



“I Don’t Want to be a Girl. I Am a Girl!” Experiences Before, During and After Transition in Families with Trans Children and Adolescents

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Abstract

Families often have little knowledge and skills to support their trans children. Therefore, our aim was to learn more about the experiences of parents of trans children and adolescents and how the transition process is experienced. Using a qualitative approach, we analyzed 22 life stories written by parents of trans children and adolescents. The data were analyzed with MAXQDA. Three key periods were considered: (1) before, (2) during, and (3) after social transition. The themes most frequently reported by parents were: children’s not expected gender expressions and negative attitudes and feelings, and parents’ negative feelings, denial and repression attitudes, confusion and search of information, before transition; children’s explicit disclosure, name selection and more positive attitudes, followed by parental understanding, acceptance and support, during transition; and both parents’ and children’s positive attitudes and feelings, as well as concern about pubertal development and expectations and fears about the future, after transition. In general, the stories reflect children’s negative emotions before social transition and parents’ doubts and lack of knowledge, which were followed by acceptance and more positive emotions once the social transition had taken place. Concerns and problems were reported by most of the families throughout the three time periods. Our findings emphasize the need to facilitate social transition and to design specific approaches to better support transitioning children and adolescents, and their families.

Keywords Trans · Children and youth · Transition · Parents · Experiences

Highlights

- Different emotions manifested before, during, and after social transition.
- Before transition, children/adolescents exhibited constant signs of nonconformity and distress due to rejection of their gender identity.
- Parents move from an initial state of denial and lack of knowledge to support when transition takes place.
- Self-disclosure and name selection are key aspects of transition.
- Transition is associated with well-being and benefits for children and families.

Introduction

The high visibility of trans children and youths is a relatively recent phenomenon, but trans children and youths themselves are not new; it is not that there were not there, but rather that we failed to see them (Gill-Peterson, 2018;

Mayor, 2018). Due to the recent emergence of the first organizations of families of trans children and adolescents, the real state of the situation became more widely known and visible. These community networks are key for parents, providing them with support by increasing their knowledge, resources, and confidence such that they can support and

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advocate for their children (Galman, 2020; Horton, 2021; Horton, 2022). However, despite the influence of these family networks, there is still no consensus on how to support trans children, and studies of their experiences have emerged only relatively recently (Chen et al., 2017; Horton, 2022; Olson et al., 2019).

In recent years, in part due to the increased visibility of these families and their demands (Ehrensaft et al., 2018), support of trans children has moved away from the previous *model based on watchful waiting* (see Cantor, 2020; Rafferty et al., 2018) toward *affirmative approaches* (Ashley, 2019). Watchful waiting was based on the supposedly high rate of *desisters* during puberty, reported as between 80% and 95% (Cohen-Kettenis et al., 2008), but these data are now discredited (Ashley, 2022). In fact, according to recent data, detransitions are quite infrequent: the first longitudinal study on children who have made the transition showed that only 2.5% have *retransitioned* (Olson et al., 2022). Against this perspective, affirmative approaches emphasize supporting trans children in their identity, without trying to set an age limit or make predictions about their future (Horton, 2022; Temple Newhook et al., 2018).

Currently, more trans children are being supported in childhood with respect to social transition (Ehrensaft et al., 2018). Social transition is understood as the external recognition of the child's lived gender identity, attendance to their needs, and exploring and supporting a process that entails ceasing to live socially according to the gender assigned at birth to live according to one's gender identity, which may involve a change of name, pronouns, manner of presentation, hairstyle, or clothing (Horton, 2022; Rae et al., 2019). Several studies, reported positive consequences of social transition, family acceptance, and support on the mental health of trans children and adolescents (Ehrensaft et al., 2018; Kavalanka et al., 2014; Travers et al., 2012).

Qualitative research on the experiences of parents of trans children reveals difficulties encountered by families in supporting their children's social transition. Recent studies, such as those by Horton (2022) in the United Kingdom and Lorusso and Albanesi (2021) in Italy, point out that lack of knowledge is one of the main barriers that families initially encounter. Accordingly, Abreu et al. (2022) reported in his study that many parents initially thought that their children's expressions were just a temporary phase or simply indicated same-sex orientation. Other studies indicated that the information that parents obtained during transition with the greatest potential to support their children was derived via the internet and the LGTB communities and family organizations on which they relied (Hillier & Torg, 2019; Lorusso and Albanesi, 2021; Sharek et al., 2018). Most researchers agree that parental support is a protective factor for children, with maternal support standing out given its more ubiquitous presence, and highlight the importance of

equality in terms of paternal support (Lorusso and Albanesi, 2021; Riggs & Due, 2015). Lack of mental health and well-being during childhood is not intrinsic to being trans; rather, it depends on various external factors, including family support (Horton, 2022; Travers et al., 2012).

In line with the above-described studies, the present study was designed to analyze, through parents' reports, the experiences of trans children and adolescents, and their families, in three periods (before, during, and after social transition), in order to shed light on the consequences of the affirmative approach.

This study is based on the conceptual framework of substantive sexology, developed in Spain on the basis of the theoretical model of Amezuía (1979), according to which diversity is a human value to be cultivated and not a pathology to be cured. This study is also supported by a trans-emancipatory theoretical framework (Horton, 2022) that builds on broader work on emancipatory research (Noel, 2016) and takes into account the role of cisnormativity and the pathologization of gender diversity in upholding structural injustice. Cisnormativity, which is the assumption that everyone is cisgender (not trans), or should be (Keo-Meier & Ehrensaft, 2018), impacts negatively on trans children (Ansara & Hegarty, 2012). These conceptual and theoretical frameworks underpin the ethics and methodology of this research, which recognizes that gender diversity is not pathological or problematic and whose objective is not to prescribe but rather to describe and understand.

The study was conducted in Spain, where in recent years there have been numerous changes at the social, political and health levels, which affect the issue of children and young trans people. In the social sphere, since the creation in 2013 of the first organizations of relatives of children and young trans people, this issue is receiving more coverage in the media and there is greater recognition of gender diversity.

At the legislative level, the different laws existing in several autonomous communities included protocols for educational and health action, but there was no common state framework. In February 2023, the Spanish Government approved the Law for the real and effective equality of trans persons and for the guarantee of the rights of LGTBI persons, known as the "Trans Law". This law recognizes the right to gender self-determination from the age of 14. This is one of its most controversial points.

In the health field, the first multidisciplinary gender identity unit was created in 1999 and, in the following years, gender units were progressively implemented in the rest of the autonomous communities. The "gender identity units" are the reference hospital units of the public health-care services responsible for the healthcare of the trans population. They are made up of multidisciplinary teams

composed mainly of psychiatry, psychology and endocrinology professionals; usually, they also include the respective pediatric specialists in these fields and, in the case of adults, plastic and reconstructive surgeons. Until very recently, psychiatrists were the gateway to the unit and oversaw the entire process. In response to trans activists' demands for depathologization and following the passing of different laws, the health care model has been changing. In some gender units, the psychiatry-centered model has been abandoned, a psychological diagnosis is no longer required, and some services of these gender units have been transferred to Primary Care (Gomez-Gil et al., 2020). In addition, a progressive increase in the number of trans persons seeking specialized treatment has been observed in gender units, along with a notable decrease in their average age (González Fernández et al., 2023).

The Current Study

Based on the few studies conducted in Spain and the importance of cognizance of the experiences of, and support provided by, families of trans children and adolescents, the aim of this study was to explore this topic.

Bearing in mind that there are many other forms of diversity in relation to the experience of gender identity (non-binary, gender expansive, gender fluid, etc.), and given the existence of other life paths and the highly diverse ways of understanding and experiencing gender, in this study we focus on the experiences of trans children and adolescents who, according to their parents, at some point in their life clearly affirmed "*I am a boy*" or "*I am a girl*" contrary to the gender that they were assigned at birth, and who have made a *complete* binary social transition, accompanied by their families, to live according to their gender identity. Our aim was to observe and understand the particularities of this specific population, because we consider understanding the specific features of the different realities to be of crucial importance given that needs may differ accordingly.

In addition to social transition, in some cases the children and adolescents in this study have achieved a legal change of name and/or sex ("legal transition"), and some of the pubescent children and adolescents have started endocrinological treatments ("medical transition").

The objective of this study was to explore the experience of trans boys and girls (aged from 4 to 18 years) by qualitatively analyzing information obtained from life stories written by their parents. Specifically, our goal was to determine to what extent, and in what way, transition had improved the quality of life of these children and adolescents and, by extension, that of their parents and family.

Methods

Study Design

Our study is based on a narrative approach, which allows us to document stories both to understand events and themes and to understand how people communicate stories and, in this way, to gain an in-depth understanding of a specific topic (Mertens, 2005). From this narrative approach, a thematic data analysis is developed in which themes emerge from the data produced by the participants in the study. From this perspective, we consider the knowledge and position of the researchers as valuable resources that enrich the analysis, promoting a reflexive engagement with the data (Braun et al. 2019).

In this regard, our positionality statement is particularly relevant, and this analytical exercise is intertwined with the life history and values of those who collect and interpret the data (Lorusso and Albanesi 2021; Singh et al., 2013). Our team is composed of three researchers, two cis women and one cis man, all of whom work as teaching and research staff in public universities in Spain. All three are sexologists who share the values of the trans-affirming approach. One of the researchers is also the father of a trans girl and a member of the organization of families that the study was conducted in collaboration with. He carried out the recruitment and data collection for the study. The study participants knew the researcher who collected the data and were aware from the outset of our position on the trans-affirming approach, which influenced their confidence and willingness to transcribe their stories.

Participants and Procedure

Purposive and convenience sampling was used for recruitment. The organization of families of trans children and youths that collaborated with the study made an announcement to inform all its members about it, including its objectives and procedure. The only prerequisite was to be a member of the organization of families and trans children and youths and to have a child who had made the social transition. Members of the organization have a common commitment for transsexuality to gain visibility as a social reality and to provide support among their members. Anonymity and confidentiality were guaranteed through a process of pseudonymization and elimination of any identifying information from the stories by the researcher who collected the information, before sharing the stories with the rest of the team. Consent was obtained by this researcher via postal mail. No compensation was provided. This study was approved by the Research Ethics Committee of the University of BLINDED.

Table 1 Sample characteristics

Author	Age	Education level	Children's pseudonym	Gender	Transition's age	Age	Puberty blockers	Cross-sex hormones
Father	38	Technical	June	Girl	3	4	–	–
Mother	43	Technical	Aitor	Boy	4	4	–	–
Both parents	31/36	Technical	Mikel	Boy	4	4	–	–
Mother	45	Secondary	Jon	Girl	4	5	–	–
Mother	37	Postgraduate	Ane	Girl	4	5	–	–
Mother	37	Technical	Amaia	Girl	4	6	–	–
Both parents	39/38	Undergraduate	Eric	Girl	4	6	–	–
Mother	35	Undergraduate	María	Girl	4	7	–	–
Mother	45	Secondary	Paul	Boy	4	8	–	–
Mother	45	Postgraduate	Amaiur	Boy	5	8	–	–
Mother	42	Technical	Ikerne	Girl	5	10	–	–
Mother	37	Technical	Euri	Girl	6	7	–	–
Mother	38	Undergraduate	Mael	Boy	7	8	–	–
Mother	45	Secondary	Haize	Girl	7	12	–	–
Father	48	Undergraduate	Irene	Girl	10	12	–	–
Mother	51	Primary	Julene	Girl	11	17	Yes	Yes
Mother	48	Undergraduate	Daniel	Boy	14	15	–	–
Father	52	Postgraduate	Erin	Girl	14	15	Yes	–
Mother	49	Undergraduate	Irati	Girl	14	16	Yes	Yes
Mother	50	Undergraduate	Martin	Boy	15	17	–	Yes
Mother	58	Technical	Unax	Boy	16	18	–	Yes
Mother	43	Primary	Aiur	Boy	16	–	–	–

Our qualitative study included 22 stories written by parents of trans children and adolescents aged 4 to 18 years. All participants were members of the BLINDED Organization in the region of BLINDED (Spain). This organization provides support to families with trans children and adolescents and has the following objectives: to provide support, to make the lived reality of trans children and adolescents more visible, to provide training, and to defend the rights of their children. All participating parents were Spanish, except for one who was French. All of the parents were heterosexual and, except in one case, the couple lived together at the time the child underwent social transition.

Table 1 shows whether the story was written by the mother, the father or both parents, and it also provides data on age and educational level. Moreover, the table shows the main characteristics of the children, namely the pseudonym used in the research, gender (as indicated by the child/adolescent), age at social transition, age at the time the story was written, and cases in which medical transition has been initiated via puberty blockers and/or cross-sex hormones.

It should be noted that, in most cases (18 out of 22), the time between social transition and the writing of the story was < 2 years.

Research Instrument

The families who volunteered were asked to write their stories in accordance with the following instructions:

Express through a detailed story the life processes of your trans child, and of the whole family, from birth to the present, before, during, and after social transition. Recount what was experienced by the child (verbal and non-verbal expressions, clothing and hairstyle, games and toys, feelings and emotions, conflicts, illnesses, etc.), as well as by the parents (fears, crises, acceptance, progress, etc.), siblings, grandparents, and family overall. Describe life in the home, life in the neighborhood, interactions with neighbors and friends, what was experienced in health services, experience with administrations (registration, cards, etc.), and experiences with the organization and other families. Please note that we are especially interested in “anecdotes” and significant scenarios in which processes were experienced, as well as literal expressions and even dialogs. Please refer to the “best” and “easier” aspects, as well as the “worst” and “more difficult” issues. You do not need to write

about all aspects raised above. The goal is to recount the issues that you consider significant. The text should cover about 8 pages (Times New Roman format, size 12, single spacing).

Once written, they emailed their stories to one of the researchers, who pseudonymized the stories before sharing them with the rest of the research team.

All of the stories were written in Spanish. Both the analysis of the results and the subsequent discussion were carried out in Spanish, and translation into English was done later to allow publication of the article in an international journal. The translation was done according to the interpretative-communicative method, to preserve the same purpose and style, and so that the translation has the same effect on the reader as the original text.

Data Analysis

For the thematic analysis, we first collected the detailed stories. In terms of length, they ranged from 1665 to 5551 words. The MAXQDA 22 program was used for the data analysis. Two members of the research team were in charge of organizing the themes into categories and codes.

Because of the iterative nature of qualitative research, the researchers repeated each analytic phase until all available data were coded at least once and no new codes emerged from the data (i.e., saturation). Throughout the analysis, no unresolved coding discrepancies emerged. After independent and simultaneous coding by two team members, the inter-coder agreement at the code level for the activated codes was found to be 74%. It should be noted that this percentage refers exclusively to inter-coder agreement regarding the presence of these codes in each of the documents analyzed. We believe that the observed disagreements are mainly due to the fact that the first evaluator grouped the content into larger segments. Thus, while the first evaluator coded a total of 612 segments of information, the second coded 824 segments. Finally, the information was organized in a codebook based on three moments:

1. Before social transition: information about what the family experienced from birth to the first explicit disclosure of the child's/adolescent's gender identity.
2. During social transition: information about the experience from the first explicit disclosure of gender identity to the social recognition thereof.
3. After social transition: information about what they experienced after social recognition of the expressed gender identity up to the present.

Table 2 Themes, Subthemes, and frequency related to before transition

	Frequency
Parents' perceptions of their children's feelings and experiences	
Not expected gender expressions	113
Negative attitudes/feelings	92
Grammatical gender	44
Genitals, breasts and body	34
Positive attitudes/feelings	26
Somatization	11
Academic achievement	8
Suicide ideation	8
Diagnostics	6
Confusion with homosexuality	4
Self-harming	4
Parents' experiences	
Searching for information	76
Denial and repression	56
Permissiveness	40
Negative feelings	37
Confusion with gender variance or homosexuality	32
Expectations before birth	29
Lack of knowledge about trans	26
Couple's disagreement	19
Positive feelings	4
Parents' perceptions of other family members' attitudes	
Siblings	
Positive attitudes	7
Negative attitudes	5
Grand-parents	
Negative attitudes	3
Positive attitudes	2

We obtained a large number of codes, subcodes and emerging themes based on the different people and groups involved in the child/youth's life, as well as the self-assessments of the participants regarding their attitudes to the educational center, health personnel and other professionals, organizations, peer group, administration, etc. In this study, we focus on parents' perceptions of their children's feelings, attitudes and behaviors, as well as their own experiences and their perceptions of the attitudes of other family members before, during and after the transition.

Tables 2–4 show the different themes that emerged in relation to the three categories (groups of people) analyzed in the present study at the three timepoints, as well as the frequency with which these themes were mentioned.

Table 3 Themes, Subthemes, and Reported Frequencies during transition

	Frecuency
Parents' perceptions of their children's feelings and experiences	
Explicit disclosure	84
Name	63
Positive attitudes/feelings	44
Situation explanation	25
Urgency (being in a rush)	15
Negative attitudes/feelings	13
Internet and social networks	3
Parents' experiences	
Support	69
Understanding and acceptance	64
Grief for the lost son/daughter	14
Parents' perceptions of other family members' attitudes	
Siblings	
Positive attitudes	6
Negative attitudes	2
Need to be supported	1
Grand-parents	
Positive attitudes	4
Negative attitudes	1

Table 4 Themes, subthemes, and reported frequencies after transition

	Frecuency
Parents' perceptions of their children's feelings and experiences	
Positive attitudes/feelings	26
Genitals, breasts and body	23
Negative attitudes/feelings	11
Suicide	5
Parents' experiences	
Expectations and fears about the future	35
Accompaniment	14
Positive feelings	12
Negative feelings	6
Parents' perceptions of other family members' attitudes	
Siblings	
Positive attitudes	3

Results

In order to better understand our results, the following should be considered:

- (a) For each fragment of the stories presented, the following information is provided in parentheses: pseudonym used in research, gender (as indicated by the child/adolescent), age at which the transition was made, and age at the time the story was written. Table 1 provides more information to contextualize each story.
- (b) The term “*boy*” will be used to refer to a boy who was assigned as a girl at birth, and “*girl*” to refer to a girl who was assigned as a boy at birth. However, in 9 of the 22 stories analyzed, when parents recounted events prior to the transition, they used the grammatical gender (or name) that was assigned at birth. Once the transition began, these parents started using the grammatical gender according to the gender identity expressed by the child. In four of these stories, when the transition began, both genders were used in the same sentence: “He was happier and happier, stronger and stronger, less and less himself and more and more herself.” (Ana, girl, 4, 5). In the other 13 stories, the grammatical gender and the name by which the child is currently identified were used, as well as when referring to experiences prior to the transition.

Once the information had been analyzed and categorized, we distinguished three stages, as noted previously: before, during and after social transition. In the 22 stories analyzed, parents devoted a lot of space to recounting before-transition experiences compared to the space devoted to the other two categories.

Each stage was organized into three main themes according to the main individual referred to in the parents' story fragments, as follows: (1) parents' perceptions of their children's feelings and experiences, (2) parents' experiences and (3) parents' perceptions of other family members' attitudes. The emerging themes for each category and timepoint are detailed in Tables 2–4.

Parent's Perceptions of Their Children's Feelings and Experiences

Parents described a similar process in all of the stories: a deep discomfort prior to transition, followed by relief and happiness when transition took place and the subsequent development of a certain sense of normality, along with some difficulties mainly associated with social rejection and body development.

Before Social Transition

Not expected gender expressions. In all stories some clues about the child's/youth's disagreement or discomfort with the assigned gender emerged at very early ages, even before 3 years of age and language development:

“Jon still wasn’t talking, but we began to notice that he was feeling obvious uneasiness: in the school lunchroom he stopped eating, and at home he ate little; he would nibble at the collars and sleeves of T-shirts until they were soaked; when we went to public restrooms, he would firmly express to us that he would only enter the girls’ bathroom; he began to get angry for no good reason; and when he began to reject his father and grandfather for being men, we knew something wasn’t right.” (Jon, girl, 4, 5)

Expressions during childhood usually refer to clothing, play, preferences and behaviors and, in all cases, are non-normative expressions for the gender assigned at birth but highly normative for the other gender. Boys prefer to wear tracksuits and express their desire to wear men’s briefs and swimsuits. They usually refuse to wear women’s dresses and clothes. Girls often express dislike for male clothes and show their liking for the color pink and female clothes: skirts, dresses, or high-heels. “Whenever she was with her grandmother, she took off her jewelry to wear it, and she wore her aunt’s high heels whenever she could, and began to wear her sister’s skirts more and more often.” (Jon, girl, 4, 5).

Girls, who often wear their hair short against their will, make false hair to simulate long, lush hair. To do this, they usually use whatever they can get their hands on: towels, skirted caps, or any garment or headdress they can put on their heads. Similarly, boys express their desire to wear their hair short, among other expressions:

“Eric turned 4 years old and he was doing more and more to feminize his appearance, with makeup, necklaces, and pink clothes but they were still boy’s clothes. We went on vacation and every night when I wore a dress he got “sick” and had to wear something on his head imitating a mane of hair or a t-shirt of mine as a dress. He bought some heels and wore them to dance every night.” (Eric, girl, 4, 6)

Sometimes these behaviors are not their true preferences, but rather a way of expressing their denied gender identity. In one story a mother asks her daughter if she likes a “blue T-shirt with surfers on it”, to which the daughter replies, “Yes, mom, but take it off. I’m not going to wear it, otherwise they’ll think I’m a boy”; when asked if she likes a “pink T-shirt”, she replies, “No, mom, but leave it in the closet, because I’m going to wear it so they’ll see I’m a girl.” (Haize, girl, 7, 12)

Grammatical gender. Another way for children to express gender identity from a very early age, even from the moment they begin to speak, is the use of the appropriate grammatical gender according to their unexpected gender

identity: “Gradually she was acquiring more language and began to refer to herself in feminine terms: ‘yo sola’ (me alone), ‘yo primera’ (me first)” (June, girl, 3, 4). Note that in Spanish masculine adjectives finish with “o” and feminine ones with “a”: solo(masc)/sola(fem) = alone; primero(masc)/primera(fem) = first one.

Genitals, breasts and body. Most of the reports describe problems with self-image expressed as rejection of photographs, mirrors, etc.: “–And I also want you to remove the mirrors from the house, I don’t want to see myself because I don’t see what I am and it hurts my heart a lot.” (Irene, girl, 10, 12). Some of these children express desires and fears regarding puberty at ages that may seem unusual: “I didn’t understand what had made her ask this question and why, at 4 years old, she could be so concerned about having boobs.” (Mael, boy, 7, 8). Those who express discomfort about their own bodies during childhood often do so in relation to their genitalia. In early childhood, they may express a longing for their genitals to change: “All those times he told me that when he grew up he was going to be a boy like his brothers, asking me when his penis was going to come out” (Aitor, boy, 4, 4).

It seems that the rejection of the genitalia is related to the fact that it is from the genitalia that they have been denied their own gender identity:

“There came a point where our insistence was so great that she couldn’t be a girl because she had a penis that she found a solution in her little head. She went to the kitchen, grabbed the biggest scissors she could find, grabbed the tip of her penis and thank God she called me to help her nip the problem in the bud; she thought: penis off and all problems solved.” (Euri, girl, 6, 7)

Sometimes children’s questions about their genitals are not answered because they are not taken seriously, or they are told that what they want is impossible. This often leads them to stop expressing their thoughts explicitly. As they grow older, they express more anguish, anger and discomfort about their genitals. On the other hand, when gender identity has been accepted from an early age, some children inhabit their bodies naturally, even their genitals:

“It is beautiful to see how she runs and plays in the pool with her naked body surrounded by friends who don’t waste a second looking at what is hidden between the legs of each of them.” (María, girl, 4, 7)

Negative feelings and attitudes, somatization and self-harming. In all the stories, without exception, there are manifestations of sadness, anxiety, depression, mutism, vulnerability, unhappiness, anguish, discomfort, etc. These

children are often victims of teasing and bullying, especially girls, which increases as they approach puberty. In some cases, there is talk of a sadness “*that comes from the deepest part of her being*” (June, girl, 3, 4), of a very intense and very deep discomfort. Moreover, sometimes the emphasis is placed on the fact that all this suffering is experienced in silence: “Euri suffered a lot and much of that suffering was done in silence without anyone noticing.” (Euri, girl, 6, 7).

Shyness, a reserved attitude, dejection, self-absorption, uneasiness, shame, and isolation were common themes in the stories. On many occasions anger, frustration, and even hostility are expressed. In social situations, the children tend to cover up, hide and isolate themselves: “We begin to get the feeling that he seeks isolation and refuge in his fantasy world.” (Ane, girl, 4, 5).

The term “*crying*” appears in 21 of the 22 stories coded, a total of 81 times, and was in fact the verb used most frequently to describe the children’s expressions of sadness. On birthdays, Christmas or Epiphany days, gifts, which are supposed to be a cause for joy, often become a cause for anger and sadness: “Don’t the Three Wise Men know me? Don’t they know who I am?” (María, girl, 4, 7). These negative feelings can become somatized, resulting in stomach aches, headaches, insomnia, and even self-harm: “The alarm bells definitely went off on December 10 when we noticed that in order to calm her anger and discomfort, she deliberately hurt herself. The world came crashing down on us.” (Daniel, boy, 14, 1).

Suicide ideation. Suffering can become so great that it leads to the expression of a desire to stop living: “Dad, if you love me, take a knife from the kitchen and kill me.” (Irene, girl, 10, 12). This is often accompanied by suicidal ideation and suicidal plans:

“What came next was the hardest thing we have had to live through as parents, when one day, angry again for whatever reason, she found herself alone at home and decided to write us a farewell letter.” (Daniel, boy, 14, 15)

It should be noted that these expressions of suffering and discomfort are much less frequent in stories in which the transition takes place in early childhood and much more intense in adolescence. They also occur less frequently when the family environment, even if not accepting of the child’s gender identity, is more permissive with respect to their preferences and behaviors.

Positive feelings. Stories describe moments of happiness and well-being during this period, usually related to certain concessions with respect to clothing, grammatical gender, toys, hairstyle, etc.:

“I can remember specific moments in which my little girl looked happy and had a special glow, and all of them relate to her being mistaken for a girl or when the Three Wise Men gave her first princess costume, which was not inherited.” (Euri, girl, 6, 7)

During Social Transition

Explicit disclosure and positive feelings. Once gender identity is recognized and the child begins to transition, there is a transformation in their character and most of the problems disappear. This process begins with the explicit disclosure of their gender identity, which in almost all cases is made to the mother: “No, mom, I don’t want to be a girl. I am a girl.” (Amaia, girl, 4, 6).

Internet and social networks. When self-disclosure occurs during adolescence, friends, the internet and social networks play a key role. Many of the adolescents in this study, before encountering other experiences similar to theirs through social networks, were unable to put a name to the discomfort that they have been suffering for many years:

“After watching some videos of other trans kids, where they explained their experiences and how they had made the transition, he became aware that things could change and that he had a chance in life live according to who he is and how he felt.” (Unax, boy, 16, 18)

Urgency. 11 of the 22 stories cited the urgency felt by the child with respect to sharing his or her gender identity with others, which in many cases forced the parents to accelerate this process:

“–Wait honey, we have to talk to people first...– I thought I was having a stroke. The world was falling down on me... –No, we have to announce it tomorrow, mom. In the morning you tell the teacher. I’m a boy. I’m going to the boys’ room.” (Amaur, boy, 5, 8)

When transition occurs in adolescence, this urgency increases and the whole process causes anxiety, especially when it comes to hormone treatments: “It was an intense time; our son was in a hurry. Instead of being in a rush, it seems that time for an adolescent in his situation runs differently.” (Unax, boy, 16, 18)

Name. In the early stages of transition, the choice of name emerges as a central issue. In several of the stories it was recounted that they already had their name clear in their mind before starting the transition: “Iker disappeared and

Ikerne appeared, she had already chosen that name a long time ago.” (Ikerne, girl, 5, 10).

In other cases, the search for and choice of the new name was done together with the parents or siblings:

“One day when the four of us were eating at home, we started saying names. Paul, of course, said the names of his friends, so we proposed Paul; he said yes and for us it was much easier to change since it only meant removing one A.” (Paul, boy, 4, 8)

However, sometimes (3 of 22 stories) children do not express any need, nor any intention, to change their name:

“A girl asked Jon how she could have a boy’s name and I told her about the option of changing her name (...): ‘In Basque there is a trick to convert some names into a girl’s name: add the letter e to the name. This way no one will doubt that you are a girl because of your name. What’s more, the name Jone is very pretty, I really like it. JONE... that sounds good!’ Jon looked at me with a serious face, and told me: ‘Well, if you like it so much, change your name. I’m a girl and I like Jon a lot’.” (Jon, girl, 4, 5)

After Social Transition

Positive feelings. At this moment, the authors of the stories used much less space to talk about their children’s feelings and attitudes. Anyway, the reports revealed profound changes in the attitudes and feelings of the children and adolescents after social transition, which is reflected in greater integration with the peer group, disappearance of disruptive behaviors, better academic performance, and greater overall well-being:

“While these advances were taking place, our daughter was calming down, her affection towards us greatly increased, she expressed herself freely in all respects (gestures, games, preferences, interaction with others), and she began to sleep on her own.” (June, girl, 3, 4)

“Happy” is the adjective most commonly used to describe the child’s feelings at this time, being present in 20 of the 22 stories: “From being an introverted boy, that day she became the happiest girl in the universe!” (Ikerne, girl, 5, 10)

Once the social transition is over, some children live their new gender identity with absolute normality, almost without

even being aware of their condition, especially those who make the transition in early childhood. Others decide consciously not to constantly give explanations: “I’m not going to come out of the closet every time there is a new group.” (Irati, girl, 14, 16). And some of the adolescents decide to share their experience in the media, social networks, etc. in order to help others in their situation.

Negative feelings. However, this increased well-being was not free from fears and doubts, in most cases in relation to the body and puberty. Children who, before transition, were subjected to mockery and harassment expressed fear of being rejected again: “Although she has been very well accepted by school, friends, and family, and feels happier than ever, her fear of rejection and people’s stares is still there.” (Euri, girl, 6, 7).

In one case, the child needed to vent their accumulated frustration and suffering and looked for different ways to do it:

“It was horrible. Haize had an excessive rage and all that had to be taken out. She would scream and I would stand next to her, she wouldn’t let me touch her when she was like that. She was looking for constant confrontation.” (Haize, girl, 7, 12).

Genitals, breasts and body. When transition takes place in adolescence, pubertal changes generate great discomfort and adolescents may seek ways to hide them (such as the use of the binder to hide breasts) and withdraw socially. Those who start using hormone blockers experience the peace of mind of knowing that they will not develop the sexual characteristics that cause them so much anxiety.

In 7 of the 10 adolescent stories analyzed, parents report negative experiences with Gender Identity Units and endocrinologists. Moreover, obtaining treatment with hormone blockers was described as “a nightmare” (Aiur, boy, 16, --). The reports referring to more recent visits to the Gender Identity Units suggest that the quality of the service has improved a lot in recent years and view the treatment received more positively.

Parents strive toward their children seeing their bodies as beautiful, but understand that the development of secondary sexual characteristics causes them distress, as expressed by this mother: “I wouldn’t want to be mistaken for a man on the street either.” (Haize, girl, 7, 12)

Suicide. The real possibility of suicide in trans youth is more than a fear expressed by parents. Sadly, in one case in our sample, a boy aged only 16 years committed suicide: “Aiur had committed suicide!!!!!! We tried and tried to revive him but it was too late. Now there are a thousand unanswered questions: Why? How did we not see it coming? Why didn’t he tell us it wasn’t okay? Why didn’t he ask for help? Why...why...why?????” (Aiur, boy, 16, --)

Parents' Feelings and Experiences

Parents agree in describing four phases in relation to their own feelings and experiences: denial, silence (pretending that nothing is happening), unconditional love (neither denying them nor accepting their child's expressed gender identity, but letting them know that they are loved, no matter what happens) and, finally, acceptance.

Before Social Transition

Confusion. In response to the initial expressions and signs, parents express bewilderment. They know something is going on but do not know what to do and look for explanations for what is happening. They often tend to consider a future homosexual orientation, especially in the case of girls:

"Already from that moment, my partner commented to the psychiatrist that we thought he might be gay... she had feminine preferences and rejected his brother's male toys that were in the house already." (Irene, girl, 10, 12)

There are even parents who feel proud that their child is rebelling against imposed gender roles:

"There are moments when I think I am a great mother because I am being able to raise my son outside of gender roles and stereotypes, I am raising a sensitive and feminine man and I feel very proud of my work." (Ane, girl, 4, 5)

Denial. The denial and minimization of gender identity is often justified by saying that they are very young, that it is just a phase that "will pass" (Mikel, boy, 4, 4). The ability of children to know their own gender identity may be questioned. It should be noted that, in many cases, this idea is promulgated by professionals and scientific resources consulted for advice: "The reports talked about waiting until 7 or 8 years of age. That unnecessarily prolonged my daughter's suffering." (Haize, girl, 7, 12).

Parents may exhibit forceful denial of the first expressions of gender identity in childhood, which is often accompanied by a genital-based explanation: "You are a boy because you have a dick, you were born with a dick and you will have a dick until you die when you are an old man. You can't change that." (Ane, girl, 4, 5)

Sometimes, this denial is carried out in a subtle way, even with nice words and sweet tones. Not only are they denied their identity, but they are also prevented from certain activities, behaviors, games, toys, clothes, accessories that they request, long for, or demand:

"He's just looking at the girl's clothes and of course I denied him and forced him to try on things for a boy. He had a terrible time and I had a terrible time with him, I understood that he was not asking for anything wrong, but that it could not be as he wanted." (Ikerne, girl, 5, 10)

Permissiveness. These denials generate conflicts and distress, so parents often look for ways to reduce the tension and discomfort. Thus, some parents start to allow their child to wear neutral clothes, give them neutral haircuts, and give them neutral toys... Sometimes, they also make small concessions: "Christmas came and her mother gave her a blue tutu (it didn't have to be too feminine)." (Irene, girl, 10, 12). However, this more permissive attitude also generates doubts: "Maybe if I let her do what she wants, it will seem like I am pushing her to be a boy." (Paul, boy, 4, 8).

Any concessions and more permissive attitudes eventually prove insufficient, as do attempts to educate them in a neutral way:

"I tried to see him as a person, regardless of whether he was a girl or a boy, but with every action, with every sentence, he made it clear to me that he was a boy. 'If we are all people, I want to go to the boys' room, he told me.'" (Amaiur, boy, 5, 8)

Lack of knowledge. Insufficient knowledge and prejudices about trans people weigh heavily in these early stages:

"And, although we had already begun to open our eyes, we could not believe that our daughter was a trans child, because we had never heard of it, and because the idea itself terrified us; it seemed incredible that we had been touched by something like that." (Jon, girl, 4, 5)

Couple's disagreement. At this time, couple disputes and disagreements are common. Several stories show a fuller and more rapid acceptance on the part of the mother than on the part of the father:

"But at that moment, his father said 'no' (it seemed to him to be a very big leap; he was afraid and rejected the change), and there was a big argument between us, in which we were both very angry, with our two children present. That night when we went to bed, our son told me: 'Mom, I love you very much!'. Before that moment he had never said such heartfelt words to us." (Mikel, boy, 4, 4)

During Social Transition

Understanding, acceptance and support. All the stories recount a moment of understanding that marks a turning point. In many cases, understanding is achieved via explanations from other families, a professional, family organizations, the internet, or TV documentaries:

“Two families gave testimonies and when we listened to their stories, my wife and I looked at each other with tears in our eyes, because we were discovering that there were other families who had lived through the same as us.” (June, girl, 3, 4)

Almost all of the stories allude to the importance of finding a trained professional who can explain what is happening:

“I will never be able to thank this sexologist enough for all his help, for me and indirectly for my daughter, because thanks to him and his advice I was able to help make everything better for her.” (Euri, girl, 7, 6)

With acceptance comes support and, gradually, the planning and initiation of the social transition.

In all the stories, the social transition is described as a hard period for the parents, who draw strength from the happiness experienced by their children:

“It was an exhausting time, since we had to continuously explain ourselves, circumvent prejudices and avoid being judged. This task was also exciting, as we only wanted our daughter’s closest connections to understand and respect her, so that she could reach her full potential.” (June, girl, 3, 4)

At this time, parents describe a whirlwind of emotions. They talk about feelings of fear of the judgment of others, fear of how difficult their child’s life will be, fear of being wrong when taking the next steps. They also express guilt for the harm they have unconsciously done to their children: “I felt that I had failed my son and I vowed never to do it again.” (Martin, boy, 15, 17)

Among these negative feelings is the fear of suicide. In many cases, especially for parents of adolescents, the fear of suicide is experienced as a “ghost” that hovers over them. Statistics and news about suicides in trans teenagers, threats from their own children, self-harm, etc. lead to this fear accompanying and distressing them throughout the transition process.

“Now we wonder what a teenager of almost 13 has to feel to see no other way out of his incomprehensible

situation than to disappear. Luckily, we arrived in time. From then on, fear made its presence felt in our lives and stayed with us for a long time.” (Daniel, boy, 14, 15)

These negative feelings are intermingled with joy and the peace of mind of knowing what is happening and being able to put an end to the suffering experienced by the whole family:

“Many people tell me over time that we were very brave, I tell them that like any parent who wants to see their child happy, despite the responsibility that such a decision entails. Because it is not our life, it is his life and being so young it is distressing to make such key decisions for his life, we would do it a thousand times more, to see my son be who he is.” (Paul, boy, 4, 8)

Grief for the loss. Some of the parents reported having gone through an intense period of mourning for the loss of the son or daughter they thought they had. And, in some cases, feelings of grief generate yet more guilt:

“Three years later I still feel sorry for the daughter I thought I had, for example when March 8 arrives, but my mourning is nothing compared to what I would have to do if I had not accepted him and this story would have ended badly.” (Amair, boy, 5, 8)

On the contrary, some of the parents have not experienced any grief:

“People told me that I had to mourn my daughter but I have never agreed with that. My daughter is not dead. She is really the same person, with the same likes, dislikes, qualities and faults. Only my perception of her has changed. Now I look at him and see my son. Before I was blind. Now I have this scar and he will learn to live with it.” (Mael, boy, 7, 8)

At first, many parents need constant confirmation from their children, need to be reassured that they are doing the right thing and, in some cases, harbor the hope that they are mistaken:

“Even for the first few days I had a little hope that maybe he would grow out of it, that maybe it was a phase or a game, so every morning when he woke up I would ask her: Good morning, sweetie! What is your name today? My name is Ane, mom, just like yesterday, why ask me again? She would answer.” (Ane, girl, 4, 5)

After Social Transition

Expectations and fears about the future. After the social transition, the stories indicate that the parents' fears, although lessened, do not disappear:

"I would like to believe that society will continue to move forward and that my daughter will no longer suffer for being trans." (Euri, girl, 6, 7)

Pubertal changes and how to deal with them are among the main concerns expressed by parents regarding their children's future. In some cases, families adjusting to their children's capacity to understand talk to them about the existence of hormonal blockers and hormone treatments. Others try to explain to them that their body is perfect just the way it is, and still others attempt to highlight their uniqueness:

"I was trying to think of the positive things about a girl having a penis, to show that I value their uniqueness. Like for example being able to pee standing up in public toilets that are usually very dirty and where it's disgusting to have to sit down to pee. Or being able to write or draw pictures in the sand when peeing." (Haize, girl, 7, 12)

Parents' Perceptions of Other Family Members' Attitudes

Other family members, particularly grandparents and siblings, also play a very important role. Although most reports describe parents' fear of being judged by family members, especially grandparents, in most cases, relatives provide support and understanding throughout the process:

"In the same week, we also announced it to the family and the reaction was very positive. I don't think it really came as a surprise and everyone accepted him and immediately treated him as their grandson, nephew, or cousin, without ever getting his name mixed up." (Mael, boy, 7, 8)

Siblings

Before social transition. Before the social transition, some siblings manifest negative and rejecting attitudes, as well as suffering: "One day, our oldest daughter told us she couldn't take it anymore, to please take Jon's skirt off" (Jon, girl, 4, 5).

In other cases, siblings are an important support from the very beginning and show special empathy and respect for their sibling's feelings:

"It helped her a lot to have two older sisters with whom she always played and protected her at all times" (Euri, girl, 6, 7)

During social transition. In several stories it is explained that siblings understand and accept what is happening more rapidly and easily:

"I thought it was going to be very complicated, that he would not be able to understand it, and it turned out that what took us 4 years to see and understand, took Luis, at only 4 years old, 5 min." (Mael, boy, 7, 8)

In three cases the first reaction of siblings was one of denial, although in all the stories siblings' attitudes subsequently changed and they finally accepted the reality of the situation. Many of the siblings ultimately become the main ally and adopted a protective role:

"There came a time when her sisters became her bodyguards in playgrounds and during lunchroom hours so that no one would hit her or insult her." (Euri, girl, 6, 7)

After social transition. This positive and unconditionally supportive attitude is maintained once the social transition has taken place:

"Some time later I asked the middle child what he had answered to those who asked him about his brother. 'That my brother is a boy and that if anyone says he is a kettle I'll beat him up'. A 13-year-old's answer... Everyone does what they can, I thought. Although they don't like to talk about it, today they have it super accepted." (Amair, boy, 5, 8)

Siblings' needs. Parents express that siblings also need to be cared for. They have a hard time too, especially when their brother or sister is teased:

"Until that day, our only concern was to help him, but at that very moment, we realized that her three brothers needed us even more than her, since their parents, their reference points, were causing a 'short circuit' that they did not expect and happened without warning." (María, girl, 4, 7)

Grandparents

Before social transition. Although it is less frequent in the stories than it might seem, some grandparents show negative attitudes:

“Just the night before returning, my son’s grandmother comes up to me and tells me why I treat the girl as if she were a boy. I tell her that he asks me to do it and she says no, that he doesn’t ask me to do it, that I’m confusing him. That if I have “that”, I should hormone myself.” (Aitor, boy, 4, 4)

At the other extreme, there are grandparents accept the situation and adapt easily to the new reality. In some cases, it is even claimed that they were the first to detect it:

“I remembered that my father, the only one who spoke to him in a masculine way before all this, had once given him some Spiderman underpants. Apparently he already knew about it, although he didn’t say anything because he didn’t know how to explain it either.” (Amair, boy, 5, 8)

During social transition. With very few exceptions, the grandparents express that they will continue to provide the child with love, respect and care:

“When she was able to finish telling them what was happening to her, her grandfather hugged her and told her that he loved her very much, no matter what. This gave her relief and comfort, and surely encouraged her to face the task of telling the rest of the family.” (Irati, girl, 14, 16)

Only one of the stories speaks of negative attitudes towards the child on the part of a grandfather:

“My father-in-law, who every time called her ‘he-man’ (to my daughter’s despair), I still don’t know how he took it, since he didn’t say a single word. We still don’t know if he have accepted it or not, he never talks about it and quite often, he refers to her in the masculine and uses her previous name.” (Irene, girl, 10, 12)

After the social transition. No story mentions grandparents in this timepoint.

Discussion

The aim of the present study was to explore the experiences of trans children and youth and their families before, during

and after social transition from the perspective of their parents. The stories reveal that, before social transition, children usually provide consistent signs of nonconformity with the gender assigned to them at birth, both through their preferences and expressions and by using grammar appropriate to their experienced gender identity. Previous studies agree that identification with the roles attributed to the other gender is not an unequivocal sign of being trans, but this does not detract from the evidence that trans children tend to adopt highly stereotyped gender roles so that others recognize them as belonging to the gender category they feel is consistent with their own identity (Caldarera et al., 2019). To achieve this, as evidenced by the stories analyzed herein, children use the resources available to them (colors, games, superheroes or princesses costumes, haircuts, etc.) to make it clear which gender category others should include them in. Obviously, as befits childhood, these indicators are stereotyped and immature (Landarroitajauregui, 2018).

Before social transition, several stories recounted sadness, depression, anxiety, poor academic performance, disruptive behaviors, social isolation, somatization, self-injury, suicidal ideation and planning, and even suicide among the children and adolescents. Before transition, a profound distress prevents the child from developing fully and happily. Previous research also reported discomfort prior to children’s transition and affirmation of their gender identity (Horton, 2022), and negative effects of rejection and non-affirmation of gender identity in childhood such as insecure attachment (Wallace & Russell, 2013), shame (Turban, 2017), lack of belonging, post-traumatic stress disorder and low self-esteem (Ehrensaft et al., 2018), and high levels of depression, anxiety, or suicidal ideation (Srivastava et al., 2020), among others. We found that these expressions and feelings manifest from very early ages, even before the development of language, in agreement with the findings of other researchers reporting that children are aware of their gender identity from very early ages (Ehrensaft, 2017; Moral et al., 2022), often between 2 and 4 years old (Gómez-Gil et al., 2006).

Explicit self-disclosure and name choice are considered to be among the main triggers of transition (Ehrensaft, 2020). Previous researchers found that name choice is one of the main issues in the trans community (Anzani et al., 2022), similar to our findings. In some of our cases, the initial disclosure of identity occurred at a very early age (4 years), while in other cases it occurred much later (16 years). In the latter cases there was more negative attitudes and consequences, as well as greater parental concern. In this sense, previous studies reported that while some trans children affirm their gender identity early, others do not reveal it early, and sometimes not until after puberty or later; in these latter cases suffering and pain are greater (Medico et al., 2020). The greater well-being that children

experience once their social circle accepts their gender identity leads us to conclude that, in accordance with several authors, delaying or not allowing social transition, far from being a sign of prudence, could lead to iatrogenic effects (Steensma et al., 2013). Several researches highlight that support and acceptance of the child's gender identity from childhood onward promotes the construction of a secure bond and the development of greater resilience (Rafferty, 2018), which in turn decreases the risk of internalized psychopathologies and reduces the levels of depression and anxiety (Olson et al., 2016). Our findings support these assertions, insofar as all of the stories documented increased well-being post-transition, in line with other recent qualitative research (Horton, 2022).

Regarding parent's experiences, all stories describe a similar process in all cases, ranging from denial and lack of knowledge to active support. This process is aligned with that described in previous studies (Lorusso and Albanesi, 2021; Sharek et al., 2018), in which parents describe how they faced many difficulties at the beginning, the foremost of which was the lack of adequate tools to understand their children's expressions, feelings, and attitudes. As in our study, the internet was the first source of information turned to (Evans et al., 2017; Sharek et al., 2018), through which organizations and support groups that became vitally important were contacted (Hillier & Torg, 2019). Several studies also point out that during this process of searching for information, parents encounter professionals who are not very qualified. Parents feel very grateful when they meet a professional who is able to label and name what they are experiencing (Lorusso and Albanesi, 2021; Sharek et al., 2018).

In our study, parents describe how the acceptance and support of transition led to a considerable improvement in their children's lives, and in their own, in accordance with prior studies providing evidence that family support is a key factor in a successful transition (Horton, 2022; Lorusso and Albanesi, 2021). Some gender differences may be appreciated and, overall, mothers play a more supportive role; fathers find it more difficult to accept their children's needs (Riggs & Due, 2015): "He had to see a mother desperate to help her son and a father who was still anxious to remove his bandage" (Ikerne, girl, 5, 10). However, once acceptance occurs, fathers and mothers are equally involved in supporting their children, leading to greater well-being. This increased well-being is also accompanied by certain fears and problems. Parents are aware of the difficulties their children may encounter and the need for support to deal with them.

We also found differences according to the child's gender. Specifically, our results suggest that, during childhood, before the social transition, girls (assigned boys at birth) are mistaken for gay boys, making them the object of teasing,

which may imply that homophobic attitudes are present in the school environment (González-Mendiondo et al., 2023; Horton, 2023). Meanwhile, boys (assigned girls at birth) are taken for masculine girls or "tomboys", a condition that is not so socially punished and that, in some cases, even receives positive affirmation from their environment.

Once the social transition has been made, social rejection and the experience of the body emerge as the two main concerns of parents. Regarding pubertal changes and the development of secondary sexual characteristics, the stories recount that, while still valuing their bodies as they are, parents understand that treatment with pubertal inhibitors and subsequent hormone therapy can be of great help to their children once puberty has begun. From the field of endocrinology, the benefits and possible side effects of pubertal inhibitors continue to be discussed (Moral et al., 2022) but, in line with what was expressed by the participants in our study, Guerrero et al. (2015) pointed out benefits at the psychological level associated with reduced effects of social stigmatization and, above all, the presence of unwanted sexual characteristics.

At this timepoint, we found differences between the stories told by the parents of the children and those of the adolescents. Specifically, the stories analyzed indicate that adolescents experience anxiety in relation to these changes and express great urgency with respect to starting medical transition. According to their parents' stories, those who make the social transition at an earlier age do not express such anxiety, and they also have a more positive relationship with their bodies, although they do express uncertainty about puberty and the development of secondary sexual characteristics. These results are consistent with previous findings regarding the health and developmental benefits of undergoing social transition at an early age (Ehrensaft et al., 2018).

Our study revealed the role that other family members play in supporting children making the social transition. Little information on the role played by family members has been provided previously. Two main aspects are emphasized by our participants' stories: the role of grandparents, contrary to social prejudices about older people, is characterized by the provision of support and closeness during the transition process, where their love for their children and grandchildren supersedes their own beliefs and prejudices. The second aspect concerns the role played by siblings as the main source of support for children before, during, and after transition and the requirement to attend to siblings' needs and feelings as well.

Finally, our results indicate that social transition is not primarily a process that children actively do; instead, it is a process that mainly takes place in other's gaze, that is, in other's perception: it is about the others ceasing to see the girl that the child was assumed to be and progressively

moving toward seeing the boy who claims to be, or vice versa (Mayor, 2020).

Our results seem to confirm the hypotheses of the transemancipatory theoretical framework (Horton, 2022) in the sense that the denial of the gender identity expressed by trans children and youths generates suffering and discomfort, while acceptance of their gender identity leads to a sense of well-being, which indicates the benefits of affirmative approaches.

Our study has several limitations. First, our participants were recruited by purposive and convenience sampling and sociodemographic characteristics were similar among them. Our findings should be validated in other samples. In addition, based on an incidental recruitment procedure, all parents were recruited from the same organization, which probably led to a homogenous vision on how to support trans children. Second, more mothers than fathers participated. This imbalance was also found in previous studies conducted in Spain (Platero, 2014). Third, our study was based on retrospective information, so some recall bias is likely present. Studies using other measures, such as diaries, would help us to more accurately record specific behaviors and/or situations on a day-to-day basis. Finally, our study focuses on children and adolescents who assert a clear gender identity as a boy or as a girl. Our conclusions should be contrasted with studies of non-binary populations, or children and adolescents with other diverse expressions of gender identity.

This study is one of the first conducted in Spain to provide detailed accounts of the experiences of parents in relation to the social transition of their trans children. This study could be highly relevant not only for families who are experiencing situations similar to the ones recounted herein, but also for all professionals who work with trans children, adolescents and their families, in any field (education, health, judicial, etc.). It is important for these professionals to be cognizant of the needs and benefits that accompany the transition for these children and adolescents, and how the transition improves their quality of life. Professionals must help create a favorable environment that enables better support for these children and adolescents, by providing accurate information, support, and care for parents and other family members.

Regarding the sociopolitical context of Spain, in recent years the visibility of trans children and youths has increased, as has social acceptance. Moreover, laws that protect their rights have been approved, and educational and health protocols have been established to support their needs, albeit that this has not occurred without controversy. We hope that the results of this study help advance knowledge about the experiences of these families, in order to enable evidence-based legislative-, education- and health-related decisions and thus improve their quality of life.

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