



RESEARCH

Transgender men and women and parenting

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Introduction

Over the past decade there has been increasing academic consideration paid to the health and wellbeing of LGBT parents and their children. However, despite the use of LGBT as an umbrella term, the majority of the research has focused on the experiences of lesbian parents, with little focus on other family types.

The experiences of transgender parents and their children are only recently receiving more research attention. In 2014, a joint research project between La Trobe and Flinders Universities sought to contribute further to the growing knowledge base regarding transgender

and gender diverse people's experiences of family, intimate relationships and parenting.

What we did

The project gathered information from over 170 transgender and gender diverse people, and interviewed 13 people either face-to-face or over the phone. The interviews allowed us to really understand in detail the different lived experiences.

Of the 13 people, ten were transgender women and three were transgender men and the average age was 47 years. Five people were parents (one being a foster-parent) and one was

an expectant parent, having a partner who was currently pregnant. We heard from people living in all Australian states and territories except for the Northern Territory.

What we found

Transgender people have often been regarded as having relinquished the possibility of parenthood when transitioning. This research shows that transgender identities and parenthood are not mutually exclusive.

In the survey, we also asked participants to tell us about support and discrimination from their family of origin. Those who experienced more discrimination from their family of origin felt less supported as parents. Those who were closer to their family of origin felt more supported and, in turn, were more likely to want to have children.

In the second part of the study, where we conducted in-depth interviews, we gained a greater understanding of people's experiences with parenting and their use of health services.

One of the things we heard from participants was that they often put their transition on hold to avoid potential damage to their existing relationships. Participants were very thoughtful about the relationships around them. One participant explained that she didn't need her aging mum to know that she was gender diverse and that she spent a good deal of time living as a woman. So, while she was at home with her mum, she continued to present as a man. She would go out with friends and change at someone else's house or wait until her mum had gone to bed. She said, 'It's a small kindness I can offer mum at this late stage in her life.'

For transgender people who come out post parenthood, maintaining relationships with children and partners is a primary concern. One trans-woman who has two sons, for example, had decided not to transition fully until her boys were older. She waited until she thought her

sons were old enough to know that their dad was cross dressing and was involved with a support group. She said that in the end it came down to a sense that if she didn't transition she wouldn't be around much longer. She had waited as long as she could – transitioning became a life or death necessity, not a choice.

Another trans-woman who had her child post transition was really struggling with what she called her *authenticity*. She explained that as part of a lesbian rainbow family she'd done pretty well and had found parenting a joy. She'd made some really good friends as a parent and had been included in the local community, but she had only been out as a lesbian and never as transgender.

She explained that she wanted to take her friendships with other parents to the next level of honesty and authenticity, but didn't trust that she could. She was concerned about rejection or being treated differently if she disclosed her gender history. She was also concerned about how she would explain to her child the entirety of her life; how she'd tell her trans story as her child got older. These are the kinds of questions transgender parents may struggle with.

Health care providers and support services

Participants were asked what a service provider could do to provide a meaningful and sensitive service encounter for people who are transgender or gender diverse. The majority said something like, 'Listen to us carefully and ask us about our lives.' They wanted people to be respectful, to ask about how they would like to be addressed, and to use correct pronouns.

Participants told us how important it is to make the healthcare environment welcoming and have identifying symbols and posters and things that say *you're welcome* so that people know right from the word 'go' that they are in a supportive space. All that can make a significant difference

to people accessing services and getting their needs met when they are there.

Some people said it annoyed them that, although there was an increasing amount of information about transgender healthcare needs available on the internet, it was not often utilised by service providers. Some participants said they understood that service providers may not always know how to offer an appropriate service to transgender or gender diverse people because they see so few transgender clients that they don't really get the chance to test their knowledge or practice their skills. Participants said, however, that preparation by a service provider before seeing a transgender or gender diverse client is always useful.

When reflecting on health services, one interviewee noted that service providers may only see transgender people when they are transitioning, which is a difficult time – often a time of crisis – and they don't see them at other times when they are okay. Because of this, some service providers may end up seeing transgender people in a pathologised way, because they don't see them going on to have fulfilled, happy lives; they don't see their lives unfold after gender transitioning.

Societal attitudes

Some of the younger people told researchers they were frustrated by people around them thinking that being transgender is a major disability. It was important that people were positive and understood that transitioning was a positive life choice.

An older trans woman told researchers about service providers who had been thoughtful and done really kind things for her at her time of transitioning. One service provider took her yet-to-be-changed male driver's license at an intake interview and looked at the license, then looked at her and said, 'Well, I'm guessing there

is another name you want me to use.' She said that was just lovely.

That same woman, however, also reminded researchers that all transgender experiences will be different. She told the researchers, 'I'm an older woman and I work in the university sector. I'm very well educated, well resourced, and my health literacy is high; there will be other people who won't have those same privileges.'

A transgender grandmother reported that she would love it if she was included in Mother's Day, but it was fairly clear that wasn't going to happen. In her life, there was a disconnect between her sons accepting that dad had transitioned and was accepted as a grandparent, but not as a grandmother. 'I would love it if I was celebrated on Mother's Day,' she said.

A trans-man we interviewed spoke about his regret at not being able to become a biological parent because he'd had a hysterectomy as part of his transition. He felt he was rushed into transitioning surgically by health practitioners who pushed the health benefits of a hysterectomy, like reduced cancer risks and no longer needing pap smears. He was also told he'd be better off having all the surgery at one time. He said no one talked to him about fertility preservation or the possibility of having children biologically in the future.

The World Professional Association for Transgender Health and the Endocrine Society clinical guidelines both say that bringing up the topic of parenthood or fertility preservation is part of best practice and it should happen at the time when people talk about beginning hormones.

This research reminds us that transgender and gender diverse people may be parenting in a variety of contexts. Some become parents before transitioning and some after; some are step-parents; some are parenting in larger

co-parenting families with more than two parents; and some are foster-parents. A number of people in our research wish to have children in the future. Service providers can offer a service

that respects the family life of transgender and gender diverse clients by enquiring fully about how partners and children figure in their clients' lives now and into the future.

This study was undertaken by Dr Jennifer Power and Henry von Doussa from La Trobe University and Dr Damien Riggs from Flinders University.



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Also available:

Topics

- Lesbian mums and known donors or dads
- Telling the kids: What? When? How?
- Talking about how your family was created
- Non-biological parents
- Pregnancy and antenatal classes
- Birth, midwives and nurses
- Maternal and child health nurses and new parents' groups
- Starting kinder or day care
- Rainbow families and primary school
- Mother's Day and Father's Day
- Teasing, name-calling, and bullying
- Older kids and adolescents
- Rainbow families in rural and regional areas
- Educating the community
- Rainbow families: The challenges
- Rainbow families: The rewards

Research

- Child health and wellbeing in same-sex parent families: The evidence from Australia
- Work, love, play: Understanding resilience in same-sex parented families
- Transgender men and women and parenting
- Intersex status and parenting: Organisation Intersex International

Case studies

- Corin: 12 years of wisdom
- Julie and Marg, Noah and Georgia: Talking with teenagers
- Fiona and Hamish: A response to teasing
- Frances and her mums: Transgender parenting