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When the context rows against. Voicing parents of transgender children and teenagers in Italy: A qualitative study

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**When the Context Rows Against. Voicing Parents of Transgender Children and Teenagers in Italy: a Qualitative Study**

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**Data availability statement**

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## **When the Context Rows Against: Voicing Parents of Transgender Children and Teenagers in Italy: a Qualitative Study**

### **Abstract**

Having a supportive family with a non-binary vision of gender differences is a protective factor for transgender and gender-variant (TGV) children and teenagers, however the parents of TGV children find themselves alone when dealing with doubts and challenges, and this may hamper their capacity to provide support to their children. This study aimed to map/describe the needs of the parents of TGV children in Italy, their relationship with the health care and educational systems, and how they cope with the challenges of the context they live in. We used a qualitative approach based on thematic interviews with respondent validation, involving thirteen parents of TGV children and teenagers. Our participants reported difficulties in accessing information, obstacles in finding adequate support from mental health professionals and in interactions with educational professionals, recognizing that these challenges are strongly embedded in the Italian socio-cultural context and its widespread homobitranphobic culture. Nevertheless, they are personally committed to changing this situation through advocacy and affirmative action for their children, engaged in knowledge production on gender variance, and with parent support groups.

Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement.

*Keyword:* gender-variant, transgender children, parents, social support, informative support

## 1 | INTRODUCTION

Gender variance (GV) is the most common term used in literature to refer to an individual's atypical growth in a binary and normalized system. This term is grounded in the medical realm, (Pullen Sansfaçon et al., 2014; 2015) and for this reason more kaleidoscopic and fluid terms have started to become widespread in the literature on childhood gender issues including gender creative, gender expansive (Ehrensaft, 2016), gender-diverse (Nealy, 2017), gender explorers, and gender bosses (Roche, 2020). These terms have been proposed both by GV supportive clinicians (Ehrensaft, 2016) and parents (Pullen Sansfaçon et al., 2015) to make it clear that gender variance is not a mental illness, but one of the possibilities of gender expression (American Psychological Association [APA], 2015; Coleman et al., 2012). In this paper we will use the term gender variant even though we are aware of its limitations, as it remains the most used term in the literature on the topic (Pullen Sansfaçon et al., 2014). In addition, we will use transgender as an umbrella term to name every individual who does not feel that his/her/their gender matches with their gender assigned at birth; and we use cisgender to describe people who feel comfortable with their gender assigned at birth. We also include non-binary expressions in transgender as an umbrella term to refer to these identities: agender, bigender, genderfluid, gender nonconforming, gender questioning, genderqueer and pangender (Bockting, 2008). Individuals who do not identify as male or female are mainly members of the younger population (James et al, 2016); and this would suggest that the number of people who identify as non-binary will increase over time (Lefevor et. al, 2019). Despite the fact that gender variance is not a psychiatric disorder, transgender and gender variant (TGV) people need a psychiatric diagnosis of gender dysphoria in order to be allowed to start their gender affirmation paths. This parameter continues to perpetuate a pathologizing representation of TGV people that reinforces the

social stigma that the gender minorities face (White Hughto et al., 2015). Currently, all transgender people who want to access medical treatment have to contend with the stigma of receiving a diagnosis of mental illness (Nealy, 2017).

### **1.1 | Being Transgender in Italy**

Italy has the highest number of transgender murders in Europe (TvT Research Project, 2020). The European Union Agency for Fundamental Rights (2014) carried out a survey of LGBT populations across European Union (EU) countries which allows us to look in detail at the conditions for the transgender population. The results show that only 35% of the Italian transgender community is openly out in their private sphere and only 23% of them in the professional sphere. In the survey 38% of trans respondents indicated that there is a negative atmosphere for LGBT people in schools.

In particular, there is no obligation for the schools to protect TGV children and teenagers, which is especially an obstacle for TGV children and their parents who would like to keep their privacy, to be protected, and to be recognized in the matter of the authentic identity of the child or teen. Only four schools in all the country have included the alias carrier procedure in their policies (Balestrieri, 2021). The alias carrier is a confidentiality agreement between the school, the family, and the student. It is a procedure that offers the possibility of modifying a birth name in the in the electronic register and replacing it with a chosen one. The families and students must provide formal documents which attest that their children are following a medical and/or psychological path of gender affirmation.

Conversely, in University context, it is possible to obtain an alias carrier more easily, due to the fact the majority of campuses have this option in their policies. Students also receive a new University ID badge with their chosen name instead of the birth one. In most of the Universities the procedure to obtain the alias carrier obliges the transgender student to submit a formal document to certify that they are on a gender affirming pathway. A gender

dysphoria diagnosis is also expressly requested by most University administrative offices. This de facto excludes all transgender individuals who are not on an institutional medical pathway, or obligates them to undergo a pathological view of their experience in order to fulfil the alias carrier access' criteria (Russo & Valerio, 2019). The importance of being able to use the chosen name in the education system is associated with low distress levels for TGV students (Russel et al, 2018), moreover is a buffering factor in preventing school dropout (Bradlow et al., 2017) and is a signal for schools and universities to become more inclusive spaces (Bartholomaeus & Riggs, 2017).

Additionally, in Italy medical and psychological studies on transgender experience are usually framed within research on gender dysphoria (Fiorilli & Ruocco, 2019). It is now acknowledged in the scientific community how the absence of university courses determines a lack of knowledge and preparation in health professionals working with this population and, as a result, professionals are unable to support them (APA, 2015; Korpaisarn & Safer, 2018). Among health professionals psychologists play a significant gatekeeping role (Fiorilli & Ruocco, 2019), as they are those who allow (or not) TGV people to start their gender affirming paths.

Moreover, the Catholic tradition, which rejects homosexuality, is strongly present in the country (Tausch, 2017), as the recent parliamentary debate on adopting a law against homobitransphobic crimes demonstrated. In fact, the current Covid-19 emergency has been used as an excuse, especially by right-wing parties, to say that this law cannot be a priority at this time for the country (Accolla, 2020). Previously in the public debate on this law a group of bishops intervened, arguing that the law infringes freedom of speech (Wakefield, 2020).

## **1.2 | Parents' challenges**

The experience of being a parent of gender variant children is a relatively understudied topic. These parents may find themselves challenged by discovering that their

children are different, referring to the normative standard, (Pullen Sansfaçon et al., 2015) and may have to struggle against the social stigma associated with trans people and gender variant identities, thus encountering obstacles in finding support and solidarity within their networks (Zamboni, 2006). At the beginning of their experience in parenting their TGV children parents struggle with feelings of being alone or sad; being scared for the future of their children and feeling guilty about it (Gray et al., 2016); and hoping that it is a passing phase (Wren, 2002). Differences between how mothers and fathers face their own obstacles has been highlighted in the literature: generally, mothers play a more supportive role, while fathers face more difficulties in accepting their child's identity, especially in adopting the child's correct pronoun (Riggs & Due, 2015).

Parents experience a lack of appropriate information on gender variant children and teenagers (Sharek et al., 2018) which reduces their capacity to understand their children and to support them as they grow (Riley et al., 2013a). Education and information are very important to help the parents of TGV children and teenagers to cope with their feelings of guilt and to become confident in taking decisions on behalf of their children (Riley et al., 2011). Support groups for families with TGV children can play a beneficial role in helping to approach and deal with these issues (Sharek et al., 2018).

### **1.3 | Parent support as a protective factor**

The literature has widely recognized social support as a protective factor for TGV individuals (Pflum et al., 2015; Valentine & Shiperd, 2018). When it comes to TGV young people, support from parents plays an even a more significant role (Riggs & Due, 2015; Hillier & Torg, 2019) representing an important factor in mitigating mental health distress related to being a part of a gender minority group, and the social stigma associated with it (Bockting, et al., 2013; Lefevor et al., 2019). In fact, TGV children and teenagers deal with depression, anxiety, and suicide risk more than their cisgender peers (Rider et. al., 2018).

On the contrary, TGV children who are allowed to explore and express their identity report normal levels of anxiety and depression (Olson et al., 2016) because families with a non-binary gender vision tend to promote the development of their self-acceptance and inner sense of gender congruence (Pflum et al., 2015). The lack of family support in young TGV people is associated with suicidal ideation (Kuper et al., 2018), while family acceptance is associated with higher self-esteem, as well as protection against depression, substance abuse, and suicidal ideation (Gower et al., 2018; Moody & Smith, 2013).

## **2 | THE PRESENT STUDY**

The aim of the present study is to investigate the experience of the parents of TGV children in Italy. Through the use of semi-structured interviews we wanted to expand knowledge about their needs and their coping strategies in a context, the Italian one, which is not particularly open to TGV people. Recognizing that the stigma associated to TGV children is a critical challenge, (Pullen Sansfaçon et al., 2014; Zamboni, 2006) we designed this study as exploratory research with participatory respondent validation to our data analysis, in order to valorize their experiential knowledge, thus contributing to supporting and empowering parents.

### **2.2 | Methods**

#### **2.2.1 | Participants and Procedure**

We interviewed thirteen parents recruited through snowball technique, starting with an announcement posted in a private support group on Facebook, and pursued with the help of participant's networks with other TGV families. All the parents identified as cisgender, four were fathers and nine mothers, among them four were parental couples: three heteroparental and one female homoparental. They were all white Italian. The age of their children ranged from 5-17 years old, five children were under 12 years of age, and four are teenagers between 16 and 17 years old. Even when information about the age, educational levels, and



professions of the interviewees emerged during the interviews it is not reported here as it would make some parents easily recognizable, as the Italian community of parents of TGV children is not that big.

In our theoretical background the concept of reflexivity is fundamental (Lumsden, 2019). Therefore, our approach does not claim to describe the phenomena through the lens of alleged empirical objectivity. In fact, it recognizes the active presence of the researcher in the creation and production of knowledge. In continuity with this assertion, this analytical exercise cannot disregard the biography and the values of those who collect and interpret the data (Singh et al., 2013). The first author is a white non-binary master's degree student and a social educator working with parents and children (not TGV specifically). Xe<sup>1</sup> brought also xir experience as a transgender person. The second author is a white cisgender woman with a permanent position at the University, who has devoted a significant part of her academic career to contrasting gender discrimination through the education of young people. She also brings to the field her experience of being a parent of two adolescents (one of whom declared herself bisexual during the time this article was being written), dealing daily with the challenges that their developmental journeys entail. Both the professional and embodied elements of the authors played an active part in the shaping, design, and realisation of the research.

Based on a literature review we identified topics to be explored and developed a semi-structured interview to examine them. Our professional and embodied experience contributed to the final choice of the topics for the interviews. To investigate the experience of being a parent of a TGV child the areas we decided to focus on were the following: (1) the journey of being a parent of a TGV child starting from the beginning of their experience (2) experiences with educational institutions, (3) experiences with health professionals, (4) how they faced the obstacles encountered.

To set the study we followed the Italian Psychology Society's ethical guidelines (Associazione Italiana di Psicologia, 2015) and we also requested the approval of the ethics commission of our University. Informed consent was collected in written form via email before the interviews: participants were informed of the methodology and of the purposes of the study. At the beginning of every interview the first author started by summarizing the consent previously given by the interviewees. Furthermore, we gave participants the possibility to clarify any doubts and ask questions before starting the interviews. Participants also could choose to use their actual names or pseudonyms in the publication.

The interviews were carried out over Skype. An average interview was one and a half hours long, ranging from a minimum of one to a maximum of three hours. The first author conducted all the interviews, recognizing how his gender identity and experience as a TGV child and teen could help in the data collection process, in line with the evidence of working with minority groups (Finlay, 2002; Katzman, 2015). The first author self-disclosed during the sampling phase, and at the beginning of every interview. The second author had no direct involvement with the participants, but instead was involved in the analytical phase where both authors discussed the collected data. Her personal and professional experience was fundamental to reflect on the data, helping the first author to recognize and resonate with the fears and the doubts of the parents.

### **2.2.2 | Analytical Approach**

Interviews were audio-recorded and transcribed verbatim. Reflexive thematic content analysis was used, through inductive and semantic ways (Braun & Clarke, 2019; Braun et al., 2018). We generated (initial) themes that are named, explained, and exemplified by participant's quotes. We then asked for respondent validation via email (Doyle, 2007). The first author shared and discussed the themes that emerged in every interview with the person concerned in order to concretely recognize the active role of respondents, and openly involve

them in knowledge production. Participants were able to confirm, clarify or disconfirm data highlighted by the authors (Chase, 2017).

Even if the control of parents in the research process was limited (they did not choose the research protocol, they were only asked to validate our analysis) we tried to reduce the power imbalance between the researcher and participant (Kagan et al., 2020) by recognizing participant's knowledge and doing our best to avoid any forms of stigma. To achieve this aim we adopted different strategies: our interviews allowed the parents to speak openly about their experiences and be heard without judgement; and the interviewer's vocabulary reflected the words used by the parents to describe their journey and their children's experiences. Moreover, during the interviews the researcher paraphrased and reflected participants' statements back to them with the purpose of being open to the possibility of confirming or clarifying the emerging views, as a strategy to minimize the risk of overinterpretation (Aramburu Alegría, 2018).

All the interviews were conducted in Italian and translated for this article by the authors.

### **3 | RESULTS**

We identified five main themes that describe the experience of being a parent of TGV children: (1) the parents' perception of their experience as "parenting as challenge", (2) the obstacles parents have to face, namely "barriers on the journey" in different areas: (a) access to information, (b) health system, (c) school system, (d) and bureaucracy. Then (3) we identified social support as a key coping strategy, and that support and information lead to parents' growth (4). Finally, (5) we described the experience of taking part in the study from their perspective. All of the participants confirmed the themes identified in their interviews during the respondent validation phase.

#### **3.1 | Parenting as challenge**

All participants reported they had no information about gender variance in children and teenagers before their experiences with their own children. Before starting to search for information and to understand what gender variance is, parents were worried about the future of their children. Some of them realized that gender and sex issues represent a taboo in their family, and the majority of the parents reported that they went through the phase “why did this happen to me?”. Some parents associated being transgender to sex work and had the idea that the trans experience only happens to people assigned male at birth.

“The typical person who works in the street”, honestly, for me that was the only image...the transsexual! As a terminology I mean, I narrowed it down only to that because, I repeat, I had no knowledge [...] I didn't even know the term transgender, then I searched on the internet and started to understand a little more...- Anna

Other parents were aware of gender issues and had personal contact with the transgender community, but they still believed that gender variance was an issue emerging only in adulthood. In particular, we highlighted this element showing the experience of a mother who is also an activist with Rainbow Families, an Italian organization of homosexual parents. The organization spreads information on homoparenting and fight to fill a legislative gap in order to recognize both partners as parents under the law.

So, at the beginning, it was a bit difficult to understand the mood of our child. Thanks to the network of Rainbow Families we met many trans people, but they were adults; we considered these moods and behaviours as self-expression emerging during adolescence like we had [she and her partner] or developmental issues. In short, gender variance in children was not something we knew about...- Valentina

Participants were critical towards Italian society and reported having personally experienced stereotypes and the prejudices toward TGV people. Moreover, they claimed that

the Italian Catholic tradition was an obstacle to obtaining civil rights and disseminating accurate information.

For example this year there was a gay pride in our city, -I was super happy, I immediately told to Alberto: “we should go together”-, but I had many fights with other people from our city on social media. Why the f\*\*k do you care about the things a person does? Do you want to go to church? Then go. Do you want to be catholic? You can be. Do you want to be a traditional family? Be a traditional family, but let the people do what they want! Let them stand together, let them live their lives...- Michela

### **3.2 | Barriers on their journey**

In the following paragraph we briefly illustrate the obstacles that parents faced, highlighting the barriers they encountered in different contexts.

#### **3.2.1 | Access to information**

One of the main barriers for parents not fluent in languages other than Italian was the language of the gender variance materials on Internet. The parents were able to find some materials in Italian on the internet, but they described these materials as “against gender variance in childhood”, “better not to read”, “sensationalist articles”.

Parents put different strategies into play to cope with their lack of knowledge. At the beginning of their search for information the first thing they did was surf the internet; some participants who had gay friends or transgender acquaintances contacted them for help. Most of the parents of young children went to their paediatrician, and all the participants sought help from psychologists. Some of the participants living in cities where there are gender affirming centers went to these places, while others consulted private psychologists or went to public family counselling centers.

Parents were also instructed by their teenage children, collecting useful information through watching YouTube videos together, or reading posts on social media (Facebook, Instagram, etc.).

### 3.2.2 | Health system

In their experiences with medical professionals and psychologists who were not specialized in gender issues the participants encountered obstacles due to these practitioners' lack of knowledge on gender variance:

Paediatricians should be the first ones being able to give directions, however, it was us who made our paediatrician understand Roby's experience. What I wanted five years ago was to receive more information from doctors and paediatricians. I would have liked to receive information on what was happening to my son or daughter. They should have guided us and helped me to understand my child's experience without acting like I was being stupid- Niccolò

A couple of parents had negative experiences, fighting several times with the doctors in the paediatric neuropsychiatry ward because they were unprepared and unconcerned:

The doctors diagnosed Stefano's psychological discomfort as persistent depression and borderline personality disorder, and said his discomfort had nothing to do with the fact that he was a transgender teenager. Most of the times they examined him in the hospital they also kept calling him Stella. In those three years there was no explanation of the reason for his malaise... Why was he sick? It was unknown! But it had nothing to do with dysphoria, they said. And for years I kept believing this, even though I was in the group [support group for parents] I did not share this experience because I believed that these changes were happening only to my son and were not similar with others' transgender experiences at all. – Marika

Parents generally consulted psychologists to obtain information and to get support in their role as parents. Psychologists who were not working in gender affirming services did

not have any knowledge about gender variance and did not even know the psychiatric term ‘gender dysphoria’, and in these cases the parents had to inform the professionals on the issues. Two participants who consulted private psychologists specialized in gender issues reported that they were helpful in overcoming their fears and pain, and becoming more supportive for their children. On the other hand, a group of parents who tried the services specialized in gender affirming paths of children that are located inside hospitals complained that hospitals are not suitable places to bring a child because the setting suggested the idea of illness, and the parents do not want their children to feel that their identity is a pathology or something that needs to be cured.

### **3.2.3 | School system**

Participants reported many difficulties related to the school environment. Kindergarten and elementary school contexts were deemed as more accepting than high schools. However, parents complained about the presence of stereotypes in curricula in kindergarten and elementary school (i.e., saying which games and activities are suitable for girls or boys). But still, parents of younger children said that the teachers were open to listening and learning once the issues emerged. In high schools most experiences were more negative:

We wanted to have a class meeting with the presence of Alberto's psychologist so she could explain to the class what Alberto really felt. His need was to have his friends understand his experience. At the beginning we were unable to have this meeting because the headmaster's main problem was the reaction of the other parents. She was worried that some parents could say: “you are telling... people are changing sex” ...this is the situation. – Michela

One mother shared the experience of her teen child who was outed by a professor, revealing the lack of understanding of and support for transgender people's needs:

We had a bad experience with one of Marco's professors, an inhumane experience. Marco confided in his professor and asked him not to share this with other professors, and he even explained the reason: "I want to be the one who is going to share my truth with the others". Two hours after this conversation, another three, four professors already knew. It was, how to say, really, really distressing, - even now, months later, while I am talking to you, I feel pain in my stomach- however, we were able to get over it, because Marco is very smart and he does not feel sorry for himself. - Francesca

### 3.2.4 | Bureaucracy

Some parents requested 'an alias carrier' for their children. The absence of a clear formal procedure made the process to obtain this a 'nightmare', and each parent dealt with it in different ways. One family obtained it thanks to the help of a lawyer. Others tried by themselves, but they had to struggle with the obstruction of school employees, to explain the procedure (meaning that they had to be well prepared), and to clarify the legitimacy of this request by bringing constitutional articles and other documents. The help of the parent support groups was critical in obtaining the documents necessary to demonstrate the legitimacy of their requests.

I spoke to the headmaster, I asked them to fulfil my request about the register. They said: "Yes, yes, there is no problem". Then I realized that my request wasn't fulfilled, I spoke with the administrative officer who said to me: "Eh, no ma'am, you can't, because the electronic register would crash". Then I called those who built the electronic registration system and they told me that the system would not fail or crash if you changed a name. So, I asked them: "Can you please call the school and give them this information? Because if I tell them, they will tell me that it's not true". Later he called me back and said: "Look, I told them, but they are the ones who don't want to change the name". Damn it, here we are... I went there again with all of my weapons and I said: "Now, how is it not possible?" I said: "My son is suffering from seeing his deadname<sup>5</sup> on the register, is it fair?" [...]. Thirty seconds after I left the



office, I looked at the online register and I immediately saw the name 'Stefano'. Everything changed, I said: "Damn it! That took a long time!". Now when I open the register and see his name as Stefano, I say: "Here he is! Finally! My son!"- Marika

### 3.3 | Getting social support

It was important for all the participants to be a part of a network with other parents, and to participate in online support groups for parents. The majority of them described the experience of discovering "Genderlens Project" ["Progetto Genderlens"], the only Italian organization who works on gender variance in childhood, as truly important. This group organizes collective Skype calls in which parents can discuss different topics dealing with their experiences. They also moderate a private Facebook group where parents can share their experiences and support each other. The organization is in charge of translating articles into Italian, playing also a critical role regarding accessing information about gender variance issues.

It is very useful to be part of the group [Genderlens Project], it makes us feel that we are not the only ones with a child with a different gender experience. Then there is the possibility to ask questions, to understand. For example, if there is a need for some specialist you know where to look thanks to other people's experiences. - Chiara

Also, almost all the participants originally approached the organization as they were in need of support, and they now feel that it is their turn to provide help for others:

Finding the group was great [...] But still it would be better if I'd found it earlier. Now I have peace, I'm at Michi's side, we stand together to obtain hormones, to follow the paths. I am sure of myself, I don't have doubts anymore. Now I would like to help someone else. - Chicca

Only two parents found and joined mutual-help groups in the gender affirming centers they consulted. In fact, one participant pointed out the importance of providing support

groups for parents, highlighting the lack in these centers, that in most case offer groups only for transgender teens:

They had groups for transgender teens according to their ages, but they have not considered the need for parents to talk, and I think it would help our children. [...] Parents need to talk to each other and to see that there are others going through the same experiences. So it's not a sci-fi thing, it's not out of this world or something like "but it happened only to me?"- Michela

### **3.4 | Learning changes you**

All participants reported that they changed their perspectives on gender issues and they reflected on the discrimination LGBTQI+ people have been suffering after witnessing their children's experiences. Parents, especially fathers, indicated they changed their approach to the topic and that they started explaining their experiences to others:

Lately I have changed, it's unusual for me. If I need to give an example, I was with my tennis friends in the locker room and one of them asked me about Lucio, then I told him "No, it is not Lucio, it is Lucia". In front of everyone, even strangers, I started to explain it. A few years back I could never do this [...] But now, I feel more peaceful, so I find myself explaining these to [...] who simply talk to me and say Lucio, I say "No, long story short, there is no longer Lucio, there is Lucia" and I explain to them what it means... - Riccardo

Another father gave a similar example that shows his change in dealing with discriminatory behaviours:

At work, I hear a lot -unfortunately I have to say it, sorry for that- the term "faggot"... it's common to say it, especially between males, right?... and generally I intervene and say: "But do you know what you are talking about?".[...] These things didn't bother me before, but now I get really angry! [...] Then the thing I do now is try to open a conversation when someone say something about it, in order to explain to people, and many of them are just ignorant. That's how we all were, but maybe that can change. Without talking and explaining, you will

never know anything about it, as long as you're not the one who is experiencing it by yourself. [...] You can't be unconcerned, you can't, because it touches you personally, so you must defend and spread knowledge. - Cristian

### 3.5 | Participating in the study

All the participants involved in this study were willing to provide information. They feel that it is urgent to share this information in Italy, where according to all of them there is a lack of knowledge on gender variance in childhood.

I decided to do the interview because it seemed to me a way to improve the situation. It is a good thing that this issue is being studied from different points of views [...] it could be useful for someone. - Teresa

They were willing to share their experiences, feeling the responsibility to help other parents, remembering their own journey. As we hypothesized, the interviewer's background helped in this process. In fact, both the gender identity of the first author and his role as psychology researcher with a non-judgmental attitude was perceived as central.

For me it was also a good moment having this interview, remembering all the steps in this path and reflecting for a moment. Then meeting you was great because I felt kinship with you. - Marta

I am very pleased to narrate my experience in this interview and to be able to help. I find it supportive and a bit hard to share the past or the future [...] I always enjoy talking about Roby, I do it with pride, talking about a child who is special. [...] Being able to tell you and knowing you understand it [...] in addition to understanding it you will also be able to make these experiences of mine help someone else. - Niccolò

Therefore, parents manifested their pride for their children's journeys, seeing the interview as a tool to highlight their experience and also as a moment of self-reflection on their progress.

There have been many changes which were sometimes hard and sometimes easy, and therefore it is always a pleasure to be able to talk about it [...]; we can see that things are going well despite all the things happened in the past, I think that each interview is a good way to show this. - Fiorenzo

For me talking about it is a workout. I need it because I will continue to talk about it more and more often. In the past I would start to cry after saying three words. [...] So, it's a good workout, and also it's easier talk with you, I mean, my wife has already told me that you are non-binary person. - Riccardo

#### 4 | DISCUSSION

All the parents in this study provided high levels of social support to their children: they searched for accurate information on gender variance in youth, advocated in school for their child, contrasted discrimination in their own contexts, and fought for their children's rights in the health pathway. As highlighted in the literature, having parents who adopt a supportive role is an important protective factor for TGV youth (Pflum et al., 2015). Among the parents who joined our study there were more women than men. According to the literature, fathers are generally less supportive than mothers during the TGV journey (Riggs & Due, 2015), and for this reason they may be more reluctant to participate in research dealing with the issue. However, in our study when we heard the fathers' voices we recognized that their involvement in the life of their TGV child is as important as that of their female partner's, and may be equally supportive. All the parents in our study always respected the child's adopted pronoun, despite findings that male parents do not adopt this behaviour (Rigg & Due, 2015).

All participants reported that they struggled and faced many difficulties at the beginning of their experiences, first and foremost the lack of adequate tools to understand the gender variant expressions of their children, in line with previous research (Sharek et al.,

2018). The information accessed by some parents reflected a common Italian stigmatizing view of the transgender community (Fiorilli & Ruocco, 2019; European Union Agency for Fundamental Rights, 2015).

The first step to fill their knowledge gap was searching for information on the Internet (Evans et al 2017; Sharek et al., 2018); however, compared to other studies, in ours the Internet was not extensively used because of language barriers (the most useful material is not in Italian, therefore it was not useful for those who do not speak other languages fluently). Parents also obtained information through LGBTQI+ communities (Sharek et al., 2018) and support groups, who appear to be of vital importance for parents (Hillier & Torg, 2019). Support groups improve parents' capacity to accept what their child is going through; help them to have an affirmative approach towards their child's gender expression (Wren, 2002); and are of fundamental importance in finding adequate information on medical, legal, and political processes (Hillier & Torg, 2019). Moreover, the experience of being part of a support group gives parents the opportunity to play an active role in providing support for others, and the satisfaction that comes from doing this. Indeed, mental health services' and medical professionals' lack of knowledge on gender variance in children and teenagers is significant: this was reported by every parent (see also, Pullen Sansfaçon et al., 2015; Riley et al., 2013b).

In consultations with unspecialized professionals, parents were those who provided information (Pullen Sansfaçon et al., 2015; Sharek et al., 2018; Wren, 2002). Conversely, mental health professionals specialised on the issue were helpful, despite the fact that there are not many of them (Capous-Desyllas & Baron, 2017; Hillier & Torg, 2019; Sharek et al., 2018). Special attention should be devoted to paediatricians, who are usually the first professionals to whom a parent of a TGV child turn. However, as with the other professionals, they are not prepared (Gridley et al., 2016), reflecting the insufficient attention

given to gender variance in their academic curricula, which in turn limits their professional capacity to properly support young TGV people and their families (APA, 2015; Korpaisarn & Safer, 2018; Fiorilli & Ruocco, 2019).

Parents' support programs and groups were found to be helpful for parents and their children, and the absence of these facilities during child's pathway makes their experience harder (Doussa et al., 2017). Our participants highlighted the difficulties and challenges they face, and the lack of institutional and professional support provided. At the same time, they point out to the importance of meeting with other parents with similar experiences and exchanging knowledge and different forms of support with them. Even if they did not make explicit reference to self-help and mutual help groups, the dynamics they deem to be supportive resonate clearly with those of these kinds of groups. We can speculate that they do not use the self-help and mutual help terminology because their experience of support is not restricted to peers, as the organization they received most support from (Genderlens Project) is open to anyone who is sensitive to the issue of gender variance, and has awareness raising and educational aims that go far beyond its members.

The situation of the school system places other obstacles in the path of TGV families (Coolhart, 2019). Parents and children are challenged by the presence of stereotypical and binary views of gender in curricula and textbooks (Burns et al., 2015) and they have to deal with the teachers' and professors' inadequacy and unpreparedness on TGV issues (Scandurra et al., 2017). Furthermore, our participants had to battle against the absence of formal procedures for changing the name of their children in school registers. Respecting the chosen name of TGV individuals decreases mental health problems in children (Russel et al, 2018). Very negative episodes were reported, in particular in high school contexts. Our participants took many steps to ensure that their children's rights and needs were recognized in the educational system (Aramburu Alegría, 2018; Coolhart, 2019). School is an important part of

a teenager's life, even because the mental health conditions of TGV adults are connected to experiences during this period (Nuttbrock et al., 2010).

The keystone for parents was improving their own knowledge on these issues. In all the interviews the need for more information was highlighted, and the availability of information and knowledge presented as a solution, helping establish supportive relationships and improve the well-being of the family system (Riley et al., 2011). This led parents to become advocates for their children's rights (Sharek et al., 2018). Indeed, they now are active in the fight for TGV rights, trying to act against the prejudices they see affecting their children in a homophobic country (Gusmano & Motterle, 2019), and promoting acceptance (Hidalgo et al., 2017).

According to the parents' feedback their involvement in this research was a moment to share their experiences, and an important opportunity to validate their journeys. These aspects were strengthened by the parents' recognition of the interviewer's embodied experience and knowledge background (Finlay, 2002; Lumsden, 2019). The reflexive approach we used is a political act, a methodology which can empower both researcher and participant (Finlay, 2002). In fact, during the fieldwork the interviewer and interviewees established a relationship of trust. With this research the interviewer came out for the first time in academia, while at the beginning of the project he was afraid of other's possible reactions (Brumbaugh-Johnson & Hull, 2019). At the same time, the majority of the parents were participating in research and being interviewed about their experience for the first time, and as a result were very nervous. The fear of being emotionally exposed created kinship in the research process. Moreover, the interviewer's professional tools helped the parents to perceive the fieldwork as a non-judgmental space. All these aspects opened the space for the participants to share personal, emotional, and sometimes very private information.

Parents felt their interview experiences were useful for creating information for other parents of TGV children and teenagers, recognizing their own active roles in providing support for others (Pullen Sansfaçon et al., 2014). The lack of information on this issue in Italy has meant that parents recognise the importance of this kind of research as a tool to act on the socio-cultural context. Moreover, during the respondent validation parents expressed their gratitude to the authors, and reported that the process of validation gave them the opportunity to see their journey summarised and to be able to clearly recognize the distance that they have travelled.

#### **4.1 | Limitations and directions for future research**

This study has several limitations in primis due to the authors' choice not to share specific socio-demographic information on the participants in order to preserve their privacy. This solution does not allow the analysis of differences related to gender, family composition, educational levels, and age (both of parents and of children). Consequently, the authors focused on the impact of their gender identities and reflected more on their role as child and parent, overlooking other variables such as their class, geographic provenance, religion, etc. For future research the impact of socio-demographic variables, both in relation to the authors and the participants, should be considered. Moreover, we did not shed light on how the other members of the family could be affected by the experiences we described. We consider this another relevant aspect to be explored in future research. Despite these limitations, the research provides a significant insight into the experience of being a parent of a TGV child in Italy, providing proof that some of the challenges that they face are deeply embedded in the socio-cultural context.

Parents also reported that being a part of the research was a positive reflexive experience, that reinforced the recognition of their agency as advocates for their children and the whole community. Participants pointed out that the lack of information is the main



obstacle they encountered in society. The process of participating in research with the aim of spreading knowledge on gender variance is a way for them to have an active role in the process of social change (Pullen Sansfaçon et al., 2014).

We think is important also to briefly mention the hormonal therapy paths, due to the fact that it is a crucial issue in TGV individuals' journey and in the debate on TGV person's health. However, in our research we collected data by following the stories and the experiences the participants shared, and the theme of hormonal treatment was not something parents reported as a central issue. In our opinion, this is due to several reasons: the majority of parents in this study had young children, dealing more with social transition paths instead of puberty blockers or hormone replacement treatments. These parents reported that they think about hormonal therapy as a future issue, not a current one. Instead, regarding the teenagers' group, only two children have started hormonal treatment. Moreover, their parents did not point out the obtainment of the hormones as one of the main issues affect them. For these reasons hormonal treatment did not come up as a specific theme. We cannot generalize that the hormonal therapy journey was/is easy for the teenagers or their parents, but for our participants probably it was, or it was not something they wanted to build their stories upon. For future research, the hormonal therapy issue needs to be expressly explored.

#### **4.2 | Implications for community practice**

Families of TGV children and teenagers demand and require parental support during/for their children's paths. In order to make this involvement effective and supportive, professionals have to improve their knowledge on gender variance in children and teenagers, and be able to meet the specific needs of the parents of TGV children. Also, increasing the presence of support groups for parents is important. In fact, the role of the support group for parents is widely highlighted in literature in particular as a means for advocacy (see also, Calderera et al., 2021; Pickett et al., 1998)

Our results call for the implementation of different ecological levels of action to support transgender families (Bronfenbrenner, 1979; Di Napoli et al. 2019): contrasting homotransphobia is an action that requires the ability to change the macro system, acting at the political and at the cultural level, supporting adequate policies and incorporating TGV themes in the academic curricula of different professionals who work with children. This type of action may contribute to facilitating mesosystem relations (e.g., health professionals who work with TGV children networking with schools) changing the ways microsystems (school, health service, peers) approach the issue. Implementation of support groups for parents can contribute to this goal: they can offer emotional, informative and affiliative resources that can improve the experience of parents, thus increasing their capacity to support their children, engaging with their proximal and more distal environments.

Research that allows and contributes to a (critical) reflexive stance can also serve this goal, facilitating collective and community empowerment processes.

### **4.3 | Conclusion**

Considering the situation in Italy where the socio-political context is far from allowing a real integration of TGV individuals, this research represents an important step towards improving the support and the health conditions for the next generation of TGV persons and their parents.

### **Endnote**

<sup>1</sup>Xe/xir/xem is a gender fluid third-person pronoun.

<sup>2</sup>Deadname is the name that the trans person had assigned at birth, meaning that the old name is dead. Deadnaming is a disrespectful practice with regard to the transgender person's self-determination.

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