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The Experiences of Sexual Minority Mothers with Trans* Children

Eight nonheterosexual (i.e., bisexual, lesbian, bi/pansexual) mothers with trans children between 6 and 11 years of age participated in semistructured interviews in which they discussed the intersections of their own sexual minority identities with their children's gender identities or expressions. Transfamily theory was utilized to understand how heteronormativity and cishnormativity operated in these families' lives. Initial lack of awareness among most of the mothers regarding trans* identities, as well as efforts by some to curb their children's gender expressions, paralleled previous reports on primarily heterosexual parents with trans* children. Having sexual minority identities and experience with LGBTQ communities was beneficial for some mothers but seemingly disadvantageous for others, in that some experienced blame for their children's trans* statuses, often due to the fact that these mothers identified as queer themselves. Findings reveal complexities in how participants were influenced by heteronormativity and cishnormativity and have*

implications for those looking to learn more about queer parents' experiences raising their trans children.*

The lesbian, gay, bisexual, transgender, and queer (LGBTQ) rights movement in the United States has experienced major successes recently—two of the latest being the legalization of nationwide marriage equality rights for same-sex couples (National Conference of State Legislatures, 2015) and the eradication of the final state law that had explicitly barred same-sex couples from adopting (Reilly, 2016). Meanwhile, rights and protections for trans* persons have been slower to materialize (Movement Advancement Project, 2015). Indeed, a source of tension within the LGBTQ rights movement (dickey, 2016) is the reality that mainstream LGBTQ organizations chose to focus much of their resources and attention on the fight for marriage equality (Chauncey, 2009) amid the intense stigma and violence faced by trans* individuals (Haas, Rodgers, & Herman, 2014).

We use the term *trans** to be inclusive of all individuals whose gender identities do not align as typically expected with their assigned sex at birth, including those with binary (e.g., female-to-male, male-to-female) and nonbinary

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Key Words: Cishnormativity, LGBT families, queer parenting, transgender children.

(e.g., genderqueer, gender fluid) gender identities, and those whose gender expressions diverge greatly from societal gender norms (e.g., “princess boys”). Although many use *transgender* to denote such inclusivity of identities, when used in reference to children, the term often signifies a binary, cross-gender identification (Ehrensaft, 2012). Trans* youth in particular have faced alarming rates of discrimination and violence at the hands of family members and peers (Grossman, D’Augelli, & Salter, 2011; Kosciw, Greytak, Palmer, & Boesen, 2014), and appear to be at elevated risk for depression and suicidal ideation (Grossman & D’Augelli, 2007; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Toomey, Ryan, Diaz, Card, & Russell, 2010). Accordingly, the LGBTQ rights movement has been urged to turn its attention toward combating the stigma and discrimination trans* individuals confront in their everyday lives (Ball, 2016).

Researchers have identified family acceptance as a positive influence on trans* youth’s emotional and behavioral health that helps buffer them from some negative conditions (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Simons, Schrager, Clark, Belzer, & Olson, 2013). For example, research examining the well-being of trans* children between 3 and 12 years of age and with supportive parents found that those who were cross-gender-identified and had socially transitioned (i.e., those assigned as girls at birth who were living as boys and vice versa) did not differ statistically from a control group of cisgender children on a measure of depression and had only marginally higher levels of anxiety (Olson, Durwood, DeMeules, & McLaughlin, 2016). Further, clinicians have observed that the anxiety and distress exhibited by many trans* children dissipates immediately after the children are allowed to freely express their gender identities (Ehrensaft, 2012; Hill, Menvielle, Sica, & Johnson, 2010). Thus, leading clinicians specializing in gender (e.g., Edwards-Leeper, Leibowitz, & Sangganjanavanich, 2016; Hidalgo et al., 2013) advise parents to be supportive and to follow their children’s lead, as developmentally appropriate, as children explore and express their “true gender selves” (Ehrensaft, 2012, p. 341).

“Paths to acceptance” for parents of trans* children may be relatively easy or difficult (Hill & Menvielle, 2009, p. 254). Initially, parents may assume that children’s gender

nonconformity is a phase and police children’s gender-related behavior (Hill & Menvielle, 2009; Kivalanka, Weiner, & Mahan, 2014). Upon acceptance, parents may face resistance from others, such as extended family and community members (Johnson & Benson, 2014; Kivalanka et al., 2014). The limited research on parents of trans* children has focused primarily on heterosexual parents. Yet we argue that sexual minority parents likely experienced some degree of marginalization in relation to their own sexual orientation identities. Accordingly, they may have unique perspectives and experiences that influence their understanding and acceptance of their trans* children (Lev, 2010).

BACKGROUND

Goals of Study

In the present study, a qualitative subset data analysis (Radina & Downs, 2005), we sought to address the aforementioned gap in the literature. Eight sexual minority (i.e., bisexual, lesbian, and bi/pansexual) mothers of trans* children were interviewed for a larger study of 49 families with trans* children. These eight participants spoke about the intersections of their own queer sexual identities (we use the term *queer* interchangeably with *sexual minority*) with the developing gender identities and expressions of their children, revealing ways in which their own identities influenced their reactions to, and conceptualizations of, their children’s gender development. The following research questions guided our analysis:

1. (How) do the mothers’ own nonheterosexual sexual identities play a role in their personal reactions to and understanding of their children as trans*?
2. (How) does societal heteronormativity and cisnormativity influence these mothers’ personal reactions to and understanding of their children as trans*?

Theoretical Perspective

Transfamily theory (McGuire, Kivalanka, Catalpa, & Toomey, 2016) informed our analysis. McGuire et al. (2016) expanded on the queering framework proposed by Oswald, Blume, and Marks (2005), which sought to decenter heteronormativity. Oswald et al. described heteronormativity as “the implicit moral system or

value framework that surrounds the practice of heterosexuality” (p. 144) and, as such, an “ideological composite” (p. 144) that merges gender conventionality and conformity, heterosexuality, and traditional notions of family. Decentering heteronormativity involves understanding how privilege operates in these three domains (gender, sexuality, and family) through traditional binary opposites (i.e., “real” girls/women and “real” boys/men vs. “gender deviants”; “natural” vs. “unnatural” sexuality; “pseudo” vs. “genuine” families; Oswald et al., 2005). In regard to the gender binary, Oswald and colleagues cite the example of how children—especially boys—who do not exhibit expected gendered behavior are likely to be teased and bullied by their peers. The queering process pulls these three conceptual domains apart from the assumptions or preconceived configurations that often are attached to them, and then draws attention to how individuals and family members construct complex genders, sexualities, and families through everyday interactions. Complex gendering, for example, is described as happening when individuals resist stereotypical expectations for their assigned sex (e.g., when a boy joins a ballet class; when boys and girls play “house” without automatically taking on traditionally prescribed gender roles for “mothers” and “fathers”).

Transfamily theory (McGuire et al., 2016) builds upon the queering framework by focusing on cishnormativity: the belief or assumption that there are only two genders and that our anatomical bodies define our gender identities (Bauer et al., 2009; Erickson-Schroth, 2014). There is the expectation that, for example, a child assigned as female at birth will identify as a girl rather than as a boy or as a child with a nonbinary gender identity (e.g., genderqueer). Consequently, the presence of trans* family members can challenge gender conventions and may or may not move family members to queer their thinking in regard to gender, sexuality, and family. Family members of trans* persons may reconsider and reimagine their familial relationships and roles when a child transitions from, say, a “daughter” to a “son.” Yet such shifts in thinking also may hold gender binary expectations for children firmly in place, as when, for example, a grandmother shows her acceptance of her trans* grandchild as a girl by buying her a Barbie, or family members prefer that a genderqueer child “pick one gender or

the other,” to make familial and other social relationships easier to navigate. Thus, a focus on cishnormativity in families also necessitates examination of *cisgenderism*: “the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth” (Lennon & Mistler, 2014, p. 63).

As specified by Oswald et al. (2005), being a sexual minority parent (e.g., bisexual mother) introduces complexities in regard to sexuality, gender, and family—and, as described in transfamily theory, having a trans* child directs families to challenge, expand, and negotiate the same phenomena and the tensions among them (McGuire et al., 2016). While the queer mothers of trans* children engage in “doing” complex versions of gender, sexuality, and family, the intersection of queer identities with trans* identities among different members of the same family likely produces unique and complex negotiations of these processes.

Children’s Gender Development

Research on LGB parenting has influenced the judicial decisions that brought about marriage equality and more equitable adoption policies for sexual minority individuals and couples (Gates, 2015). This research literature has grown over the past few decades in both volume and method, and it is consistent in showing that parental sexual orientation is not a meaningful predictor of child well-being (Bos, Knox, van Rijn-van Gelderen, & Gartrell, 2016). Early studies pertaining to children’s gender development in LGB-parent families primarily focused on similarities between children raised by LGB parents and children raised by heterosexual parents, whereas more recent research has focused on LGB-parent families in their own right or on the potential particular aspects of growing up in such environments. Turning first to early studies, researchers reported no differences regarding gender identification (self-identification as a girl, boy, or another gender identity) between children of lesbian parents and children of heterosexual parents (Golombok, Spencer, & Rutter, 1983; Gottman, 1990; Green, Mandel, Hotvedt, Gray, & Smith, 1986), and they observed that children of lesbian parents displayed “appropriate” gendered behaviors and attitudes (Brewaeyts, Ponjaert, Hall, & Golombok, 1997; Golombok et al., 2003; Gottman,

1990; MacCallum & Golombok, 2004). These early findings were critically important for protecting the rights of LGB-parent families and should be understood in that historical political climate of great pressure to show that nonheterosexual parenting is not harmful to children (Lev, 2010). Even as this research supported the rights of LGB parents, the underlying heteronormative and cisnormative assumptions of the work implicitly promulgated the notion that trans* identities and expressions are not “normal” or “healthy” (Winter et al., 2009).

Researchers have begun to explore how gender-related socialization and development may differ for children growing up in LGB-parent families as opposed to heterosexual-parent families (Goldberg, 2009; Goldberg, Kashy, & Smith, 2012; Kane, 2006). Sutfin, Fulcher, Bowles, and Patterson (2008) found that children of lesbian mothers held less traditional attitudes about gender roles than did children of heterosexual parents, likely in part because the lesbian mothers reported more liberal attitudes about gender than did heterosexual parents in the study. Likewise, perhaps because of the broad array of toy, clothing, and activity options that some LGB parents aim to offer their children in an effort to allow their children to freely express their gender (Averett, 2015), children with LGB parents reportedly have perceived less pressure to conform to gender stereotypes (Bos & Sandfort, 2010) and are perceived by their parents as engaging in less gender-stereotyped play (Goldberg et al., 2012) than children with heterosexual parents. Such flexibility in gender-role attitudes and behaviors are posited to have psychological benefits for all children, regardless of family type (Goldberg et al., 2012). Some LGB parents, however, have reported feeling anxious and scrutinized by others when their children, especially children assigned as males at birth, exhibit gender non-conformity (Averett, 2015; Berkowitz & Ryan, 2011; Kane, 2006). Although heterosexual parents also may worry about their children being teased for breaking gender norms (or about being blamed for it), such transgressions on the part of children may be especially dangerous for sexual minority parents because of the heteronormative misconception that LGB parents cannot serve as adequate gender role models for children (Berkowitz & Ryan, 2011).

Although many sexual minority individuals do not have a reported preference in regard

to child gender, a majority prefer children of the same gender (or sex), such that lesbians prefer girls and gay men prefer boys (Gartrell et al., 1996; Goldberg, 2009). In explaining their preference for adopting girls, lesbian women emphasized concerns related to gender socialization; they worried about not being able to provide boys with adequate male role models or education and guidance in regard to puberty (Goldberg, 2009). LGB parents may feel especially well suited to raise children who are of the same gender, but worry about their abilities when it comes to children of a different gender (Berkowitz & Ryan, 2011). When lesbians and gay men have voiced apprehension about raising a child of the same gender, they cited concerns that they would not be able to adequately parent children of certain (binary) genders because of their lack of knowledge or skill related to specific gendered behaviors, and they pointed to their own gender nonconformity as the source of that anxiety; for example, a lesbian who says that she does not know how to do hair or makeup, so perhaps raising a boy would be easier or more fun (Berkowitz & Ryan, 2011; Goldberg, 2009). That said, even the most progressive parents rarely consider the possibility that their children’s assigned sex might not pre-determine their gender identities (Kane, 2012).

Sexual Minority Parents

Few studies have focused solely on sexual minority parents with gender minority children, but doing so would increase understanding of the great variation that exists within LGB-parent families (Goldberg, 2010). In Saeger’s (2006) case study of a lesbian couple with a trans* child who underwent a social transition to live as the child’s identified gender, the couple reported that they received more support from heterosexual parents than from other lesbian parents. Lev (2010) provided another case analysis of a lesbian couple with a young trans* child. Although the two mothers in Lev’s case study worried about fulfilling others’ stereotypes about LGB parents (namely, that they do not raise “normal” children), the mothers expressed support for their son, who enjoyed wearing dresses, by defending his right to express his gender as he wanted. One of the mothers recalled painful experiences of being teased herself as a child and did not want her child to suffer in the same way. The mothers asserted that being

lesbians did not “cause” their child to be gender nonconforming; one of the mothers who was more masculine in her own gender expression asserted, “He didn’t learn to be girly from me!” (p. 276). They also questioned whether the lack of a male role model in their son’s life had an impact on him. Meanwhile, these mothers also admitted that they did not understand their child’s “girly” behavior.

Larger studies of parents with trans* children highlighted some of the sexual minority parents in their mostly heterosexual samples (Hill & Menvielle, 2009; Meadow, 2011; Rahilly, 2015; Sansfaçon, Robichaud, & Dumais-Michaud, 2015). Hill and Menvielle (2009) interviewed 42 parents of trans* children 4 to 17 years of age; some were “lesbian couples” (p. 250), but an exact count was not provided. One lesbian mother in this study pointed to her knowledge of feminist scholarship as helping her have flexible notions of gender expression, whereas another lesbian mother referred to her own negative coming-out experience when she thought about her child’s potential social transition. Another lesbian mother worried others would view her child’s “masculinity” as a result of her and her partner’s efforts to turn their child into a “butch lesbian” (p. 254). A single, gay father in Meadow’s (2011) study of 49 primary caregivers (nine were gay or lesbian) of trans* children aged 4 to 18 years faced the repercussions of others’ prejudicial thinking; after learning or assuming that the father was gay, a physician attributed the child’s trans* identity to sexual abuse and called Child Protective Services. The one same-sex couple highlighted in Sansfaçon et al.’s (2015) work with 14 parents of trans* children between the ages of 4 and 20 also said that others attributed the child’s gender variance to their sexual orientation. Last, in Rahilly’s (2015) study, 4 of the 16 trans* youth (5 to 19 years of age) had mothers who identified as lesbian, bisexual, or queer. These mothers said that being queer had not prepared them for parenting a trans* child; one lesbian mother felt pressure from her own parents to have “normal” (p. 345) children and admitted to previously being “borderline transphobic” (p. 345). Alternatively, some of the sexual minority mothers also had trans* friends whom they cited as key sources of information and support. As of yet, no research, beyond the case studies by Saeger (2006) and Lev (2010), has systematically examined the

experiences of sexual minority parents with trans* children.

METHOD

Data collection for this phenomenological study of primary caregivers with trans* children took place between 2011 and 2013. Participants were recruited primarily through online support networks for caregivers of trans* children and by word of mouth (see Kuvalanka et al., 2014, for details of how the larger study was initiated and how connections were built for recruitment). Eligibility criteria included having a “transgender or gender-variant” child between 6 and 12 years of age, which was deemed a suitable age range for better understanding how caregivers respond to trans* children’s gender nonconformity when the children are still very much under the purview of their parents. During the one-on-one, semistructured telephone interviews, participants described their families, the history of the development of their child’s gender identity and expression, their own and their families’ reactions to and handling of their child’s gender nonconformity, as well as how others in their community had responded. The open-ended nature of the interviews allowed participants the opportunity to reflect on the intersection of their own sexual orientation identities and their children’s gender development.

Sample

Forty-nine primary caregivers (44 mothers, three fathers, and two grandmothers) of trans* children took part in the telephone interviews. Of those, 11 participants (all mothers) reported a sexual orientation as something other than heterosexual and, thus, were identified by the researchers as a subsample of interest (Radina & Downs, 2005; Roy, Zvonkovic, Goldberg, Sharp, & LaRossa, 2015). Given that our goal was to understand how these mothers perceived and understood their children’s gender identities and expressions in light of their own sexual orientation identities, we removed from this subsample three participants (two who were bisexual, and one who was mostly heterosexual) who did not speak about the intersection of their own sexual orientation identities and their children’s trans* status.

The final sample consisted of eight participants, all of whom were the biological mothers

of their children, four of whom identified as bisexual, three as lesbian, and one as bi/pansexual. Seven of these mothers identified their gender as female, and one participant identified as “gender fluid over time, almost cisgender now.” At the time of data collection, three of the eight mothers were involved in intimate partnerships with women, two with men, and three were single mothers. All eight resided in the United States: six in the West, one from the South, and one from the Midwest. All eight identified as White and were between 32 and 55 years of age ($M = 43.4$; $SD = 8.8$). One mother had completed some college, one had an associate’s degree, four had bachelor’s degrees, and two had graduate degrees.

Participants’ children were between 6 and 11 years of age ($M = 7.9$ years; $SD = 1.6$). Six of the eight children were identified by their mothers as White, one was identified as “mixed Mexican American” (the mother identified as White and identified the father as Latino), and one child was identified as White and Latina. Six of the children were assigned as males at birth; two were assigned as females. Six of the children had a clinical diagnosis of gender identity disorder or gender dysphoria, and six explicitly and consistently identified as a gender other than the one assigned to them at birth and were living accordingly—that is, they had “socially transitioned.” All of the children, according to the mothers, first exhibited gender nonconformity before five years of age. See Table 1 for details about the mothers, their children, and their family context.

Procedure

Potential participants contacted the first author via e-mail or telephone to set up a time for the one-on-one telephone interview, which was conducted by the first or last author and lasted approximately 60 to 90 minutes. Although interviewing face-to-face often is considered ideal, little evidence has backed up this claim; potential advantages of telephone interviewing include more anonymity for participants, who also may feel more at ease providing sensitive information on their own “turf” (Novick, 2008). Interviews were digitally recorded and then transcribed verbatim. Participants received hard copies of questionnaires, which included demographic questions and standardized measures, and returned them to the researchers.

Each participant was given a \$25 gift card to a retail store as a thank-you for their participation.

Analysis

A secondary subset data analysis (Radina & Downs, 2005) of the eight in-depth, semistructured interviews with queer mothers took place using an inductive thematic analysis, as proposed by Braun and Clarke (2006). We searched across our data to find repeated patterns of meaning by proceeding through six phases (familiarizing ourselves with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing our report). The first and second authors read through each transcript line by line, pulling out content relevant to both mothers’ sexual orientation identities and children’s trans* gender identities and expressions, making note of open codes corresponding to the data. For example, one participant spoke about how she had received some negative reactions from people within the lesbian and gay community for her acceptance of her trans* child. Next to this interview excerpt was the open code “Lack of support in LG community.” Once open coding was complete, the researchers had several phone conversations during which the validity of and the connections between the open codes were discussed and broader themes generated. For example, the above open code and other related open codes were subsumed under the larger theme “Cisgenderism in the LGBTQ community.” This coding scheme then was refined as the researchers verified open codes with larger themes and until the researchers were satisfied that the narrative accurately reflected the data.

Trustworthiness

In addition to analyst triangulation (using multiple investigators to review the data and findings; Patton, 1999) to establish the trustworthiness of our analysis and findings, we also (a) provided detailed descriptions of each participant’s familial context and perspectives, (b) searched for negative cases examples (e.g., when we found that some participants thought that being a part of the LGBTQ community was an advantage when raising a trans* child, we looked to see if any participants thought it was a disadvantage), and (c) discussed the limitations of our sample in order to keep our data in context. In regard to

Table 1. *Participants' Family Contexts*

Participant			Child		Region of the United States	Family Context
Name	Age	Sexual Identity	Age	Assigned Sex at Birth		
Barb	53	Lesbian	11	Female	West	Barb became a single mother by choice. She had a female partner when her only child was between 6 and 9 years old; her ex-partner is still involved in the child's life. Her child considers himself a "transboy." He first expressed a desire to be a boy when he was in first grade and that expressed desire increased in intensity over time. Only recently had the child socially transitioned in all areas of his life.
Chris	55	Bisexual	8	Male	West	Chris is the biological mother of both her and her female partner's two children; her partner adopted both children after they were born. At age 4, her child was saying, "I am really a girl" and has been living as a girl since then.
Debra	40	Bisexual	6	Male	Midwest	Debra gave birth to her only child while she was married to a man and is now divorced. Debra has primary custody of her child, who began saying, "I should have been a girl. I'm a girl. I want to be a girl" at age 4 and has lived as a girl since.
Jess	43	Bisexual	8	Male	West	Jess and her husband have two kids. Her older child has "always" preferred the colors pink and purple and having long hair and silky and flowy clothes; he is often assumed to be a girl, but he has "always" identified as a boy.
Karen	32	Bisexual	6	Male	South	Karen and her ex-husband share custody of their only child. Karen recently broke up with her female partner with whom she was in a relationship since her child was born. Her child began expressing gender nonconformity at age 2 and "knows he's a boy" but feels "like a girl."
Liz	51	Bi/pansexual	9	Male	West	Liz and her husband have been married for over 20 years and have one child. Right around her 4th birthday, their child began identifying as "mostly girl" and socially transitioned to fully living as a girl during the summer between first and second grade.
Michele	33	Lesbian	7	Male	West	Michele and her ex-wife conceived their child through donor insemination. Both Michele and her ex-wife have repartnered with other women; all are involved in coparenting. Their only child began expressing her identification as a girl at age 3 and socially transitioned upon entering kindergarten.
Susan	40	Lesbian	8	Female	West	Susan and her wife had three children together via donor insemination. Their middle child began identifying as a boy when he was 5 years old and has been living as a boy since.

Note. Names were changed to pseudonyms to protect confidentiality.

the credibility of the researcher (Patton, 1999), the first author has worked with and researched LGBTQ-parent families for more than 20 years and spent 2 years preparing for studying families with trans* children (see Kvalanka et al., 2014, for details).

FINDINGS

For the eight queer mothers in our study, understanding of their children as trans* came about over time, and their “paths to acceptance” (Hill & Menvielle, 2009) were varied. For example, although some said they were immediately accepting, others acknowledged that they still were struggling to some degree. Overall, participants spoke of being highly supportive of their trans* children at the time of the interviews; these mothers all reported deep love and devotion to their children and often acted as fierce advocates for them in their families and communities. These mothers’ initial reactions to their children’s gender nonconformity and trans* identities, as well as the challenges that they faced moving toward acceptance, aligned with much that has been reported previously in the relatively small extant literature (e.g., Hill & Menvielle, 2009). The fact that these mothers were sexual minorities also appeared to pose challenges and opportunities for some. We begin by describing the mothers’ initial reactions to their children’s gender nonconformity and the notion that their children were trans*.

Disrupting Cisnormativity

Seven of the eight mothers did not seem to initially consider that their children’s gender nonconformity could have indicated that their children were trans*. Michele, a lesbian mother of a 7-year-old child (assigned male at birth), shared her confusion over her child’s early declarations of being a girl: “It was ... ‘I’m not a boy, I’m a girl.’ ... She just kept saying all of these things. ... I just was confused ... I wasn’t quite sure what to say or do.” Although all of the mothers described pushing back against rigid gender expectations for their children by, for example, allowing male-assigned children to play with dolls, most of them assumed that their children were cisgender. Susan, a lesbian mother of an 8-year-old child (assigned female at birth), recalled her misinterpretation of her child’s gender expression:

I thought he was just going to be like a little tomboy or something. ... And so I told him, “There’s different kinds of girls.” You know, “There’s girls who are a little bit more boyish” ... and all that, so he felt comfortable. But he sat on my lap, he said, “Mom, you think I’m a tomboy, but I’m not. I’m a boy.” And that’s when he was five.

Although Susan had challenged gendered expectations of what it means to be a girl, she also upheld cisnormativity by assuming that her female-assigned child identified as a girl. Five of the queer mothers in our study assumed early on that the children’s gender nonconformity indicated a future gay or lesbian sexual orientation rather than a trans* identity. The one mother (Jess) in our study who did seem to realize early on that her child might be trans* attributed her awareness of childhood gender nonconformity to the fact that she had known and gotten to observe a family with a trans* child who had “successfully and happily” undergone a social transition.

Curbing children’s Gender Expressions. Although all eight mothers seemed to resist rigid gender norms for their children in some ways, six of the mothers noted instances in which they tried to “steer” their kids toward clothes or activities that more typically aligned with expectations for their children’s assigned sexes. Some simply disallowed their children to express their gender as they wanted, sometimes while discouraging their children’s assertions of trans* identities. In several cases, the parents explained these efforts as intended to protect their children from being teased. Karen, a bisexual mother of a 6-year-old “gender variant” child (assigned male at birth), tried to curb her child’s gender expression by giving directives to both her child and her child’s teachers:

When he was two, about the time he started really talking, he would sometimes identify as a girl, and at that point it was kind of cute and funny. [We said], “No, you’re not a girl. You’re a boy.” And we didn’t think much of it. ... Over the next year, he was in preschool ... I would start getting reports from either teachers or other children saying, “He’s wearing dresses, he’s saying he’s a girl.” ... We were like, “Knock it off, because you’re throwing people off balance here,” you know?

When Karen’s child switched preschools, partly because of the teasing the child endured at the

first preschool, Karen, by her own report, asked the teachers to try to dissuade her child from wearing dresses in the dress-up area to “nip it in the bud.” Although well intentioned, not all queer-identified parents of trans* kids disrupt the heteronormativity and binarism that may result in acts of cisgenderism, which can limit, deny, and even punish children for violating gender norms.

Curtailing their children’s gender expression and putting boundaries on children’s gender nonconformity (Rahilly, 2015) was sometimes described by mothers who explicitly acknowledged their own struggle with their children’s gender nonconformity. For example, before realizing that her child was trans*, Michele had allowed her child (assigned male at birth) to have a pink purse and some sparkly things but had stopped short of allowing her child to wear a dress:

She was three years old, and it was Halloween. I remember getting her this firefighter costume. I had done all this work on it [and] I had made it all look really kinda cool and was all impressed, and she screamed; she kept telling me before, “I don’t want to be a firefighter. I want to be a princess.” ... and I thought, well, I can’t. I just didn’t think I could do it. I remember trying to convince her: “Let’s be an animal or let’s be something else.”

Realizing Their Children Were Trans.* The queer mothers in our study had a range of responses to the knowledge that their children were trans*. Susan, who thought her child was a tomboy until he said he was a boy, responded to her child’s declaration with the following:

“I don’t really care whether you’re a boy or a girl, I just care that you’re good inside.” ... I called my mom and told her. She Googled “girl who says she’s a boy,” and ... it all made sense instantaneously. Every single thing. And from that day on, pretty much, he was male.

Not all of our participants had such seamless transitions to accepting and supporting their children’s trans* identities. At least half of the participants had negative or mixed initial reactions. Michele, who coparented with her child’s other mothers, described their process:

We all ... went through our own stages with it. For me it was just really this up and down, kind of like, “Well, we can’t let her transition, this is a bad idea,” to “Maybe we have to, maybe this is a good

idea.” There was this whole period of denial that lasted a very long period of time. ... It was ... a lot of grief, a lot of despair, a lot of panic, a lot of anxiety.

Barb, a lesbian mother of an 11-year-old child (assigned female at birth), also spoke about grief and how she grappled with heteronormative and essentialist notions of gender and family: “I always wanted to have a daughter. ... He is still the same kid essentially, but I just noticed how I relate to him has changed a little bit. ... I miss that I’m probably not going to ... have biological grandkids.”

Potential Advantages

Prior work in this area often has focused on challenges that (primarily) heterosexual parents have faced when raising a trans* child. Alternatively, we documented some perceived advantages of being a sexual minority parent raising a trans* child.

Parents Understand Being “different.” Four participants spoke about how they felt their experiences of being a sexual minority helped them to understand and accept their children as trans*. Some described how the adversity or lack of understanding they faced as queer individuals helped them to be, as Debra said, “more open minded” or understanding of their children’s experiences. Barb noted that although she still struggled somewhat with her child being trans*, her experience as a sexual minority helped her to realize the importance of allowing her child to be his “authentic self”: “Being a gay person, I just really feel like you have to be your authentic self. It’s hard for me, but I really want him to be happy, and I want him to be who he is.”

Additionally, Karen said that having a trans* child was less surprising to her because of her bisexual sexual orientation. Most other participants ultimately rejected the idea that they had “caused” their kids to be trans* and cited the fact that many trans* children have heterosexual parents, yet Karen pointed to a potential genetic link stemming from her own sexual orientation. That is, because she was “different,” she was not surprised that her child was also “different”:

I do think that a lot of homosexuality is probably circumstantial, but I also am a very, very strong believer in that some of it is genetic as well. And so I guess I was a little less surprised to have been

dealing with this. It's not something to where I think, "Oh God, I made him this way," but it's just like, well, it's not a big surprise.

Karen's point here seems to be that her own sexual minority status prepared her for the possibility that her child might not align with society's heteronormative expectations.

Being a Part of the LGBTQ Community. Two participants, Barb and Michele, also articulated how being a part of the LGBTQ community was advantageous both to them and their trans* children. Michele spoke about how she looked to other families within her LGBTQ community—one of a few "safe" options—as she confronted her fears about her child interacting with others, especially classmates, who may have been intolerant of her child as trans*:

Most of her play dates are with people that we know outside of school that are either members of our church or that are members of the gay and lesbian community or the trans community ... because that's where it feels safe to me.

Additionally, Barb cited the advantage of being previously "exposed" to trans* issues through the LGBTQ community: "I guess what I'm trying to say is that my child is lucky, because he was born into a family that was already more exposed to some of these issues. . . . So, that has been easier."

Unique Challenges

We now turn to an examination of ways in which heteronormativity, cisnormativity, and cisgenderism may operate in unique ways for sexual minority parents of trans* children.

Blame Tied to Queer Identities. Four of our participants initially blamed themselves for their children's trans* identities and gender nonconformity. Michele, a lesbian mother of a child assigned male at birth, shared how she questioned the impact of her feminist parenting strategies: "I really struggled with it. Am I raising a compassionate, kind boy, or am I doing something else?" Michele went on to explain why she thought her child was drawn to typically feminine toys and, in response, how she tried to influence her child's interests:

In the beginning, when ... we were trying to figure this all out ... honestly, I thought ... "Well,

maybe she just needs more male role models." ... I had tried giving her more boy toys and tried to get her engaged more in those things. And I do remember this one incident ... I tried to get her to play Hot Wheels, and I had all these ramps and stuff set up, and I was acting all excited about it. . . . And we had played for maybe three minutes, and she says, "Can we be done now? I tried, mom. I tried. Can we be done now?"

For three of these four participants, their feelings of self-blame were tied to others blaming them for the children's gender nonconformity and trans* identities. Debra, a bisexual mother of a 6-year-old child (assigned male at birth), shared her feelings and her mother's sentiments: "I was blaming myself and thinking what, what have I done? My mom said, 'It's your feminist, man-hating ways ... you've done something to make him hate that he's a boy.'" Michele, who had also wondered whether her parenting style was causing her child's gender nonconformity, said: "I'm maybe more paranoid than others in the sense that it is perceived as: 'Of course she wants to be a girl, she has all these women around her.' I've actually had people say that to me." Barb noted how the judgment she experienced from others was sometimes tied to how she and her partner went about forming their family: "Even people like my mother have said, 'Oh, well, this is only happening because you had to take fertility drugs.' ... And I ... have already thought about that."

Reactions of Sadness, Loss, Inadequacy, and Worry. For three participants, their cisgenderism-related reactions to their children's trans* identities were tied to their sexual minority statuses. Barb described her sadness over her perceived loss of a daughter:

I am really sad. . . . Being a woman and then having a child who's going to grow into being a woman, I just felt there would be certain things that we would share. And I mean ... I know what it is to go through puberty as a girl. I don't know what that is as a boy.

Some of Barb's feelings of sadness and loss—and ultimately, inadequacy—were specifically tied to her lesbian identity and experiences: "You know, I'm a lesbian and I don't have a lot of males in my life. . . . I come from a family of women, and I miss not being able to continue that."

When grappling with their feelings of worry and fear about their children's gender identities and expressions, two of these three participants recalled their own experiences of being socially ostracized or threatened for their queer identities. Liz, a bi/pansexual mother of a 9-year-old child (assigned male at birth), shared the origins of her anxieties after her child began to exhibit a strong affinity for feminine clothing, including some pink cowboy boots:

[She] made a beeline for the pink ones. We're like, "Okay, oh, sadly those aren't in your size. How about maybe these red ones?" ... There was this germ of doubt and questioning, "What does this mean?" When we got home I started having memories pop up. ... I had been active in the early 1980s in some ... LGBT groups ... so I had had my exposure to homophobia. Our little student group at college had to change our meeting place around all the time, because the men's rugby team would come after us. ... Now that I was starting to think, "Oh, I do have a real feminine boy here," ... I was just basically terrified for my child.

Whereas heterosexual parents may worry for their trans* children because of an awareness of (but not necessarily experience with) societal intolerance, queer parents' perspectives on their children's gender nonconformity are likely shaped by their own personal encounters with societal stigma.

Partners' Reactions. Three participants had partners who did not react well or took longer to accept the child as trans*, making THE participants' experience more difficult. Chris, the biological mother of her child, attributed her female partner's apprehension about supporting their child's gender expression to the partner's traditional Mexican family of origin. Chris stated: "The only thing that would have made things easier for me, frankly, were if [my partner] and I had a united front on this." These partners' reactions were sometimes tied to their own queer identities and experiences. Karen, for example, had a female partner who had a difficult time with their child's trans* identity, and their relationship ultimately ended partly as a result of the couple's disagreement about how to respond to their child. Karen, whose child was assigned as male at birth, described her take on her ex-partner's response:

It was very, very interesting to hear her say that being gay is normal but wanting to be a different

sex is not normal. ... She sees it as something that I need to just put my foot down and say no. And I think part of the issue may be that ... when she was younger she felt like a boy and her family did not allow that. So, I think that it makes her extremely uncomfortable to see Jack run around in a dress, because she didn't have that luxury.

Cisgenderism in the LGBTQ Community. Two participants described how being a part of LGBTQ communities was not always helpful as they aimed to accept their children as trans*. In some ways, their experiences with LGBTQ communities made acceptance of their children's trans* identities more difficult; they had developed preconceived negative connotations about what it meant to be trans* through their limited exposure to trans* individuals. Barb explained:

Being a lesbian, I'm already in this community. ... [But] it's still challenging, and it's embarrassing to me because ... I never really paid attention to the T part of [LGBT]. And, the transgender people that I've known, I feel, have been kind of weird. ... And so, to me, that's just been: "Oh, that's just because they are transgender." ... That's been a really hard thing [to process] my internal prejudice towards transgender people. I mean, I can't have a transgender child and hold on to that.

Additionally, Michele described how her LGBTQ community was not necessarily a source of support for her as she worked to support her trans* child; she was confronted with negativity and judgment rooted in cisgenderism from many segments of her surrounding community, including her gay and lesbian community: "You just never know who's gonna react in what way. ... Even in the gay and lesbian community, it's just as much a crapshoot there as it is in the heterosexual world."

DISCUSSION

Our study is the first multiparticipant analysis to focus exclusively on sexual minority parents with trans* children. Utilizing a transfamily, queering framework (McGuire et al., 2016; Oswald et al., 2005), we sought to understand how cultural heteronormativity, cisnormativity, and cisgenderism operated in the families of eight nonheterosexual (i.e., bisexual, lesbian, and bi/pansexual) mothers with trans* children,

and how these constructs uniquely influenced these families. As such, we wanted to know how these participants both challenged and were influenced by internalized heteronormativity and, more specifically, cisnormativity in their everyday lives. Our findings echo those found in case studies of lesbian mothers with trans* children (Lev, 2010; Saeger, 2006) and larger studies of primarily heterosexual parents with trans* children (Hill & Menvielle, 2009; Meadow, 2011; Rahilly, 2015; Sansfaçon et al., 2015). The findings also build on these previous studies by offering new insights.

Cisnormative notions about children's gender development were common initial responses among our sample of sexual minority mothers, disrupting, perhaps, the presumption that sexual minority parents would intrinsically know about, understand, and embrace the *T* in LGBTQ. As defined in the introduction, cisnormativity is the belief or assumption that there are only two genders and that our anatomical bodies define our gender identities (Bauer et al., 2009; Erickson-Schroth, 2014). Cisnormativity manifested in the ways that most of the queer mothers first conceptualized their children's gender nonconformity; only one of the mothers initially thought her child might be trans*. Even after witnessing notable displays of gender nonconformity on the part of their children, most of the mothers initially did not consider that their children might identify differently than their assigned genders, and some also engaged in cisgenderism by discouraging attempts by their children to achieve their "true gender selves" (Ehrensaft, 2012, p. 341). These findings were not unique to sexual minority parents, in that they were similar to what has been described in previous general studies of parents with trans* children (e.g., Hill & Menvielle, 2009; Kuvalanka et al., 2014).

Before understanding that their children were trans*, however, most of the mothers reportedly pushed back against the ways in which children are expected to adhere to gender norms on the basis of the sex they are assigned at birth by allowing them to engage in activities or to play with toys that did not stereotypically align with their child's sex—a finding that has been reported in studies of LGBTQ parents in general (Averett, 2015). Notably, however, even among the mothers who actively worked to undo their own internalized heterosexism tied to the dominant societal narrative regarding

what is necessary for "proper" child development, and who worked to counter the pressures their children might have experienced to express their gender in prescribed ways, undoing cisgenderism required additional work. For example, similar to previous reports in the general parenting of trans* children literature (e.g., Hill & Menvielle, 2009; Kuvalanka et al., 2014), overcoming feelings of loss, anxiety, and confusion after realizing that their children were trans* was difficult and ongoing for some of our participants. Indeed, many of the sexual minority mothers reflected on the ways in which their own cisgenderism (e.g., preconceived negative connotations of trans* people) might have affected their children and worked to challenge and restructure these beliefs in service of their parenting. These families' experiences illustrate the need for ongoing efforts to explore and understand ways in which these forms of oppression may intersect.

Insights Provided by Queer Identities

Some of the mothers in our study described ways in which also being a sexual minority was beneficial. In particular, these mothers noted that their experience of being "different" helped them realize that they needed to be accepting and allow their trans* children to be their "true gender selves" (Ehrensaft, 2012, p. 341). Queer parents, particularly those who have experienced rejection from their own families, may especially understand the importance of accepting and advocating for their trans* children (Lev, 2010). This may help explain why 11 of the 49 participants in our larger study identified their sexual orientation as something other than heterosexual; that is, perhaps queer parents are especially motivated to participate in research studies such as ours and to raise awareness about trans* children and their families. Previous studies of parents of trans* children in general that did not explicitly identify participants' sexual orientations may have included sexual minority individuals who were presumed to be heterosexual; bisexual individuals who are coupled with different-sex partners may be especially prone to being "hidden" as a result of bisexual invisibility (Roberts, Horne, & Hoyt, 2015). Understanding parents' experiences with various stigmatized identities (e.g., sexual minority, racial minority, religious minority) and how those experiences may help parents to better empathize with

and, ultimately, accept their trans* children (Hill & Menvielle, 2009; Lev, 2010) should be an important aim of future research and practitioners working with families with trans* children.

Similar to reports by some of the LBQ mothers in Rahilly's (2015) study, having experiences with and ties to their LGBTQ communities were identified by two of our participants as advantageous when raising their trans* children. Sexual minority parents may be more likely than heterosexual parents with trans* children to have established previous ties to and relationships in an LGBTQ community, which could provide a ready-made support system and source of information. Yet, as we also learned, LGBTQ communities did not always serve as helpful resources for the sexual minority parents in our study.

Vulnerabilities to Heteronormativity and Cisnormativity

As Hill and Menvielle (2009) pointed out, parents of trans* children historically have been targeted as the cause of their children's gender "deviant" behavior, often for being too permissive in their parenting. In the case of trans* children assigned as males at birth, the "culprit" usually was thought to be "too much" mothering and "too little" fathering (Hill & Menvielle, 2009, p. 246). Although experts have shifted away from blaming parents for children's gender nonconformity, the "parents are to blame" societal narrative persists (Hill & Menvielle, 2009; Johnson & Benson, 2014). Sexual minority parents also exist in a society that renders queer parenting in general subject to especially intense scrutiny (Lev, 2010). Perhaps not surprising, then, was the finding that others blamed some of our queer participants for their children being trans*, similar to previously reported accounts (Hill & Menvielle, 2009; Lev, 2010; Meadow, 2011; Rahilly, 2015; Sansfaçon et al., 2015). In addition to causing distress for parents, blame reactions reify cisnormativity by suggesting that trans* identities are wrong, shameful, and unnatural.

Our analysis also revealed ways in which some of our sexual minority parents—who also were influenced by cisnormativity and cisgenderism—initially blamed themselves for their children's trans* identities and expressions, and linked their negative reactions to their sexual minority identities. One participant's

worries about her trans* son not having adequate male models and not being able to help him through developmental milestones, such as puberty, echo research in which sexual minority women have asserted a preference for female children, and reflects parents' internalization of dominant narratives that center on the supposed "necessity" of same-gender role models (Gartrell et al., 1996; Goldberg, 2009). Such narratives arguably are harmful and encourage parents to focus on what is missing from their families, as opposed to rejoicing in their many strengths. Some heterosexual parents, especially single parents and those who purport to use "gender-neutral" or "feminist" parenting strategies (Bem, 1983; Risman & Myers, 1997), also may attribute their children's gender nonconformity and trans* identities to social influences. But sexual minority parents may be particularly vulnerable to heterosexist beliefs about family, which hinge on the assumption that children need both female and male role models if they are to have "proper" gender development (Goldberg, 2017; Lev, 2010). The presence of trans* children, especially those who assert trans* identities from young ages, emphasizes tensions that exist between theoretical notions of biological origins versus social constructions of gender (McGuire et al., 2016); further research on both sexual minority and majority parents with trans* children could help illuminate ways to help families make sense of these competing discourses.

Although some of our participants spoke about how being part of their LGBTQ communities served as an advantage, two of our participants discussed how support from their LGBTQ communities was not necessarily stronger than from cisgender, heterosexual counterparts, in support of sentiments expressed by the lesbian couple in Saegar's (2006) case study. This also supports extant research that recognized how identifying as a sexual minority does not equate to understanding, or being comfortable with, trans* people or trans* issues (Lev, 2010; Rahilly, 2015), as well as scholarship that has addressed tensions and historical rifts within LGBTQ communities (Dickey, 2016). These sentiments are also reminiscent of some of the negativity that LGB parents with LGB children have faced: some in the LGBTQ rights movement, who worked to portray gay parents as raising "normal" (i.e., heterosexual) children, felt that visibility of "second

generation” children would be detrimental to the larger cause (Garner, 2004). That is, some worried that calling attention to the existence of sexual minority children of sexual minority parents would lend credence to the stereotype that “gay parents raise gay kids” and, thus, be used as a reason to restrict parenting rights for sexual minorities (Kuvallanka, 2013). Likewise, as sexual minority parents continue to face heightened scrutiny in society (Lev, 2010), some individuals in LGBTQ communities may not want to draw attention to queer parents raising trans* kids, if children’s “normal” gender development is being equated with “cisgender” identities; future research can explore such a possibility.

Study Limitations

Although our research lends insights into the dearth of research on this population, we acknowledge several key limitations of this work. First, given the nature of our sample, our participants generally were accepting of their children as trans*—accepting enough to volunteer to participate in a study described as focused on caregivers of “transgender and gender-nonconforming children.” Participants responded to recruitment notices that were shared by trans*-supportive mental health providers and via e-mail discussion lists that served as sources of support for families with trans* children. Parents of trans* children who are not linked to such trans*-friendly resources did not participate in this study and likely have other experiences and perspectives that were not captured. Future research is needed to unearth such families’ experiences. That said, the children in our study traverse a broad spectrum of gender identities and expressions that fit under the trans* umbrella; for example, some children were experiencing great gender dysphoria and might consider altering their bodies at some point to better align with their own sense of gender, while others likely would not (Ehrensaft, 2012). Future research could delve into variations in parents’ paths to acceptance in light of children’s various gender presentations and identities, including binary and nonbinary identities.

Further, our qualitative methodology precludes us from generalizing or assigning representativeness to any of our findings; that is, our data do not reflect the lived experiences of

all queer parents with trans* children. Further, our small sample size, although allowing us to examine these eight participants’ experiences in depth, limited the breadth of experiences and perspectives that we analyzed. Our sample was largely White and highly educated. Prior work suggests that although White sexual minority parents of middle to high socioeconomic status may be concerned with challenging heteronormative and essentialist notions of gender, such concerns may not be universal across all groups of queer parents (Averett, 2015; Goldberg, 2009, 2010). Future research should examine the additional intersections of class and race in the families of queer parents with trans* children. Future studies should also gather trans* youth’s perspectives about how their parents’ sexual orientation identities did or did not have an influence on their gender development.

Another important consideration is when our participants provided their retrospective accounts, namely, 2011 through 2013. Some of the parents in our study were realizing that their children were trans* in the mid-2000s. Today, parents may be more trans* literate, or at least less cisnormative, following media attention on trans* adults (e.g., Caitlyn Jenner) and trans* children (e.g., Jazz Jennings) since these parents navigated their own children’s gender identity development and social transitions. That is, parents, especially sexual minority parents who are active in their LGBTQ communities, may be less surprised and more prepared when children express trans* identities. Yet increased trans* awareness has likely been in regard to binary (e.g., female-to-male, male-to-female) trans* identities; thus, lack of awareness and understanding regarding nonbinary trans* identities may persist. As the attention to trans* individuals continues to accelerate, so do the possibilities of changes in these families’ lives.

Practice and Policy Implications

Our study limitations underscore the need for further research, yet our findings do have implications for both policy and practice. Important clinical models of gender affirmative practice for families with trans* youth already exist (e.g., Edwards-Leeper et al., 2016). As the number of trans* youth and their families seeking services continue to rise, mental and physical healthcare professionals can benefit from additional information about the diversity that exists among

these families. Our findings highlight the ways in which the experiences of cisgender LGB parents raising a trans* child diverge from those of cisgender heterosexual parents, as well as specific challenges or advantages that may exist as a result of intersecting identities in these families. More specifically, our findings suggest that sexual minority parents may be especially likely to realize the importance of acceptance for their children, which may aid them in adopting a supportive and affirming stance in relation to their children. At the same time, therapeutic or clinical interventions (e.g., individual therapy, support groups) may be helpful for sexual minority parents who are struggling with internalized or societal heterosexism that results in self-blame related to their child's gender nonconformity. It is key that clinicians remain mindful of the ways in which sexual minority parents' embeddedness in a heterosexist and cissexist culture—that is, a culture that stigmatizes nonheterosexual and noncisgender identities—may create unique obstacles for these families. In addition to a keen awareness of the potential risks of gender nonconformity (e.g., bullying; Hill & Menvielle, 2009), sexual minority parents may experience unique scrutiny (e.g., from family members, schools, and society at large; Lev, 2010) regarding their parenting practices; in turn, anxiety regarding potential scrutiny may have an impact on the degree to which parents support their children's gender expression. Further, such scrutiny may create real risks for these parents and their children (e.g., in terms of victimization; Lev, 2010), particularly those living in states that lack adequate protections for queer parents or trans* youth.

As policy advocates and queer activists continue to fight for trans* equality, empirical research—like the present study—can provide insight into the lives of trans* people and their families to help educate policy makers about their unique and increasingly diverse needs. Recent legal and social discourse is replete with the controversial legislation passed in North Carolina in early 2016 (North Carolina General Assembly, 2016) that lawfully coerces trans* individuals to use the bathroom of their assigned sex as opposed to the gender with which they identify. Increased legal protections for trans* people would likely ease some of the potential anxiety that trans* youth and their parents might experience (Herman, 2013). Additionally, widespread access to LGBTQ-inclusive

curricula could serve to ease actual or anticipated stigma facing families like the ones in our study (Goldberg, 2017). Our findings suggest a need for increased awareness about LGBTQ-parent families in general to reduce the intense scrutiny these parents potentially face; thus, elementary school modules on families, for example, should include diverse family structures. Further, improved education about both binary and nonbinary trans* identities in primary and secondary schools could serve to reduce societal cisgenderism (Fischer, Bellinger, Horn, & Sullivan, 2017), which, in turn, could have positive benefits for trans* youth and their families. In conclusion, our inquiry into the heteronormative and cisnormative contexts in which eight sexual minority mothers were raising their trans* children enabled us to examine the familial experiences of these mothers within their families' particular contexts. It is our hope that such findings will constitute a foundation for future inquiries into more queer families' lives, particularly as those lives become increasingly diverse.

AUTHOR NOTE

Special thanks to the Society for the Psychological Study of Social Issues for funding Wave 1 of the Trans*Kids Project, the data from which this study was derived.

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