treat anyone under the age of 18. One of the frequent objections given by endocrinologists is that not enough is yet known about what delaying puberty and prescribing cross sex hormones might mean in terms of long term health outcomes for the individual (Giordano, 2013). Studies have not yet been produced that have monitored transgender children over time, because it was only relatively recently that the treatment of PTTs has even emerged.

The only medical treatment that could be administered legally to a PTT child are blockers and therefore only the effects of these drugs need to be assessed. As stated earlier by the WPATH SOC, blockers present minimal risk to the well-being of PTT children and so the question of treating transgender children with this form of medication should be relatively straight forward. The counter arguments that could be made are first that there are no *known* side effects yet, and second what if the child were to change their mind. To speak to the first point of side effects, if the best available scientific data and research is not identifying side effects, it could quite easily be because there are none to identify. It would therefore be a mistake to assume the worst without evidence. One example of assuming the worst emanates from the UK. There, a suspected side effect is the effect that puberty suspension might have on brain development. This is a theory that has had considerable weight in the UK and has impeded the treatment availability of PTT children. However, it is important to know, as Norman Spack (2009) has emphasized, that this is a theory, nothing more, but it does speak to how assumptions have governed policy. To speak to the second point, of a child changing their mind, blockers do not actually have any effects that require reversal. They do not cause change so much as suspend change, by prolonging puberty. If therefore the child after a few years changes their mind they will simply desist taking blockers and go through the puberty of their birth sex.

The second issue that requires discussion is are PTT children at a stage of maturation where they are able to know who they are so that they could receive treatment. There are two key points here to discuss. First, what standard do we apply to

cisgender children when it comes to their awareness of gender, and second what incidence of “buyer regret” is there for PTTs who are treated? To speak to the first, there is no standard applied to cisgender children. It is presumed that they just know and there is no minimum age or maturation requirement (Brill & Pepper, 2008b; Lev, 2004a). To speak to the second, the purpose of blockers is to buy time, and so children are not committing to growing up as the “opposite gender” if as they mature they realize that that is not who they are. And so at the age of 11 or 12 when they commence with blockers, nothing is set in stone, it is simply a tool used to buy time. Incidentally, according to Norman Spack, the results in Holland, where PTT and adolescent transgender care is seen as cutting edge and from where several U.S. endocrinologists have developed their protocols, there is high satisfaction with results of treatment and virtually no children who grow up to regret their decisions (Spack, 2009b).

Non-treatment is frequently constructed as a neutral stance for endocrinologists to take, but arguably non-treatment could be deemed unethical. The rationale is that if you are not involved in treating a child, you cannot harm them. However, could doing nothing be construed as doing harm? Is it possible for refusing to provide treatment could be seen as causing harm to PTTT children? From the perspective of the volume of research that demonstrates how harmful not treating a transgender child can be, non-treatment is becoming an increasingly tenuous position for practitioners to inhabit. Instances of self-mutilation, anxiety, depression, suicidal ideation, and suicide are all indicated in transgender children who are actively or passively repressed and who therefore do not receive treatment (Brill & Pepper, 2008; Burgess, 2000; Carroll, 2002; Coleman et al.,

2012; de Vries, et al, 2006; Edwards-Leeper & Spack, 2012; Giordano, 2013; Pleak, 2009; Spack et al, 2012; Stein, 2012). In contrast, from studies so far conducted by pediatric endocrinologists and researchers (Bartlett et al, 2000; de Vries et al 2006; Hembree et al., 2009; Moore et al, 2003; Spack, 2009, 2012; Tuvemo, 2006; Waal & Cohen-Kettenis, 2006) and by therapists (Carroll, 2002; Grossman & D'Augelli, 2007; Lev, 2004; Mallon & DeCrescenzo, 2006; Waal & Cohen-Kettenis, 2006; Whitbeck et al, 2004) transgender children who are treated show healthy developmental trajectories, and an ability to function as normal and productive members of society. From this perspective, non-treatment of transgender children could be construed as actually causing them harm, because it potentially condemns them to a physical development at odds with their innate sense of self and consequently exposes them to several harmful factors, such as suicidal ideation. So is non-treatment really neutral, given that it can potentially result in harm for the child concerned?

It is important to draw a distinction between the ethics governing an institutional position on an issue, and the morals of individuals within that institution. The former must always supersede the latter should supersede what constitutes ethical treatment? If treatment of transgender children is considered ethical, then it would not constitute ethical behavior for the morals of individual practitioners to be used as a reason not to treat children. To do so would be a declaration that an individual member of an institution is above that institution, which is not how democracies operate. A parallel example of why morals should not supersede ethics can be seen in the law. Take the example of a defense attorney whose client is accused of murder, but who the attorney knows is guilty

of the crime. Even if the attorney finds murder immoral, they are still obliged to defend their client despite the possibility that the client could walk free and cause further harm to society. Legal ethics require the defense attorney to defend their client, because the legal system sets this as an ethical standard predicated on the belief that this is the fairest way to treat a population as a whole. The ethics of a system, in this instance the law, supersede the individual morals of institutional members, in this instance lawyers, and therefore set the standard for what is provided. This example demonstrates the necessity of ethics setting standards rather than individual morals, because this provides a fairer level of treatment for all concerned.

In medicine, the evidence of studies suggests that it is doubtful that treating PTT children causes any short term or long term harm. On the contrary there is strong evidence that treatment for PTTs is highly efficacious and crucial to their well-being and development. By contrast it is certain that non-treatment of transgender children does cause multiple forms of harm as already enumerated. As a person who experienced some of these harms as a result of non-treatment as a child, I can personally attest to such harm being caused to transgender children who are denied treatment. Given that we know this for sure, perhaps we ought to be weighing a doubt against a certainty and set it as an ethical standard that endocrinologists must provide care for PTT children as well as for adults.

If additional reasons beyond the benefits of treatment are required, it would seem possible that there are grounds for making this a legal issue as well as an ethical one. If non non-treatment can be demonstrated to cause harm in the same way that negligence

does, might this be grounds for taking legal action against individuals who refuse to provide treatment? Does inaction really constitute a legal safe haven for practitioners wary of being sued by a family for refusing treatment to their child? In the U.S. it is not entirely clear what the position of a court would be. Geographical location would, in all likelihood, play a significant role because in some regions legal conventions such as the good Samaritan law and the legal maxim *qui tacet consentire videtur*¹⁴ (silence gives consent) would have some application. The former is by no means universal, and the latter is an English common law maxim that likely has limited application in the U.S. However, the U.S. code undoubtedly has deep roots in English common law (Friedman, 2010), so perhaps a case could be made. Could a parent therefore sue or bring some criminal or civil charges against a medical practitioner for non-treatment of their PTT child on the grounds that it is causing the child harm? There does seem to be some not inconsiderable potential for this course of action, as Giordano (2008b) emphasizes:

It is a mistake to think that omitting to treat is a morally neutral option.

There are both ethical and legal grounds for considering carefully what would happen to the applicant if he or she was not treated, or treated with hormones and in doses that he or she finds unhelpful. (p. 266)

In placing teleological concerns i.e. the potential outcomes of treatment, over deontological behavior i.e. the intentionality of providing treatment, it becomes necessary for us to imagine what might happen in the future as part of what constitutes ethical

¹⁴ The literal translation is: “he who is silent is taken to agree”.

treatment. However, imagination is not based upon certainty and should not preclude us from helping transgender children now with the knowledge currently in our possession.

Age concerns have also been included when it comes to the question of ethical treatment of transgender children. So, how young is too young? Being “too young to know” is a frequent charge leveled at PTT children, despite gender becoming quite set by the time the child is five years old (Brill & Pepper, 2008). This objection is raised against them even knowing that they are “the other gender”, let alone them being old enough to decide whether they ought to receive treatment for their physical transition (Milrod, 2014). So does the notion that PTT children are too young to know have any validity? The argument that PTT children are too young to know is largely invalid for two reasons: First, for cisnormativity reasons and its associated privilege, and second for cultural relativist reasons. First, cisnormativity results in the charge that transgender children are too young to know their gender identity. Such a standard is never applied to cisgender children. If a child whose biological sex is female and whose gender identity is female she will not be questioned. It is taken for granted that cisgender children are capable of telling who they are from an extremely young age, whereas a transgender child of the same age is not deemed capable, even though gender is not determined by biological sex. This cisgender privilege is due to the normative assumption that being cisgender is normal and natural i.e. as nature intended, whereas transgender is unnatural and not as nature intended (Logie et al, 2012; Serano, 2009). Since transgender inhabits this deficit perspective position, the onus is on the transgender children to “prove” who they are, and for that they “must be older.”

Second cultural relativism is another area that questions the validity of transgender children being too young to know. Basing maturity and ability on an arbitrary construct such as age is questionable because people mature at different rates. The U.S. sets the age of majority at 18 years old. This is the age that you are legally adult and eligible to vote. However, whereas the U.S. sees 18 as the official age of adulthood, it allows children as young as 15 to drive cars, buy guns and only 17 to join the military. On the other extreme, being 18 is not considered old enough to decide whether or not you can legally purchase alcohol. The age of majority is not uniform cross culturally. On the contrary it is culturally-specific and dependent on a number of factors. With regard to being old enough to make medical decisions related to irreversible treatments such as surgery, the U.S. sets the age at 18. In contrast, countries like the Netherlands, Germany, and Thailand sets the age at 16.

The argument gets even more complex with the issue of surgery because the U.S. does not universally set the age at 18. In certain states, there is a legal process called the mature minor doctrine (MMD) (Milrod, 2014). This, in essence, is a legal construct that grants adult status to minors as young as 16 who are considered to be at a level of maturation where they are considered adults. This enables minors to make decisions about what medical treatment they receive as if they were adults. The central point is that age is by and large arbitrary and culturally specific, and should not therefore be a prohibitive factor in an individual receiving the treatment that they most urgently need. The one potential objection to this argument that I hear skeptics and critics making is that a child of 16 receiving treatment is very different to a child of 11 or 12 receiving

treatment. True this is an age disparity, but we are talking about two completely different interventions and the degree of risk and reversibility involved in such interventions is significantly different. The only medical intervention that is prescribed to a PTT child is blockers that simply suspend puberty and are considered fully reversible. Blockers essentially buy time for the child until they are approximately 16 so that they have time not only to determine how they feel but also to mature before making a decision that actually brings about change. This has the added benefit of preventing the child from having to go through the effects of a puberty inimical to their gender identity in the interim and all of the corrective procedures that would then be needed to try to reverse the effects, some of which like skeletal structure are irreversible (Spack, 2009).

In summation, what we have learned in terms of the ethical issues of treatment versus non-treatment of PTT children is as follows. In favor of non-treatment are three arguments. First, we do not yet know for sure what, if any, long term effects treating PTT children may have for their health. Second, there are some potential side effects associated with the treatment types available, specifically with cross sex hormones and future surgeries. Third, that a PTT child is too young to make such important decisions.

In favor of treatment there are four arguments. First, we have studies, and personal accounts of transgender children and adults who have experienced childhood intervention and have found it to be immensely beneficial. Second, that there is a potentially lethal opportunity cost associated with non-treatment, as it condemns the child to a physical development process that has many fundamentally irreversible consequences that are likely to be detrimental to their ability to find peace and social

acceptability long term. Third, there is scarce evidence of long term health issues for transgender children who have received medical intervention. There are concerns, and those concerns should be taken seriously and decisions should be well informed. However, that in itself does not constitute a reason not to offer the option of treatment. Fourth, to argue that the child is too young to know is at best a double standard and at worst a denial of the truth. Aside from the fact that no such standard is applied to cisgender children, gender specialists affirm that children become gender aware from an extremely young age (Brill & Pepper, 2008) and that due to this and the variability of ages of maturation cross culturally that to treat everyone homogenously as opposed to individually is non-sensical.

If we can identify no active harm being done to transgender children by providing treatment, then can we really justify not making treatment for PTT children universally available on a case by case basis? Should the option for treatment be given so that we can at least allow the individual and their family to make an informed decision? I will leave you with one final thought: If you look up the word “treatment” in the thesaurus, its antonyms are: “disease”, “harm”, “injury”, and “hurt” i.e. these are the synonyms of non-treatment. Given that non-treatment is defined as being inherently negative, perhaps it ought not to be a standard that the medical community should be setting, and not one that we, as a society, ought to be accepting.

This section has made several findings. First, the examination of what constitutes a normal gender identity development and whether there is consensus on what that is or a single theory that can explain it in its entirety has found that there are potentially useful

components from each theory, but that no single theory accounts for the wealth of gender identity differentiation in the human genome. What those components are has yet to be fully determined and an explanation for what constitutes an “ordered” gender identity development, or even if there is such a thing, is not clear. Given the uniqueness of gender identity development claim that there is a “correct” form is problematic. Gender identity development is not purely biological, social, or psychosexual, and even taken together such theories arguably still leave out other components that contribute to the process such as historical, cultural, temporal, familial, and finally ideological.

Second, the lack of evidence for the existence of an ordered gender identity development has been examined and the findings call into question the existence of and rationale for a disordered development, such as GD. Until we can say that an ordered gender identity development exists and be clear on what it looks like, we cannot claim that there is a disordered gender identity development. Even though the justification for constructing transgender as a disorder is tenuous, the fact still remains that this is precisely what has been done (and is still being done).

Third, the benefit to PTT children of removing the concept of transgender from psychiatry is clearly indicated. The language deployed to assess PTT children has been examined and findings indicate that far from representing an objective assessment, the DSM actually perpetuates stereotypical gender norms. Since treatment is frequently given without psychiatric diagnosis, subjecting PTT children to a pathologizing diagnosis is at best a double standard and at worst discriminatory.

Fourth, treatment for PTT children is a controversial issue, but it also seems clear that this is partly due to a general lack of knowledge on and misunderstanding of what is involved. The WPATH makes it clear that treatment, far from being unethical, is actually more ethical than non-treatment. This is because the harm of non-treatment is considerably less than the risks associated with treatment.

This chapter has emphasized the importance of becoming more aware of the discourses that have shaped and continue to shape our perceptions of gender, and specifically transgender. It has examined historical discourses of transgender to inform our current understanding of this concept. It highlights how essential it is to see transgender both as an identity, but also as a discourse that has been manipulated by other pervasive normative scientific discourses that have simultaneously constructed and pathologized this concept. The stigmatization of transgender identities has substantial consequences for all transgender people, but particularly for what is arguably the most vulnerable population: PTT children. This stigmatization of transgender presents several challenges for PTT children and results in often complex situations for them to have to navigate and negotiate. It is the complexities of these negotiated experiences that the next chapter focuses on.

Chapter 5: Analysis of Interviews with PTT Children and their Families

This chapter presents a detailed, thematic analysis of the experiences of PTT children and their respective families in order to better inform elementary educators and other families of some of the issues and concerns that this esoteric population has. Analyzing the data using Connell's doing transgender, Goffman's stigma, and Ahmed's cultural politics of fear frameworks is helpful primarily because it enables a more in depth understanding of the unique insights that my research partners shared with me about the complexities of their lives. It also assisted with the process of meaning making (Denzin & Lincoln, 2011; Esterberg, 2002), which is imperative for PTT children because, as the literature review highlights, the status quo both inside and outside of educational institutions is bleak. Throughout the thematic analysis in this chapter, the issue of social consciousness raising in my research partners (both children and adults) is highlighted. This is necessary in order to emphasize and highlight the unique contribution that PTT children and their families are capable of making to the fields of education and family science.

The specific situated interactions that these children have been experiencing provided these children with a very particular lens through which to view the world. It was this lens that was of paramount importance in highlighting systemic social inequities, particularly with respect to gender identity. Given the disproportionately-high levels of harassment that PTT children, and for that matter all transgender children experience in

schools, it is essential that we listen to and understand their unique insights from the liminal spaces that they inhabit. As such the research questions that this chapter is focused upon are geared towards producing an in-depth understanding of their experiences:

1. How do the PTT children in this study negotiate their identities with their families at home and in schools?
2. How do the unique identities of PTT children and their families help to highlight gender inequities in schools and society?

To fully answer these research questions, this chapter is organized into three sections. Section one provides family portraits; it introduces all of my research partners to provide some context as to the social location from which each partner speaks. Section two focuses on the lives of the PTT children in this study and the roles that their respective families have played in their upbringing. It provides thematically-organized sub-sections of experiences that my research partners have shared with me to provide insights into how PTT children negotiate their lives with their families. Section three focuses on the lives of the PTT children in this study and their educational experiences. It similarly presents thematically-organized sub-sections of experiences about some of their interactions in schools and the complexities involved in navigating and negotiating their social relationships. Their families typically have heavy involvement with their educational lives, particularly with the process of ensuring that their needs in schools are being met. In presenting this analysis, the sub-sections in both sections two and three will each end with a series of findings from the analysis.

Family Portraits

It is first essential to have a clear picture of my research partners and this first section is devoted to introducing each of them. As such, the next several pages will be devoted to describing participating members of this study to provide a clear outline of the position from which they see and interpret the world. In total, there are 5 participating families in this study, each of whom attend a support group for PTT children in a mid-western city, which is where I met them in my capacity as a friend and supporter. Information on each participant will include demographic information as appropriate, including gender identity, ethnic origin (when known), perceived socio-economic status, perceived sexual orientation, physical disabilities, first language, and finally citizenship. It will also describe some of the children's interests.

Cameron's family. Cameron's family consists of Cameron, his mother and father, and three elder siblings (two girls and one boy). His family lives in a middle to high SES suburb of a medium sized mid-western city. The family are middle SES. Typically Cameron attends group with his mother, but I have also seen his father attend. Only Cameron, his parents, and eldest sister are participants in this study.

Cameron is 11 years old. He is categorized as a transgender boy by society, although he identifies as a boy, without the qualification. Cameron is biracial, his mother being European American, his father being from Columbia. Cameron's first language is English; he is able-bodied, and a US citizen. He enjoys playing video games, going swimming, and playing soccer. He has a close relationship with his mother and his eldest sister Gwen. Cameron has been aware of his gender identity since the age of four, but

believed that he might get into trouble for admitting how he felt. He finally did confide some of what he felt to his mother and sister, although not until he was closer to 7 or 8. Cameron only wears boy's clothes and when younger would have a fit if he was made to wear girl's clothes. He has worn boy clothes for several years now. He is known to stand to micturate, has a buzz cut haircut, and when younger he hated having long hair and having it brushed and styled. His family, particularly Gwen, had noticed behavior in Cameron consistent with what they believed indicated a transgender identity from when he was about 5 or 6. His behavior and identification as a boy has been consistent for several years now. Cameron is going to start in a new middle school in the fall, having now completed elementary school. Cameron is intelligent, but not interested in his classes or in attending school. Cameron does not have many friends, but those he does have are boys. At school, Cameron identifies as a boy, although sometimes he has been categorized as a girl by teachers. Most of the other students know him as a boy, although many also know that he is transgender.

Audrey is Cameron's mother and is in her 50s. Her first language is English; she is able-bodied, and a US citizen. Audrey is white American with a European ancestry. She grew up in a mid-western town and her family background is both conservative and religious. Audrey is a nutritionist, and had gone to school for both a bachelors and a master's degree. She works full time close to where she lives. She and her family have lived in their current residence, in a middle SES neighborhood, for a number of years. Audrey is straight and has been married for 20 years and she was also with her husband Lorenzo for 12 years prior to getting married. Audrey is very involved with Cameron's

upbringing and she takes primary responsibility for his education and wellbeing. Audrey is not a naturally talkative person and is self-described as being unemotional and pragmatic. She is reticent about her feelings. Her approach towards Cameron's gender transition has been consistently pragmatic, and she has focused on meeting his needs and ensuring that he is happy and supported both at home and at school.

Lorenzo is Cameron's father and is in his 50s. Lorenzo's first and second languages are Spanish and Portuguese; English is his third language. He is able-bodied and lives in the US, although he is originally from Columbia, South America. With the exception of his sister's family who live in a large southern city in the US, all of his family are in Columbia. Lorenzo's upbringing in Columbia was very different to the US. He described the culture as more volatile, laid back, and less structured than life in the US. He learned self-reliance from an early age and was used to living life from day to day. Lorenzo described the culture and society that he grew up in as being patriarchal, homophobic, and family-orientated. Lorenzo came to the US when he was 19 for college. He played soccer in college, and has been a life longer player and fan. He graduated from college and has worked in the media since. Lorenzo is straight and met his wife in college. He describes himself as a family man, loves his wife and children, and would do anything for them. He is charismatic, verbose, and very much lives for the moment, a stark contrast to his wife Audrey. He is homophobic and for quite some time struggled with Cameron's gender identity. He has become more accepting with time.

Gwen is Cameron's eldest sister and is 18 years old. Her first language is English; she is able-bodied, and a US citizen. Like her brother, Gwen is biracial. She is in the

process of graduating from high school and starting at a liberal arts college in the fall. Prior to graduating high school, she was the President of her school's Gay Straight Alliance (GSA), which was known as *spectrum* so as to include gender identity as well as sexual orientation in its mission statement. Gwen is well-informed on both sexuality and gender identity topics. She is familiar with the concept of transgender and of many of the characteristics that indicate a transgender identity. She was the first member of her family to raise the possibility with her mother of Cameron being transgender. Given the age gap of about 7 years between her and Cameron, Gwen played a role in raising her younger brother and formed a very close bond with him. She is someone who Cameron could go and speak to when he needed.

Chad's family. Chad's family consists of Chad, and his mother, Mandy. Mandy is separated from Chad's father who does not live with Chad and his mother. He is supportive and he plays a role in Chad's upbringing. Chad and his mother live in a middle SES suburb of a large mid-western city. They both live with Mandy's mother and would be described as being in the lower SES income bracket. Only Chad and Mandy are participants in this study, and they both attend group together. Sometimes his father attends also.

Chad is 10 years old. He is categorized as a transgender boy by society although he identifies as a boy without the qualification. Chad's first language is English; he is able-bodied, and a US citizen. Chad is white, his mother and father both being European American. Chad has a preference for male friends, he enjoys playing games like capture the flag, skate-boarding, and riding his bike. He is very close with his mother. Chad has

been aware of his gender identity from the age of three. He told me that it was not necessary to tell his mother about who he was because he believed her to be aware of the fact almost immediately. Chad only wears boy clothes and first started wanting to wear boy clothes at the age of 3. He has consistently given resistance whenever he had to wear girl clothes. He likes having a buzz cut haircut, and when younger he hated having long hair and having his hair brushed and styled. His behavior and identification as a boy has been consistent for several years now. Chad was in elementary school until he was about 6 when his mother removed him from school and began to homeschool him. In school, Chad was known by his birth name and viewed as and treated as a girl. Chad's removal from school was largely in response to his deep unhappiness and with how he was categorized as a girl. It was also because his mother did not believe that his school would be sympathetic or supportive of his gender identity. Chad has been homeschooled for a number of years and is currently being homeschooled.

Mandy is in her early 30s. She is white American with a European ancestry. Her first language is English; she is able-bodied and a US citizen. She grew up in a mid-western city, and her family background is both conservative and religious. Mandy had been to high school and after that trained as a professional masseuse. Mandy considers herself to be a single mother, and they live with Mandy's mother. Mandy is straight, and she and Chad's father have never lived together with Chad. Mandy takes primary responsibility for Chad's upbringing and education. Mandy is a relaxed, loquacious person, deeply sensitive, and a little shy. Her approach toward Chad's gender transition

has been both empathetic and practical. His happiness is of paramount importance to her as is properly supporting him.

Brandon's family. Brandon's family consists of Brandon, his father Dennis, his mother Sandy, her partner Amy (who Brandon sometimes refers to as Amy and sometimes Mom), and his elder brother Edward. Brandon, Sandy, Amy, and Edward all live together in the suburbs of a medium size Midwestern town. The family are middle SES, as is their neighborhood. His father has been separated from Sandy for a number of years and lives in another mid-western town. Dennis has Brandon and his elder brother to stay every other weekend and does play a role in his upbringing. Only Brandon, Sandy, and Amy were participants in this study. Usually Brandon attends group with Sandy and Amy, and his elder brother often comes as well.

Brandon is 11 years old. He is categorized as a transgender boy by society although he identifies as a boy without the qualification. Brandon is white, his mother and father both being European American. Brandon's first language is English; he is able-bodied, and a US citizen. He has a close relationship with his mother and her partner. He plays a lot with his older brother. Brandon has been aware of his gender identity for several years, but did not explicitly tell his parents until more recently. He finally told his mom how he felt and from then on has been receiving considerable support from his Moms. His father, according to Brandon, has taken more time to come to terms with it. He has preferred male clothing for several years and before being allowed to dress openly as a boy was in the habit of stealing clothes from his older brother. He did not like having long hair when younger and he now has a buzz cut hair

cut. Brandon's behavior is not as strictly masculine as either Cameron or Chad. He does not mind playing what society would consider girl sports and activities, like softball for instance. Brandon has displayed signs of being transgender since he could first walk and talk. His mother noticed this behavior, which included genital discomfort, standing to micturate, and stealing his brother's underwear. Brandon is in middle school and his Mums describe him as being popular. He has friends of both genders and enjoys playing softball, drawing, and going swimming. Brandon is not out at school and is still seen as a girl and is known by his girl name. He is viewed as a tomboy there and treated as such by his friends. When he returns to middle school in the fall he plans to come out as a boy.

Sandy is in her 30s. She is white American with a European ancestry. Her first language is English; she is able-bodied, and a US citizen. She grew up in a mid-western town, and her family background is both conservative and religious. Sandy went to high school and is currently completing an Associate's degree in Human Resources. Sandy was married to Dennis, but they mutually agreed to separate a few years after Brandon was born because Sandy came out as a lesbian. Sandy was a single mother for some time before meeting Amy, but they have been together for a few years now. She has a close relationship with Brandon. Sandy and Amy live together in a predominantly white, heteronormative suburb in a mid-western town. She and Amy are very aware of their non-normative familial structure, and they feel that they stand out in their community. Their identity has impacted upon Brandon's upbringing as both she and Amy are cognizant of what it feels like to be a minority and to be treated differently.

Amy is Brandon's mother's partner and she is in her 30s. She is white American with a European ancestry. Her first language is English; she is able-bodied, and a US citizen. She grew up in a mid-western town and her family background is conservative and religious. Amy went to high school and currently works full time as a supervisor in a company. Amy is a lesbian with a masculine gender expression and has been with Sandy for a few years now. She is a quiet, thoughtful individual who is highly organized and good at taking charge. She takes an active role in Brandon's upbringing and is like a second mother to him; in fact he calls her Amy and Mom interchangeably and my perception is that she is a parent in this family structure. By virtue of her masculine gender expression and subsequent frequent experiences being misgendered, she relates to Brandon exceptionally well and has some unique insights into his struggles. Her identity as a lesbian has been difficult for her own family who are described as very religious. She once shared with me during an interview that her mother believed that Amy's lesbian identity was God's punishment for everything her mother had done wrong in life, something that all of us found rather amusing.

Ginny's family. Ginny's family consists of Ginny, her mother and father, two elder siblings and one younger. Her family live in a middle SES suburb of a small mid-western city. Her family are white European American, middle SES, and attend religious services. Only Ginny and her mother are research participants in this study and usually it is just the two of them who attend group.

Ginny is 6 years old. She is categorized as a transgender girl by society although she identifies as a girl without the qualification. Ginny is white, her mother and father

both being European American. Ginny's first language is English; she is able-bodied and a US citizen. Ginny is in elementary school, and she has many friends there who are mainly girls. She enjoys swimming, ballet, drawing, playing with her dolls and having make believe tea parties. She has a close relationship with her mother and her father. She also plays with her older brothers. Ginny has been aware of her gender identity since she was about 2 years old, but she was still too young to tell people. For the first few years of her life she wore boy clothes but always preferred girl clothes. Since the age of 2, she has worn her mother's clothes, first at night and then eventually during the day as well once her parents began to understand what was happening. She will only wear girl clothes now. She recalls liking "girl things" since before she could speak. Ginny has been living as a girl for a couple of years now and is much happier now that she has made this transition, something her mother noticed in her almost immediately.

Aby is Ginny's mother and is in her early 40s. Her first language is English; she is able-bodied, and a US citizen. Aby is white American with a European ancestry. Aby is a full time teacher and brings up her children. She and her family live close to a small mid-western town in a middle SES neighborhood. Aby has known her husband since college, and they have been married for several years. They now have four children together, but only Ginny was a participant. Aby is very involved with Ginny's upbringing and has a close relationship with her. Aby is a kind, nurturing, and talkative person who is open about her feelings. Her approach towards Ginny's gender transition has been child-led and supportive. She focuses on meeting her needs, and is always talking with her to ensure that she remains connected with how Ginny is feeling. Aby noticed Ginny's

behavior very early on, before she was 2 years old. She noticed how Ginny would dress up in her clothes at night, and that this gradually became a day time action as well. She also observed how Ginny played with the star wars toys that she and her brother had, by making little dresses for them out of playdoh. She and her husband believed that it was important for them to allow Ginny to dress as she wished and found that after they did this and began to treat her as a girl she became much happier.

Paige's family. Paige's family consists of Paige, her mother and father, an elder brother and a younger sister. They all live together in a medium size mid-western city. Her family are white American and in the lower middle SES bracket. Paige's father is a stay at home Dad and takes primary responsibility for her upbringing. Paige's mother works full time to financially-support the family. Only Paige and her mother are research participants in this study and it is usually just the two of them who attend group, although sometimes Paige's father attends too.

Paige is 6 years old. She is categorized as a transgender girl by society although she identifies as a girl without the qualification. Paige is white; her first language is English, she is able-bodied, and a US citizen. Paige is homeschooled, but attends a homeschooling co-op where she participates in learning and activities that are child-focused and child-led. She enjoys playing video games on the computer, drawing, and playing with her toys. She has a close relationship with her mother and her father. Paige plays most of the time with her younger sister, and they are both educated together. Paige has been aware of her gender identity since she was very young. She was not brought up to wear boy or girl clothes when younger, but chose what was comfortable to her, since

her mother believed that it was important not to force a gender binary upbringing on her children. She was about 2 when she first wanted to wear a dress, an action that her mother allowed her to do. She wears girl clothes now, but is more of a tomboy in her expression. Paige has been living as a girl for a couple of years now and is much happier when treated as a girl. Both parents are supportive of her gender identity and do what they can to accommodate her needs.

Georgia is Paige's mother and is in her early 40s. Her first language is English; she is able-bodied, and a US citizen. Georgia is white and is originally from the South. She has graduated from college with a degree in English and now works for a company. She works full time and plays an active role in parenting, although her husband is a stay at home Dad and plays the primary role in Paige's education. Georgia is very involved with Ginny's upbringing and has a close relationship with her. Georgia is a kind, nurturing, and talkative person who is open about her feelings. She is liberal in her political and social views. She is open minded and believes in a child-led form of parenting. Her approach towards Paige's gender transition has been child-led and supportive. She focuses on meeting her needs, and communicates with her regularly to ensure that she remains connected with how Paige is feeling. In affirming Paige's female gender identity by treating her as a girl they have found that she is much happier.

The diversity embodied by my research partners is considerable, with the exception of ethnicity for which the group was predominantly white. As a reference tool for the reader, and as a means of summarizing the identities of my research partners, their demographic indicators have been tabulated in the following table:

Name	Age Range	SES	Geography	Education	1st Language	Ethnicity	Sexuality	Gender	Disability	Citizenship
Cameron	11	Middle	Suburban Midwest	Middle School	English	White/Latino	?	FtoM	Able bodied	U.S.
Audrey	50s	Middle	Suburban Midwest	Masters	English	White	Straight	F	Able bodied	U.S.
Lorenzo	50s	Middle	Suburban Midwest	Bachelors	Spanish	Latino	Straight	M	Able bodied	U.S.
Gwen	18	Middle	Suburban Midwest	High School	English	White/Latino	?	F	Able bodied	U.S.
Chad	10	Lower	Suburban Midwest	Elementary	English	White	?	FtoM	Able bodied	U.S.
Mandy	30s	Lower	Suburban Midwest	High School	English	White	Straight	F	Able bodied	U.S.
Brandon	11	Middle	Suburban Midwest	Middle School	English	White	Gay	FtoM	Able bodied	U.S.
Amy	30s	Middle	Suburban Midwest	Bachelors	English	White	Lesbian	F	Able bodied	U.S.
Sandy	30s	Middle	Suburban Midwest	Associates	English	White	Lesbian	F	Able bodied	U.S.
Ginny	6	Middle	Rural Midwest	Elementary	English	White	?	MtoF	Able bodied	U.S.
Aby	40s	Middle	Rural Midwest	Bachelors	English	White	Straight	F	Able bodied	U.S.
Paige	6	Lower middle	Inner City Midwest	Elementary	English	White	?	MtoF	Able bodied	U.S.
Georgia	40s	Lower middle	Inner City Midwest	Bachelors	English	White	Straight	F	Able bodied	U.S.

Table 4. Summary of Research Partner’s Demographic Indicators

PTT Children and Their Families

This section presents an analysis of the interview data from my research partners that focuses on the multiple facets of PTT children’s identities situated within a familial context. It will be structured in the form of several thematically-organized sub-sections, which will be outlined shortly. This section aims to analyze the experiences of the children and their families with the view to informing both families and educators of the complexities of life as a PTT child. Findings from the data analysis will be presented at the end of each sub-section. One important focus of the analysis is how the raised social consciousness of the children and their families, which occurred as a result of the situated interactions that they have been experiencing, has enabled these unique insights.

Therefore, for analysis purposes, Connell’s doing transgender framework, Goffman’s

stigma, and Ahmed's cultural politics of fear are all deployed, as described in chapter 3, to help make clear the nature of this raised sense of consciousness and the impact it has had on how PTT children and their families understand and negotiate the world around them. It argues that the situated interactions they have experienced provide unique insights into systemic gender inequity, and how current institutional practices and perspectives, particularly in medicine, continue to cause the further marginalization of PTT children.

This section will be structured into 8 sub-sections, all of which will seek to inform and complicate the narrative associated with PTT children, so that individuals involved with their upbringing and development, particularly families and educators, can become more cognizant of their individual needs. Sub-section one focuses on family identity and how various demographics impact upon the transgender component of the children's identities. Sub-section two focuses on the age at which the children in this study became aware of their transgender identities. Sub-section three focuses on how the children see their gender identity. Sub-section four focuses on how families became aware that their children were transgender. Sub-section five focuses on the child-led form of parenting that families in this study felt it best to adopt. Sub-section six focuses on the physical form of the children and the medical issues associated with their children's identities. Sub-section seven focuses on the emotional well-being of the children before and after their gender transitions. Finally, sub-section eight focuses upon a brief comparison between MtoF and FtoM PTT child identities.

Family identity and its impact. The transgender component of the PTT children in this study are necessarily situated against the backdrop of the identities of their respective, immediate families. The individual dynamic of their respective families inevitably impacts the transgender component of the children in this study. Of particular importance are some of the other demographic indicators within these families, like race, sexuality, and SES, and, specifically, how they interact with and impact upon the transgender component of the PTT children in this study. There were 2 individual demographic features, race and sexuality, each one of which specifically impacted upon two different children. In addition to this, SES impacted all five families in this study. This sub-section will address all three of these issues in turn.

The unique demographic indicator of race impacted upon the transgender component of Cameron's family since Cameron's father, Lorenzo is from Columbia and his mother, Audrey is European American. The manifestation however was more cultural in nature and it was specifically traversing this cultural divide within a predominantly white, middle class, heterosexual, cisgender community that impacted upon Cameron, because it presented another layer of complexity for him to have to negotiate and interact with. The normalizing power of such identity markers have varying degrees of unearned social privilege associated with them, to the effect that any forms of difference outside of these norms frequently cause added complications to be negotiated. Lorenzo's cultural identity was one such example because it represented an aberration from what is considered "normal." It is important to see such variations in terms of how they are constructed as aberrations by the nexus of power within which they operate, as opposed

to disadvantaged forms of identity that are inherently negative. It is within this power dynamic that Cameron's father's identity and background and the impact they have on his development.

Understood in this way, Lorenzo's identity as a Columbian father impacted upon Cameron's transgender identity. Lorenzo outlines part of the issue:

L: it's hard for you and it's a struggle if you come from a country or environment where this is very taboo and then my mom asks, and she's 70 years old and she has never heard of transgender. They know about homosexuals and transvestites, so if you're a transgender they would think that you are someone from the Rocky Show horror you know what I mean?

J: I know what you mean.

L: so I don't like to share that just to shield my mom because she'll be like oh my son how could this happen it would be like a terrible thing and so I'm kind of doing the same thing for my brothers and my sisters in Colombia and I'm doing it for Cameron, I'm hiding it. (Lorenzo, Personal Communication L1, June 20, 2013, pp. 12–13)

Heteronormative and cisnormative conventions are formative aspects of Lorenzo's own identity. As such his epistemological perspective was very much against any aberration from these perceived norms. The masculinity discourses that he had grown up with were a major obstacle for him to traverse although, as will be discussed in a later subsection, the obstacle would have been far greater had Cameron been an MtoF and not an FtoM

PTT child. Nevertheless, Cameron's gender identity was extremely hard for Lorenzo to, first, understand and then accept. This meant that Lorenzo's support was a long time coming and that in the interim resistance was the status quo, giving Cameron an additional set of challenges.

It was not until Lorenzo was exposed to his son's transitional process and his immersion within PTT transgender communities that he began to understand that there was a definite reality to what his son was experiencing, which he had at first rejected. He outlines his own journey briefly:

Chad's Mum.... told me something incredibly brave..... she emailed her family and she said hey this is what Chad is now and....we are going to do everything we can to support the fact that that is who he is.... And I was like good for Chad's mom she's really got his back! And....after that trip seeing another boy and like maybe the week before.... we went to the meeting at the library that you were at.....I was thinking man there is a reality to transgender like it's really happening this really is happening! Because at the beginning I didn't really understand it and I was really bothered because Audrey was looking at these websites about male transformation and I was like what are you reading about, this is ridiculous this isn't happening to him he will snap out of it.... and then after I went I was like oh my God that's what this is! It was hard and I had to make my choices, you're either with him or not and I'm like I'm not going to lose my boy. (Lorenzo, Personal Communication L1, June 20, 2013, p. 17)

Lorenzo's intimate interactions with his son not only impacted upon Cameron's identity, but Cameron's identity also impacted upon Lorenzo's epistemology. Experiencing Cameron's transition at close quarters not only immersed Lorenzo in PTT child communities, but Cameron's developing identity through situated interactions raised awareness in both of them of the power relationships at the heart of the social arrangements that were marginalizing Cameron.

Lorenzo's raised awareness has led to his further reassessment of how he sees Cameron. By consciously minimizing the power infused in external social categories, and focusing more on the person inside who has not changed, Lorenzo was himself able to make an ideological transition to an increased sense of social awareness:

L: I just see him as my kid and.....this is going to be a development of our relationship you know calling her "her"....and the pink dress and the little cute hats and ponytails.....its kind of wonderful little memories because I did a lot with him then. So there is some kind of mourning a little bit towards that little person who no longer exists, but I think internally in my mind it isn't the case that the person dies or something it's just that they're changing the outside. And so at one point I feel I have to kill to accept Cameron as a little boy, I have to kill the little girl in order to accept the little boy but now I'm like no he's always been that little person he's just a different person on the outside but whoever's inside that's who I love. And when I told him that he said "thanks Dad that's neat". (Lorenzo, Personal Communication L2, August 13, 2013, pp. 5-6)

Of pivotal importance is how Lorenzo was developing simultaneously to Cameron's transition and how both impacted the other in terms of identity development. This development indicates how the raised social consciousness that emanated from Cameron's transition impacted in turn upon Lorenzo's social awareness. It demonstrated the potential for family relationships to develop because what began as a struggle eventually became a new situated and negotiated reality, demonstrating the infinite abilities of human beings to show compassion and love for one another.

Brandon's family structure also impacted upon the transgender component of his identity. Although his family are white and middle SES, his mother Sandy and her partner Amy do not fit the dominant heteronormative familial construction in their community. As such, their familial structure like that of Cameron's is constructed as an aberration by dominant social norms and therefore automatically stand out in public, as Amy and Sandy shared during an interview:

S: yeah I don't know any other families like ours

A: we will randomly see people at the grocery store and it's this moment of like a deer in the headlights and it's like "huh you exist!" (laughing). So we're really just like a walking parade.

J: how do you mean a walking parade?

A: we just stand out because we're not a common family dynamic so I feel like we're on show and display, and sometimes they do "the stare".

S: sometimes we get stared at.

A: like some people it's an angry stare.... then there are other people who were really just baffled, they don't really know what's going on. And we're like: "hi"

S: yeah we're really happening right here! (said with emphasis).

A: So it kind of ranges. Some days it's amusing and some days it's annoying.

(Amy & Sandy, Personal Communication 1.1, May 14, 2013, pp. 2–3)

As a family therefore, Amy and Sandy are conscious of the fact that they draw significantly more attention in their home community than families who do ascribe to dominant social norms.

Amy in particular draws more attention than Sandy because in addition to being a lesbian, she is coded as having atypical gender expression for a woman:

S: yeah she gets stared at a lot more than me.

J: tell me more about that.

A: I have short hair and I wear guys clothes because it's more comfortable for me and I have breasts and initially people think I'm a guy and when they realize I'm not it sort of freaks them out. I think it's funny most days but it's just kind of I don't know, like I don't care that you're wearing windbreakers or track pants and stuff like I feel it's the same thing.....So I range from thinking it's hilarious to it making me really angry. Yeah. Like I get "sirred" which doesn't bother me because I know how I dress and I

know how my hair is and people get really worried about offending me and they go I'm so sorry and I'm like it's alright.

(Amy & Sandy, Personal Communication 1.1, May 14, 2013, pp. 3–4)

From Amy's assessment, it is possible to see how certain signifiers such as hair and clothing form the basis for interactional gender identification. People tend to draw more upon such ephemeral indicators as opposed to making an assessment based upon something like genitalia, which typically is invisible in public. In other words, gender is publically assessed based upon visible, as opposed to concealed or invisible factors (Kessler & McKenna, 1978; West & Zimmerman, 1987).

Amy also emphasizes an important parallel and distinction between the gender identity interactions that she experiences as a cisgender person versus her concerns about how Brandon experiences such interactions as a PTT child. As a cisgender lesbian with male gender expression, Amy is frequently miss-gendered in public. However, although how she is perceived does not typically negatively affect her, she attributes this to her cisgender identity. Specifically, her cisgender privilege protects her from such potentially-negative interactions and so they will typically affect her less than they will affect Brandon, as a transgender person:

J: so in [your home town] in particular because you are a self-described anomaly for the typical family structure.....you therefore get a lot of attention on the grounds of your perceived sexual orientation i.e. your family structure and also at least with you Amy gender identity as well, so you kind of get the double blow?

A: yeah and for me that's it with Brandon because I'm not transgender, but...this is what's going to happen and this is how it's going to feel... and it's not something that offends me if I get called sir even though that's not how I identify whereas for Brandon, if he was out and got called she that would really bother him. (Amy & Sandy, Personal Communication 1.1, May 14, 2013, p. 4)

Amy's raised level of consciousness is perceptible from her drawing of this distinction between their gender identities. The difference between her own interactions and those that Brandon experiences speaks to the privilege that she embodies as a cisgender person relative to him as a transgender person. Amy is not discreditable in terms of her gender and so the misgendering is predicated upon an assumption made by a third party that has no basis, because according to dominant social norms she is in no way male, since she was labelled female at birth. The embarrassment caused by the mistake therefore is with the person incorrectly labelling Amy, because it was their ignorance that caused them to misgender her. However, Brandon's gender identity is discreditable primarily because dominant social norms argue that there is a biological basis for misgendering him, since medicine labelled him female at birth. The social power of medicine ensures that the embarrassment is with Brandon because misgendering denotes deficiency in his gender identity and he thus becomes discredited and stigmatized (Goffman, 2009). Amy's close relationship and formative role in Brandon's life and upbringing highlighted this particular gender inequity in society and subsequently raised her own sense of social consciousness.

Finally, one identity demographic indicator that had a common effect across all families in this study was SES. Low SES, or the furthest extremity i.e. homelessness, and transgender concerns, is an under-researched area, as the literature review in chapter 3 highlighted (Beam, 2007; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Reck, 2009; Rosario, 2009). This is not just the case for transgender adults, but also for transgender children. The families that I had the privilege to work with inhabited low, lower middle, and middle SES collectively. For all parents/caregivers, the fact that one of their children was transgender was a major concern when it came to the issue of financially-supporting their child's transition. The only legal treatment for PTT children that is available, as highlighted by chapter 4, is GnRh or blockers. A 28 day supply of GnRH will cost between \$500 and \$1000, which immediately places this treatment beyond the means of many households (Spack, 2009; Spack et al., 2012), including virtually all of the families in this study. The relative infancy of pediatric endocrinology when it comes to treating PTT children also means that it is not covered by most health insurance providers. As a result, families who are trying to support their child's transition are not always able to do so financially. This inevitably causes considerable anxiety for parent and child alike, as, for instance, Chad's mother expresses:

M: and then there's the drugs and the cost and then the insurance company and whether or not they decide to cover it, so that's my baby steps because I thought about calling the insurance company andsaying that he has precocious whatever....in order to get this because I figure if my child needs this and if they are not up to speed as to why this is a medical reason

I'm willing to work the system but I don't know.... so I'm like maybe we can buy some time because I don't think he's there. (Mandy, Personal Communication 1.1, June 02, 2013, p. 2)

In order to fully appreciate the reality for PTT children and their families, the multiple aspects of identity beyond transgender must be taken into account. The extreme stress to families in an SES bracket where the cost of medical treatment is prohibitive highlights the necessity of adopting a multi-dimensional perspective when it comes to analyzing the concerns of PTT children in familial contexts. The inter-connectedness of demographic indicators highlights just how complicated lived experiences are and how important the avoidance of uni-dimensional approaches are to acquire a snapshot of this reality.

This sub-section contains several important findings. First, the issue of diversity within diversity is brought up as being an essential component of PTT child identities. There is a tendency to homogenize minorities in general and PTT children in particular. This is perceptible when comparing the richness of the identities embodied by my research partners and the norms espoused by the linguistic constructions employed to define PTT children in the DSM, which simply serve to rob them of their individualism. Second, cisgender people's exposure to PTT child communities is beneficial for them in terms of producing understanding and acceptance. This process helps to raise awareness for PTT children as well as support for them. Third, the stigmatization of PTT children, has resulted in their affirmed gender identity being discreditable in a way that the gender identity of a cisgender child, even when there is a disjuncture between their gender identity and expression, is not discreditable. This speaks to the relative privilege that each

embodies. Finally, that families of PTT children, however supportive they are of their child's gender transition, are unable to be supportive in one of the most essential ways, unless they are in a certain income bracket. This is due to the prohibitive cost of blockers and lack of coverage of this treatment by insurance companies.

Age of PTT children awareness of being transgender. The concern of this subsection is the situatedness and way in which the children's sense of awareness arose and manifested itself at such a young age. Examining how this occurred for the children in this study provides educators with specific, personal narratives to facilitate this process of understanding the gender diversity in schools today. To start, Cameron's sense of his own gender identity came in the form of the realization that he was somehow at odds with how he was supposed to be:

J: Can you recall a time in the past, or an earliest memory of when you first began to realize who you are, as a person? How old were you?

C: When I first felt uncomfortable being a girl it was probably when I was 4.... but I never told anyone because I thought you weren't supposed to, like you might get in trouble or something. (Cameron Family, Personal Communication 1.1, April 21, 2013, pp. 9)

Cameron's reticence to confide his feelings to anyone is indicative of an awareness that his innate sense of self was not viewed as consistent with his physicality. Since his gender identity is constructed as being in opposition to his social gender categorization, he kept his secret hidden from everyone for some time. Of pivotal importance is how this constructed disjuncture made him feel, specifically that he might "get in trouble" even at

the age of 4. Such awareness arose from the situations that he found himself such as feeling that he was in the wrong gender line at school or not wanting to wear girl clothes, or have his long hair brushed. They led to his heightened awareness, but also fear of repercussions, indicating how oppressive social gender norms actually are.

In a distinctly different way, Brandon also demonstrated an awareness of his incongruence with dominant social norms from virtually as soon as he began talking:

S: Brandon was little and was talking and when he first started to talk he would throw fits about “where’s my penis” and crying hysterically and we would have to teach him to sit back in the toilet because he was peeing in front of it and just peeing all over, because he would you know stand up.

(Amy & Sandy, Personal Communication 1.1, May 14, 2013, p. 7)

Brandon’s early sense of gender identity was again constructed on an advanced understanding of who he should be versus who he was. In a more explicit way than Cameron, Brandon expressed anxiety and upset in front of his Mum, principally because of his innate sense of “wrongness”. Even at such an early age, he had learned enough about social norms and values to realize that he was incongruent or deficient in some pivotal ways that led to his anxiety and deep unhappiness.

As with references to genital incongruence, another manifestation of gender identity is how children express their sense of gender. At age 3, Chad’s innate sense of gender identity manifested itself in his choice of clothes:

J: and how young were you when you first started feeling this way?

C: 3.

J: tell me about that.

C: my cousin and I switched clothes. My cousin picked clothes out of my closet.

J: oh and you just put his clothes on?

C: uh huh.....

J: do you remember how old you were when you first told your mom about how you were feeling?

C: she knew when I was 3.

J: So you didn't have to tell her she just knew?

C: Uh huh. (Mandy & Chad, Personal Communication 2.1, September 08, 2013, p. 22)

His mother's witnessing of this event will be outlined later. Chad, like most 3 year olds, acted in a way that felt totally natural to him, as incidentally did his cousin. In similar fashion, Paige also followed her natural inclination by selecting girl's clothing before she was 2 years of age:

J: When did you first notice with Paige that she was exhibiting signs of being what we would term "not a typical boy?"

G: like when she was a baby I was of the mind that there is no typical boy typical girl and this goes to why we sort of named the kids like gender neutral names because I believe that kids are kids and gender is imprinted on them by society and we should just let them be and give them all different kinds of toys and all different kinds of clothes and then see what

happens. But like I've never given her a dress before it just came into our lives accidentally so that's why that first time that she wore that dress I think it was at 1 ½ years old or 2. (Georgia, Personal Communication 3.1, June 05, 2013, pp. 7)

Paige's early inclination, like that of Chad certainly did not convince their respective parents that their child was transgender, but they do represent the earliest instances of patterns of behavior that were to last up to when I conducted these interviews. Finally, Ginny shared with me how old she was when she first felt like a girl:

J: can you remember the first time that you felt more like a girl than a boy, do you remember how old you were?

G: Three! I started liking it and I think I started having tea parties when I was four too.....

J: who did you first tell about how you felt? Do you remember?

G: uh uh, no (looks confused).

J: Was it your Mum?

G: I really liked girls stuff when I was actually a baby so I couldn't use my words to tell anyone that I actually liked girl stuff. (Ginny & Aby,

Personal Communication 1.1, June 02, 2013, pp. 14–15)

Although Ginny knew how she felt, it was not possible for her to express it until later. In many respects this was a common theme with all of the children. Their awareness came first, and their ability to express it came later on. This highlights the importance for educators and families of both being observant and of developing good interactional

skills in order to understand PTT children.

Finally, it is also problematic to imagine that PTT children are too young to communicate their identities to others. The children in this study ranged from 6 to 11 and without exception none of them were “too young” to communicate their gender identity to others, and in fact some had been doing so for a few years prior to turning 6. To presuppose that they are incapable of being aware of their gender identity while simultaneously accepting that cisgender children of the same age are capable of being aware is highly problematic, as Sandy and Amy indicated:

A: and Dan brought up that Lou isn't old enough to know,

S: Oh yea Brandon's not old enough to know (sarcastically).

A: so it's funny we were talking about it and I brought up does Edward, is Edward not old enough to know that he's a boy, do you know what I mean?....and that's kind of it I mean my niece and nephew they're 4 but they are resolute in who they are, like....

S: are they not old enough to know?

A: Does a four-year-old not really know that he's a boy or a girl?

(Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, pp.

6-7)

The inherent contradiction to them was simply another manifestation of the marginalization that my child research partners experienced and it really serves to question and problematize the commonly accepted notion that PTT children are “too young to know.”

This sub-section similarly contains a number of important findings. First, that it is possible for children as young as 2 to know that they are transgender, even if they do not yet possess the language to express it. Second, PTT children often have a sense of fear of owning their transgender identity because of how it is socially-constructed as being wrong. As such PTT children may be reticent when it comes to expressing their identity. Third, PTT children are cognizant of their genitalia being either consistent with their gender identity or not from as young as 2 or 3. Finally, PTT children are often constructed as being “too young” to know their gender identity, whereas a cisgender child of the same age is assumed to know theirs. This double-standard speaks to the innate privilege possessed by cisgender children that has so far eluded PTT children. My research partners, children and adults, all highlight why this should not be the case, because each of them demonstrates that they know exactly who they are in terms of their gender identity.

Child gender identity. The children in this study were extremely assertive about their gender identity, and as the previous sub-section highlighted this was from a very young age. Since children often have a strong sense that their transgender identity is contrary to dominant social norms, they will not always be forthcoming about how they feel. To obtain a sense of their gender identity, it is essential for families and educators to find ways to listen to and understand PTT children in order to properly support them. Part of this process is engaging in reflexivity by examining our own beliefs and perspectives. It is also necessary that we free ourselves from preconceptions and suppositions about not only the extent to which children are able to know and understand their sense of self, but

also about what we think constitutes normal gender identity. By listening to the stories children tell us without such presuppositions it is amazing just what children can teach us.

The children in this study were forthcoming and from my conversations with them extremely clear about their gender identity. They also had a strong sense of the complexity of their own identity, in particular how it ran contrary to dominant social norms. The conflict between how they felt versus how they felt they were supposed to feel was often perceptible during our conversations, as was the case with Brandon:

J: what do you think of yourself as?

B: like the other day and um a lot of times I'm like, I'm most of the way a boy and a lot of times I'm all the way a boy, but like a few days ago I felt like not necessarily like a girl but I felt like I was doing a lot of things that the girls in my class would do.

J: Oh Like what?

L: like they were always sitting down and playing with the chalk in the playground, but I like doing that, like I don't think it's a girl thing or a boy thing it's just a thing. I just like, a lot of girls would do that and I don't see a lot of guys doing that.

J: so does society make it difficult for you because people tend to attach gender to particular things like what you wear and what sports you do and whether you draw pictures on the floor with chalk?

L: yeah.

J: does that cause you a problem?

L: sometimes because a lot of my friends, sometimes I play with the chalk and they question whether or not I feel like a girl that day, and I would tell them that it doesn't really matter what I play with you know, I mean you're a girl and you go out in the field and play football and that doesn't matter because I see boys and girls playing football it's the same thing.

(Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, pp. 13–14)

At 11, Brandon had developed an exceptionally high level of social awareness from his life experiences as a PTT child. He also had the ability to explain some of the inherent contradictions in the assessments that people made about him by attaching gender to particular activities.

Brandon was aware also that his identity was subject to a particularly high level of scrutiny. He was also put under intense pressure to conform to dominant social norms for boys. In order to qualify as a boy in the eyes of others, he was expected to perform not just in a hyper-masculine way but also to exclude everything that could possibly be construed as female. When he described himself as “most of the way a boy” it was his sense of social consciousness that drew this self-assessment, because it was predicated on the fact that he sometimes does what are considered “girl things.” Even though he knows that doing so-called girl things does not make you a girl, the power of heteronormative and cisnormative structures and discourses made him question the certainty of his male gender identity. It is this awareness of the social inequities experienced during these

situated interactions that Brandon identified as he negotiated the power relationships in social arrangements that he did not neatly fit in to.

Building on this raised awareness of such situated gender practices, Sandy shared with me in an earlier interview a particular phrase that Brandon used when talking about his struggles in embodying his male gender identity. The phrase was “letting go of the girl” (Amy & Sandy, Personal Communication 1.2, May 14, 2013, p. 10). This phrase indicates Brandon’s heightened sense of awareness that in order to be accepted as a boy he would have to fulfill social gender norms. There was no space for any behavior or action that could be construed as female, it was about proving that he was a boy. Had he been a cisgender boy, there would have been no pressure on him to prove that he actually is a boy. However, as a transgender boy he was expected to behave in a particular way in order to continually convince those around him that he was a boy.

Another important lesson that can be learned from PTT children is that there is diversity within diversity. There is not a single way to be transgender, and I have yet to meet two PTT children (or transgender adults for that matter) who are identical. The data collected in this study emphasizes that there are multiple ways of being transgender despite that fact being in stark contrast to the homogenizing criteria set out in the DSM. For instance, Brandon’s gender expression was in many respects quite neutral. His multiple interests in activities that stereotypically might be considered to be boy activities or girl activities came naturally to him. He personally did not see that the divide was necessary, although he could see that it existed, and he was comfortable participating in either, unless others judged him for it. In contrast, Ginny was stereotypically feminine

and everything about her appearance, her speech patterns, her interests, toy selections, and preference for female friends constructed her as a girl:

A: and when we started letting you wear girl clothes all the time your daddy and I saw a big change in you, you were happy and smiling and laughing a lot more.

G: and I kept putting on fashion shows a lot sometimes.

A: and I would always ask you which outfit you wanted to pick, and you would always pick...

G: the women's. And almost every piece of clothes that I wear has at least one bit of pink on it. (Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 18)

Ginny's behaviors are just one more example of the differentiation across transgender identities. Her identity, taken in context, is important primarily because it highlights the notion of diversity within diversity.

Another factor that arose in terms of how children identified also arose from my conversation with Ginny and her mother Aby was the issue of privacy and openness. There exists a common perception that transgender people seek to hide the transgender component of their identity out of shame or some innate desire to trick others into thinking that they are real boys or girls. This has given rise to the well-renowned discourse of deceit that is thought to operate in transgender communities where transgender girls, in particular, are thought to deceive people, particularly men, into thinking that they are "real" women, in this instance (Bettcher, 2013). It may therefore

surprise many to learn that the contrary is often the case and transgender individuals will very often have a desire to be open about their identities. This was certainly the case with my research partners, of whom Ginny is a good example:

J: so when you tell people, your friends like Heather and Mary that you are a boy what does that mean Ginny? Why would you say that?

G: I just want them to know who I actually am.

J: but when I look at you I just see a girl.

G: well I kind of look like that, that's why nobody believes me that much.

A: and do you remember what you told me a few times about God, and how God made you?

G: yeah like I have a girl's body but I have a boy soul.

A: no! You mixed that up (looking indulgent), that's not what you normally tell me. How do you feel now?

G: No, I told you I have a girl body I think (looks slightly confused).

A: no you told me you have a boy body and a girl soul. And I asked you what soul meant and you said remember at Church they talk about it all the time and that's who you really are. (Ginny & Aby, Personal

Communication 1.1, June 02, 2013, pp. 9–10)

Ginny went on to share that she did tell a school friend that she was born a boy and that she received a negative reaction from her as a result. Ginny's awareness of the social inequity that she embodied was raised by this incident, but despite this she wanted to be

open with people because she felt it to be an integral component of her identity that she did not want to have to conceal from people.

One final component of identity expressed by the children in this study emerged from Cameron. It was shared with me by Cameron's mother, but the depth of understanding and social consciousness that Cameron expressed was extremely insightful in terms of the duality of identity i.e. the internal identity versus the perceived external. In the same way as Ginny, it was related to openness with others, but it referenced the complexity of the decisions that face PTT children when it comes to negotiating both private and public interactions:

A: I think he's really mature.....The other day we were driving and I don't know if it was from the counselor or what but I just said to him "I think this is really just brave of you to really change your name and to want to go through all of this" and so I think, I was trying to give him an out. Like wouldn't it be easier just to go to middle school as Grace and not put up with any of the kids saying things like wouldn't it be easier just to go as Grace and then when you get older just change and really he gave me a very mature answer. He was like no not at all it would be harder for me to be Grace.... because internally it would be harder for him to be someone he doesn't feel he is than just to go with the flow so that other people aren't saying things to him. (Audrey, Personal Communication A1, June 13, 2013, p. 13)

The above struggle intimated by Audrey will be familiar to many transgender people, children and adults alike. There comes a point in the lives of most transgender people, PTT children included, where a decision about how one is going to live arises. Will the individual be open with the people around them, remain closeted, or transition but not disclose it. Not all of these choices are available to all people, and certainly in Cameron's case only the first two options were on the table. This was not because Cameron could not have "passed" as a boy; I do not think anyone who met him would ever have thought him to be anything else. It was because he had been known in his community as a girl and even with him entering a new middle school in the fall he would not have been able to go stealth. What is of importance is that irrespective of the personal cost of transitioning, it would have been infinitely harder for him not to have transitioned. This excerpt from Audrey also highlights the falsity of the common perception that transitioning is a choice. It is in-fact nothing short of a necessity for the physical, mental, and emotional wellbeing of PTT children and, as the narratives of these children emphasize, it needs to be recognized as such by medical specialists, families, and educational personnel.

If the 5 children in this study highlight anything at all, it is of the inherent falseness of the assumption that being transgender is one thing. It is rather a complex set of identity components that manifest themselves in an infinite combinatory configuration of behavior patterns. Of the 5 children in this study, at least 2 of them exhibited gender behaviors other than those laid out in the DSM. This presents a compelling rationale for redefining the DSM diagnostic criteria for being transgender. As argued in chapter 4, the

criteria are not based upon objective assessments of gender identity and behaviors, but rather are manipulated and framed within cisnormative and heteronormative frameworks of “normal” gender behavior. As such, the DSM encourages practitioners to identify PTT children in terms of stereotypical behaviors for “normal” boys and girls. For many PTT children, the DSM represents a major barrier to their happiness, because it canonizes a standard that needs to be met, not only for being accepted but also for receiving necessary medical treatment.

This sub-section contains a number of interesting findings. First, PTT children’s level of social awareness is particularly high, in large part because of the specific situated interactions that they experience as a result of inhabiting liminal spaces between gender binaries. Second, PTT children often experience considerable pressure to conform to gender expression norms and expectations due to experiencing a high level of gender policing. Both the DSM and society place expectations that PTT children will conform to traditional, stereotypical gender norms in their behavior as a way of “proving” that they are who they claim to be. This is done despite the fact that there exists considerable gender expression diversity within cisgender male and female populations. Third, and related to the second, there are multiple ways of being a PTT child. Despite the prescriptive gender standards of medicine and of gender policers, the children in this study demonstrate how it is possible to be a PTT child without ascribing to stereotypical gender norms and also while ascribing to normative gender behavior. Fourth, PTT children find it preferable to live in their affirmed gender, but receive social hostility, rather than live in their assigned gender and experience social acceptance.

How families became aware that their children are transgender. Families picked up on several indicators and behavior patterns in their children over extended periods of time, which suggested to them the likelihood that their children were transgender. Eventually families were then able to confirm their suspicions through talking with their children and determining how they felt. Initially, many of the behaviors that their children displayed were sources of curiosity to family members who, while reflecting during interviews, shared with me their thought processes and eventual realization that their children were indeed transgender. This sub-section has five constituent parts investigating the following five factors: common habits, clothing & attachment, toy selection preferences, playmate gender preferences, and name and pronoun issues.

One of the many common habits that PTT children were observed to possess by their families were their methods of using the bathroom. Little to no literature exists on how PTT children habitually use bathrooms, and it is also not a factor mentioned as a diagnostic criterion by the DSM V for PTT children. However, some of the families in this study did discuss this since they felt it was a pertinent issue. To clarify, bathroom habits is not a reference to the relatively well-charted “bathroom issue” in transgender literature, which refers to equitable access to facilities in public spaces. Bathroom habits reference the habitual functional procedure utilized by a child using the bathroom i.e. what comes naturally to them. Typically cisgender males will micturate standing up, whereas cisgender females sit down. This is the commonly accepted practice that it is understood most individuals engage in when using the bathroom, at least in the US.

Although bathroom habits was not a question that I specifically asked families, two families who had FtoM PTT children volunteered the information when asked questions about their child's early habits.

Both Brandon's family and Cameron's family shared with me that they noticed non-normative bathroom habits in their children i.e. habits not consistent with their anatomical sex. Brandon's mother recalls:

S: we would have to teach him to sit back in the toilet because he was peeing in front of it and just peeing all over, because he would you know stand up and do it. (Amy & Sandy, Personal Communication 1.1, May 14, 2013, p. 7)

It is of course possible to argue that such behavior could have been simple mimicry of an older sibling. Indeed, this was suggested by Brandon's father early on during Brandon's transition. However, such a supposition does not stand up against scrutiny, as Amy and Sandy argued:

S: yeah he's [Dennis] insistent that Brandon used to stand up in front of the toilet and pee all over herself too, but clearly she did that because she had Edward as an older brother and she saw Edward doing that.....

A: I mean I grew up with three boys and I never did that, my sister never did that.

S: I had an older brother and I never did that.... That makes no logical sense to me whatsoever. I mean I Just.... I also never cried and said where's my penis when am I getting it? So there's a lot of signs stuff like

that so of course Brandon's a boy but when she doesn't correct me all the time that's when the questions come up in my head. (Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, pp. 7–8)

At this stage, Sandy had not thought about the prospect of Brandon being transgender but this behavior, coupled with numerous other factors, eventually led to that realization.

The other FtoM child who was reported to have this habit by his family is Cameron. Cameron's mother, Audrey mentioned how she noticed that Cameron was micturating while standing up from the moment he could walk, and how she interpreted it:

A: well he's always stood to pee. Always. So that's interesting and at first I thought it had something to do with being a little like he was afraid he was going to fall in but he figured it out and so he's always done that.

(Audrey, Personal Communication A2, July 02, 2013, p. 5)

These were consistent habits noticed by both families over a number of years, since both Brandon and Cameron were 11 at the time of the interviews. Interestingly, this topic was expounded on in quite some detail by Cameron's older sister Gwen, who had been in the habit of caring for her little brother when he was younger and who observed this habit:

G: when she was younger she used to go to the bathroom standing up and I guess one of the reasons that I know about that is when she was younger she used to have this sort of like "uraphobia" like she would just not be able to go....in public, so when we would go somewhere she would just not be able to go by herself. So I had to go in with her to tell her it was

okay and say please use the bathroom. So she would go standing up those are the kind of things I noticed. And you know if you wanted to put on the effect of being more masculine that's not something you would do since it's a private thing like obviously she seemed practiced so it was something she'd done before and no one's really watching you use the restroom so I didn't feel it was like an effect so much as it was just what she was used to doing. (Gwen, Personal Communication G2, May 28, 2013, p. 1)

All families are trying to establish how their PTT children feel so that they can be supportive of their formative years. Such private actions speak strongly to the sincerity of a child's gender identity emotions precisely because they are beyond the public gaze and thus are not rituals performed to keep up appearances but are rather indicative of innate gender identity.

Grooming habits, specifically hair combing are also a habit that two families who had FtoM children noticed and remarked upon. Chad's mother noticed this behavior as being consistent throughout Chad's young life:

M: he didn't want to wear dresses to fix his hair and he did not like having his hair, he didn't like the combing of it and stuff and I wasn't any good at fixing it so it was mostly ponytails and stuff. He didn't really have it cut he just didn't want to deal with it, I don't know I'm just thinking back.

(Mandy, Personal Communication 1.1, June 02, 2013, p. 4)

Mandy had noticed this as an earlier sign and recalled and related this during our interviews. What was curious though was that Cameron also possessed Chad's aversion to hair combing, a fact shared by his family:

A: like he didn't want anyone fussing with his hair like he didn't want it combed nothing, maybe he didn't want it styled like a girl so maybe he would just ignore it and it would go away....

J: so....he kind of knew that his hair was a signifier of being a girl because it was longer?

A: yeah maybe like I don't know I'm just thinking back trying to put some pieces together. (Audrey, Personal Communication A1, June 13, 2013, p. 18)

Hair is a very readily-identifiable symbol of gender identity. Both Chad and Cameron apparently had an awareness of this from an extremely young age, a fact that was picked up on by their immediate families. This speaks to the idea that socially, people identify individuals not according to their anatomy, which typically is kept invisible in public, but instead by symbols that represent gender (Kessler & McKenna, 1978; West & Zimmerman, 1987). Therefore, a natural reaction on the part of FtoM PTT children is an aversion to possessing long hair, or having it styled in a stereotypically female manner as both Chad and Cameron demonstrated.

Language deployment and speech patterns are also something that families in this study picked up on with regard to their PTT children. There were frequent assertions by

all of the children that they were not what their anatomical sex was indicating to those around them.

Cameron, for instance, was emphatic about his denial of any female identity and forcefully asserted himself as a boy from the time he was 5 onwards:

G: She would just say things out loud like “I hate being a girl” and “I wish I was a boy” or “I am a boy” she’d say things like that just out of the blue, angrily, getting frustrated. (Gwen, Personal Communication G2, May 28, 2013, p. 1)

Chad exhibited a more gradual process in terms of how he revealed his innate male gender identity. However, it was nonetheless assertively expressed before he was 6:

M: I would say between 5 and 6 I think was when probably after he finally got out of school. So before then it would be pretending to be a boy, moved to I am a boy or I want to be a boy, to then that’s what it is.....so that was the transition period: want to be, I am. So I would say when he was about six he was pretty adamant just about saying that to me. (Mandy, Personal Communication 1.1, June 02, 2013, pp. 3)

In terms of their language use, there was little to no doubt expressed by the families of Chad, Cameron, or Ginny about their respective gender identities, particularly in their assertion of their own gender identities.

In Brandon and Paige’s cases, there was at least some ambiguity and confusion expressed by the parents initially based upon how their children employed, or failed to employ, language that referenced their gender identities. When Brandon did finally reveal

who he was to his mother it was clearly stated, but he was not always as assiduous at correcting his name or his pronoun when he was misnamed or misgendered. This caused some doubt from his mother and her partner who were looking to be guided by Brandon. However it eventually became clearer to them that he did identify as a boy, but that he felt bad about having to correct people when they made mistakes. He interpreted that action as him forcing his views on others, as opposed to them doing what came naturally to them.

Paige similarly exhibited some ambiguity when it came to asserting her gender identity. However, later on in our interview sequence, Georgia shared with me the results of an idea that we had come up with during our previous meeting. Paige's father was to ask her if it would be ok to use male pronouns with her, and Georgia would then observe how she would respond:

G: so John says "Paige would it be okay if I started calling you "he"? And Paige is like "no! why would you do that?" So I explained later to Paige why John said that and so she said yeah she definitely wants [her grandmother] to call her "she" and that it does matter to her. (Georgia, Personal Communication 7.1, August 21, 2013, p2)

In both cases, the lack of assertion at times did not stem from any lack of certainty on the part of the children. Rather, the children felt awkward and nervous about expressing and correcting mistakes made about their identities publically, suggesting an acute awareness of the power dynamics of social categorization.

Speech patterns were picked up by Cameron's family. In particular his father, Lorenzo observed that "she talks like a boy like "hey dude let's do this"" (Cameron Family, Personal Communication 1.1, April 21, 2013, p. 15). This is something that his mother, Audrey and his sister Gwen also commented on because Cameron's answers to questions were very often short, and unemotional. They both identified this as a distinctly male socio-type. Chad also displayed similar patterns during my conversations with him. In contrast, Brandon had a more loquacious style of speech, highlighting again that there are multiple ways of projecting a male gender identity. Paige's speech patterns, varied considerably. She was quite talkative with me on one occasion, but otherwise she was shy. I felt that this may have stemmed from her being less comfortable talking about transgender issues than about other topics not focused on her identity. Ginny's speech patterns were what might be described as stereotypically feminine. She was talkative and expressive, and exhibited none of the reticence that I observed in either Chad or Cameron. Speech patterns themselves can be useful indicators of gender identity. That 3 of the 5 children ascribed to stereotypical gender norms indicates that there are multiple ways of being a girl or a boy and that it is important not to make assumptions based solely upon external identifiers.

Habits such as these were seen by families to suggest the possibility of their children being transgender. Such habits can certainly be viewed as indicators of transgender behaviors, and it was factors such as these, coupled with others that suggested to their parents that their children may be transgender. What is also

remarkable from these recollections is the diversity exhibited by the children; a stark contrast to the image of PTT children given by the DSM.

All five children in this study wear clothing that is viewed as consistent with their innate sense of gender identity. This behavior would be considered consistent with criteria A2 of the DSM:

In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing. (American Psychiatric Association et al, p. 451)

In contrast to the simplicity stated in the DSM, the issue of clothing is in fact far more complex than simply wearing clothing of the “opposite gender.” It has several components to it that were identified by my research partners that require examination, including: age of commencement, refusal to wear birth sex clothing, the role of caregivers in affirming a PTT child’s identity, and finally why clothes do matter, and why they should not.

Without exception, my child research partners all commenced wearing the clothing of their affirmed gender at extremely young ages. Possibly most remarkable was Ginny who commenced at about the age of 2. Ginny and her mother, Aby shared the following with me:

G: I really liked girls stuff when I was actually a baby so I couldn’t use my words to tell anyone that I actually liked girl stuff.

A: so you used to, before you were 2 you would sneak into my room and you would put on my shirts and I would go and check on you and you were wearing my shirts to bed.

J: Oh my goodness, how old was she when she was doing that?

A: before 2.

G: yeah I would put them on and pretend they were dresses and I still do that sometimes.

A: yeah you were really young when you were doing that (Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 15)

Whereas Ginny may be exceptional in many ways, she is not by any means an exception. Paige was about 2 when she decided she wanted to wear a dress. Chad was 3 when he first expressed his gender identity. His mother Mandy shared a story with me about how this occurred:

M: probably when he was late 3 I told you I found that outfit in 3T although it was a boys and he's always been smaller but if I can remember correctly he was a few months shy of his fourth birthday and he and his cousin changed clothes and it was sort of like this big joke although both of them really got like they really liked wearing those clothes and then it became a thing for them because Chad wanted nothing to do with his dress-up stuff that we got from a neighbor who was really into dance and so we had all of these leotards and fancy outfits and my nephew put them on and then Chad would wear his clothes and he discarded all of these

dresses and this was just the norm from about four and it just progressed from there. (Mandy, Personal Communication 1.1, June 02, 2013, p. 2)

The interactions described were not events that the child participated in; they were very much initiated by the child and represent what came naturally to them. By the parents not enforcing cisnormative and heteronormative standards on the children, it was possible to see what came most naturally to the child in terms of expressing their gender identity. Understanding their children's behavior as innate and natural, and not as an action like cross dressing, which has been constructed as unnatural by the DSM, is a linguistic reformulation that is useful in the process of affirming who the child is.

Supporting a PTT child's natural development in terms of clothing selection is not an action that comes naturally to most parents because of the pervasive power of cisnormativity. Even before a child is born, parents are often informed of the child's sex, and an entire system of organization developed from perceived characteristics attributed to males and females exists to cater to this perception of what a child will be, simply because of its anatomy. Clothing is one aspect of this system, and children's clothing stores are systemically organized around boys and girls clothing. As indicators of gender identity, clothing matters and if a parent ascribes to these rigid gender norms when it comes to clothing, this can often cause the PTT child considerable difficulty, which usually manifests itself in the form of resistance on the part of the child. Cameron's family observed this behavior in him from a very young age:

G: um wore swim trunks to the pool..... cause she would throw a fit if she had to wear a female bathing suit. So of course we were just like okay,

okay a bit bizarre but if she wants to go with it that's okay that's fine by us. (Gwen, Personal Communication G2, May 28, 2013, p. 1)

Cameron's behavior is unsurprising, because in an already gendered environment like a pool, clothing takes on a whole new level of importance in terms of social identification, and the resistance displayed by him speaks to the degree to which clothing was a part of his identity. It also speaks to a raised level of consciousness about how one's gender is identified and interpreted by others. Cameron's sense of self alerted him to how a female bathing suit was contrary to his gender identity as a boy and therefore he displayed resistance in the same way that a cisgender boy would have reacted in that situation.

Although clothing can be viewed in purely functional terms, as Kessler and McKenna (1978) and later West and Zimmerman (1987) have highlighted, it does serve a purpose beyond functionality: identification. When we identify another person's gender during public interactions, it is not usually from an anatomical examination of the person but rather from various symbols of gender. This gender attribution process is one by which we attribute gender to various signifiers, like clothing and so identify an individual by these cues. For instance, a person wearing a dress is a woman, not because of any anatomical evaluation, but because of her appearance. In other words, the *primo facie* evidence of clothing, in this instance, is what determines gender. As such, clothing does matter, and therefore clothing inimical to a child's gender identity is likely to be harmful to the child over time, primarily because it has the effect of disaffirming the child's innate sense of who they are.

In the same way that clothing selection can disaffirm a PTT child's identity, it

also has the power to affirm it. From the experiences related by research partners, clothing is a central issue of concern. When the children in this study were properly supported by their families, and able to wear clothing that affirmed their sense of self, an enormous difference was reported. Aby, for instance, noticed this almost immediately with Ginny:

G: I never wear boy clothes never. Never, I wear them anymore, I wear girl clothes at night and at school so I always wear girl clothes.

J: that makes you feel better right?

A: and when we started letting you wear girl clothes all the time your daddy and I saw a big change in you, you were happy and smiling and laughing a lot more. (“Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 18)

Aby’s style of parenting was very much observational and child-led. Although at first what Ginny was communicating to her was not absolutely clear, some of the situated interactions that Ginny experienced raised her awareness of the inherent problems and inequities in social situations:

J: describe to me that kind of moment?

A: Ginny was part, really wanted to do ballet, wanted to do ballet and the classes were offered at a time when I was at work so my husband at that time was at home with her usually during the day and he started taking her to the ballet class. She loved it.... and then something happened that you weren’t very happy with and it was a struggle for her to go. Do you

remember what happened when it came to picking a costume for the performance and they told you what costume you were going to wear, do you remember what it was?

G: boy clothes.

J: (Sighs) how did you feel about that?

A: You saw all the pretty skirts and everything that everyone else was wearing and that at that point you fussed all the time and didn't want to go and I said to my husband can you please tell them why if she could just wear the other outfit, and that it shouldn't be such a big deal and they were like well we have already ordered it and I was like okay I'm not going to make such a big deal about it and the other parents could see how upset Ginny was about it....and on the stage Ginny didn't want to get on because Ginny was embarrassed to be dressed that way and I did something that was not the highlight of my parenthood: I bribed her. I said that if she went on stage that I would take her to the store when she was done and she could pick out any dress she wanted to wear and she went on stage and did her thing, got off, and said take me shopping! (laughs). And that was something else that my husband and I were like.... And my husband said that it's something that we shouldn't make such a big deal about. We should just let her wear what she wants to wear. (Ginny & Aby, Personal Communication 1.1, June 02, 2013, pp. 1-2)

Aby's raised consciousness and that of her husband's occurred because of this event and

they were able to understand both the importance and unimportance of clothing. They realized one important point from these situated interactions: that it was essential for Ginny to be affirmed and supported in her choice of clothing. Ginny very clearly understood from this event, and others, how her biological sex classified her and determined many of the interactions and experiences that she would have. Even though she was only 6 when we spoke, she showed a heightened awareness of many of the forces that acted upon her.

This process of both allowing the child to wear the clothing that they wanted and being comfortable with it came more easily to some families than others. Resistance was occasionally invoked by parents who sometimes provided stereotypically gender coded clothing for the child as a way to encourage them to conform to social gender norms. This was in many respects a response to the gender normative construction of clothing by society that made the innate clothing selections of the PTT children in this study challenging:

J: when you said that your dad isn't fully supportive of you, he doesn't get your name right....Is that the only other thing or are there other things as well?

L: I mean he says this a lot like it was just out of the blue that I told him that I felt like this and he doesn't quite understand I feel and he doesn't really feel comfortable going to my meetings you know, I mean I think he supports me a little but I'm probably not right on this actually but I feel like he doesn't like that I chose this, he doesn't like that I feel like this, I

mean he may be supportive and he just doesn't understand it but I feel like he's not.

J: he would find it easier if you were still a girl, is that what you're telling me?

L: yeah.

J: does he still treat you like a girl?

L: yeah.

J: how does he do that?

L: sometimes he takes me shopping for clothes like one time I needed some new clothes and he takes me right to the girl section or when he gets me new clothes like for Easter he got me a shirt with like a rainbow heart on it. And I haven't worn it.

S: I thought that was the one you came home in?

L: no I wore a different one that Molly gave me it has a big hole in the back of it.

S: it's called a scoop neck.

L: yeah I hate it (Sandy laughs). (Brandon & Sandy, Personal

Communication 2.2, June 6, 2013, pp. 12)

The resistance to Brandon's identity here manifested through clothing came across as an unsupportive action on the part of Brandon's father, Dennis. He felt that his father was not supportive of his new identity and that clothing was one of the central ways that he demonstrated this.

In much the same way, Cameron's father also presented resistance to Cameron's transition early on, and it often manifested itself in clothing selection procedures:

L: And so yeah I don't know if I've told you this story but I went two years ago or three years ago to the swimming pool and Cameron didn't have a bathing suit and I was like pick one here's a pink one it's beautiful and she's like no I don't want that I'm not going swimming, so finally I picked out a kids one, black and blue pants and shirts and I said you're going to look like a boy with that and he didn't say anything. (Lorenzo, Personal Communication L1, June 20, 2013, p. 11)

Lorenzo's process of consciousness raising took some time, partly because of his own upbringing in a heavily gender coded society. He shared how much he struggled with Cameron's transition and both his wife and eldest daughter also noted that this was much more challenging for him to accept than for the rest of the family. However, Lorenzo reflected deeply on his experiences and interactions with Cameron over some years and he did eventually get to the point where he was able to realize that it really should not matter what clothes Cameron wore and that a much more effective approach would be to provide Cameron with greater freedom and autonomy to make his own decisions. The following excerpt highlights his progression:

A: but also you know when you started wearing just swim trunks that was a long time ago.

L: yeah we had an encounter with Gina because about two years ago we couldn't find a bathing suit or swimming trunks and I saw a really cute

one with long pants and a top and it was pink and she would drive me crazy she would not wear it.....

G: Not wear it (said with emphasis)....

L: and so when I go back to think about it one of the things I could've done right was just say pick whatever you want. (Cameron Family, Personal Communication 1.1, April 21, 2013, pp. 17–18)

The eventual evolution of thought that Lorenzo went through brought him to the point where he began to realize that a child led approach would be the best for Cameron and for the family long term. Giving Cameron the autonomy to make his own decisions and clothing selections was far better for his development, and emotional well-being.

Part of the necessary process for families trying to support their children is their engagement in reflexivity in order to better-understand the power dynamics that shape clothing selection processes into a strictly male/female binary. As stipulated in chapter 3, clothing has been shaped by time and space and it is more culturally and temporally defined than it is natural or pre-determined. In other words the gendered nature of clothing is socially-constructed rather than innate. Understanding the processes at work that manufacture gender is crucial to effectively supporting PTT children, as Georgia emphasizes:

G: there is no typical boy typical girl..... I believe that kids are kids and gender is imprinted on them by society and we should just let them be and give them all different kinds of toys and all different kinds of clothes and

then see what happens. But like I've never given her a dress before it just came into our lives accidentally.....that first time that she wore that dress I think it was at 1 ½ years old or 2. (Georgia, Personal Communication 3.1, June 05, 2013, p. 7)

Brandon's mother Sandy and her partner Amy had also personally experienced difficulties from society because they were both lesbians living in a largely heteronormative environment. Amy in particular could relate well to Brandon because of her non-normative gender expression, which as previously mentioned caused her some difficulties, albeit in a slightly different way. For a number of years both had noticed particular behaviors from Brandon, including vocalizing his wish to have a more masculine appearance. Gradually both Sandy and Amy began to realize that they had the ability to affirm Brandon's identity by allowing some changes that were relatively simple:

S: yeah from the moment Brandon could talk until just recently he would bring it up and then stop and then bring it up..... I was finally like okay is there anything I can do to make you feel more comfortable. And his face just lit up and he was like yes can we go shopping can I go and look at boys clothes? Like Brandon's always worn hand-me-downs from Edward, and we use the clippers on his hair and he loved that and he would stop stealing Edward's clothes and underwear..... It just got to the point when I was like I'm just going to ask is there anything I can do to help to make you feel more comfortable.

A: if I had that, I would've been happier a lot earlier.... Like if Brandon's not happy then what are the things that we can do to make Brandon more comfortable, like buying boys underwear and socks and shoes, it's like okay that's pretty simple, it's a pretty simple start. (Amy & Sandy, Personal Communication 1.1, May 14, 2013, p. 8)

This process of realization did take some time, but both Sandy and Amy realized that this was a permanent, long term issue that was not going to suddenly stop. Being supportive, in this respect at least, was relatively simple and would not create any hardship for the family, but it would make Brandon's life so much more bearable.

The final aspect of clothing that requires attention is about why clothes matter and why they should not matter, and was inspired by a conversation that Brandon and I had:

J: you mentioned to me just now that there are certain things that boys are supposed to do and there are certain things that girls are supposed to do and there are certain things that boys wear and girls wear. When you think about that, where do you fit into that?

L: like right now, I don't think that very many girls decide that they have to wear skirts they can wear shorts or they can wear pants. Like I used to think that I liked skirts but I didn't really like skirts I just like would wear what my mom would hand out to me and I wouldn't really think about it, and after a while I didn't like it, and after a while I didn't like any of the stuff in the girl section or any of the stuff in the women's section that my mom would always pick out clothes for me and I started to really not like

it and I would start to steal from my brother's drawer, like I don't think it really matters, like a lot of people say that girls have to wear skirts but I don't think it matters, I think that it's like really anybody can wear anything.

J: so it shouldn't matter what you wear?

L: yeah like a lot of people judge people like what they're wearing and what they look like and I don't think that's right because it's like you can't judge a book by its cover and it's like sometimes I go to the library and look at a few books and even if it didn't look very good I would check it out and I'd read it and it was actually pretty good.

J: so what's inside the book is more important than the external appearance?

L: Yea. (Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, pp. 12–13)

Brandon raised the issue of whether clothing matters or not, and from our conversations it is clear that he is aware of just how complicated an issue it is. On the one hand clothing is functional and should not matter, but on the other clothing clearly does matter given the significance that people attach to it. Clothing selection processes are in essence a form of identity for many, because in addition to it expressing who you are, it signals to other who you are as well. The importance is so significant that my child research partners were able to pick up on it from as young as 2, by being aware of that fact that if particular types of clothing are worn, it would symbolize their innate gender identity. However, at

the same time the cross cultural, temporal, and spatial effects on clothing seem to belie its significance, because surely clothing patterns would be more consistent if they truly possess the degree of significance that they have in terms of gender identity. The situation is something of a quandary, as exemplified by Brandon himself. He knew that it should not matter but also that it certainly did, because it was important for him to wear boy's clothes.

Clearly less importance should be attached to clothing and its significance diminished, but in a society that espouses rigid gender norms for clothing by perpetuating gender binaries, this is hard to achieve. However, two principle things can be achieved by families. First is to diminish the importance of clothing by adopting a process of child-led clothing selection. Second, is to advocate for their children's right to free expression, specifically their choice of clothing, in social settings, such as with educational institutions. By doing this, a tone is set whereby children clearly see their parents supporting their choices and right to live authentically in both private and public spaces.

Although reduced by the DSM to a simple issue of cross dressing as a means of identifying gender identity, my research participants demonstrate why clothing selection matters. Clothing is an integral component of identity for PTT children and is one of the most visible means of projecting gender identity and being affirmed. Stripping this right to self-expression is a serious matter, because at such a young age children are extremely vulnerable, because they are wrestling with the question of who they are. In addition to this, linguistically the DSM also represents a problem because it invokes the phrase "cross-dressing." The term "cross-dressing" means wearing clothes of the opposite

gender. To apply this to PTT children, particularly those in my study is totally inaccurate because, as demonstrated above, my child research partners were wearing the clothing of their affirmed gender. Had they been wearing the clothing of their biological sex they would have been cross dressing, but this is not what they were doing. To say therefore that a requirement of being diagnosed with GD is cross dressing is therefore non-sensical once the issue is properly understood. Ideologically and linguistically, both the DSM and society need to re-assess their perspectives so that PTT children's experiences and identities can be both expressed freely and affirmed.

The DSM's criteria for GD stipulates the following in terms of toy preferences in A.4: "A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender." (American Psychiatric Association et al, pp. 451). This requirement is particularly rigid and leaves little room for PTT children to express their preferences. Toys, like clothes are heavily gender coded, but they are not in themselves anything more than potential indicators of gender identity. Toys do not define gender identity and they certainly should not be a determinant of it. Sticking to such a rigid model is problematic because it simply perpetuates the existing normative structures that infuse toys with meaning beyond themselves. My research partners shared with me the preferences that they had, or that their children had. Preferences were diverse, and not nearly as clear cut as clothing preferences. This again suggests a need to re-think perpetuating gender norms by rigidly defining transgender behavior in terms of a preference for Barbie over GI Joe.

There was a broad range of toy preferences among the children. Some of their preferences would be considered congruent with their gender identity, others would not, raising the question of why is so much importance attached to toys? Cameron's mother Audrey highlighted that his preferences were stereotypically consistent with his gender identity: "anything traditionally girly he made a choice to not play or do it. (Audrey, Personal Communication A2, July 02, 2013, p. 6). Ginny was similarly very much into playing with what might be termed girl toys:

G: I started liking it and I think I started having tea parties when I was four too and I started inviting everybody and one of the only reasons that my brothers would come was for the candy. And I was like when you come, you come for the candy and they were said yeah!

A: and you when you were little you and your brother used to play with Playdoh and you had Star Wars action figures. Jeremy would be using the Playdoh to make ships and mountains for the figures and you would use the Playdoh to make little dresses for the Star Wars figures. (Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 15)

In contrast to Cameron and Ginny, Paige often played with toys that would be considered more stereotypically male. Her mother Georgia expressed the following:

G: they actually go to an un-schooling co-op so the kids basically talk about what they are interested in and what they want to and so you have..... sword fighting, and bow making, and a mind craft class, and

Paige was going to do like a ninja class. (Georgia, Personal Communication 2.1, May 13, 2013, p. 7)

The variability of toy preferences makes any assertion that playing with a particular type of toy being consistent with transgender behavior non-sensical. In fact, placing so much emphasis on toys actually heightens the risk of a misleading diagnosis by medical personnel, and an attribution of a particular gender identity to a child based upon a particular external indicator. All such diagnostic criteria really achieve is the perpetuation of stereotypes and the inevitable exclusion of individual children from what makes them happy.

Similar to our conversation about gender attachment to clothing, Brandon and I also spoke about the issue of gender and toys/sports/activities and again he questioned social norms by sharing the following interaction that he had with other students while at school:

L: like the other day and um a lot of times I'm like, I'm most of the way a boy and a lot of times I'm all the way a boy, but like a few days ago I felt like not necessarily like a girl but I felt like I was doing a lot of things that the girls in my class would do.

J: Oh, like what?

L: like they were always sitting down and playing with the chalk in the playground, but I like doing that, like I don't think it's a girl thing or a boy thing it's just a thing.

J: so does society make it difficult for you because people tend to attach gender to particular things like what you wear and what sports you to and whether you draw pictures on the floor with chalk?

L: yeah.

J: does that cause you a problem?

L: sometimes because a lot of my friends, sometimes I play with the chalk and they question whether or not I feel like a girl that day, and I would tell them that it doesn't really matter what I play with you know, I mean you're a girl and you go out in the field and play football and that doesn't matter because I see boys and girls playing football it's the same thing.

(Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, p.

14)

The conflict that Brandon was feeling during this interaction at school between his innate sense of gender identity and how people at school read his gender caused him some unease. The power that gender norms have was so great that it even made him describe himself as mostly a boy and not really a girl. This though was simply based upon what activities he enjoyed as opposed to any innate sense or feeling of gender identity, highlighting the limitations of assessing in terms of external factors, rather than internal feelings.

The process of consciousness raising is also perceptible among research participants because he was able to explain his behavior by giving instances of other students who appeared to be engaging in cross gender behavior but in reality were not

doing anything of the kind; they were simply doing something that they enjoyed, just as Brandon was. What this episode highlights is that there is more than one way to be a boy, and more than one way to be a girl, and further that PTT children should not be subjected to a higher level of scrutiny or the requirement to prove who they are who they say they are by being in any way forced to engage in stereotypically-masculine or feminine behaviors. That is less an accurate measure of PTT children, and more a rigorous engagement in the normative assessment of behaviors.

Finally, the same linguistic criticism against the DSM can be lodged for toys as it was for clothing. The DSM specifically states toys used by the other *gender*. This again is misleading, because what the DSM actually means is of the biological sex, because PTT children are not changing gender; they already are that gender and so they are not engaging with toys of the other gender but rather are simply playing with toys of their own gender. Again, the misleading verbiage in the DSM is apt to cause confusion.

The DSM also sets a diagnostic criteria for the friend preferences that PTT children have. A. 5 states the following: “A strong preference for playmates of the other gender.” (American Psychiatric Association et al, pp. 451). As with clothing and toys, a similar problem emerges with assessing PTT children in terms of their friend preferences. My child research partners again exhibited a plethora of preferences: Both Cameron and Chad had a strong preference for male friends i.e. friends who had the same gender identity as them. Cameron’s family picked up on this:

G: male friends.

L: yeah that's another very peculiar thing because he and I never really thought about it but she could not relate to girls. I was thinking of her birthday party a few years ago and it was all boys.

A: yeah always, that's who she's always hung with. (Cameron Family, Personal Communication 1.1, April 21, 2013, p. 16)

Chad's mother also remarked on it:

M: he hung out with all of the boys and he defended the boys like the kindergarten teacher if the boys were messing around she would defend the boys, and I kind of notice this behavior and I say "she" because I'm seeing a picture of my little girl standing up and saying like "it's not fair" like he was just so defensive of them.... and it really bothered him that they got blamed like that. (Mandy, Personal Communication 1.1, June 02, 2013, pp. 2-3)

However, the other 3 children were less rigid in their friend selections. Both Paige and Brandon's mothers described their children as gregarious and very popular and no clear friend gender preferences were expressed. Ginny had mostly female friends, but again no aversion to male friends was expressed. The research participants and who they were friends with was not a particularly useful indicator of their gender identity.

Finally, in this instance also the DSM can be critiqued for its linguistic use of the word *gender*. Again this is not what is meant precisely because PTT children are not changing gender; they already are that gender. The DSM is referencing biological sex, not gender and needs to re-think its verbiage lest it cause further confusion.

Names and pronouns are strong signifiers of being a boy or a girl, something that the children in this study were acutely aware of. The majority of their birth names were gender-specific; only one was gender neutral. All four children selected different names that fit with their gender identity, and one child actually went through a legal name change during the time that I was conducting interviews. Without exception, all five children wanted to be recognized with a pronoun consistent with their gender identity, even if this was not always assertively expressed to their families. Three main issues are worthy of note. First, family adjustment periods to new names and pronouns vary, as do reactions to them. Second, names and pronouns are important components of the children's identity and play a pivotal role in affirming their sense of self. Finally, families should be guided by their children in terms of transitioning speed, name, and pronoun selection.

Adjustment periods varied across families and individuals. Initially after the children had confided in their parents, chosen new names and insisted on pronouns consistent with their gender identity, it took their families some time to adjust. For some of the families, the process of their children transitioning was still relatively new, and families had not yet fully switched over. This is to be expected considering the long history of a previous name and pronoun that existed in the collective memories of families. No family member genuinely committed to being supportive should feel guilty about slip ups; the fact that you are trying is what held meaning for the children.

Interestingly, Chad's mother, Mandy described switching over to his male name and pronoun as a relief. She explains this as follows:

J: how have you found it, adjusting with names and pronouns?

M: a relief honestly, because I was calling him Chad when my mom was gone or we were out, I was switching a lot back and forth and so it was a relief just to be done with the name that he didn't want anymore and with an identity and it was a relief as hard as it was I'd finally done it, because I had read a pretty popular letter that was published maybe in July of last year and this mom had kind of a horrific experience because her ex-husband wasn't supportive and people from her ex-husband's church and people came at them and she was saying you've got to be sure that you've got the resources and the support and money in case you've got legal stuff, and I'm thinking I don't have any of that and you know the fear just set in, and I didn't have the energy, the support or the resources in order to be able to do it and that's where I was about a year ago. (Mandy, Personal Communication 1.1, June 02, 2013, p. 9)

Mandy's adjustment period was therefore quite natural since Chad had been a boy in her mind for several years, and the only reason she switched back to his birth name was to appease extended family members.

Some of the children were fixed in all situations as to the name and pronoun and would have no problem in expressing who they were if needed. However, two of the children seemed less vocal and more apprehensive on this subject in public or with extended family and would often let misnaming and misgendering pass without correction. This caused a little concern for their immediate families, primarily because

parents were looking to their children to guide them in this process. Therefore, in instances of non-correction it raised the question to families of how certain the children were about their feelings. The first child was Brandon, and Sandy and Amy raised this issue about him:

S: I'm not comfortable doing that unless the rest of the time like unless.....like he's completely "he" and "Brandon" at home but not elsewhere. So I don't want to do that unless you correct everybody, because I'm not going to correct people, like I don't think I should I should because that would be.

A: yeah unless he actually corrects everybody or asks us to, because sometimes he just says it's not a big deal and we are like well is it a big deal or isn't it a big deal? (Amy & Sandy, Personal Communication 3.1, July 27, 2013, p. 7)

Sandy and Amy's concerns were well founded. They wanted to be supportive, but they did not want to push Brandon faster than he wanted to go and they were looking for him to take the lead while they performed a supportive role. Amy's point of "is it a big deal or isn't it a big deal" is vitally important and perceptive because, generally speaking, affirming the name and pronoun of a PTT child (or adult for that matter) is a central component of their gender identity and therefore getting them right is essential. There is little virtue in transitioning if how you are perceived by others really does not matter or if your own feelings are more akin to gender fluidity as opposed to another gender. With respect to Brandon, as time progressed it became clear to Amy and Sandy and also to me

from my conversations with Brandon that his name and pronoun really did matter to him. His reticence stemmed more from feeling bad about what he perceived as inconveniencing others in public or social settings.

The second child was Paige as she was also less vocal about correcting people with her name and pronoun, a fact that also caused her mother Georgia some concern. She again believed firmly in a child-led parenting philosophy and so looked to Paige for guidance on how best to achieve this. Like Amy and Sandy, Georgia noted how Paige seemed set most of the time on “Paige” and “she” at home, but was far less willing to correct others beyond the home. On sharing her anxiety during an interview, we co-constructed an idea about how we could potentially ascertain whether her name and pronoun mattered to Paige by having John deliberately misgender her to see how she would react. At the next interview, Georgia told me about the interaction:

J: Ok. So it clearly does matter?

G: it does matter to her, and she was saying that it didn't because she wanted everyone to get along but even before all of this I had asked her that one morning. Yea because John did, we did do that trick that we talked about last time where we said I wonder what would happen if we started calling her “he”. And one day John asked her because I brought it up to John as an idea and he said yeah that's really good. So John tried it and so John says “Paige would it be okay if I started calling you “he”?” And Paige's like “no why would you do that?” So I explained later to Paige why John said that and so she said yeah she definitely wants [her

grandmother] to call her she and that it does matter to her. (Georgia,
Personal Communication 7.1, August 21, 2013, pp. 1–2)

The power structures that identity operates within affected Paige in a similar fashion to how Brandon had been impacted. She, like him, was reticent about asserting her identity outside of environments she knew to be safe and affirming. Georgia's understanding of this dynamic emerged from this interaction and it raised her awareness of the often oppressive structures that Paige faced as a PTT child.

This sub-section contains multiple findings and will present them across the five factors enumerated in the sub-section. First, several external factors such as clothing selection, toy preferences and playmate gender preferences can all be useful indicators of a child potentially being transgender as they were in some case with my child research partners. However, indicators of gender are not synonymous with definers of gender as my child research partners also demonstrated. Whereas a child's preference for particular clothing or toys may indicate a transgender identity, it should not be relied upon to certify it as such. Second, the only reliable assessment of a transgender identity in a child is an internal one. That is the only person capable of informing you of their innate gender identity is the child themselves, by telling you how they feel inside. This was the only way that parents in this study are able to know for sure whether or not their child is transgender. Third, the identities of my research partners demonstrate that not one of them had a gender identity consistent with their biological sex at any time. Rather they reported always having a gender identity considered to be disjointed from their biological sex. This renders the language in the DSM in their GD diagnostic criteria section,

specifically the phrase “of the opposite gender,” misleading and inaccurate. If the MtoF PTT children in this study decided to wear a dress, they are not expressing a preference for clothing of the opposite gender. To do so would require them to have a male gender identity, which neither of them had. Similarly, if the FtoM PTT children in this study prefer male playmates they are not expressing a preference for playmates of the opposite gender, because to do so would require them to have a female gender identity, which none of them had. The DSM therefore is conflating gender with biological sex by assuming that the child’s physical form is indicative of a default gender identity that then changed as the child grew. There is no evidence from my research partners that this is the case; neither, I might add, was this so in my own case. Finally, unlike the external indicators, name and pronoun selection preferences are good indicators of gender identity because they speak to the internal state and sense of self. The children in this study had very specific pronoun requirements and did not want to be addressed by their birth name, if that birth name was indicative of their birth sex as opposed to their gender identity. There was only one exception to this and that was because that child had a gender neutral birth name.

Child led parenting: Support through trust. The complex interactions that the PTT children in this study experienced in familial and social settings increased their social consciousness immeasurably making them more informed and capable of navigating the challenges that emerged. Their experiences also introduced their parents to several issues that required them to reflexively interrogate their own ideals and perspectives in the interests of best supporting their children. There was anxiety, and

hardship, but families gradually began to develop a deeper level of social consciousness thanks to the identities of their PTT children, and with this came the enhanced ability to better support them. All families determined upon a child led form of parenting as being the most appropriate form of parenting for their children. Trusting their children was sometimes difficult, because of how young they were. However, by learning new ways to communicate with their children, all of the parents successfully navigated and negotiated ways to support their children. This subsection addresses five individual concerns: The child's social awareness, parenting at the child's pace, making being supportive manageable, learning how to be patient, and finally the idea that the child is capable of raising the awareness of their parents.

Without exception, all of the children in this study possessed a heightened sense of social awareness. This, as stated earlier, primarily stemmed from their unique social interactions that gave rise to their understanding of the inherent gender inequity in society. As a result, the children were quite precocious in their understandings of the complexities of social interactions, primarily because they did not fit neatly into the gender categories established by dominant social norms. This heightened sense of understanding was helpful for their parents, because it provided them with a more complex understanding of what their child needed. Brandon relates the contrast in the interactions he experiences depending on where he is:

L: I like that they don't, they don't like refer to me as the girl at the transgender group they actually just referred to me as a normal boy. I like that I can relate so much to them, because a lot of people at the school

wouldn't understand it and they like wouldn't understand why one year they would go into the girls bathroom and next year they were going to the boys bathroom and I liked that they could relate to me and I liked that they would like me and treated me like me, they didn't treat me like somebody else that they wanted me to be, like some of my friends would treat me like the way they wanted me to be, they wouldn't treat me like I am.

(Brandon & Sandy, Personal Communication 2.2, June 6, 2013, p. 2)

By contrasting how he experiences interactions within such liminal spaces, Brandon highlights to his family how his gender identity is subjected to a complex set of practices that collectively shape individuals to fit into particular categories, even if the individual does not feel they belong there. It is moments such as these that help to guide his parents and communicate the specific individual needs that he has.

Despite the confusion, anxiety, and difficulties facing parents of PTT children, they were determined to be guided by their children. Early on this presented challenges for parents and caregivers, not because the child's identity presented them with a problem, but because they feared a negative social reaction. Being guided by their child assisted considerably because it set a pace that was appropriate for the child alongside motivating the parents to provide the support that they so badly needed. Amy and Sandy share their feelings on the early stages:

A: For us we don't want to proceed like we feel like we're pushing the change on anything so we want it to be at Brandon's pace.....

S: yeah I guess yet that's exactly what's no that's exactly it....

A: like I'm not the person making this decision.... And if Brandon isn't then we don't want to be pushing steps, so it's very difficult to feel what is forced versus what is needed. (Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, p. 2)

By allowing Brandon to set a pace that was comfortable to him, a more natural gender identity development can be achieved. Parents who set the pace often place children in a situation that they are simply not ready for, which in turn will not yield positive outcomes. Rather by being guided by the child and learning new ways to reach and communicate with the child, a more effective system of support can be created.

The enormity of what it means to be a PTT child and the sheer number of factors that must be addressed can be overwhelming to parents and yet another form of anxiety. Without finding manageable ways to deal with these issues, parents cannot be supportive. An effective strategy elucidated by Mandy was, on the face of it, extremely simple, but actually quite prophetic:

M: I just want him to know that I will be supportive like I'm not ready to make permanent name changes or anything like that like with him being out of school it won't be an issue for a little while and I am definitely one step at a time like I know all of that stuff is out there but I can't if I think of it all at once and that's what I did when the transition came along and I thought about it all at once and I got scared so I'm just taking one step at a time and that's how I got here. (Mandy, Personal Communication 1.1, June 02, 2013, p. 9)

The number of occasions that we try to engage the totality of an issue head on, as opposed to breaking it down into smaller more manageable pieces is astounding. Mandy realized that there was no way she could possibly support Chad by approaching his transition in that manner. However, by addressing one thing at a time, Mandy was able to prioritize his needs, based upon what he was communicating to her while maintaining her own effectiveness as a supportive parent.

The parents in this study frequently reported feelings of anxiety because of the unknown. Since their children were in the process of learning about and experiencing their own identities, their ability to answer all of the questions that their parents had was not always present. As such, parents had to exercise a high degree of patience in addition to resisting the temptation to set the pace, force issues, or be directive. Georgia had to learn patience with Paige, because for quite some time she was uncertain whether Paige was transgender or gender fluid. She believed Paige identified as a girl, but in certain contexts Paige would have more fluidity, as she did with her grandparents for example, where she would say to them that they could refer to her as a “he” or a “she”. Many of our conversations highlighted the anxiety that she felt:

G: yeah but the ultimate outcome of this is a she’s confusing the hell out of the grandparents and us, so that we’re not sure you know what to tell her, because we don’t want to be like you need to come down on one side or the other you know, but what I’ve told her is that you should be straight with them about how you feel. (Georgia, Personal Communication 6.1, July 22, 2013, p. 4)

Throughout her anxiety, Georgia holds firm to the belief that Paige is mature enough to decide for herself where on the gender spectrum she falls, as opposed to having to fit within the normative binary, but also that she would be able to be open and honest about her feelings with others. Georgia believed strongly in being guided by Paige and trusting her was a central means of supporting her.

By being guided by their children, the parents also stood to benefit, because they themselves were able to develop a heightened sense of social awareness. Amy and Sandy's child led approach enabled Brandon to communicate an extremely important lesson to them: That there are multiple ways to be transgender. By deliberately not forcing Brandon into one binary or the other, Brandon was given the opportunity to teach them that gender fluidity and transgender identity are not mutually exclusive, but in fact often mutually reinforcing:

A: Like you shouldn't be forced into whichever box, so if Brandon decides to wake up and throw on a pink T-shirt and skirt it should be like okay and if he still wants to be called he when he's got that pink T-shirt and skirt on that's okay. (Amy & Sandy, Personal Communication 1.1, May 14, 2013, p. 17)

Brandon did not believe that he needed to perform in a hyper-masculine manner, despite feeling pressure to do so, simply because he is a transgender boy or in order to prove that he is a real boy. Understanding the diversity of gender expression that PTT children have taught his parents that there was not just one way to be a transgender boy any more than there is a single way to be a cisgender boy. Diversity within diversity is not a feature that

we associate with minorities, because of how frequently they are categorized as being a homogenous entity, irrespective of what form of “difference” the minority embodies (cite).

Although it often seems counter-intuitive to trust and rely upon such young children for guidance, particularly on such a complex, life changing issue, no reasonable alternative exists. However, what became apparent from the stories that I heard from my research partners was that it was primarily the child’s raised sense of social consciousness that provided them with the necessary maturity to guide their parents through this journey. The stigmatization of their identities ensured social experiences that taught these children what it meant to be live in marginalized spaces. Their unique experiences arising from many situated interactions has certainly raised issues and highlighted inequities that most cisgender children of equivalent age simply do not experience. As a parent therefore the justification for trusting PTT children is immeasurably strengthened by the knowledge that their maturity has developed into a heightened social awareness. Indeed the complexity of their understanding and knowledge on gender identity issues often surpasses that of cisgender adults that I have interacted with in my role as an educator. As a result, the parents in this study were able to effectively use a child-led style of parenting to great effect, and their children are flourishing.

Again, this sub-section contains multiple findings. First, the situated interactions of the PTT children in this study not only raised their own sense of social awareness, but also those of their immediate caregivers. The marginalized positions and liminal spaces

they inhabit virtually guarantee interactions that will be discriminatory. Such interactions will therefore highlight social inequities and so raise their sense of social awareness, along with those immediately responsible for their upbringing, who will likely also become aware of, or witness, such inequities in action. Second, parents or caregivers should adopt a child-led form of upbringing for their PTT children. The Parents in this study found that by doing this, their children were much happier and could progress at their own pace.

Physical form & medical issues. Both the children and parents in this study expressed quite considerable anxiety about the physical aspects of development. Children were conscious of how their physical form was viewed as inimical to their innate sense of self and this caused them, along with their parents' considerable anxiety. Concern was also expressed about the encroachment of puberty, which for many of my research partners was fast approaching. Finally, the issue of medical treatment, which as stipulated in chapter 4 amounts to blockers for PTT children was another issue that some families raised. These 3 central components will be discussed in order to learn more about how such impending issues affected participants.

Although young, the children in this study were all too aware of their physical form and how it was at odds with their innate sense of gender identity. The effects that this had on the children usually manifested itself in the form of anxiety and also embarrassment. This was particularly so in heavily gendered environments. Ginny and Aby shared a story with me about Ginny's swimming lessons:

A and you told me this last time that something embarrassing happened at swim class, is it ok if I tell her about that?

G: (pause) it was so embarrassing when I was changing into my clothes and I was getting out of my swimsuit and a girl peeked in to where I was dressing and I was so freaked out. I kept saying get out and she didn't listen.

J: what happened?

G: well I had to call my dad and he guarded the door for me.

J: is this an older girl?

G: no younger. She doesn't know so much.

A: so when she came in what were you wearing?

G: I was still wearing a swimsuit, I just didn't want her to come in.

A: you were telling me how embarrassed you were but you weren't really telling me what you were wearing. Because we took a lot of time to find the right bathing suit for you, didn't we....we found like a 2 piece sort of suit, only it was like a one piece and then we found a skirt to go around it so that you wouldn't be embarrassed, so that no one could see something.

(Ginny & Aby, Personal Communication 1.1, June 02, 2013, pp. 2-3)

Ginny's hyper-vigilance and that of her parents meant that they had to take special precautions in order for Ginny to participate in certain heavily-gendered activities. The anxiety caused through concealing the physicality of the child was something that led to a great deal of stress and concern both for Ginny and her parents.

As indicated above, it was not just the children who were cognizant and anxious about their physicality; their parents were also aware of their child's physical form and expressed some anxiety about it. They noted how their child's behavior was long standing and the upset that it caused them:

S: the fact that Brandon was little and was talking and first started to talk he would throw fits about where's my penis and crying hysterically and we would have to teach you to sit back in the toilet because he was peeing in front of it and just peeing all over, because he would you know stand up and it. (Amy & Sandy, Personal Communication 1.1, May 14, 2013, p. 7)

Indicators of intrinsic gender identity such as these expressions of anxiety about their physical form are not uncommon in PTT children. On the contrary, they are actually quite frequent and in different ways all of the parents in this study exhibited signs of stress, unease, discomfort, and anxiety about the physical forms of their children.

Although anxiety existed in both children and parents right now because of their physical form, the idea of that physical form becoming gradually less and less consistent with innate gender identity due to puberty was something that the children really did not want to think about or talk about:

J: Ok. So I take it from that that going through puberty is something you really don't want to do?

C: Uh huh.

J: do you know what going through puberty involves?

C: Uh huh.

J: and that's something you don't want to happen right?

C: Uh huh.

J: do you think if you did go through female puberty that it's going to make your life harder?

C: uh huh.

J: It is. Ok. How do you think it's going to make your life harder?

C: [shrugs].

J: Do you think you've talked enough, do you need a break?

C: Uh huh. (Mandy & Chad, Personal Communication 2.1, September 08, 2013, pp. 24-25)

The children would often look sullen and be quiet when it came to discussions about issues of physical development. They knew it to be a physical reality without medical intervention, which is why the elder children in the group, like Chad, who were approaching puberty had such issues on their mind.

Puberty also provoked considerable anxiety in the parents because it was a reality facing their children. They knew that puberty would change their children into more identifiable specimens of their biological sex and make the process of living authentically in their innate gender much more burdensome:

S: Brandon's also developing which worries me, and I'm not sure how you can hide that.

J: I take it you mean physical development?

S: so I don't know how Brandon is going to hide that, because the kids notice.

J: Has he expressed anything about how he's developing?

S: yeah. Brandon wants to have top surgery, he wants them gone, but you know you're 11 and there's nothing you can do right now about it, and I'm not sure it's way too soon to start thinking about anything else to do about it, like I have no idea what to do about it at this point, so I didn't know.

(Amy & Sandy, Personal Communication 1.2, May 14, 2013, p. 11)

One of the chief concerns, as Sandy states is that other members of society would begin to notice these changes being physically at odds with their child's gender identity. It was this that chiefly caused concern, although it was related to another issue that simultaneously gave hope and a sense of hopelessness: blockers.

In many respects, blockers came across to participants as symbols of hope and despair. For the children, blockers symbolized hope, a means of them living authentically without the burden of having to deal with a puberty inimical to their sense of gender identity. The three elder children, Cameron, Chad, and Brandon who were all between 10 and 11 were seriously thinking about blockers primarily because they were conscious of puberty being imminent:

L: Like we talked about it because Chad was saying that he was going to go to the doctor about like the puberty test and we talked about that.

J: is it something you would like to do?

L: probably yeah (pause).

J: how would you feel if you did go through it and a doctor or therapist gave you an opinion on what you might be feeling? Do you think that that would be helpful?

L: I think so I think it would help..... I think it would help me a little bit more and I think it would help my mom a little bit more to understand.

(Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, pp. 10–11)

Chad similarly expressed feelings about blockers:

J: Are blockers something that you want to get?

C: Uh huh.

J: do you think they'll make you feel better?

C: yea.

J: Will they give you more time?

C: yea. (Mandy & Chad, Personal Communication 2.1, September 08, 2013, p. 23)

To the children, blockers did symbolize an opportunity to relieve some of the anxiety that they were feeling about their soon-to-be-developing bodies. It was a solution to their problems.

In the same way that blockers provided hope to the children, they also provided hope to parents. However, that being said, they also created a great deal of anxiety. The existence of blockers provided a solution to the problem, but the practical impossibilities associated with obtaining blockers caused a great deal of despair. Here was a solution,

but it was virtually out of their reach, as Mandy explains:

M: and then there's the drugs and the cost and then the insurance company and whether or not they decide to cover it, so that's my baby steps because I thought about calling the insurance company andsaying that he has precocious whatever....in order to get this because I figure if my child needs this and if they are not up to speed as to why this is a medical reason I'm willing to work the system but I don't know.... so I'm like maybe we can buy some time because I don't think he's there. (Mandy, Personal Communication 1.1, June 02, 2013, p. 2)

Mandy was not alone in her anxiety because Audrey, Cameron's mother was facing a similar issue. Although Audrey had four children, it was Cameron who was upper-most in her thoughts:

J: Um. You used an interesting phrase a few minutes ago which was that when you wake up he's the one you think of. Tell me about that.

A: Well I guess because right now that's the most pressing thing in our family.

J: so he's your biggest concern?

A: right now yeah but it changes. But yeah because he's got the biggest transition coming up, like Gwen's going to college but she's ready for that. But yea this going into middle school this is a big transition and with these hormone blockers I haven't looked into it yet and I don't know if our insurance is going to cover it and then what am I going to do? (Audrey,

Personal Communication A2, July 02, 2013, p. 8)

The anxiety cause by the physical and medical aspects of transitioning were another example of how families has to find ways to cope with the complexities involved with having a PTT child. However, what the parents in particular are communicating about the physical and medical aspects is not that these problems are due to who the child is, but rather they are problems because of how society is structured. Society is constructed to cater to gender binaries, and those who fall into liminal spaces often find themselves facing multiple forms of marginalization and discrimination. If society, in particular the institution of medicine, were set up to accommodate the multiple differences that we see in people, such problems could certainly be ameliorated.

This sub-section also contains some important findings. First, the PTT children in this study were aware, from an extremely young age, of the socially-constructed discrepancies between their bodies and their minds. This naturally caused anxiety, but it also manifested itself in a concerted effort to, necessarily, conceal particular body parts, whether male genitalia or breast development. This occurred in children as young as 6 showing an acute social awareness of gender norms. Second, the prospect of experiencing a puberty inimical to their innate gender identity was deeply troubling to the 3 children who, age wise, were approaching Tanner stage 2. Finally, the existence of blockers gave hope to these 3 children, but it also caused their parents anxiety and despair because the cost of this treatment was prohibitive and unlikely to be covered by their health insurance.

Emotional wellbeing of child: Pre/post transition comparison. One aspect of transitioning, whether in children or adults that is typically under-emphasized is the positive change that comes about from transitioning. Transitioning is typically presented as a negative process, something that involves challenges, hardships, sacrifice, cost, and quite often fear and danger. However, from the accounts given by my research partners, it is possible to appreciate being transgender as a positive process as well if it is looked at as a privilege to be to go through a transition and live authentically. Often transitioning is seen as incredibly difficult, but actually compared to not being able to transition at all it is a privilege. In other words, if the pre-transition state is compared to the post-transition state it becomes apparent just how much transitioning enhances the emotional state of the child.

One good example is Cameron. His older sister, Gwen made an observation about how he was before, versus how he was now:

G: I feel like I'm really relieved that he's grown into understanding himself a lot and having the support that he needs because I can't even imagine how hard that would be, growing up that way and feeling so alienated from you and self.... Like when she was four or five I saw this kid who is so against herself and now it's just watching her growing and becoming really good and really just getting better and more accepting of herself.

(Gwen, Personal Communication G1, May 06, 2013, p. 11)

The tantrums, disconsolateness, and anguish of being trapped in a state so inimical to his innate gender identity made Cameron's life practically unlivable. In fact the true extent of how bad it was for him was related by his mother, Audrey:

A: You know it got to me initially when he would say things like "I know I'm not a girl, because if I was a girl I would kill myself". And that was huge for me because I knew I had to do something. (Audrey, Personal Communication A2, July 02, 2013, p. 6)

By being accepted by people as a boy, and by coming to fully embrace this identity, Cameron was able to reconcile with his inner self and feel more comfortable and fulfilled.

A similar story can be seen with Ginny. Her mother Aby observed how much of a positive change came about by Ginny being affirmed as a girl and being allowed to dress as she wanted. This was a realization that Aby and her husband came to relatively early on:

A: and when I saw how excited she was and my husband saw how excited she was we thought we were really messing up (laughs) by not allowing her to be that happy all the time. (Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 1)

Prior to her parents realizing that she identified as a girl, Ginny had had to wear boy clothes, something that made her incredibly depressed. For Ginny, transitioning and being able to wear the clothes she wanted improved her emotional state exponentially:

A: and when we started letting you wear girl clothes all the time your daddy and I saw a big change in you, you were happy and smiling and laughing a lot more.

(Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 18)

One final example comes from Mandy who related how Chad was prior to his transition and what finally made her realize that this was not a choice, but a necessity:

M: Because Chad made it very clear, I'm not living as Laura anymore and I'm not going back to school I would rather die, so he made like a huge declaration and he walked out the house and I had to follow him down the street and that was the final straw. (Mandy, Personal Communication 1.1, June 02, 2013, p. 9)

Mandy also shared how much better it became once he was able to interact with another older boy who had also gone through a transition and how being out in the community and being exposed to new things was very helpful to his emotional well-being:

M: on Saturday our church had a fundraiser right before Halloween and it was called "Dragula" and they had a drag show and raised money for this trip and it was funny because I wasn't sure if I could take my nine-year-old to a drag show and I was thinking it's my church of course I can! (laughs). And it was very interesting cause he had no idea and he just didn't get it and then they had a dance afterwards and he was the youngest person there and it turned out that Jack was there....and Chad just had like his whole world changed like he saw somebody who was just like him and

he saw that he was happy and with his friends and he was just himself and out there in the world and things got like 80% better overnight. and I think a lot of his pain went not that he got completely better but it was a significant amount. (Mandy, Personal Communication 1.1, June 02, 2013, p. 8)

Being able to live authentically and having the opportunity to reconcile with their innate gender identity by transitioning made a world of difference to the children in this study. It would not be over-stating what my research partners communicated by saying that it literally saved lives.

This sub-section can also report some important findings. First, by transitioning and being supported and affirmed by their parents and families, all of the children in this study reported, or were reported as, having an improved and elevated emotional state, far less volatile and unhappy than it had been prior to transitioning. Second, and finally, that transgender role models, particularly those who are older and further along in their transition can be enormously beneficial for PTT children. It can provide an increased sense of hope, a realistic glimpse into the future, and even some guidance as to how best to approach things.

MtoF and FtoM comparison. As my research partners expounded upon in detail, being a PTT child has its challenges in whichever direction transition was occurring. However, I was curious what their thoughts were in terms of the directionality of transition. What would be their impressions of an MtoF transition versus an FtoM transition? Would one be considered more challenging than the other? In order to elicit

responses this was a question that was directly posed to families, sometimes in the form of a hypothetical “try to imagine” question structure for the families of FtoM children. The responses were quite enlightening and opened up a conversation beyond the issue of simply which one is harder.

The general opinion was that the MtoF transitional direction was far harder, while the FtoM direction was seen as less problematic. This was the expected response. However, the reasons that families provided were particularly enlightening, and in some cases, unexpected. Families in large part attributed the extra challenge associated with an MtoF transition to the perceived social response that it would cause. Audrey for instance highlights this issue:

A: I mean I think it would be harder on the kid socially because I think overall people aren't as accepting of a boy having feminine traits.

J: why is that? Why do you think?

A: I think it's just society it's just the norm like people expect men to be strong and females aren't strong. You know they're not supposed to show emotion you know and that's what a female is supposed to do so I just think it's just society norms whereas you know it's okay for a girl to be a tomboy or like boy things you know but it's not okay for a boy to like girl things. (Audrey, Personal Communication A3, August 30, 2013, p. 12)

Interestingly, Georgia, whose daughter Paige was an MtoF PTT child concurred with the idea that society would, and in her case did, present more challenges:

G: I think it would be easier for the kid because even as a teenager or

practically through puberty person I feel like people who present as girls can get away with dressing like a boy and acting like a boy than a kid who is the other way around where they look like they're a boy and trying to present like a girl I think that insights a certain rage in people but the other way doesn't so it's more worrying for me the way that we have it in terms of safety and well-being about things. (Georgia, Personal Communication 7.1, August 21, 2013, pp. 5–6)

Georgia goes beyond the simple social acceptability issues and highlights the issue of safety and the potentially higher level of danger that an MtoF PTT child could experience.

One notable response came from the only father who was a participant in this study, Lorenzo. When presented with the hypothetical situation of having an MtoF instead of an FtoM child his answer was particularly poignant:

J: so it would've been a lot harder say for example if it'd been David saying to you "dad by the way....."

L: Oh! That would've been crushing oh I can't imagine going through that I just thank God I don't have to go through that at least for now.

J: imagine for a moment that you have to go through it. How do you imagine you might react?

L: oh I can't even imagine like I cannot imagine to be in like when I was early with Cameron there was a little bit of struggling but that is something in my mind that I probably could not of got over it, it would've

been too crushing.

J: so you don't think you could is that what you're saying to me?

L: well you know love is pretty powerful but let me tell you this. I don't want that fight.

J: but the idea in your mind of someone who was you son who became your daughter that strikes me as still being a massive obstacle right?

L: oh yeah and you and I've talked about it and me and Audrey talked about it and me and Mandy have talked about it and I think the adjective that I would give it is how horrific would it be I think it's that bad, like instead of it being Cameron it being David and him being with little dresses and I cannot imagine it and I feel terrible that's it even in my mind but the thought of that terrorizes me like it's frantic it's chaotic. (Lorenzo, Personal Communication L2, August 13, 2013, pp. 7–9)

Lorenzo's response stood out in this group, but that was in part because he was the only participating father. His response illustrated the potential for an MtoF transition to be truly terrorizing in a way that he did not experience with his son Cameron, because of the direction that he transitioned in. It again highlights the issue of social acceptability, and also in Lorenzo's case the patriarchal, machismo culture that he described as being his upbringing. The influence that this standard of normalcy had on the idea of his son becoming his daughter went against every instinct of masculinity that he possessed and so in many respect the fact that the thought alone was terrorizing was not altogether a surprise.

One final factor that my research partners highlighted that was exceptionally interesting was the parallel between the FtoM experience and that of a tomboy, and how the latter interacted with and impacted upon the former. All three families with FtoM PTT children experienced what they described as a confusion, initially, between their children's identities being that of a transgender person versus it being a tomboy identity. There are several external similarities between the two and so the possibility was quite a realistic one. Certainly individuals outside of the families interpreted the children in that way initially before it was made clear that the child was actually transgender. Audrey noted how family friends and acquaintances referred to Cameron in this way.

What I found particularly enlightening in terms of this conflation of an FtoM and tomboy identity was not simply the comparison, as it is an easy one to make, but the fact that the identity of a tomboy could actually be used by families of FtoM children to their advantage:

A: and you know early on when he was going through this, people would often say "oh I was a tomboy too" and so it was just easy to go along with that. (Audrey, Personal Communication A3, August 30, 2013, pp. 14–15)

At least initially, Audrey certainly went along with that, particularly at the stage where Cameron being transgender was only a possibility, and not a certainty. It bought both the family and Cameron time to work things out. What was of pivotal interest though was that even when Audrey and other family members knew that this was not a case of a tomboy identity but of an FtoM identity, the façade of tomboy was still maintained in order to buy time. After all, much of Cameron's behavior, clothing selection et cetera,

was socially acceptable because many girls are tomboys. It therefore offered him and his family some protection.

Of even greater interest was the fact that Cameron's family was not an isolated case. Mandy had also used the exact same strategy with Chad to buy time with her extended family and to provide her with enough time to work out how to be supportive of his development. Mandy certainly used the tomboy identity excuse to buy time, but she also felt that it provided an explanation as to why being an MtoF child was far more challenging:

M: if he had been born a boy but was actually a girl?

J: Yea. How do you imagine that might have impacted upon situations with regard to you, his dad, his family, your family?

M: Wow (shocked)

J: how would that picture be changed do you think?

M: the first thing I think is that it would've been a lot harder to wait to transition because the way that they want to express themselves is not socially accepted like it's so easy to let a girl dress in boy clothes and nobody bats an eye because it's like oh it's a tomboy but we would probably have had to make changes a lot sooner and that worries me that people may not have been as accepting. (Mandy, Personal Communication

1.1, June 02, 2013, pp. 13–15)

The image of a tomboy is socially-respectable, and externally not altogether different from an MtoF PTT child. This alignment with an image that was socially acceptable

helped to make the image of an FtoM PTT child more acceptable, because physically it was not something really new for people to get used to, because the image of the tomboy has been around for quite some time. However, for MtoF PTT children, no such tomboy equivalent exists and therefore it lacks the support of a parallel socially-respectable image.

The aspect of time also emerged from the conflation of an FtoM identity with that of a tomboy. Since it is socially-acceptable for a girl to wear boy's clothing, the FtoM children in this study were provided with a socially-acceptable avenue of expression in a way that the MtoF children were not. Mandy highlights how this bought her time with Chad:

M: it would just have to have happened sooner because I've been letting him express himself for so long for his transition.

J: why would it have to be in sooner? That I'm not clear on?

M: well just because it would've been because if my little boy wanted to wear a dress outside I think that would've been harder to do like I don't think my mom would have been accepting of that so she would've had resistance and even if I was willing to I still would've been concerned and I know because of seeing my nephew do all that and it's like wow he's very expressive and he obviously likes it so I have seen a boy express himself that way from a very young age and I was very supportive of it, but I still understood why his parents didn't want him to go outside like that and it's not and it's more because you're worried about how people

are going to react and I know that's it's a balance like yeah you want to stand up and be who you are but you don't always want to draw attention to you that could be not positive and painful.it would've been a lot harder if he wanted to wear a dress as a boy of course it would've been it would've been a lot harder.(Mandy, Personal Communication 1.1, June 02, 2013, pp. 13–15)

The privilege of time associated with an FtoM transition was the one final aspect that research partners highlighted as making that direction easier.

Finally, this sub-section also contains a couple of findings of note. First, the general consensus among parents in this study, irrespective of which way their child was transitioning, was that an MtoF transition was far more challenging than an FtoM transition. The reported reasons were interesting because blame for this being the case was firmly lodged with society and not with the child. Parents feared an increase in negative responses from society above all else in the event of an MtoF transition. Finally, and related to the first finding, part of the reason parents reported an FtoM transition as being easier was because of how closely aligned, at least physically, an FtoM transgender child is with a tomboy identity. In fact, many families were able to hide the reality of their child being transgender behind a tomboy identity in order to buy them time and prepare for and plan for the future while still giving their children a means of expressing themselves publically. This was not only something that was not possible for MtoF children because no such tomboy equivalent exists, but also the social-acceptability of

being a tomboy seemed to lend a degree of respectability to an FtoM PTT child, because both are aligned with social privilege norms i.e. that of a male, masculine identity.

Summation. The 8 sub-sections that comprise section two of this chapter are individually insightful, and collectively contribute towards our knowledge on this esoteric population. My research partners provide multiple insights into the realities of being a PTT child and of the complexities involved in negotiating their identities within their families. Children typically spend the majority of their young lives in 2 spheres of influence: familial and educational. Although their family lives were complex, the challenges involved in being a PTT children also extended to their educational lives. Their experiences in schools will be the subject of the final section of this chapter.

PTT Children and Education

This section presents an analysis of the interview data that focuses on the experiences that PTT children and their families have had in educational contexts. It is structured in the form of several thematically-organized sub-sections, which are outlined shortly. The aim is not only to better inform families and educators of the complexities of life as a PTT child, but also to look at ways in which educational institutions can be enhanced and improved to accommodate PTT children. Findings from an analysis of the data will be presented at the end of each sub-section.

It is worth mentioning at this stage that of the 5 children and their families who participated in this study, 3 were in public education, whereas 2 of the children were being homeschooled, although one of them had been in public education prior to being homeschooled. The focus of this section is on children in public schools, and so analysis

will be confined to those children and their families whose experiences pertained to this scope of analysis.

This section is structured into 6 sub-sections, all of which seek to inform and complicate the narrative associated with PTT children, so that individuals involved with their upbringing and development, particularly families and educators, can become more cognizant of their individual needs. Sub-section one focuses on PTT children and how they have to negotiate and navigate the pervasive ideology of gender binaries in schools. Sub-section two focuses on PTT “choices” i.e. the issue of being out, stealth, or closeted in schools. Sub-section three focuses on the issue of harassment of PTT children in schools. Sub-section four focuses on coping strategies that are employed by PTT children when faced with harassment from schools. Sub-section five focuses on the conflation of sex and gender in schools. Sub-section six focuses on the process of families introducing transgender issues to schools by working cooperatively with school personnel.

PTT children and gender binaries in schools. Binary systems of knowledge have undergirded Western thought for centuries. The inevitable categorization of life into such binaries is the basic organizing principle of life in the West today and is perceptible inside all institutions. Schools are no exception and have been subjected to binaries of every description: class time and recess, right answers and wrong answers, and boy bathrooms and girl bathrooms. Such structures are typically taken for granted as just being how it is, but actually they developed from a specific episteme of knowledge and in no way represent the only way in which a school could be structured. Given that the majority of public schools are currently structured in this way, the effect that such

structures will have on a student is dependent, at least in part, upon the identity of that student and how well they fit into such binary structures. For the purposes of this section, the specific binaries being referenced come under the category of gender. This subsection is devoted to analyzing the interactions of 4 of my child research partners who either currently attend, or have attended, mass education schools. Several aspects of gender segregation in schools are brought up by them, including changing rooms and bathrooms, boy/girl lines, sports teams and activities, and finally the puberty talk.

Inside schools there are particular spaces, like changing rooms and bathroom that could be described as more *gendered* than others. Gendered spaces are described as those areas where the issue of gender assumes a greater degree of importance and where the issue of access comes into play. The restriction of mobility, in that the mobility of some bodies is at the cost of restricting other bodies is particularly prevalent in gendered spaces. So certain spaces are open to some people who meet particular pre-qualifiers of what it means to be able to enter that gendered space, and it is that that constructs a particular reality. However, this restriction of access also has another effect: the construction of a narrative of fear. The very presence of something constructed as not belonging is fearsome and “bound up with the authorization of legitimate spaces” (Ahmed, 2004, p. 70). This fear often operates in two distinct ways: fear of an unauthorized person entering a legitimate space by those who are authorized, and the fear that an unauthorized person entering that legitimate space feels. For PTT children entering gendered spaces that they are not considered authorized for, like changing rooms and bathrooms, the reaction will most likely be one of fear. For the purposes of this

study, attention will be confined to the latter form of fear experienced by the unauthorized individual, because this study is focused specifically on PTT children and their experience, and not the experiences of cisgender children, although that does represent an interesting avenue of future inquiry.

The issue of fear related to changing rooms was expressed by Cameron, while speaking with his parents and eldest sister, who was apprehensive about attending a new middle school in the fall and of the prospect of having to be in a changing room with other boys:

G: are you excited to go?

C: nervous.

G: why?

C: the changing rooms and stuff.

J: it's communal I take it?

G: it is communal.

J: separated according to gender obviously?

G: yes.

J: so there's no neutral areas, no private areas?

G: there's bathroom stalls.

A: in each of the locker rooms?

G: yeah but usually everyone disdains of people who change in the stalls because they're like come on we're all doing this so what do you have to hide that's kind of the middle school mindset.

A: Oh! (Cameron Family, Personal Communication 1.1, April 21, 2013, pp. 21–2)

The above interaction was very much an expression of anticipated fear, which is consistent with Ahmed's theorizations of fear, and how and when it manifests itself. Ahmed posits that fear is stimulated by both present phenomena and future anticipated actions and perceptions:

Fear involves an *anticipation* of hurt or injury. Fear projects us from the present into a future. But the feeling of fear presses us into that future as an intense bodily experience in the present. One sweats, one's heart races, one's whole body becomes a space of unpleasant intensity. (p. 65)

Cameron is often reticent about his feelings, and so his expression of fear and anxiety speaks to the intensity of this fear. His concern and awareness that he was not seen as pre-qualified to be in those spaces and that others would also perceive this to be the case caused considerable upset.

Cameron was not alone in his anxiety and fear about gendered spaces. Brandon had been presenting as a girl at school until the end of the school year, but had plans to go back to school in the fall in his affirmed identity as a boy. One of the issues that he and his family had been thinking about over the summer break was the issue of bathrooms. In the same way as Cameron, Brandon also expressed considerable unease about the issue of bathrooms and what it would be like when he returned to school as a boy:

B: like sometimes I'm kind of nervous about people asking the bathroom question. Which bathroom am I going to go to and I feel like it's kind of

like embarrassing to have to tell them because I'm not going to go to the boys bathroom or the girls bathroom and to go to the nurses bathroom but sometimes it's kind of embarrassing to say that it's kind of like like there's something wrong with me and I can't go into like bathrooms near the classrooms.

J: I'm curious about that. Has the school said you can't use the boy's bathroom or was that your choice?

B: that was our choice.

J: okay interesting can you tell me a bit about that?

B: of course we weren't going to use the girls bathroom because if a girl went in and saw me she would probably think why is there a boy in the girls bathroom but we decided not to go to the boys bathroom because it's like for safety reasons you know, like if somebody hadn't been there when somebody explained it there and I have gone into the boys bathroom when they were in there and they didn't know why I was in there you know it might be confusing and weird and awkward you know.

J: but if you're announcing it in front of the whole school that you're a boy and people can think while using the boy's bathroom?

B: maybe somebody wasn't there on the day of the announcement.

J: then they will hear about it from somebody else won't they?

B: Yea, I don't know it wasn't my decision fully, it was mom's decision.

S: and Dennis.

J: oh.....

S: it wasn't fully my decision I had to make a joint decision with Dennis.

It was because of safety, and because we're not switching schools this year and it's the beginning of the school year I think we wanted to feel it out and see how it went and make sure there was no hostility, because you are kind of cornered as there's only one way in and one way out of those rooms and you don't want to get stuck in there. (Brandon, Amy, & Sandy, Personal Communication 4.2, August 17, 2013, pp. 20–21)

As exemplified above, fear does not stem from what is always present, but rather what is approaching. In other words, the future anticipated interactions can cause considerable fear and this resulted in Brandon and his family feeling like it was necessary to take precautions to guard against potential safety issues. Brandon and his mother were acutely aware that this was unexplored territory at his school and that the reactions of others could not be anticipated. The unknown quantity therefore led to feelings of fear, anxiety, and apprehension.

Parental anxiety for their children was expressed by Brandon's mother, but she is not the only parent aware of such structural problems. Aby also displayed the knowledge that Ginny could potentially experience difficulties revolving around bathrooms, even if students are not on school property:

A: and when you've gone on the field trips and your Dad's not there to help out, then Mary's mom is there to help you out to make sure everything's okay.

J: what does that mean exactly, that she's there to support and make sure that everything is okay?

A: she gets to use the restroom that we would like her to use.

G: we don't have boys and girls restrooms much but sometimes we do and I go to the girls.

A: but your teacher thinks that is how it should be. (Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 8)

Her response was to ensure that an adult could be present to handle any difficult situations that might emerge, but she was determined that Ginny should be allowed to use the bathroom that aligned with her gender identity and affirmed who she is. That parents of PTT children should have to be involved on such a simple, functional issue, in a way that parents of cisgender children do not speaks to the fear and anxiety that such gendered spaces hold for PTT children and parents alike.

Another common example of gender segregation in schools is the issue of boy and girl lines. It is not an uncommonly used system of organization that teachers, as was highlighted in the literature review, will often resort to it. When the issue of PTT children confronts this system however it demonstrates how the system is inherently discriminatory. This fact was actually picked up on by Ginny, who is only 6 years old:

G: and she lets me go and I don't think it should be happening because if someone is really actually a boy but likes girl stuff or a girl who likes boys stuff and there's a boy line and a girl line like what we have at our school it's kind of hard for them to choose if they want to be honest and go in the

line they're supposed to like what they really are or they could just go in the other line. I don't think that should be happening and my mom thinks so too, like we have boys lines and girls lines, like we should just have one straight line (Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 8)

Ginny's experiences at school enabled her to assess the system in terms of its inherent inequities, precisely because these experiences had heightened her awareness of such structural discrimination. Having been positioned in this way by such structures she, as a PTT child, is in a unique position to offer this insight (Connell, 2010; West & Zimmerman, 1987).

The system is not simply inherently unfair; it also has the consequence of stigmatizing people by emphasizing how they do not fit into the "normal" system. For instance, earlier on during his transition, Cameron who identified as a boy and was largely viewed as such by other children, was not out to teachers, and therefore was viewed by them as a girl. He relates an instance where he was in a situation and had to join a boy or girl line:

C: One time at School....like the girls all had one line and the boys in another and I had to go in the girl line and they were all looking at me [pause].

J: How did that make you feel?

C: It made me feel embarrassed.

J: Embarrassed? You felt you were being singled out for something?

C: Yea.

J: Were you ever asked or given the option to go elsewhere?

C: No (Cameron Family, Personal Communication 1.1, April 21, 2013, pp. 7–8)

By employing a structure that enables normals to identify discreditable, the process of stigmatization begins (Goffman, 2009). The discreditable individual in this situation will inevitably be actively discredited, because they are not permitted to conceal what is perceived as stigma i.e. the transgender component of their identity, and instead are subjected to a forced outing process. The person becomes discredited and stigmatized. By definition, as Goffman reminds us, a person with stigma is viewed as less than human and is thus treated as such. Although the action of boy and girl lines may seem innocuous, it is anything but, because it acts as a mechanism to stigmatize children.

The alternative to Cameron's situation is to actively choose to transgress these normative binaries by going in the line that you identify with, even though that would be perceived by many as mis-representing who you really are. Ginny shared with me that she consciously chooses to go in the line that she identifies with:

J: do you still have boys and girls lines at school?

G: yeah (smiling)

J: how does that make you feel?

G: not so bad I always go in the girl line. (Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 9)

By doing this, Ginny is choosing to fit within her affirmed gender, but in essence she is being forced to either tell a lie (in the eyes of the school) or stigmatize herself by outing herself as a biological boy. That children as young as Ginny are forced to make such a decision highlights the inherent inequity in the system.

Having gender segregation in sports teams and activities in elementary school is also another way of emphasizing differences and stigmatizing children. Physically in elementary school, differences between boys and girls are not distinct and the justification for separation that occurs in high schools is simply not present. The fact that the separation is therefore not only arbitrary but also compulsory can often cause difficulties for PTT children who do not fit this prescribed standard. Brandon was one of the children who experienced this at his school and his experiences helped him to identify not only the separatist structure as a whole, but also of how he fit into that structure:

B: But like right now I'm on a softball team instead of baseball and it doesn't really matter it doesn't really bother me I still like it, it's just like because I'm the only person on the team with short hair they all have longer hair it doesn't really bother me because I know it's just a sport. I think that there should be like a sport like baseball or softball with boys and girls on the team. Like I see one diamond over here with all boys and its baseball and one diamond over here that I'm in and it's all girls and its softball. But sometimes I'm like what if there was another diamond over here between those and its boys and girls and its baseball or softball.

(Brandon, Amy, & Sandy, Personal Communication 2.1, June 6, 2013, p.

14)

The cumulative effect was to raise his social awareness of the inherent systemic inequity in his school. This system emphasized to him his own sense of difference and how it was created by a structure that sought homogeneity, as opposed to diversity. Such arbitrary separation is difficult for PTT children to negotiate and again serves to stigmatize them.

Another gender binary that operates at schools and that my research partners identified as further marginalizing PTT children is the puberty talk. Currently, schools tend to approach this topic in a binary format by segregating students into boy and girl groups and explaining male puberty to the boys and female puberty to the girls. The participants who knew about the talk or who actually experienced the talk related that in their schools the structure of this talk is typically formatted in this way. Again, the presence of PTT children in the classroom present a layer of complexity that is not only not discussed, but also not taken into account with respect to attendees. In other words, PTT children were both excluded from the puberty talk topics as well as being barred from attending the talk of their own gender.

Cameron was at an age in middle school where the puberty talk was going to take place at his school. However, despite his mother advocating for him to attend the boy talk, Cameron was not allowed to attend. Cameron shared with me that: “they didn’t let me go to the talk because they were afraid that’s the boys would be embarrassed”

(Cameron Family, Personal Communication 1.1, April 21, 2013, p. 33). The cisnormative and heteronormative binary structures in schools prevented Cameron from attending,

because he did not conform to the standards as prescribed by the school. The discourses that shape what constitutes normal are visible in structures such as the puberty talk, which very much conforms to sexual dimorphism. In so doing though it naturally excludes specific identities that fall outside of these parameters, such as the one that Camron embodies.

The systemic inequities that Cameron highlights through his exclusion from the puberty talk are also identified by Paige's mother, Georgia. When I asked her why she thought that talk was structured separately she identified it as being a systemic problem that was inherently exclusionary, particularly towards PTT children:

J: so why do you think that boys only get the boy puberty talk about what happens to boys and why do you think girls only get the girl one? Why do you think they don't get both?

G: it's just a system it's like a continuation of keeping like I don't know I think it's like I think the thought behind it is like girls will be too uncomfortable about their own bodies and boys will be too uncomfortable around girls to know about their bodies and ask questions in front of girls. And I just feel like that that's someone's first thought and they just went with that because it seemed to make everybody else happy. But I just think it's really shortsighted and it causes, I think it causes problems.

J: Let me inject another layer of complexity in there then. So ok we've so far been talking about boys and girls who presumably were born boys and born girls so what about putting the aspect of transgender into that little

melting pot of biology.

G: well right it automatically excludes them. (Georgia, Personal Communication 5.1, July 01, 2013, pp. 10–11)

Such systemic structures make the reality for PTT children incredibly difficult because it is set up to automatically exclude them and thus stigmatize them as being somehow different from children who are constructed as normal by virtue of their inclusion in such structures. In essence the puberty talk is not only based upon exclusionary discourses of power, it produces a discourse that in itself is exclusionary because it reifies the idea that only particular identities are normal.

As Georgia and I continued our discussion of the puberty talk, she proceeded to identify that it was this specific exclusion of PTT children from structures like the puberty talk that alienated them from mainstream norms. Having identified this, she proceeded to posit ideas for transgender inclusion in this talk:

J: how do we include the aspect of transgender, because they will be going through something like how do we talk about that and why do we talk about that?

G: Right so in the absence of any transgender children why would we talk about it?

J: Yea, what's the rationale for doing it?

G: Well I can give you one rationale, like this is something that a lot of people would go through but I think we should be trying to understand that. We are all human and that this is something that some of us go

through and therefore should be included in our understanding and these are the things that are available this is what this does, like blockers will halt this process or whatever they're going to go through and then what is it that is causing girls to go through puberty and boys to go through puberty, like what are hormones, what is your endocrine system like what causes all of this. (Georgia, Personal Communication 5.1, July 01, 2013, pp. 11–12)

By emphasizing our most fundamental common link as humans, Georgia felt that it would be possible to talk about multiple issues in an inclusive manner without privileging one identity over another. By adopting a more egalitarian approach, without favor for one identity over another, all children could be included in these important conversations and so a diversity of identities could be presented as opposed to excluded.

Schools are segregated according to gender in multiple ways and such systems have become so implicit within schools that relatively few people question such structures; they merely accept them as part of the regular course of business. Unfortunately, there are some individuals for whom this gender segregation will have a disproportionately high negative impact; namely transgender children. This is because PTT children occupy spaces in schools that have not yet been fully defined and are certainly not accommodated for. It is for this reason that the insights of PTT children are so useful, because their experiences highlight these naturally-occurring discriminatory structures and raise awareness for the need for change. For the PTT children in this study, the potential and actual negative impact of gender segregation occurred in part because

schools did not have effective policies and practices for dealing with children who did not fit the mold. The inclusion of difference and not its exclusion is what schools need to work towards.

This sub-section contains several important findings. First, that gender binaries in schools produce fear in PTT children and anxiety in their families. Second, that the gender binary system in school, far from being a practical means of organization, is actually an inherently discriminatory power structure that both marginalizes and harms PTT children. Third, gender binaries actively stigmatize PTT children by highlighting how they do not fit neatly into “normal” society. Finally, that PTT children are not properly represented or included in schools in general.

PTT “choices”: Out, stealth, and closeted. Social condemnation is a powerful dynamic that forces a decision upon PTT children as to how open they will be in schools about their gender identity. There are several aspects to take into account, not least of which is safety due to the high prevalence of harassment of PTT children, as will be discussed in the next sub-section. The processes involved in making the decision to be open about who you are, remain closeted in your birth sex, or transition and live stealth are incredibly complex. This sub-section will relate a series of experiences and feelings from my research partners as to some of the issues involved with each.

The decision to come out to people at school is a difficult one for many PTT children. The process itself can also be a difficult one to negotiate, and many PTT children inhabit spaces where they are out to some and not to others. Ginny shared with me how on at least one occasion she told a close friend a little about her history:

G: Mostly nobody believes me when I tell them that I am a boy but my friend Morgan and Hailey believes me and one time was the most scariest of my life. It was when I told Hailey that I was a boy and she didn't want to be my friend (looks sad). But then she got back to being my friend.

J: Yea?

G: yeah.

J: did you guys talk about things?

G: well we talked a lot at school.

A: did you ask her why she didn't want to be your friend?

G: no.

J: why do you think she started being your friend again?

G: I don't know.

J: so when you tell people, your friends like Hayley and Morgan that you are a boy what does that mean Ginny? Why would you say that?

G: I just want them to know who I actually am.

(Ginny & Aby, Personal Communication 1.1, June 02, 2013, p. 9)

The desire to be open with people can have negative consequences, as Ginny discovered. However, her desire to be open stemmed from her wish to be recognized for who she is, without the attachment of stigma. To most people at school, Ginny remained stealth in that there was no general announcement about her identity and most people seem to have accepted her as a girl without qualification.

Sometimes the option to be stealth does not exist even if it is the desired way forward. Unlike Ginny, Cameron did not have the luxury of being able to make that decision because too many people knew him by his birth name prior to his transition. However, it did not stop him wanting to be stealth, primarily out of concern for how people would treat him if they knew that he was transgender:

C: I think most people will know me because most people in fifth grade are going to go to [middle school name] that's why I'm like I kind of want to go to another school because I want to start out new I don't want to be that person in kindergarten when I was like girly and stuff.

J: So you want to go to a place where nobody knows you at all.....why would you want to go to a place where no one knows you?

C: because if people first meet me and just meet me as a boy then I don't think they would ever question me.

J: and if they find out after that, that you were born differently would that matter to you?

C: I would just say that I was a boy to them and if they don't believe me who cares what they think.

A: but you wouldn't really want them to find out your past is that right?

C: like I don't really want people to know that like I was born a girl.

J: ever?

C: ever. (Cameron Family, Personal Communication 1.1, April 21, 2013, p. 23)

Cameron did not want to be viewed as different or as a boy with a qualification i.e. a transgender boy. To him, that meant that he was something less than a boy, an idea that made him feel extremely uncomfortable. This is one of the principle rationales for being stealth, because as long as one is not outed or discovered it is one of the only ways to be fully affirmed for who one is.

Unlike Cameron, Chad is able to be stealth, although his situation is a little different. Chad had been homeschooled since he was 6 and he is now turning 10. His mother Mandy still homeschools him, but for one or two days a week he attends an educational program specifically designed for homeschoolers. In some respects it is a school, but in a non-traditional way. Since Chad is totally unknown to anyone at the school, he is able to go as a boy without having to reveal his background. The only person who does know about his identity is the principal, because Mandy felt that the Principal needed to be aware of the situation. Chad, like Cameron, had no desire to be open about his gender identity, again out of concern for how people might treat him if they knew.

Finally, the issue of being closeted arose with Brandon who at the end of his time in 5th grade was still largely closeted and known as a girl to other students. During 5th grade the decision had not been made to come out to everyone at school, although it became clear that this was something that he wanted and that his family was working towards for 6th grade. Part of the complication for Brandon was that as well as being a transboy, he was also attracted to boys. Being gay in the 5th or 6th grade in his school

would be difficult enough on its own, but being transgender as well added a further layer of complexity, something that both Amy and Sandy expressed:

J: how does who he is go with most of his friends or how much of that does he bring into school? How much does he acknowledge at school? How does it work?

A: I think it's different according to who he's interacting with at school like with girls he's been friends with for a while he sort of to some of them, slowly sort of let them in on what was going on and how he feels, but I think with the boys it's not at all. Because of us who we had the conversation of if you identify as a man and you want a boyfriend then you going to be a gay man and that's okay but that's how you're going to be perceived by the boys who are probably not going to want that because they're interested in girls, and I don't think there are many gay guys in 5th grade in [name of town].

J: go figure! (all laugh).

A: and I think that Brandon has crushes on a couple of guys and I think that's something that's very much not shared with boys.

J: so he's a girl to them?

S: yeah Brandon has a lot of friends a lot of guy friends. (Brandon, Amy, & Sandy, Personal Communication 4.2, August 17, 2013, p. 7)

The process of coming out therefore could potentially involve sexuality complications as well as gender identity problems primarily because of the pervasiveness of

heteronormative and cisnormative dynamics in Brandon's school. The issue of sexuality seemed to be of lesser concern to Brandon and his family at this stage, primarily because it was something that could much more easily be concealed for the time being in a way that his gender transition could not be.

One of the most important factors to take into account with issues such as being out, closeted, and stealth is that they are not choices that PTT children and their families want to make, so much as they are decisions that they are forced to make. In this respect the word choice is being employed somewhat euphemistically, hence the speech marks. The power dynamic in schools is such that making this decision is incredibly difficult and carries risks whichever route is adopted. The sad reality of the binary organization of schools is that it forces choices upon PTT children from an extremely young age, and the distress that it caused my child research partners was easy to see when I was speaking with them. Finally, it was evident that their social awareness of school structures and their inherent inequities increased due to being forced to make such decisions and face the consequences, which was helpful in terms of informing this study of several important issues, but heart wrenching to observe.

This sub-section also contains several findings. First, that the "choice" of being out, stealth, or closeted is euphemistic. None of these states of being for PTT children are choice so much as decisions forced upon them. Second that each one in their own way is actively harmful to PTT children either in terms of being a safety concern in the case of being out, emotionally stressful in the case of being stealth, and emotionally harmful in the case of being closeted.

Harassment of PTT children. Harassment of transgender children in high schools is a known problem and was highlighted in the literature review. There have also been reports, albeit less extensive, conducted specifically on harassment of PTT children in elementary schools. Harassment largely took the form of verbal or emotional attacks; there seemed to be less in the way of physical harassment than there is in high schools. My child research partners and their families reported several instances of harassment, both physical and verbal as well as expressing fear that their children would experience harassment in the future. This sub-section will relate these experiences, focusing particularly on how it made the children feel.

Consistent with past research, some of my research partners related instances of verbal harassment in schools. One of the typical methods used was to name call and spread rumors that would single PTT children out. Brandon highlights this:

B: it was like a lot of questions and sometimes I'd answer them and they wouldn't understand so they made fun of me and they would call me names and they used to like, like one girl was really nice actually and then she asked me a question she asked me if I was a boy or a girl on the third day of school and I told her that I was a girl and she didn't understand and she started spreading rumors that I was actually a boy but that I had had surgery and everybody started making fun of me after that.

J: when you say they made fun of you and calling you names can you recall any of those names?

B: no I just remember they used to spread rumors about me and I only had like three or four friends that would stick up for me.

J: how did they stick up for you?

B: like when people come up to me and asked me if I was a boy or a girl and asked me if this rumor is true my friends would just say like it's none of your business. Like they were pretty nice to me and they wouldn't make fun of me or anything they liked who I was.

J: can you remember anything about the rumors specifically can you remember what people were saying about you?

B: they were like saying that I was a girl and that I liked girls or that I was a girl and that I had surgery to be a boy or I was a boy and I liked boys.

Like it wasn't, none of it got to, the teachers said they didn't know about it, it all stayed on the playground. (Brandon & Sandy, Personal

Communication 2.2, June 6, 2013, p. 8)

Not understanding Brandon's form of difference was a major contributor toward this form of harassment. It was because it was different that such problems largely arose. This status of "different" emanates from a lack of inclusion of transgender topics, issues, and concerns in everyday classroom discourse, something that must be addressed to normalize being transgender.

The harassment that Brandon experienced certainly stemmed from a lack of knowledge on transgender issues, but it also came from Brandon's atypical appearance. Prior to coming out to people, Brandon had male gender expression, particularly in terms

of the clothes that he wore:

B: I used to get bullied because I would wear like boys clothes. Like in first and second grade I used to get bullied because I wore boy's clothes instead of girl's clothes. And still sometimes people would kind of ask why I'm wearing boys clothes. (Brandon & Sandy, Personal Communication 2.2, June 6, 2013, p. 2)

Children can often be vindictive and tend to pick up on children who are different, i.e. those who do not conform to a perceived norm. Clothing is one of the major identifiers in that process, particularly for MtoF children due to the more diverse array of socially-acceptable clothing available to women. However, clearly gender normative clothing is also a standard applied to FtoM children, as Brandon indicates. Sadly atypical appearance and expression is also a motivator for physical harassment.

Although past studies identified physical harassment for transgender children to be more of a problem at high school, the problem can and does also arise in elementary schools for PTT children. Such physical bullying in children who are so young is incredibly disturbing, but it nevertheless occurs, as Chad relates:

J: so at your last school that you went to, the public school that you told me about you said that people used to bully you there.

C: uh hum.

J: can you tell me a bit about what people used to do or say? What sort of things are we talking about?

C: They would push me into walls, push me into the fence and trip me on

the playground.

J: was this kids in your year who are doing this to you or older kids?

C: my year because different grades can't go out to recess together.

J: was it boys who usually bullied you or boys and girls?

C: just boys.

J: how does this make you feel when these things were happening?

C: Mad.

J: angry?

C: yeah.

J: hurt?

C: yea.

J: did anyone ever threaten you there at school?

C: sometimes.

J: how long did this go on for?

C: 1 whole year. (Mandy & Chad, Personal Communication 2.1, September 08, 2013, pp. 8–11)

Although such physical bullying is reported in past literature as frequently occurring to transgender children in high schools and not elementary schools, it does happen to very young PTT children as well. Despite Chad and the other children who were bullying him only being about 6 years old, such physical harassment occurred, and did so over a substantial period of time.

Despite Chad's youth, he did have the presence of mind to approach a teacher

about what was happening in the hope that they would intervene. The response he received however gives an extremely negative portrayal of teachers, and emphasizes the need for further teaching training:

J: what about your teachers did they know the any of this was going on?

C: they don't care.

J: did you ever try to talk to one of your teachers about the fact that this was happening to you?

C: Once, but they didn't care.

J: can you tell me about what happened when you talked to this teacher?

Do you remember the teacher's name?

C: Mrs. Frank.

J: so when you talked to Mrs. Frank tell me about it. What happened?

C: I told her that I was being pushed up against the fence and I had a scrape to prove it like from the side of the fence and stuff and she said it's not that bad and you shouldn't care about it and she wouldn't talk to me anymore.

J: did you tell her that that was not the only time that that happened to you that this was happening to you all of the time?

C: yeah.

J: You told her that. and what happened when you told that to her?

C: she didn't really say anything she didn't really care.

J: She didn't say anything? How did that make you feel?

C: upset.

J: you feel that teachers should listen to you and do something about it right?

C: yeah.

J: what would you have liked her to have done?

C: Um talk to the kids. (Mandy & Chad, Personal Communication 2.1, September 08, 2013, pp. 10–11)

The teacher's response to this situation is not hard to imagine as previous research highlighted in the literature review stated that teacher's responses to harassment were considered less than adequate by the victims. Chad was about 6 years old during the time when this was occurring. The experiences that he had throughout the course of the year took a particularly heavy toll on Chad. His mother Mandy shared with me that the situation finally got to the stage when she saw that there was no way for Chad to return to school, given what she observed:

Chad made it very clear, I'm not living as Laura anymore and I'm not going back to school I would rather die, so he made like a huge declaration and he walked out the house and I had to follow him down the street and that was the final straw. (Mandy, Personal Communication 1.1, June 02, 2013, p. 9)

In such an environment, PTT children are simply not safe and without the understanding and support of educational personnel, will remain unsafe and unable to participate in a safe and protected manner in schools.

Considerable concern was expressed by families about the potential for their children being harassed in schools in the future. The fear and concern that this created was considerable given just how many people expressed it. Again, this emotional response of fear and how it operates is effectively elucidated by Ahmed, who emphasizes the futurity of fear and how it manifests itself through what is approaching, not what is currently present. This was certainly highlighted by my research partners, particularly the parents, as Lorenzo demonstrates when he expresses concern about Cameron being verbally harassed:

J: now school starts on Monday right?

L: yeah it does. Cameron is going to have a hard time, it's going to be very hard, because I think a lot of people are going to be very confused and a little more vocal because a lot of people at middle school there are a little bit more vicious in that they will probably attack him. Like at elementary school they might laugh at you and say "hey you like a boy but you're not a real boy" but at middle school I think they will go further and say "ha ha your gay" and stuff like that. (Lorenzo, Personal Communication L2, August 13, 2013, p. 2)

Lorenzo highlights not only concern about verbal harassment, but also the often-made conflation between sexuality and gender identity and how that often results in additional bullying for PTT children (and those who are older). The lack of understanding of what transgender means often results in people attributing it to sexuality, thus resulting in PTT children being bullied for their gender identity as well as their perceived sexuality. In

addition to his fear over verbal harassment, Lorenzo also expresses concern about the possibility of something more physical. Although he takes some solace in Cameron's older brother being at the same school for the next year, he was also aware that that was a temporary situation:

L: and that doesn't bother me so much because David is there and you know he just got his black belt and he's very confident and I said to him "hey listen keep your eyes on your brother this year get ready to bail him out".

J: so you're anticipating quite a bit of trouble for Cameron then?

L: yeah. (Lorenzo, Personal Communication L2, August 13, 2013, p. 4)

In a similar fashion, Audrey also expressed some concern on Cameron's behalf about the potential for verbal harassment, but this time less in the form of name calling and more in the form of two other features: misgendering, and invasion of privacy. Her concern, along with Cameron's, is that the other children will violate his privacy, which in turn will lead to further instances of verbal harassment:

A: yeah I mean from my point if you get through this crummy middle school where you know kids can be a problem but no it would be harder for him so you know I just want him to have a peaceful life, transition and you just want them to be happy really.

J: what do you imagine he might be feeling inside sometimes if he's expressing these things to you?

A: I think he does get worried about what other people are going to say.

He wants to be known as Cameron and that's all so he's worried that some of the kids are going to tell the new schoolmates like he used to be Grace you know he's very fearful of that because yeah I think he just wants to be accepted for who he is. (Audrey, Personal Communication A1, June 13, 2013, p. 14)

The result of the above scenarios will not just be harm in terms of verbal harassment. It will also affect Cameron's sense of self, because it is important when going through a transition to be surrounded with supportive individuals who will affirm your identity, as opposed to highlight the inherent wrongness of your identity.

It was extremely sad to hear that such things happened to many of the children in this study. The only child in school who did not report harassment was Ginny, but it is important to note that she was not out to people at school, and so other students only knew her as a girl and not as a transgender girl. Paige is being homeschooled and so no data from her on this topic was possible, although again her mother highlighted her being transgender as a reason for her being homeschooled. The need for earlier intervention in schools in order to ameliorate harassment is absolutely essential, because PTT children are not protected from harassment by their youth. Only with intervention to create a gender inclusive environment can all children obtain a high quality education from schools.

This sub-section similarly contains several findings. First that the PTT children in this study collectively experienced both verbal and physical harassment. In addition they also experienced considerable fear and anxiety as a result of what Ahmed terms the

futurity of fear i.e. that fear is as much a response to perceived future stimuli as it is to current factors. Second that physical harassment most certainly occurs in elementary schools. Third that teachers responses to reports of harassment have been, in some instances, less than adequate.

Coping strategies. With harassment being a reality for PTT children at this time, inevitably strategies are needed in order to ensure survival. Ignoring verbal harassment when it arose was one strategy mentioned, but not always very effective. The main strategy that was mentioned to handle harassment when it arose was what was termed a time out or out, which essentially amounted to seeking help from adults when issues arose. This necessitated school personnel being informed of the presence as well as the needs of PTT children so that they could be effective helpers. It also required particular “go to” people such as the school counsellor or a particular teacher. This was something that Brandon’s family had tried to cooperatively develop with the school and resulted in the following:

A: because you still have the option to like I said you have those outs I guess of being able to go to the talk to a counselor and being able to talk to whoever and saying these specific people after the conversation are still giving me a problem and then the counselor might be able to have a small group with them and either speak with them individually either with or without you may be all they need is a little bit more knowledge. (Brandon, Amy, & Sandy, Personal Communication 4.2, August 17, 2013, p. 17)

It was emphasized that the approach taken with children who did bully Brandon would not be punitive but conversational in order to solve the problem.

The only other possible approach that was mentioned came from Ginny's family. It was not specifically a school-based strategy, but it was one that could be employed in schools. It arose from an extended family member who disapproved of Ginny's identity and who explicitly voiced her disapproval directly to Ginny. The ways suggested to Ginny by her parents if it should happen again had potential application in both home and school environments:

A: And you really like going there unless Mrs Thomas's there.

G: Mrs Thomas (heavy breathing). Don't remind me of her. She doesn't like my way of me. I told her that I'm a boy and she doesn't like it. She says that I should be wearing boy clothes and stuff and I don't like her.

J: is she a parent or teacher?

G: a parent of my cousin Patricia's.

A: she's their grandma.

G: yea. She scares me (said with emphasis).

A: and she used to tell you what your favorite color had to be. And what you could play with.

G: Who did?

A: Mrs Thomas. Do you remember what I told you to say to her what you should say to her if she told you that stuff?

G: yeah like I can like the things that I want.

A: and what else did she use to say can you remember because it's been a while since she's really been around us.

G: no no no.

A: that she shouldn't talk to you about that and she had a problem that she ought to come and talk with your dad and your mom right? And one time you did tell her that.

J: and what did she say when you told her that?

A: she didn't say anything. (Ginny & Aby, Personal Communication 1.1, June 02, 2013, pp. 12–13)

Ultimately, the onus for handling harassment must not be put on the children being harassed. It is the responsibility of school staff and other responsible adults to address the situation and provide a safe climate for all children in schools. Once this occurs, such coping strategies for PTT children will no longer be needed.

This sub-section contains a couple of findings. First that coping strategies typically involved going to authority figures at school, or reaching out to family members. Second that currently the onus is on PTT children to find ways to cope whereas it should be on schools to rectify the situation and ensure the safety of PTT children.

Sexuality/gender identity conflation. Transgender individuals frequently find themselves at the crossroads of sexuality and gender identity. Often seen as sexual minorities, in part due to their association with the LGBT acronym, transgender individuals are, as stated earlier, gender minorities. This conflation of sexuality and

gender often leads to confusion. My research partners raised two interesting issues in relation to this sexuality/gender identity conflation as it pertained specifically to PTT children. First, how often people perceive transgender as a form of sexual orientation, and second how the families see the difference between gender identity and sexuality in their children.

Confusion in schools frequently arises as to what exactly transgender is. Some people are aware that it is a form of gender identity, but many understand it to be a form of sexuality. With the long history behind the development of the concept of transgender and its close alignment with sexological research this is not altogether surprising. However, though not surprising, it nonetheless causes considerable additional problems for PTT children who are not only discriminated against for their gender identity, but thanks to this conflation also for being perceived as sexual minorities. Cameron's eldest sister Gwen relates the following brief account of her interactional experience that arose from Cameron's identity:

G: Anyway I was talking about Cameron to a friend of mine and he happened to be with a friend. And he was like "wait what do you mean she's transgender?". And I said "well she was born a girl but identified as a boy". And he replies "wait isn't that what gay people are?". And I was like "not really. no". (laughs)

J: Now was this in the GSA or somewhere else?

G: No this was in the theater. And he's even like into LGBT issues and he doesn't even know like what the definition of gay is (laughing). And I'm

like "oh my God" (laughing). (Gwen, Personal Communication G1, May 06, 2013, p. 3)

That people are quite often uninformed about what transgender is and what it is not is not that surprising considering the lack of overall exposure that most people have to transgender issues and concerns. Schools rarely actively include transgender concerns in classroom discourse, and when opportunities arise for incorporation, like with the puberty talk, transgender issues are not represented. This is highly problematic in terms of representation of PTT children and also in increasing awareness of and understanding for transgender concerns.

Just as the similarities between gender and sexuality have been highlighted, it is also important to highlight the differences. In that, my research participants, through Mandy in this instance, were particularly helpful in providing clarification from their own perspective and experience. The clearest, and perhaps most applicable difference, for differentiating between the identity categories of gender identity and sexual orientation is the age of development at which each occurs. Research informs us that gender identity is typically formulated by about the age of 5 or 6, whereas sexuality quite often does not form until later on. My research partners confirmed this assertion. Ginny provided a good example. Her gender identity was pronounced from the age of 2. However, by the age of 6, her sexuality was as yet undeveloped. Gender identity development occurs prior to sexuality and from a much younger age:

A: do you want to tell her about what Zane did? Was it Zane?

G: (laughs) uuuhhh!

A: he kissed your cheek and told you were pretty.

G: no that was my hand!

A: oh.

G: Zane kissed my hand and every time I go to computers he says I look pretty.

J: why does he say that to you?

G: I don't know but I do have a sense of style! (all laugh) (Ginny & Aby, Personal Communication 1.1, June 02, 2013, pp. 6–7)

Whereas Ginny was resolute in her sense of her gender identity, no form of sexuality was expressed or talked about. At 6 she was not yet at the stage of this becoming apparent.

Brandon provided another example. From the age of about 2 his mother observed signs in him consistent with him being transgender and he began to express as much from an early age. However, it was not until more recently, when he was 10 or 11 that he revealed that he likes boys:

S: So every time I see these stories it's like yeah my kid was always rough and tumble or always into sports always hung out with the boys it's like yes he did always hang out with the boys but he also likes boys. (Amy & Sandy, Personal Communication 3.1, July 27, 2013, p. 9)

Another example comes from Mandy about Chad. Chad from the time he was 5 has had a very set idea of his gender identity:

J: If you asked Chad who he was in terms of his gender identity, what would he say?

M: he would say I'm a boy.

J: so he wouldn't say I'm transgender?

M: no he would say I'm a boy. (Mandy, Personal Communication 1.1, June 02, 2013, pp. 18–19)

However, by the age of 10 he has yet to express any form of sexuality:

J: has anyone ever asked you or talked to Chad about how he feels in terms of his sexuality?

M: he does not talk about it. I mean up to even six months ago he doesn't want to get married, he wants to adopt children but he just doesn't think about it. And so I'm confused, I don't know where he will go on that, I don't know but he was never a kid who wanted to pretend that anybody was his boyfriend or girlfriend or talked about it he was attracted to so I have no clue and I'm someone who just and thinks that should happen naturally and it shouldn't be forced.

J: so he hasn't had any crushes or anything like that?

M: nope. (Mandy, Personal Communication 1.1, June 02, 2013, p. 22)

Despite there being clearly-articulated differences between gender identity and sexuality, it is not a universally-known fact that transgender is not a form of sexual orientation. This is something that is important to clarify for school populations in particular in order to avoid confusion and ameliorate harassment of PTT children.

This sub-section has several findings. First that the conflation of sexuality and gender identity is far from rare. Second that its lack of exposure breeds misunderstanding

of what it is. Third that the PTT children in this study help to highlight distinctions between gender identity and sexuality by embodying the age disparity at which each one develops.

How to introduce transgender issues to schools: Working cooperatively. How to introduce transgender issues to elementary and middle schools from the parents' perspective is complex and multi-faceted. From a research perspective, as highlighted in the literature review, there have been very few studies that have given examples of how to do this in an effective manner, and it remains a largely uncharted territory. This subsection will contribute to this body of knowledge by sharing some of the strategies used by two families who were in the process of informing schools about the child's gender identity and their transition. The procedures and approaches that they used will be focused upon in order to ascertain some of the processes involved, their goals, any difficulties that arose, and finally their experiences working cooperatively with schools to best support their child.

Families found through experience that forward planning was paramount. The two families involved in introducing transgender concerns to schools, those of Brandon and Cameron, found that doing it at the beginning of a new school year was important for two reasons. First, beginning this process at the start of a new year, as opposed to during it would be more seamless for their children and set the tone for others from the beginning. Second, it gave them the summer to start making plans with schools as to how exactly the process of introduction needed to be handled. Overall, my conversations

about this issue were more detailed with Brandon's family, but contributions will come from both families.

Initial conversations typically began by approaching the principal of the school. From there, the principal would start to put a team of people together to offer support for the child. This would include the child's classroom teacher(s), a school counsellor, and the principal themselves. The rationale for this was to cover as many aspects of the child's needs as possible. Amy and Sandy outlined some of the initial stages as they experienced them:

J: so tell me a bit about it, so you met with the principal and the school counselor just the two of them?

S: Yea.

J: what is the principal like?

S: she was really sweet

A: the counselor is a little bit more of a bubbly personality and a bit more direct and she asks a lot of questions, which was good. They have put him [Brandon] on the team of teachers as a teaching team usually has three teachers so they put him on a team that they feel he would be best suited to. (Brandon, Amy, & Sandy, Personal Communication 4.1, August 17, 2013, p. 1)

On a day to day basis, the plan was for the classroom teachers to be well-informed, with the counsellor there for support as needed and to talk about issues as they arose. Audrey found the process to be very similar at Cameron's school.

The next stage was to decide how best to inform students of the situation. Two principle methods emerged. First, a gradual approach that involved a series of small discussions that would be led by the child and supported by teachers. This approach did not involve an announcement as such, and this was partly an attempt to avoid receiving too much unwanted attention. The second approach involved a brief general announcement by the Principal at the end of morning assembly on the first day of school. The rationale was that it would be deemed more effective for the school administration to set the tone and inform people of what was occurring. The pros and cons of each approach were summed up by Amy:

A: my question with that is that I think that with the assembly you might get a lot of attention really fast and it will be short-lived versus if you did the small group way it's possible that you will get five or six people asking you every single day for two months the same questions and you will still be the center of attention but for a much longer period of time. Whereas in the large group it's going to be a thing right there it's in front of everybody and yes they hear about it and they talk about it but you know for sure that's what's happening and hopefully it's for a minute period of time. Whereas going small group and every time you run into someone new or someone who has talked to someone else and then it drags out for a long period of time versus the counselor saying to everybody this is what it is and now is your time to ask questions and it does fill like a bombardment but you do have resources to remove yourself

from that stressful situation or help if someone is really bothering you, you can even take them in with the counselor and have a small group meeting with people who are giving the problems after the announcement and I just want to throw that out there to think about, like whether you want to or not there is going to be some sort of attention and do you want a long-term or short-term I guess is what I'm asking. (Brandon, Amy, & Sandy, Personal Communication 4.2, August 17, 2013, p. 16)

In general, the assembly announcement by the principal seemed to be favorable despite the fact that it would be somewhat daunting and intense for a short period of time. However, in terms of getting a clear message out to everyone, this was seen to be the most effective way forward. The concern also, was that if the small group approach was adopted and did not work, then you would end up doing a big announcement anyway, but at a later date thus causing more unnecessary unease for the child.

One final part of the process that seemed to be a good idea was to develop a “buddy system”, whereby the PTT child would be allowed to pick one or more special friends who would be in all of their classes and who could be another mechanism of support. The role of the buddy would be to be a good listener, a deflector of unwanted attention, and someone who could help stand up for them if necessary. Brandon shared this idea with me:

B: they let me choose a buddy for my own classroom.

A: they make sure that person is in the same classes.

B: because there's a boy named Jordan and he was in my class last year, because mom asked me if I had any best friends and I said Jordan and she wrote it down.

(Brandon, Amy, & Sandy, Personal Communication 4.1, August 17, 2013, p. 1)

The idea of a buddy struck Brandon as being a good one because he felt that it would help to make him feel less isolated and more supported. One of the principle concerns that Brandon had expressed was that he would be the recipient of considerable unwanted attention from curious or unkind students. Brandon's feeling of being alone and isolated due to how the normalizing power dynamic of cisnormativity constructs him as being different was in his mind ameliorated because the buddy system was a tangible reminder of how he was not alone.

The ideal outcome for families and for the child was that they be treated fairly. In the spirit of fairness, the issue of transgender could be housed within other forms of diversity. In other words, although the focus in this instance is transgender issues, the idea is about treating all people fairly. One form of this that was again expressed by Amy was the following:

A: we're going to ask for respect for each other regardless of what it is rather than a command. (Brandon, Amy, & Sandy, Personal

Communication 4.2, August 17, 2013, p. 4)

The presentation of this idea is intriguing because it emphasizes treating all people equitably as well as including transgender alongside other forms of diversity, thus

presenting the idea that irrespective of difference, all people look to be treated fairly. By presenting the notion that respect for transgender people is inextricably linked to respect for all minorities, alliance across difference can potentially be formed; an effective means of building support in general.

One of the major difficulties from both the families and the schools perspectives is the relative newness of this issue among children in schools and society. As such, very little in the way of clear legal guidelines have been written and the majority of schools do not have school policies offering protections for gender identity and expression. The result for parents in this study was that they usually faced schools that were both uninformed and that had had no past experience on this subject. Delays and indecisiveness were therefore inevitable, as Cameron's mother Audrey shared:

A: well the thing I want to address right away and soon is that I do want him to be able to room with boys when they go to that camp and that is in October or something. So when I talked to the principal about it last spring he said okay that's something I'm going to have to think about over the summer so that's why I wanted to get with him before school started.

J: how do you feel about it?

A: I guess I want him to room with boys like I don't see why he wouldn't be able to but again the principal's a man and he's in his 40s and I don't know what he's going to say. (Audrey, Personal Communication A3, August 30, 2013, pp. 4–5).

The lack of experience in particular on how schools should react to and handle situations involving PTT children is something that families repeatedly came up against. Amy and Sandy in initiating talks with Brandon's school also found this to be the case:

J: so it sounds like what you're telling me is that Brandon will be in the classroom of teachers who have a fairly good handle on the classroom itself and have a good idea of his individual experience and therefore be most capable of dealing with it. Is that the rationale?

A: I think this is the first time that they have dealt with trans issues, so they said it would be a learning experience. (Brandon, Amy, & Sandy, Personal Communication 4.1, August 17, 2013, p. 1)

There is a definite need for schools to be active in the process of inclusion, engendering mutual respect for all, and ameliorating bullying and harassment. Working with families is an effective means of doing this and of supporting individual children through complex processes. Providing safer work environments also improves student performance and enables children to fulfill their potential, something that schools must strive for.

This sub-section similarly contains several findings. First that there is a general lack of knowledge among school personnel on how to address the needs of PTT children in schools. Second, since no concerted plan was reported as being in place on how to introduce transgender concerns to schools, families needed to plan several months ahead of time to bring about effective support from school personnel. Third that some form of big announcement is favored over a gradual introductory approach because it clearly lays out both the situation and the expectations from others in terms of respect. Fourth that a

“buddy” system can be helpful to PTT children in terms of helping them to feel supported and not alone.

Summation. PTT children are an under-researched area in education and family science. Relatively little focus has been given to this esoteric population and our understanding of the complexities involved in their lives is still in its infancy. This chapter has sought to address some of the many shortfalls highlighted by the literature review in chapter 2 and to provide more in the way of in-depth knowledge about how PTT children negotiate their identities with their families and schools. The liminal spaces that they inhabit has taught the PTT children in this study some tough early life lessons and in that process heightened their social awareness of the many gender inequities in society. Their precocity and courage are quite remarkable and their families have all learned, and I believe, benefitted from sharing in their life experiences.

The analysis of these children’s life experiences has produced a considerable number of findings, which were reported at the end of each of the 14 sub-sections in sections two and three of this chapter. Collectively, these findings make important contributions to the gaps in our knowledge about PTT children in both familial and educational contexts. What now remains is to investigate what implications these findings have for families and schools, what limitations this research possesses, and finally what some possible future research directions are for research in this field. Each of these will form the final chapter of this study.

Chapter 6: Implications, Limitations and Future Research Directions

This study contributes to our knowledge and awareness of PTT children in both educational and familial contexts. By producing an in-depth account of how PTT children negotiate their identities with families and schools, a deeper understanding of their multi-faceted lives can be appreciated. This final chapter focuses on the implications of the findings in chapters 4 & 5 for several “stakeholders” in the lives of PTT children. It also outlines some of the limitations of the findings in this study based upon a careful assessment of the processes involved in producing said findings. Finally, it briefly posits some potential future research directions based upon the findings of the study and limitations of those findings.

Implications

A series of implications for stakeholders can be drawn from the findings in chapters 4 and 5. Stakeholders in this instance consists of the following 4 groups of people who have a stake in the education of young people in general and PTT children specifically: Educational personnel, the families of PTT children, researchers, and finally theorists.

Educational personnel. The findings for this study hold implications for several educational personnel, but of particular importance are the implications that these findings have for teacher trainers, those who play a role in training pre-service classroom teachers; the classroom teachers themselves in terms of their everyday practice and

decision making processes; and school administrators and those responsible for formulating school policies.

Trainers of pre-service teachers have the capacity to make a substantial difference to PTT children by training future classroom teachers extensively in diversity and social justice issues. The findings of this study indicate that a number of differences need to be made to the training of teachers in order to improve the educational experiences of PTT children in schools. The findings of this study highlight the general lack of knowledge and awareness of transgender issues among the educational personnel whom the children and families interacted with. Pre-service teacher trainers can play a role in addressing this lack of knowledge in school by incorporating transgender topics into pre-service programs of elementary school teachers so as to inform them of some of the issues. Such issues include, but are not limited to, transgender nomenclature, a critical introduction to some of the psychiatric aspects of being a PTT child, an understanding of the medical interventions available for PTT children, and finally how classroom teachers can be supportive and affirming of PTT children by incorporating affirming language and gender inclusive practices. More will be discussed on these two latter points shortly. Simply introducing the topic of PTT children into pre-service teacher training can potentially create a considerable number of better-informed teachers capable of being allies and supporters of PTT children in classrooms. The findings of this study strongly imply the necessity of such training.

With more extensive training on transgender concerns during pre-service teacher training, classroom teachers would at least possess some foundational knowledge on PTT

children from which they can build. The findings of this study imply that in addition to training, classroom teachers should incorporate a number of things into their classroom practices to provide a safe environment for all children, particularly those currently at risk like PTT children. One way in which this can be achieved is by being inclusive of transgender identities and raising awareness about transgender issues in classroom discourse. This could be achieved in multiple ways. First, incorporating transgender materials into lesson planning such as current affairs issues for discussion, like the issue of bathroom access. Second, including literature that raises awareness about gender inequity along with stories about transgender individuals. And third, engaging students in discussions that incorporate issues of gender, such as multiple family structures, and diversifying the puberty talk by including transgender development. Collectively, these issues can all help to raise awareness for PTT children and work toward improving school safety for all children.

Classroom teachers can also make a substantial impact on language use in classrooms. This study found that cisgender children often used language in a negative manner toward PTT children. Classroom teachers have the opportunity to implement a system of language that encourages mutual respect, engenders understanding, and promotes acceptance. In practice this involves using language that neutralizes the importance of gender and the privilege associated with different categories. Using preferred names and pronouns of children, correcting misgendering, and actively addressing disaffirming and pejorative language by having more classroom discussions are some of the ways that such positive change through language can be effected.

Finally, classroom teachers have considerable autonomy in their own classrooms when it comes to making structural decisions, particularly those involving gender. All 3 of the children in this study currently attending public schools highlighted gender segregated structures in their classrooms. Some examples cited include boy and girl lines, and boy and girl sports teams. Classroom teachers have the ability to make informed as opposed to arbitrary decisions involving gender. In elementary schools and even in middle schools there is little justification for separating children by gender for sports, recess, or activities; yet these actions occur regularly. It is relatively uncomplicated for teachers to consciously decide to encourage gender inclusion and so reduce the incident rate of marginalizing PTT children. There is little cost to the teacher in implementing such inclusive structures, but a tremendous benefit to the PTT child.

Given the struggles faced by PTT children transitioning, school administrators and those responsible for school policies must urgently develop policies, procedures and practices for the benefit of PTT children. This should address 3 specific issues: First guidelines on how to introduce the transition of a known student to schools in a safe, supportive, and affirming manner, second, policies aimed at protecting PTT children in schools, and third the implementation of active anti-bullying training for staff and students.

How to introduce the transition of a known student to a school is a major issue that needs to be addressed. It was clear from the findings of this study that the 2 children who were introducing their transition to their respective schools experienced school communities that were not in any way prepared for this eventuality. Both students were

known in their respective schools and so the transition was public and open. Neither school possessed clear guidelines on how to address this situation, nor had prior experience of a student transitioning. For the benefit of PTT children educational experiences, schools need to develop guidelines for introducing the transition of a known student to the rest of the school community, whereby the responsibility and leadership comes from the school, while working cooperatively with the child's family.

School policies offering protections for gender identity and expression specifically must be developed. The findings in this study highlight that both verbal and physical harassment occurs against PTT children in schools. Without the protection of school policies, PTT children remain vulnerable to their peers and have no course of redress to rectify problems. In addition, their right to freedom of expression should be guaranteed by such policies in order to ameliorate instances of harassment based upon gender expression. Such protections should be both against students and school staff. Such policies should also include clear guidelines for taking action in the event that harassment is occurring. No student should have to experience harassment due to their identity, and PTT children are no exception.

Finally, administrators need to develop anti-bullying training for both school personnel and students so that bullying and harassment can be actively curtailed. This is a necessary addition to school policy protections, because it is specifically aimed at prevention as opposed to a cure. Preventing bullying before it occurs is preferable to dealing with it after it has happened. School anti-bullying policies should therefore be supplemented by actively incorporating anti-bullying training into schools and so making

it a part of school culture. Educating staff and students on what bullying is can heighten awareness of bullying occurrences and so actively discourage individuals who may be so inclined from carrying out bullying. For PTT children who, all too often, fall victims of bullying this can make an enormous difference to their school experience.

Families of PTT children. The findings of this study also highlighted a number of implications for families who have PTT children. First, a child led form of parenting has the potential to be highly beneficial for PTT children. Second, it is important for families to find communal means of support while they are supporting their children. Third, that families becomes aware of the medical implications of their child's transgender identity.

Learning how to communicate and listen to PTT children is essential in order for parents to be supportive. The findings indicate that PTT children can be aware of their gender identity from as young as 2. Therefore, parents need to develop ways to provide their PTT children with outlets to express and develop their identities, unfettered by dominant social norms. Part of providing outlets for their expression is actively demonstrating to their children that they are protected and safe at home so that they feel comfortable enough expressing their gender identity.

The findings also highlight how some families struggle with and question the assertion from their children that they are transgender. They may doubt their child's sincerity or feel that their child is too young to know their gender identity. It is essential that family member therefore educate themselves on issues of gender identity, as well as critically analyze their own thoughts and feeling. Gender identity manifests itself at a

very young age and can be quite fixed by the time a child is 5 or 6 years old. Parents must therefore not only inform themselves of this, but also reflexively question why they do not similarly question the sincerity of a cisgender child's sense of gender identity. After all as chapter 4 demonstrates, the basis of sexual dimorphism is highly questionable and why one identity is deemed normal and another abnormal is largely due to issues of privilege associated with procreative capabilities. Therefore parents should interrogate their own perspectives by becoming more critically informed about issues of gender identity and development.

Another essential component to child led parenting is developing the skills to effectively communicate with and listen to children. Identifying your child as transgender and then understanding what their needs are must be obtained in large part from the child. Developing ways to do this begins with listening. By listening to the children in this study, I was able to produce a number of in-depth findings through data analysis about the complexities involved in negotiating their identities with their families. Families must engage with the same process of listening if they are to understand their children's identities. For instance, long standing assertions from the child that they are a girl, when their anatomy seems to be communicating something different to you as a parent, is important to take heed of. Their preference for a particular pronoun or name is yet another. It is apparent also that parents should not place too much store in a child's external expression and behaviors in order to assess for innate gender identity. Such indicators are just that: indicators and furthermore can be misleading. Gender identity is

an internal state and families should find ways to communicate with their child to find out how they feel inside.

Families can quite often feel overwhelmed and under-supported when it comes to caring for their PTT child. The families in this study frequently exhibited and expressed a sense of anxiety from not knowing what to do, or how to obtain support, or even understanding from other people with regard to their child. For instance, what are some of the best methods for informing schools and extended family about their child's gender identity? How can families deal with any discomfort or crises that arise from their child's gender identity? How can families find ways to speak with their children about quite advanced and explicit issues, such as physical development and genitalia? The findings strongly suggest that one of the most effective methods that a family can adopt is seeking community support.

Community support can come in multiple formats and it is essential for families to find mechanisms of support within transgender communities for their children. This will be as much of a support mechanism for the family as it will be for the child. There are multiple types of support available and they include online forums, support groups, social groups, and if possible interactions with older transgender children and adults who are further along in their transition. Having a visible image of others who are going through and who have passed through a transition can give hope to young children that there is a road ahead and that it is possible to walk along it. In addition, families frequently share best practices in forums and at support groups and families can learn about ways to approach different situations, such as informing extended family of their

child's transition through the experiences of others who have already experienced it. If family members are struggling with their child's identity, reading about and interacting with other people who are having similar experiences can be immensely helpful.

Certainly the ideas shared among my research partners acted as ways of mutual support and it assisted in alleviating the feeling of isolation, knowing that there are others out there who are experiencing similar challenges.

Finally, community support can also be a means of normalizing what has become a stigmatized identity. Historically, as chapter 4 highlighted, transgender formations arose from a combination of psychiatric research alongside pervasive discourses of sexual dimorphism, which presented an image of what constituted a normal person. Redressing this image is difficult to do alone, but by developing networks of community support can assist with normalizing the image of PTT children who unfortunately also have become stigmatized due to this history. PTT children often have an acute sense of how society constructs images of normality and how their own identities fall outside of these boundaries. Parents therefore should strongly consider seeking such networks of support so that they can provide support for their children's identity development.

The findings of this study highlight that a sad reality for PTT children and their families is the lack of available medical treatment. There is a distinct scarcity of pediatric endocrinologists who treat PTT children and coupled with that is a lack of coverage by health insurance plans for their medical intervention. It is essential therefore that medical treatment be made available to PTT children and also that health insurance plans begin to recognize this form of intervention as a medical necessity. From the perspective of

families with PTT children, there are actions that should be taken. First, families should become involved with and support organizations that advocate for transgender rights, become more involved with transgender community events, and finally take the step of writing to their representatives about some of these issues. Raising awareness is central to this process of public support for this issues is going to be achieved. All of these actions can contribute towards the long process of raising awareness of the needs of PTT children and of how the medical profession is currently failing to meet those needs.

Researchers. The findings of this study suggest a number of implications for researchers who wish to focus upon transgender concerns, and particularly those who wish to focus on research with PTT children. First, the need for viewing transgender as its own area of study, second, the importance of a multi-dimensional approach to transgender identities, third understanding transgender as a discourse as well as an identity, and fourth the implementation of the PTT acronym as a means of representing pre teenagers specifically.

Currently, most of the research in education that includes, or claims to include, transgender identities in research is produced within the broader context of LGBT identities. The LGBT acronym has become a ubiquitous acronym on the diversity landscape, but for transgender identities it poses problems. First, this conflation with LGB identities often confuses people as to what transgender actually is. There are a significant number of individuals, as show in the findings of this study, who often perceive transgender as a form of sexuality, whereas in reality it is a form of gender identity. It is therefore important to separate transgender and delineate it as its own area

of study in education in order to raise awareness for what it is. To do this, its removal from the LGBT acronym is essential so that it can become understood as its own subject area and thus form partnerships with other forms of identity as opposed to be subsumed into them.

A multi-dimensional, or intersectional approach to research on transgender identities is also important. Too often, minorities are homogenized, and come to represent a single experience. To provide a deeper and richer portrait of transgender individuals it is necessary to present the complexities of the multiple components of their identity and assess how they interact with and affect the transgender components of children's identity.

The history of transgender identities, as the findings in chapter 4 highlight, is complex, and has been subjected to a number of influential discourses that have shaped what we have come to know as transgender. It is essential for researchers of transgender concerns to demonstrate knowledge of how transgender has been discursively produced so that negative assumptions can be avoided. Transgender identities have been produced, pathologized, and stigmatized unnecessarily and it is important for researchers to demonstrate compassion, particularly when researching with PTT children who are arguably the most vulnerable transgender population.

Finally, the representation of PTT children tends to be ignored in what little research about transgender populations there is in education. The focus tends to be on teenage and young adult experiences. One way that research about very young transgender children can become better defined and more accessible is simply by

employment of the acronym “PTT” prior to children. This can assist researchers with an easy, accessible, well-defined way to represent young transgender children in educational literature. It also assists with the further diversification of transgender identities by emphasizing the multiple demographics within the field. Transgender students are not a homogenous community, but rather a heterogeneous one. Employing the acronym helps to emphasize this by further delineating the issues of transgender students in educational research and raising awareness for their needs.

Theorists. This study’s findings also have implications for theorists in the social sciences. In order to analyze the data collected in chapter 5 of this study, the doing transgender method of analysis was employed. It became apparent from the findings that the deployment of the framework was not only possible, but actually methodologically was developed by the findings. The concept of doing transgender when developed by Connell was employed on transgender adults in the workplace. From initial assessments of the data in this study, I conjectured that Connell’s framework could also be employed to the 2 populations in this study, one of whom were PTT children and the other were their cisgender families.

The findings from the PTT children in this study had implications for the doing transgender framework. In her research, Connell highlighted how many transgender adults raised awareness for gender inequities by troubling the binary through gender norm transgressions and by making others aware of it through conversation. Social consciousness raising of such gender inequities was the inevitable result, because it actively drew attention to what was occurring. What I saw occurring in my data, when

viewed through the lens of Connell's framework, were some of the children acting in a similar way to raise awareness. Brandon, for instance, felt comfortable participating in activities stereotypically associated with girls, despite identifying as a boy. He was also vocal in expressing that actions and activities are not indicators of gender identity; they are merely things that a person is interested in. This was evidence of Connell's framework being as applicable to transgender children as it was to adults and therefore from a theoretical stance a substantial implication for the development of this theory.

Second, the findings from the families in this study, despite being cisgender, also had implications for doing transgender. The proximity of the relationships between children and families in this study was incredibly close because of how reliant children of that age are on their families. As such, many of the experiences that the children had were shared by their families. For instance, Amy's interactions with Brandon taught her of the importance of pronouns and being misgendered and how there is a sharp distinction between it occurring to her as a cisgender lesbian versus to Brandon as a transgender boy. The process of privilege attribution to different identities based upon inequitable social hierarchies became apparent through her experiences with him. Although it may seem controversial to suggest that a cisgender person is capable of participating within a transgender framework, in this particular instance the findings of this study strongly suggest that it is.

Limitations. It is important to note that there are 2 principle limitations that this study possesses, namely the lack of racial diversity and paternal data. Although my research partners embody a considerable amount of diversity among them, there is one

important form of diversity that was missing: racial diversity. 4 of the children and the families are white and 1 family is biracial. The potential research population, that is the support group attendees, are predominantly white and so in this respect my research partners were quite homogenous. This limited the extent to which culturally-diverse conclusions could be drawn, because the research population was predominantly white. This speaks to a past critique of research on transgender youth: That it is white-washed and as such omits several important discussion, like issues of homelessness. Second, 3 of the 5 children lived in heterosexual households where both the father and mother were present, 1 lived in a heterosexual single mother household, and 1 lived in a lesbian household. With respect to the 4 heterosexual households, only 1 father participated, which again limited the data available and the potential for drawing conclusions on paternal reactions to a child's transition.

Future research directions. Although several future research directions are possible for this field, one in particular stands out. This study has presented the experiences of PTT children and their families in both familial and educational contexts. In schools, these children highlighted a number of challenges presented to them both from school structures, but also other children and even school personnel. I believe that it is important that research continues to be conducted on transgender issues. However, I think that it is important for the research to be focused on cisgender children and teachers who interact with PTT children in order to gauge what their experiences are like and how they feel about their transgender peers. Such research presents a number of potential complications. First, many cisgender people may be totally unaware that they even know

a PTT child. Second, if cisgender children are responsible for bullying PTT children then they may be reluctant to talk about their experiences or attempt to conceal the truth. Third, school personnel may also be reluctant to be open about their feelings out of fear for their jobs or because they also know that they have fallen short of expectations. Nevertheless I believe that it is important to try to conduct such research in order to obtain important insights into additional challenges and structures affecting PTT children.

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