

A Research Project in Partnership with
Family Services Ottawa and Carleton
University School of Social Work

Let People Be Who They Are

**Best Practices When Working With
Gender Independent Children and
Their Families in Ottawa**

Josh Goodbaum, Jeremie Huot, Deegan Patterson

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Introduction

In collaboration with Family Services Ottawa (FSO), this qualitative research project explores counselling and community services available in the Ottawa area for gender independent children and their families. We have collected data through conducting semi-structured interviews with service providers in both Ottawa and Toronto in regards to services available and best practices of care when working with gender independent children.

FSO is a multi-service organization providing services to individuals, families and community groups in the Ottawa area. One specific program offered by the agency, Around the Rainbow, is geared towards offering services to the Lesbian, Gay, Bisexual, Trans, Two Spirit, Queer/Questioning (LGBTQQ) community. Through the delivery of the programs offered through Around the Rainbow, such as workshops, counselling and “tool kits”, FSO has identified a gap in services, information and understanding for gender independent children and their families.

Gender independent children are individuals aged 1-12 whose gender identity and/or gender expression does not conform to traditional expectations of what it means to be a boy or a girl (such children may also be labeled as gender non-conforming or gender variant)¹. The identification of gaps in service and care for these children is not a trend specific to the Ottawa region or to FSO (Mallon and DeCrescenzo, 2006); rather, it is becoming a growing area of concern for program providers and as such is an important area of study. The World Professional Organization for Transgender Health (WPATH) has recently updated their standards of care for professionals working with this population and have moved forward to

¹ We have adapted this definition from the World Professional Association of Transgender Health's (2011) definition for *gender nonconforming*. The term *gender independent* was selected by FSO for this project.

include within their literature that participating in “reparative therapy” is no longer considered a “best practice”. Although this is a step forward, it leaves these questions: what are the best practices when working with this population, who are providing services to this population, and finally, which practitioners are employing the use of best practices?

Key Terms

Terms that are important in this study include:

- *Gender identity* (GI), which refers to a "person's intrinsic sense of being male, female, or an alternative gender." (WPATH, 2011, p. 96);
- *Gender expression* (GE), which refers to "characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine" (WPATH, 2011, p. 96);
- *Transsexual*, which generally refers to an individual who has changed their sex form Male to Female (MtF), or vice versa (FtM);
- *Transgender*, an “adjective to describe a diverse group of individuals who cross or transcend culturally-defined categories of gender” (WPATH, 2011, p. 97);
- *Gender queer*, an identity in which the individual may or may not conform to normative gender expectations while having a critical understanding of gender norms;
- *Gender Identity Disorder* (GID), which is discussed further in our literature review.

It is important to remember that attempting to define these terms is inherently problematic as these definitions may not apply to all people who identify as such and the definitions individuals ascribe to their own identity must be valued over any other.

Theoretical Framework

Our approach in understanding the complexity of services and needs for gender independent children is framed through a combination of feminist and queer theory orientations. The connection between queer theory and feminist principles is outlined in Marinucci's *Feminism is Queer: The Intimate Connection Between Queer and Feminist Theory*. Marinucci (2010) explains that feminist studies introduce and problematize normative notions of gender identity while queer studies introduce and problematize normative understandings of sexual identity (p. xii). Combining the two theoretical frameworks allows for an understanding of how gender identity and sexual identity intersect. Further, Marinucci (2010) explains and problematizes our understanding and need to define membership in given categories through ascribing definitions to individual identity, however they argue that this must be done through "contextualized explanations in the form of commentary and discussion" (xii) to ensure that we do not misrepresent fluid identities. Using these theoretical frameworks is important when an understanding of the fluidity of gender and sexual identity is important, while also engaging in work that demands definitions.

Literature Review

It has been recognized for some time that gender independent children may encounter social stigma and experience distress (e.g. Lev, 2004; Di Ceglie, Freedman, McPherson and Richardson, 2002; Riley, Sitharthan, Clemson and Diamond, 2011b). Given these findings, many researchers and service providers have offered their opinions on how to best support gender independent children and their families. This literature review will highlight current understandings of gender development, the common issues affecting gender independent

children and their families, debates regarding Gender Identity Disorder and the various approaches to work with this population.

Gender Development

Gender development is typically described as a standard process, and different factors throughout this process can have an impact on the GE and/or GI of gender independent children. By the age of two, many children begin identifying themselves as boys or girls, and by three, regularly label the gender of other children and adults (Menvielle, Tuerk and Perrin, 2005). Even at this early age, children may declare to their parents that they feel that there is a difference between their GI and the gender that others label them with (Brill and Pepper, 2008).

After they acquire awareness of these labels, between the ages of four and six many children develop beliefs about what GEs are specifically appropriate for boys and girls, with “fixed ideas about what each sex should do, wear and feel.” (Menvielle et al., 2005, p. 38) However, at this age many children may engage in GE that are perceived as nonconforming, and some may express “consistent and persistent” cross-gender identification (Brill and Pepper, 2008, p. 63). Additionally, as Iervolino et al. (2005) state:

Although large differences in gender role behavior are observed between the sexes, there are substantial individual differences within the sexes in the extent to which boys and girls adopt masculine-typical and feminine-typical behaviors.” (p. 626)

During middle childhood, cognitive developments, including “improved social comparison skills, the ability to infer stable, abstracted attributes in the self, and the ability to imagine what the collective other is thinking”, (Yunger, Carver and Perry, 2004, p. 572) have distinct impacts on GE. Recognizing that someone’s gender doesn’t necessarily change if they

engage in nonconforming GE can lead some children to embrace more fluid self-expression, but greater self-awareness of the “collective other” can counteract this by making children self-conscious. Further self-consciousness may be brought on by the hormonal and physical changes of puberty, which can begin before the age of 12 for many children. Puberty is a significant transitional time, as changes in a child’s primary and secondary sexual characteristics can impact on how both they and others perceive them as gendered beings. Although puberty can be a difficult time for most children, the changes in one’s body that happen during this time can be particularly anxiety provoking for children who experience gender dysphoria (Brill and Pepper, 2008).

Even though there is significant consensus on the various age-based milestones involved in gender development, there is no agreed upon understanding of why and how this development takes place. In lieu of a singular definition of this process, many researchers believe that a combination of sociocultural, psychological and biological factors play a role (Adelson, S. L., 2011; Iervolino, Hines, Golombok, Rust and Plomin, 2005). While gender development may be influenced by a variety of factors, Slearansky-Poe and Maria Garcia (2009) point out how, beginning in the earliest stages of childhood, “children are gender socialized by messages that are relentlessly and seamlessly woven into social processes, interactions, and institutions.” (p. 204) Bussey and Bandura (1999) similarly argue that the “stereotypic attributes and roles linked to gender” (p. 676) are cultural constructions. Despite these arguments, a binary model for understanding gender still plays a significant role in contemporary North American society.

Common Issues

When service providers are asked to work with gender independent children and their families, it is often because of varied concerns on the part of that child’s parents/guardians or

other adult authority figures that result from the child expressing a GI or engaging in GE that is perceived as atypical (e.g. a girl regularly pretends to be a boy in make-believe play, or vice versa.) These concerns may take on greater urgency if parents/guardians believe that their child's GI and/or GE are durable and not simply a "phase", and/or when other family and community members begin to notice and comment negatively on the situation (Hill, Menvielle, Tuerk and Perrin, 2005). This may prompt some parents/guardians to reach out to service providers, while it may lead others to feel such intense embarrassment and shame that they fail to take such steps (Menvielle and Tuerk, 2002). Lev (2004) describes parents/guardians who do reach out to service providers as "well-meaning and frightened" and "experiencing fear, worry, anger, confusion and concern about their child's gender identity and sexual orientation." (p. 329) These feelings may be premised on the very realistic possibility that their child will face harassment, abuse and violence in school and other settings (Riley et al., 2011b). However, it is also important to acknowledge that, even when parents/guardians are "well meaning", heterosexism, homophobia and transphobia may impact on their attitudes towards their children (Ehrensaft, 2011a). Such attitudes could be evidenced in more subtle ways, with some parents simply taking longer than others to accept their child for who they are (Hill and Menvielle, 2009). However, in other cases these attitudes can lead to more problematic outcomes. A study by Grossman, D'Augelli, Howell and Hubbard (2006) exploring the experiences of transgender youth correlated the level of the participant's reported levels of childhood gender nonconformity with the degree of verbal and physical abuse directed toward them during childhood by their parents. As Ehrensaft (2011a) notes, due to discriminatory attitudes, gender independent children cannot necessarily "count on the love and support of their own families in their minority identities." (p. 529)

While there is significant evidence that schools, other social institutions and communities at large can be unaccepting and potentially unsafe places for individuals whose GI or GE do not conform to normative expectations, when parents/guardians concerns are premised on expectations that their child will follow a specific developmental path, the evidence is much murkier. In fact, there is no guarantee as to how a gender independent child's GI, GE or sexual orientation might develop. As Hill, Menvielle, Sica and Johnson (2010) state:

Some children experience massive distress associated with living in their assigned gender, and their commitment to their declared gender increases with the approach of puberty. For other children, childhood gender variance fades by puberty or earlier, and development proceeds towards a "homosexual path"...lastly, some children...end up heterosexual and may or may not be unconventionally gendered. (p. 7)

While a child labeled as gender independent is not guaranteed to follow any specific developmental path, Langer and Martin (2004) cite a variety of studies which show that a higher percentage of queer adults than heterosexual adults report childhood histories of gender non-conformity.² Even though sexual identity and gender identity are separate components of self-identity, for many queer individuals, "play at the margins of gender" (Ehrensaft, 2011a, p. 531) during childhood can be part of one's identity development. However, Brill and Pepper (2008) caution that "plenty of gender-variant children do not grow up to be gay, and plenty of children who are not gender-variant become gay." (p. 33)

² Most of this research specifically focuses on whether children later identify as gay, lesbian or heterosexual. There is limited research focusing on bisexuality or other variations on sexual identity.

Similar cautionary phrasing should be applied when discussing the relationship of gender independence to transgender identity. A significant amount of research exploring the relationship between non-conforming GE and/or GI childhood and later transgender identification has focused on children who are diagnosed with Gender Identity Disorder (GID) (this diagnosis will be further discussed in the next section of this report). In a review of six North American follow-up studies of boys with GID, Zucker and Bradley (1995) indicate that 6% later identified as transgender. In Zucker and Bradley's (1995) own follow-up study of 45 boys and girls diagnosed with GID in childhood, 14% had a later wish for sexual reassignment surgery. Reviewing these findings and other studies, Cohen-Kettenis and Pfäfflin (2003) state that childhood GID is more strongly related to later identification as lesbian or gay than identification as transgender. Nevertheless, in retrospective reports, many transgender youth and adults identify as having had a non-conforming GI and/or GE during their childhood (Grossman, et al., 2006; Grossman, D'Augelli and Salter, 2006). When, how and *if* transgender identified children express these characteristics, and whether the reactions of their family and community promote or inhibit further self-expression, will undoubtedly vary from child to child.

Since this report is investigating issues relating to working with children under the age of twelve, it is important to acknowledge that self-identification can sometimes be a tricky process for young people. Although some children may have a strong, fixed sense of their GI and/or sexual identity at a young stage, others may first identify as queer as a precursor to later transgender identification, or vice versa. Thus, it is important for practitioners to both be aware of the potential that a gender independent child will later identify as queer or transgender, while also supporting children in defining their identities for themselves.

Gender Identity Disorder

One challenge with discussing the common issues and experiences of gender independent children and their families is that a significant amount of research in this area has focused on a small subset of this population; that is, children who are diagnosed with GID. GID in children was introduced as a mental disorder in the *Diagnostic and Statistics Manual (DSM)* in 1980. Children may be diagnosed with GID if they exhibit both strong and persistent cross-gender identification and discomfort with their assigned sex/gender role, along with “clinically significant” distress or impairment. Estimates have pegged the number of children age 12 and under who could be diagnosed with GID as ranging from .003 to 3 percent of boys, and .001 to 1.5 percent of girls (Lev, 2004). In their discussion of why so many more boys than girls are likely to receive this diagnosis, Lev (2004) argues that it is:

clearly related to the more rigid societal gender expectations for males than females, as well as the greater psychosocial stressors placed on boys who deviate from proper gender behavior. (p. 319)

Many researchers have criticized the inclusion of GID as a mental disorder in the *DSM*. In one such critique, Bartlett, Vasey and Bukowski (2000) make a very persuasive case that GID does not match the *DSM* definition of a mental disorder. Citing a range of studies that suggest that children diagnosed with GID have normal functioning both in childhood and adulthood, the authors suggest that the distress associated with GID is less about a dysfunction in the child, and is more the product of a conflict between the child’s behavior and the society in which they live. Responding to similar criticisms, Kenneth Zucker, a prominent authority in the understanding and treatment of GID in children and adolescents, (and a Chair of the Sexual and Gender Identity diagnostic working group for *DSM-5*) argues that GID is a valid diagnosis, “unless one wants to

argue that the desire to change sex is simply a “variation” of normal gender development.”

(Zucker, 2006, p. 544) Nevertheless, as the WPATH (2011) Standards of Care state:

the expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally-diverse human phenomenon that should not be judged as inherently pathological or negative. (p. 4)

Regardless of this debate, as of the time of writing it appears likely that this diagnosis will remain in *DSM-5*, albeit retitled Gender Dysphoria in Children, and with slightly different diagnostic criteria. (American Psychiatric Association, 2012) What impact these changes will have on children and how this influences future debate on the diagnosis remains to be seen.

Overview of Different Practices

Despite the criticisms of the GID diagnosis, it has been listed as a disorder in the *DSM* since 1980, and thus many services for gender independent children have been developed under the assumption that they are disordered. Therefore, a number of service providers endorse therapeutic approaches that aim to change a gender independent child’s GI and GEs to ones that are viewed as more “normal.” Such therapies are typically offered for children diagnosed with GID and may be termed as “corrective”, “normalizing” or “reparative”.³ Reparative-style therapies are premised on cognitive-behavior therapy techniques, with the aim of reinforcing desired behaviors/cognitions and extinguishing those behaviors/cognitions that are deemed inappropriate (Zucker and Bradley, 1995). These therapies were developed (and are often still endorsed) by very influential figures in the mental health field. In a review by Lev (2004),

³ A mental health service provider would be unlikely to label the services they offer as reparative, as such treatment was prohibited by the American Psychological Association (Hill et al., 2010). However, the term “reparative-style” is often used to describe some contemporary, cognitive-behavior style approaches.

among the common justifications for the use of reparative-style therapy cited by its proponents were that it helps: a) reduce peer ostracism by teaching the child to have GI or GE that are deemed more “appropriate”; b) treat underlying psychopathology in the family; and c) prevent both homosexuality and the continuation of GID into adolescence and adulthood. Based on these problematic justifications and the lack of a solid evidence base that reparative-style therapies are successful in creating positive long-term outcomes for gender independent children and families, WPATH (2011) stated in their recent standards of care for health professionals that these therapies are “no longer considered ethical.” (p. 16)

Although reparative-style therapies continue to play a role in the treatment of children with GID, in the past decade there has been a growing consensus among academics and service providers that the distress experienced by gender independent children and their families is generated by societal discomfort regarding these children’s behavior, rather than underlying psychopathology in the child. As a result, in recent years a number of recommendations and guidelines regarding work with this population have been generated that stress the importance of providing children and families with interpersonal and emotional support while also emphasizing education and advocacy to reduce the stigma surrounding gender independence (Lev, 2004).

Is it possible to judge whether these new practices are better equipped than reparative-style therapies to support the needs of gender independent children and their families? A useful starting point would be to further explore what children and their families actually identify as their needs. A recently published study by Riley et al. (2011b) presents the results of an online survey of 31 parents of gender variant children in the United States that aimed to capture the experiences and needs of both parents and children. In their analysis, the author’s identified a wide variety of common needs. For parents, among the 23 identified needs were a desire for

more information on gender variance, stories about other families in similar situations, strategies for parenting, knowledgeable counsellors to support them, their child and their family, access to support groups with other parents (either in person or online), strategies for dealing with negative reactions to their child and having specific guidelines and policies for schools. In addition, parents also expressed medical-specific needs, including access puberty-suspension blockers for their child when indicated. The author's describe parents as typically starting out with of a focus on requiring information, and later progressing toward a need for more formal professional and peer supports for them and their children.

For children, among the 26 needs identified by Riley et al. (2011b) were having permission to discuss their feelings, acknowledgement and validation that being gender variant is okay, to be loved and respected, to be able to make choices in their personal expression, to have access to support groups (either in person and online) and gender-variant friend, to be safe from harassment, abuse and violence and to have the “potential for a fulfilled and successful life.” (p. 186) Based on these results, Riley et al. (2011b) advocate for the development “of affirmative approaches in supporting gender-variant children and their parents.” (p. 194) With the findings from a recent survey of the needs of parents, grandparents, primary caregivers and guardians of gender independent children in Ontario by the 519 Church Street Community Centre in Toronto expected to be released this year, there will be further evidence to help us get a sense of whether a similar demand for “affirmative” approaches is felt by families in this province.

In explaining why they offer such “affirmative” services for this population, Hill et al. (2010) state, “acceptance and unconditional love are central to a healthy gender-variant child and adolescent.” (p. 9) Rosenberg (2002) describes that early on in both individual and group treatment he informs the children that “I have known many children with similar issues and that

it is possible for them find happiness” (p. 620), which helps reduce any anxiety and shame that the child is experiencing. A similar emphasis on acceptance clearly informs the WPATH (2011) standards of care, in which the key principles include: exhibiting respect for individuals with nonconforming gender identities, matching the treatment approach to the needs of the individual, becoming knowledgeable about the specific health needs of gender independent individuals and advocating for individuals within their families and communities.

While the WPATH (2011) standards of care provide a good sense of the current thinking of providers in the field of transgender health, a recent survey by Riley, Sitharthan, Clemson and Diamond (2011a) provides additional evidence on the beliefs of service providers regarding the needs of gender independent children and families. Based on an online survey involving 29 professionals from various fields across North America, Europe and Australia, the author’s identify 192 different needs, which they break down into themes based on their relevance to either children or parents. In regard to children, service providers identified needs that were grouped into 9 categories. These were the need: to be accepted and supported; to be heard, respected and loved; to have professional support; to be allowed to express their gender; to feel safe and protected; to be treated and live normally; to have peer contact; to have school support; and to have access to puberty delaying hormones. In regard to parents, service providers identified needs that were similarly grouped into 9 main themes. These needs were: emotional support; education and correct information; support from society, local community, friends and family; general support; competent, knowledgeable professionals; diagnosis, treatment and beneficial outcomes for their children; peer support; support, understanding and acceptance from schools; and additional research on treatment approaches. These findings indicate that for many

practitioners, the starting point for meeting the needs of gender independent children and their families would be providing them with various forms of “affirmative” support.

In regard to supportive counselling services, Lev (2004) states that a focus should be placed on: providing the child and their family with information and education, making referrals and recommending resources that reduce isolation, assisting the parents/guardians with any challenges in advocating within their communities, and working to build collaborative dialogue between the child and their parents around setting appropriate boundaries that respect the child’s GI and GE while ensuring safety for the child and family (e.g. the child can be encouraged to only cross-dress at home if the community they live in is particularly hostile, etc.) Ehrensaft (2011b) offers similar examples of tasks that “gender-creative” therapists can help parents with. These include helping parents work through their positive and negative emotions, facilitating a “mourning process” that will allow the parents to move from a place of disappointment with their child to hope and caring, ensuring that parents remain “mindful” of the experiences of any other children they may have and connecting parents with medical professionals when relevant. Ehrensaft (2011b) frames the work that she does as mostly “behind-the-scenes” as she primarily focuses on working with parents/guardians, and may only meet with children for a few sessions or not at all. She offers specific criteria for judging if it is relevant to meet with children at all, and further factors that would lead her to recommending that a child receive ongoing therapy. Although Ehrensaft (2011b) does recommend working directly with children if, for example, it appears that their parents/guardians are either struggling with acceptance or developing a clear understanding of their child’s identity, or if the child is experiencing bullying or themselves expresses an interest in having someone to talk to, she argues it is important to recognize that a gender independent child should not require therapy simply on the basis of their GI and/or GE.

When assisting parents/guardians, it is important to remember that cultural factors can inform the ways in which family members understand gender. While written specifically for the assessment and treatment of GID, an article on cross-cultural clinical practice by Newman (2002) raises some important considerations that could be applied more generally to work with gender independent children and their families. Among these considerations, the author includes thinking about how the family understands the differences between male and female, what the attitudes are towards homosexuality and gender independence and whether there is an assigned place in the family's culture for gender independent individuals. While not suggested by Newman (2002), since many discussions of cross-cultural practice emphasize the importance of engaging in self-reflection on one's own values and beliefs, it would be potentially relevant for service providers to ask and answer these questions themselves. In fact, Pleak (1999) identifies an open discussion of one's biases with parents as a key guideline for evaluating and treating children with gender dysphoria.

One issue raised in numerous publications is the importance of peer support groups for gender independent children and their families (Hill, Menvielle, Sica and Johnson, 2010; Menvielle and Tuerk, 2002; Riley et al., 2011a; Rosenberg, 2002; Tuerk, 2011; WPATH, 2011). In describing the benefit of peer groups for children, Rosenberg (2002) describes how "knowing that others like themselves exist is self-esteem enhancing, probably by breaking through isolation." (p. 620) Similar benefits could clearly be applicable to parents, who may experience significant degrees of isolation.

While many of the above-described "affirmative" recommendations can be applied to professional practice in a range of fields, other publications have focused on more specific realms of practice. In schools, recommendations for creating "gender-expansive environments"

include using teaching tools that show role models engaging in diverse activities and career paths, avoiding gendered language such as “boys and girls” when addressing the classroom or dividing children into groups, encouraging children to find activities that they enjoy inside and outside the classroom and intervening when children “police” each-other on gender (Welcoming Schools Guide, 2010).

Recommendations regarding practices have also been made within the context of child welfare work. Assisting parents/guardians in this context can be especially important, as “virtually no social supports are in any of our child welfare institutions for children or youth who are gender variant.” (Mallon and DeCrescenzo, 2006, p. 217) In their recommendations for supporting children and families in child welfare work, Mallon and DeCrescenzo (2006) list a list 15 guidelines for service providers, which includes similar recommendations to those already discussed, along with helping parent/guardians to understand that their child’s GI or GE is natural to them and helping children develop strategies for dealing with stigma and discrimination. Additionally, the authors recommend that where supportive resources are not available, practitioners should “take the risks necessary to create them.” (Mallon and DeCrescenzo, 2006, p. 234) In line with this recommendation, a useful first step in order to create better services for gender independent children and families in Ottawa would simply be developing a clearer understanding of what resources are actually out there.

A last component of professional practice that warrants further discussion, even though it would only apply to a small proportion of gender independent children, are medical interventions. In a recently published study, Speck et al. (2012) discuss the specific rationale behind providing children under the ages of 12 who were diagnosed with GID with pubertal suppression treatment. The author’s describe the importance of such intervention medical

intervention for children with gender dysphoria before they begin the later Tanner stages of physical development.⁴ These physical changes are not only difficult to reverse, but can also lead to increased levels of anxiety, depression and suicidal ideation for young people with intense levels of gender dysphoria (Speck et al., 2012) Despite their endorsement of pubertal suppression treatment in children during early puberty (provided that those children undergo an extensive evaluation process, fully detailed in the article), Speck et al. (2012) also acknowledge that many individuals do not present for medical treatment in childhood. While stating that further research is needed to better understand the motivations that some children and their parents/guardians have for waiting, the author's do point out that a lack of centres that are willing to provide such treatment is clearly a factor impacting on people's awareness of and ability to access medical services.

Given the wide variety of approaches to work with gender independent children and their families, this literature review provides only a brief overview of both the nature of these approaches and the debates regarding their appropriateness. It is important to recognize that despite the increasing emphasis in the literature of "affirmative" services, there is no research comparing "affirmative" and reparative-style practices, nor any longitudinal studies looking at the specific long-term impacts of "affirmative" practices. Zucker (2007) argues that the lack of such research makes impossible to conclude if "affirmative" approaches "will result in both short-term and long-term outcomes any different from the more traditional approaches" (p. 694) Nevertheless, the aforementioned statements by WPATH decrying reparative-style practices as "unethical" means that any comparative studies are unlikely to happen. Given the arguments of WPATH and the increasing predominance of publications by service providers and researchers

⁴ The Tanner Scale includes 5 stages of physical development for one's external primary and secondary sexual characteristics.

who endorse “affirmative” practices, it seems that with or without any longitudinal studies, a dramatic shift is taking place in how the needs of gender independent children in their families are understood and supported by service providers.

Methodology

Sampling Procedures

Purposive and snowball sampling were utilized to recruit 7 participants through referrals from experts in the field and FSO. We employed purposive sampling to “get all possible cases that fit particular criteria,” while snowball sampling was used to “get all possible cases using referrals from those cases and so forth.” (Neuman, 2006, p. 220) All of the participants that we selected met the following criteria: practitioners in the social service field from any discipline that have worked with gender independent children (0-12) and/ or their parents. Due to time constraints, we were not able to exhaust the snowball method by reaching a closed network—a traditional practice in snowball sampling where researchers continually collect referrals until there are none remaining (Neuman, 2006).

During the course of recruitment we experienced difficulty in finding a large enough sample in the Ottawa area to achieve theoretical saturation. This led us to recruit 3 out of the 7 participants from Toronto. Our rationale behind this decision was that Toronto offers well-established services (discussed in our ‘Findings’ section) for gender independent children and their families that could help to inform practices at FSO and other Ottawa-based agencies. In addition, one of our participants supported this decision by stating:

Well I think some of the stuff that they’re doing in Toronto would be useful, and I would like to see that coming from the school board...because what they are doing at the Toronto District School board...I think that’s like a model, can we do that here?

The demographic backgrounds collected from participants include education, employment and years of experience. In terms of education, 5 out of the 7 participants had their MSW and one of the 5 is currently doing their PHD part-time. The other 2 participants had a bachelor of political science and a bachelor of psychology, respectively. With regard to employment the majority of participants worked in community based organizations (4 out of the 7), while 3 worked in mainstream agencies (e.g. schools, family-service organizations, etc.). The years of experience varied from about 3 to over 16 in the social services field (including community development/education and direct counseling).

Data Collection Method

We conducted 7 semi-structured qualitative interviews, 6 in person and one over the phone, that each lasted approximately 60 to 90 minutes. The majority of the interviews (5 out of 7) involved two researchers, one as the interviewer and one as the note-taker, along with one participant. The two remaining interviews consisted of only one researcher that took on both note-taking and interviewing responsibilities. In all cases at least one research member other than the interviewer actively listened to each audio-recording in order to enhance the trustworthiness of our study. In this context trustworthiness refers to our ability as researchers to capture every detail, comment and piece of information that each participant shared (van de Sande and Schwartz, 2011).

Each semi-structured interview involved using the same set of interview-guided categories with respective questions (see Appendix A) that were asked in varying order based on the flow of the interview (van de Sande and Schwartz, 2011). The eight interview-guided categories were the following: background info (education, employment and years of experience), characteristics of professional practice, perspectives on gender, perspectives on

gender independent children and their families, working with this population, available services, wrapping up and additional info. These guided categories allowed us the space to address related themes depending on what each participant brought forward. At the same time, having guided categories provided us with enough structure to compare the types of practices used by participants when working with gender independent children and their families (van de Sande and Schwartz, 2011).

The rationale behind why we chose to use qualitative interviews was to broaden the knowledge base available in the social service field of what practice approaches were being used when working with gender independent children and their families. Ultimately, we used qualitative interviews as a ‘bottom-up approach’ to explore and discover the gaps in services and to improve the social conditions for this population.

Method of Analysis

The method of analysis that we used to find meaning in the data collected through the audio-recorded, qualitative interviews was thematic analysis. Thematic analysis “is a method for identifying, analyzing and reporting patterns (themes) within data” (Braun and Clarke, 2006, p. 79). We chose to follow Braun and Clarke’s (2006) six phase process of thematic analysis. Phase one (familiarizing ourselves with the data) began with actively listening to the audio-recorded interviews, and brainstorming any initial interpretations. In this process we did our best to listen to the recordings as much as possible in order to ensure that our notes reflect the authenticity of the information shared in the interview (Braun and Clarke, 2006). Due to time constraints, we did not engage in full transcription of the data. Instead, at least one researcher thoroughly listened to each recording but only transcribed important details and meaningful quotes. In Phase two (generating initial codes), we organized our transcribed data into

meaningful groups or codes. The coding was partially theory-driven, as we were matching the data to the guided categories and questions that were used in our semi-structured interviews. However, data-driven coding was also used to respect the unexpected themes or important information that arose outside of the interview guided categories and questions (Braun and Clarke, 2006).

In phase three (searching for themes) we analyzed the codes identified above and found similarities amongst them, which formulated 2 broader patterns of meaning: Connection and Culture of Unlearning. The former had three emerging sub-themes (community building, education and formal supports) while the latter had two (Norms/ Prejudice and Language). In phase four (reviewing themes) the themes established in the previous phase were critically analyzed and a new sub-theme evolved for each of the overarching themes: Barriers (Connection) and Social Justice (Culture of Unlearning). In phase five (defining and naming themes) we further analyzed and reflected on the data to better develop our understanding and definition of the themes. Finally, in phase six (producing the report) we ensured that the data we have selected for this report best highlighted the themes we have identified and was relevant to the research question and literature on gender independent children and their families (Braun and Clarke, 2006).

Analysis

Theme One: Culture of Unlearning

Participants spoke to some important issues for gender independent children and their families when attempting to access services. The difficulty in providing and maintaining affirmative spaces is exacerbated by constrictive norms which are difficult to address in broader social structures such as social service agencies, schools, communities and in media. A “culture

of unlearning” is necessary to address these broad and overarching problems for families and the services they seek. Three subthemes were identified as contributing factors within this theme:

Norms/prejudices, Language and social justice.

Norms/prejudice

Participants outlined the ways in which gender norms are harmful for gender independent children and their families. Some participants pointed out the myriad of ways in which children receive messages about gender norms and the importance of recognizing the ubiquitous nature of these messages. One participant noted:

Kids observe everything. Their interpretations are a bit wonky because they need to develop critical skills, but kids watch. They watch tv shows. They watch stuff online. Everything is gendered. And they figure out what’s their relationship to it. And what do I have to do to be okay, and what if I didn’t like to do that? And kids with different amounts of strength and courage will blaze through life, and others will be left behind.

It is clear that these messages are given to children from a very young age and that they are enforced through different channels, in the media, in the home and at school. What is important to address however, is the often negative and damaging impact these norms can have on gender independent children. A participant spoke to the realities of these gender norms saying:

So then when you start looking at how this can directly effect a child, there are kids who are getting a lot of pressure to conform and start to hate themselves so their self-esteem falls, they may become suicidal, they may self-harm, they may withdraw and so they lose connection from family and connections from peers and become very isolated and we all know that can lead to decisions that can have more negative outcomes on them when they

become older. I think the impact on these kids can be very serious and those risks are really high.

Participants also spoke to a need to untangle gender expression and sexuality. Although there can be a correlation between gender expression and sexuality they are not the same and it is important to understand the differences. Gender independent children are often mislabeled and their identity is assumed to be homosexual when, as many of our participants indicated, there are a myriad of identities that a gender independent child could grow into later in life if given the time, space and support to explore their own sexuality. One participant notes:

I try to explain to people that a child that is crossing gender lines, specifically I am thinking of a child who has not reached puberty yet; We don't know what that means for their identity later. We don't know if crossing gender lines is an expression of sexual orientation, maybe the child will grow up and be gay or lesbian or bisexual, or we don't know whether the child will grow up to be transgender or transsexual or somewhere on the gender queer spectrum.

When working with gender independent children and their families one important way to ensure that their experiences are being affirmed is to recognize that expertise is held within the family and individual. Several participants spoke to the importance of individuals as experts when engaging in work with gender independent children and their families because their understanding of their identity, community and needs is greater than that of anyone else. Further, the unique needs of every individual and family may differ from experiences working with others. One participant articulated this point saying:

Families are their own experts, and families define themselves. So, from that perspective, how do we meet people where they're at is very important.

Language

Language was identified as a restrictive way in which harmful gender norms are perpetuated and enforced. Language for gender independent children was criticized for being limiting and often highlighting deficits. To highlight this important issue one participant states:

Language questions are always important and we often forget that. Just simply what do you want me to call you? Do you want me to say he, she. Do you want me to use your male name right now or your female name? What are you looking for? Those are definitely important questions that really ease awkwardness sometimes

Beyond the confining aspects of semantics language is ingrained in gendered ways that are often harmful for gender independent children. For instance the language used to define gender independent children can often raise important issues:

I don't really like the term gender non-conforming, because it is pretty DSM, I sort find gender non-conforming implies you sort of should be conforming to either male or female, and that if you don't it is a little troublesome. I am comfortable with the term gender independent and I use it interchangeably with gender creative, to me both of those mean whether the child may identify to the ability that they can, based on their age and understanding, with the gender they weren't born as or they might not feel they fit into either of our nicely boxed up dichotomized genders, either male or female. They might not feel like either what so ever, and they are creative in how they are responding to our attempts to categorize them.

Although gender independent is a new term it is one that, for some of our participants, is able to capture some of the complexities around language and gender expression. Some of these complexities are outlined as:

Factors that lead to social vulnerability often are a lack of language to describe what's going on and the root causes of oppression, somebody else is making decisions for and about you, and that, you're socially isolated or one is socially isolated. And then to address that, to help develop language and knowledge and words to describe what is going on and to name it for what it is, so that it can, action can be taken accordingly, wise action and powerful action.

Further, another participant comments:

It's never about giving kids, gender independent kids, a label of trans or gender identity struggles, umm, I just wanted ... if the kids are not hurting themselves or not hurting others, let's get out of the way, let's leave the kids alone, particularly the younger kids

While the need for appropriate language for gender independent children and their families is clear, avoiding labels while affirming individual identity can be difficult. One participant offered the following exercise as a way of addressing the difficult mine field that is language:

Another professional practice that we explore here around gender is experimenting with using 'they' as a singular pronoun. And when you don't know, use that. And also, to create a climate where we acknowledge that gender is very, we're very acculturated with it and we'll make mistakes. Cause often, something in us, will, in the way we scan a situation, often project a pronoun, and to apologize for it, and to have, have a culture of unlearning that as lifelong. But to understand and listen to the stories of how hurtful it can be, unintentionally, to make those mistakes.

Social Justice

One of the most resounding messages that came out of our interviews was the need for practitioners to engage in social justice work around Gender Independent children and their families. Many participants indicated the need for professional competencies around the topic of gender independent children while others addressed social justice more directly, for instance:

Our organization remains rather vocal when it comes to social justice pieces, but a lot of organizations are afraid of losing funding, losing support, being seen as radical ... that's unfortunate, because I mean it's the work of these organizations to sort of pave the way to social justice work.

Many participants framed social justice work as a responsibility for practitioners in the field indicating that harmful social norms need to be addressed by everyone in order to effect change. Practitioners are in a critical position to challenge norms, at a variety of different levels to change the material conditions their clients face. For instance one interviewee stated:

I think it is our responsibility to be challenging these things more broadly or else we are perpetuating negative experiences. Gender norms are limiting and restrictive.

However, this discussion raises some important questions around the role of practitioners in doing social justice work and their ability to engage in these topics critically:

As communities of individuals and or social services professionals, where do we have those spaces to ask ourselves these questions, to look at how gender and patriarchal notions and restrictive notions around gender and sex come into our work, but are really embedded in us, and how have we been treated? How do we really look at our own lives? Because often we don't know how to act until a certain kind of prejudice has been part of our story, and what role we've been playing in it.

Social justice can take many forms from individual reflection to policy and advocacy work. Our participants spoke to many ways in which social justice for gender independent children can be a part of their professional practice. One such participant spoke to the Canadian Charter of Rights and Freedoms as an example:

For me, from my perspective, I hold myself accountable to the ideals of the Canadian Charter of Rights and Freedoms, our provincial code of conduct, and our municipal code of conduct, as well as the practice of our institution, which is here to celebrate and help to empower people who have many different expressions of gender

Another participant spoke to advocating for Gender Independent children at an agency level:

How do we make sure we're thinking about how to reimagine the world in a reaffirming way? And then how does that guide our vision, how do we write that down, and put that into our vision and mission statements? And how do we make those vision and mission statements public? So that when people come into the space they can read it, or we can talk about it and can refer to it both proactively and reactively.

While others worked to address these issues on a personal level:

I think that if a practitioner does not examine their own beliefs and feelings they have around what is gender, then there are going to be underlying biases that they have that will influence the work they do.

As our analysis demonstrates a key piece in supporting the needs of gender independent children and their families is to recognize and challenge gender norms through our work, language and professional practice.

Theme 2: Connection

In line with the importance of holding affirming values and attitudes, participants discussed the need for connecting gender independent children, their parents, service providers and the wider community with affirming services and initiatives. 4 different subthemes were identified within the theme of Connection: Community Building, Education, Formal Supports and Barriers.

Community Building

Many participants advocated for connecting gender independent children with other gender independent children, and parents with other parents. Whether meeting in person or online, bringing individuals with similar experiences together and building community was identified as having several positive impacts, including reducing the isolation experienced by many children and parents. Speaking about the experiences of children, one participant stated:

I think they need community. I just think it is really important that kids get to meet other kids like themselves and kids get to meet older role models that cross a range of gender identity spectrums, so that they can see possible ways of being in the world.

Another participant highlighted the isolation that can be experienced by parents:

Parents need to feel that they're not alone, there's nothing they did or didn't do [to influence] who their child is or their child will be.

Beyond reducing isolation and shame for both children and parents, participants pointed out benefits of community building that differed between parents and children. Connecting parents with each other was framed as a terrific way to help them increase their own knowledge, by learning what kinds of challenges other parents have faced in

supporting and advocating for their children and what strategies they have used in response. As one participant points out, there are many questions on parent's minds that other parents, as "experts", are well positioned to answer:

People are looking for 'where do we find books?', 'where do we find wisdom?', 'where do we find each other?' and 'who are our allies out there? Who will help us diminish the harm our children may face, let alone help prevent it, and create bubbles and islands of affirmation?

Bringing gender independent children together was discussed as an effective way to create spaces for them to safely explore their GI and GE and mitigate the bullying and harassment that they frequently face:

I think a specific strength is that we are able to physically provide a safe space for them to grow. If I was doing individual counseling, you know I could provide a safe space within this office but at the end of the hour you are going back into the world.

While creating a space for gender independent children to meet and have fun with their peers was highlighted as particularly beneficial, one participant also spoke of the need to ensure that safe spaces are available when children leave such groups:

These programs are often the only space these people have to be open and be safe, and that is great, but often what ends up happening is that it creates a lot of emotion around, okay, now I have to go back to the real world where I face all of these things, and that all comes spilling out and sort of containing that and helping the person struggle through it, that can be hard and challenging.

Beyond the need to help build community for children and parents, participants also spoke of the need to create professional communities, in order to facilitate dialogue and progressive change. As one participant stated:

I wholeheartedly encourage people to take matters into their own hands! Seek different supports and build a broad network of community.

Education

Many participants identified the need for education among service providers, parents and children as a way to challenge gender norms and promote inclusive environments. In addition, most participants felt it was their social and ethical responsibility to engage in this work. As one participant noted:

I totally think it is [our] role and ethical practice to do that work. We need to expand our knowledge base but also question ourselves and experiences and what has brought us to the way of seeing the world. If I had not done this work I would not be able to work with our community and not use [gender] pronouns properly, I would be disrespectful and have a negative impact on them. I would also impact our therapeutic relationship.

Participants expressed open-dialogue or discussion to be one of the most effective ways to educate professionals and families, while also promoting acceptance of gender independent children. In the school context, one participant commented on how open dialogue can be used to challenge existing gender structures and promote new understandings:

So what we're trying to do is we're trying to lay the groundwork to have people even have those dialogues and I guess what that means is a sort of shift in

culture. So, you know, classes being segregated by gender, groups being segregated by gender, teams, but also like a shift in culture and curriculum too.

Another participant commented how we need to develop new theories and models of practice to effectively facilitate an open discussion:

I think with gender variant children, we're saying WHOA, we want to kick things wide open, and I actually think we need new theory and new ways of talking about it to the people and the systems who work with younger children and their parents and guardians, and that's what I think the bigger challenge will be, because some of those people aren't even necessarily open to gay, lesbian, bisexual identities as a parent.

In terms of educating children about the fluidity in gender identity and gender expression there is a difference of opinion among participants on how to approach the topic. One participant emphasized the importance of presenting information to children on these issues even if they lack a full understanding:

You reach kids differently some kids are really responsive and will really get involved and will always be shaped, and other kids may not hear what you're saying and be as receptive. But I think the information at least impacts the kids and get them thinking

Another participant takes a different approach in addressing gender fluidity with children:

I don't often talk about [gender] fluidity with younger kids. They're not there...they're not ready to get that. But I think it's important to talk about that they kind of grow into their own sense of self.

Some participants discussed the challenges service providers face in promoting an open dialogue and an inclusive space because of the lack of knowledge, skills and resources available.

One participant shared potential challenges encountered in schools:

Creating safer spaces in school there are a lot of barriers even if you have supportive teachers and administration, they may not have the resources or training to know how to do it. Services like Around the Rainbow are great they can go into the school and give workshops and training for teachers and staff and do other parent training that is really important or else you are going to get the poor teacher, the one that really wants to help but does not know how to help or how to start planning and, I don't have this, I need back up. I think having those resources are really important.

Furthermore, a participant noted that the lack of training provided to practitioners surrounding issues affecting gender independent children and their families may be a result of federal legislation that fails to protect gender identity:

Human rights legislation and gender identity is not covered. Sexual orientation is covered but if we don't have gender identity at that top level what is going to be the fall down effect for the call for service and improvement? I think in terms of post-secondary education for professionals, having more exposure and class presence for working with LGBT populations and children would help to counter this fall down effect.

Formal Supports

Although education was emphasized as extremely important for creating safety and acceptance for gender independent children, participants also spoke of the potential

need to connect children with more formal supports. Some participants made note of specific agencies in Toronto and Ottawa that they see as playing a positive role in either directly working with this population, or promoting initiatives that seek to decrease stigma directed toward gender independent children. Among the examples of Toronto-based agencies were the 519 Community Centre, the Griffin Centre, the Hincks Dellcrest and the Sherbourne Health Centre. Among the examples of Ottawa-based agencies were Around the Rainbow, Jer's Vision, Pink Triangle Services and Rainbow Youth. However, several participants also spoke about general service gaps in Ottawa as a major concern. For example, one said:

Services tend to be for older youth and teenagers, but not for children and families.

Specific emphasis was placed on the importance of mental health and medical supports, provided that they are affirming. In one participant's words:

Having formal support people like counselors and health care providers who are knowledgeable about these things, who don't frame it as gender non-conforming and a problem - not framing it as a disorder is really important.

When speaking to the need for formal supports, some participants focused specifically on the experiences of children with gender dysphoria. For one participant, experiences working with youth have informed their perspective on the importance of connecting children under 12 with formal supports:

I've seen the damage of the kids who are coming to me older where it's been years, and they're living with such a high degree of dysphoria in their bodies, so what I've seen is the damage of those we didn't work with earlier.

While only discussed by a small number of participants, the topic of medical interventions for children with gender dysphoric was raised. One participant framed this as an important issue that warrants further discussion in Ottawa:

I think the medical support is the single biggest gap for a couple of reasons.

There are not many doctors that are very well informed. Hormone treatment therapy is incredible simple from what I understand. Prescribing E [estrogen] or T [testosterone] is majorly life changing for kids or maybe just puberty blockers are huge.

Barriers

While participants highlighted many exciting possibilities for creating connections to help better meet the needs of gender independent children and their families, they were also frank in speaking to different barriers that make this a challenge. One such barrier was the receptivity of other service providers and community members to the messages and values that participants stressed as being key to promoting positive change:

I think some communities are more receptive to different... dialogues than others.

And as a result I think it's really important to be, or to recognize that yes, certain communities are more receptive to other dialogues, and a result I think you have to sort of be sensitive, and sensitive means maybe a community's not ready to talk about X Y Z, but if you build the capacity within the community maybe within a year you can do that.

In addition, where participants may have felt well positioned to do direct work themselves, they perceived certain structural barriers as preventing them from promoting systemic change:

Weakness wise there are very few of us and there are many students, so we are taking case loads of two thousand that some of us are responsible for indirectly, which can make it challenging to do any organizing or awareness building. We do more individual work, which I don't find very helpful if we are talking about making your schools more inclusive. So I would say that is our weakness, we really struggle to do any global work because we are focused on getting pulled in different directions and crisis work, which is more individual stuff.

Through our analysis, while there are clearly certain barriers that impact on the ability of service providers to promote greater connection for gender independent children and families, there is also serious motivation to implement services and initiatives that help support the needs of this population. While the types of connection that participants emphasized were often in line with their own field of practice (e.g., educators speaking toward the need for more education, etc.), the underlying values within these different recommendations – acceptance, safety, dialogue and affirmation - were consistent from participant to participant.

Limitations

The following is a discussion of identified limitations in this study that are important to be acknowledged when evaluating the information and findings that were brought forward in this report. To begin with, there is a limitation in regards to the literature review because affirmative services are pinpointed as a best practice in working with gender independent children and their families even though, there are no longitudinal studies or evidence-based research supporting

this claim. At the same time, there is question whether there needs to be research in this area considering how WPATH, along with the majority of literature produced in the past decade, has shifted from supporting traditional approaches (including reparative-style therapy mentioned above) to practices of affirmation and acceptance when working with this population. In addition, beyond the literature review there has been a general bias among the research team towards affirmative practice that has impacted all stages of the research process including how we have interpreted and presented our findings in this report. Similarly, this identified bias may have deterred practitioners that use traditional approaches from partaking in our study because of the concerns of how their viewpoints would be expressed in the final report. This introduces the next limitation involving recruitment challenges.

In terms of recruitment there is recognition that because the majority of our participants have a social work background, are well versed on the topic and offer affirmative services, our findings only reflect the practices of a small sub-group of service providers. Therefore, our findings cannot be generalized to other practitioners from different disciplines, that use less affirmative approaches and that may have limited knowledge about how to work with gender independent children and their families. It is important to note the minimal amount of service providers in Ottawa that cater specifically to the needs of this population and the ones that do are not well advertised, which is a contributing factor to our narrow sample of participants. With that in mind, there were efforts to include practitioners from diverse backgrounds especially medical professionals from CHEO to provide information on medical supports available in Ottawa (e.g. hormone blockers). Unfortunately, due to the time constraints of this study imposed by our master's program we were not able to secure interviews with medical professionals. Similarly, these time constraints impacted our ability to continue recruiting until we reached a closed

network (defined above in methodology section). As a result our initial recruitment goal of 10-12 participants was not reached.

A final limitation is in what this study set out to do, that is to provide an evaluation of what services are available in Ottawa for independent children and their families from the perspective of service providers. The study does not go beyond this point in regards to providing recommendations at the individual, community and policy level of how to address the barriers this population encounters when accessing services. Furthermore, another limitation in what the study sets out to do is that it fails to consult gender independent children and their families in determining the best practices in how to serve this population. This limitation is largely attributed to time constraints, as well as, the ethical concerns of Carleton University's ethics committee to approve any research study interviewing persons under the age of 16. On a positive note, there was a recent survey carried out by The 519 in Toronto to learn directly from gender independent children and their families what services should be offered to best meet their needs. The results of this survey are scheduled to be released by The 519 in the summer of 2012.

Conclusions and Implications

We feel that this study offers some significant implications in regard to steps that agencies and service providers can take in order to support the needs of gender independent children and their families in Ottawa. Of course, such a discussion should be centered on whether or not there is a need for such services, and one important conclusion from this study is that there is indeed room for growth in Ottawa in this regard. Moreover, our analysis indicates that there are two important themes – Culture of Unlearning and Connection – that should be considered when thinking about what kinds of services to put in place.

In this study, participants spoke to the need to unlearn norms/forms of prejudice and linguistic practices that negatively impact on gender independent children and families, and to take social justice informed steps ranging from individual reflection to policy work in order to further this unlearning. Given that our Literature Review highlights the importance of challenging negative values and attitudes and embracing more affirming standards, it appears clear that any efforts by Ottawa-based agencies and service providers to better support the needs of gender independent children and their families should begin from a place of unlearning.

Beyond the need to challenge values and discourses, participants also spoke to the need to connect different groups (gender independent children, parents, service providers and the wider community) with specific services. Those forms of connection that were highlighted by participants included community building, education and formal supports. Although participants also spoke to barriers that can impact on the implementation of these services, they spoke clearly to the need for such services. There was no one type of service that dominated during data collection and analysis; rather, it appears clear that all of these different types of services may be equally required. While there are potential weaknesses to these services in isolation (for example, even where gender independent children are connected with similar peers in order to create safe spaces for expression, they may find themselves in other spaces that are not as affirming), a combined approach that seeks to implement different programming and initiatives can help to address any such limitations. The forms of connection that were highlighted by participants are supported by our Literature Review, which highlighted the growing consensus placed on offering affirmative services across different social institutions.

Given the identified need for more services in Ottawa that are grounded in promoting unlearning and connection, the question remains: what is an appropriate response by agencies

and service providers in Ottawa? As discussed in our limitations, this study is by no means a how-to guide. Rather, having identified the potential need for more services, there are many issues for agencies and service providers in Ottawa to explore before taking any next steps. For those who are interested in making changes, what is the specific capacity of their respective agency to offer more specialized services for gender independent children and their families? Should agencies and service providers focus their efforts on one specific aspect of connection (i.e. offering workshops for service providers), or look to play a role across all areas? Can any such efforts be undertaken in isolation, or is it best to partner with other organizations? If partnerships and broad based reform are required, how will this be implemented and who will spearhead it? Given the important role that all forms of connection can play for gender independent children and their families, what steps are required to get social institutions which may be resistant to change on board?

Although our study does not offer any definitive answers to these questions, there are some issues raised in our research that we feel should be taken into consideration. While our decision to interview service providers in both Ottawa and Toronto was significantly motivated by pragmatic issues relating to recruitment, it has also highlighted that there are agencies in other cities that have been attempting to support gender independent children and their families, and that there are lessons to be learned from engaging in dialogue with these individuals. Perhaps the steps that different agencies and service providers may consider taking as a result of this study have in fact been taken by other organizations, which could present a potential learning opportunity. Additionally, since our Analysis and Literature Review both highlight the importance of framing gender independent children and families as “experts”, the best possible learning opportunity for what steps to take could come from a discussion with children and

families about what their own needs are. Even with a single step such as community building, determining whether individuals are looking for a group that is more oriented toward creating opportunities for dialogue vs. creating opportunities for active engagement in social change efforts is extremely important to ensure that such initiatives actually meets the needs of the people they are designed for.

Lastly, we wanted to acknowledge that this study has been a terrific learning opportunity. Although each of us approached the study from our own unique perspectives, we feel that through our engagement in this process we have come to have overlapping perspectives on the importance of this issue. We thank Megan Green from FSO and Karen Schwartz from Carleton University for their support along the way.

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Appendix A

Interview Schedule

Consent: Review and sign

Background Info: Age, education, employment

Characteristics of Professional Practice:

- Can you tell me about the agency that you work for?
- What specific services do you provide for your clients and/or the community?
- What theories inform your approach to professional practice?

Perspectives on Gender:

- How do you define gender?
- Do you think there is a difference between gender and sex?
 - If so, what is that difference?
 - If not, how are they similar?
- What do you think about gender norms?
 - Do you think it is the role of practitioners in the social service field to challenge these in their practice? If yes or no, ask why.
- Do you think that the way that practitioners in the social service sector understand gender has an impact on their work? If yes or no, ask why.

Perspectives on Gender Independent Children and/or their Family Members

- Is there a term that you prefer to use for children whose gender identity or gender expression differs from expectations based on their assigned sex (i.e., gender independent, gender non-conforming, gender variant, etc.)?
 - How would you personally define this term?
 - How would you identify a child who this term could be applied to?

- What do you feel are the unique needs and common issues experienced by [use the term selected by the participant] children and/or their family members?

Work with Gender Independent Children and/or their Family Members

- Have you ever worked with a [use the term selected by the participant] child or that child's family members or have you ever participated in the delivery or development of any community initiatives relevant to this population?
 - Can you describe a specific instance in which you engaged in this work?
 - What services/programming did you offer?
 - Was there a positive outcome?
 - Are there circumstances where you have offered different services/programming, or experienced different outcomes?
- What are the strengths of the services that you are able to offer in work with this population?
- What are the weaknesses of the services that you are able to offer in work with this population?

Perspectives on Available Services for Gender Independent Children and/or their Family Members

- Are there obstacles that you think may impact on the lives of [use the term selected by the participant] children and their families when accessing social institutions in Ottawa/Toronto (for example, schools, health care, social services agencies, etc.)?
- What services do you think would be most useful in supporting the needs of [use the term selected by the participant] children and their families in Ottawa/Toronto?
 - Do you think these services are currently available in Ottawa/Toronto?
 - If yes, which agencies provide these services?
 - If no, why do you think these services are not available? Are there barriers preventing individuals from accessing these services?
 - Can you name any examples of agencies providing these services in other cities that you would like to see available in Ottawa/Toronto?
- What improvements do you think could happen at your agency/other agencies/other social institutions/the policy level to better meet the needs of this population?

- Do you feel there are useful supports for practitioners in the social service field in Ottawa/Toronto who work with [use the term selected by the participant] children and their families (for example, training, networking groups, etc.)?
 - Are there additional supports you would like to see?

Wrapping Up:

- Do you have any other thoughts you would like to share about work with gender independent children and their families?

Additional Info:

- Is there a particular pseudonym you would like us to use in our final report?
- Would you like us to provide you with a copy of the transcript of this interview so that you can check it for accuracy before we begin our data analysis? If yes, email:
- Would you like to receive a summary of our findings? If yes, email:

Debriefing: Verbal and Written

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Introduction

In collaboration with Family Services Ottawa (FSO), this qualitative research project explores counselling and community services available in the Ottawa area for gender independent children and their families. We have collected data through conducting semi-structured interviews with service providers in both Ottawa and Toronto in regards to services available and best practices of care when working with gender independent children. FSO is a multi-service organization providing services to individuals, families and community groups in the Ottawa area. One specific program offered by the agency, Around the Rainbow, is geared towards offering services to the Lesbian, Gay, Bisexual, Trans, Two Spirit, Queer/Questioning (LGBTQQ) community. Through the delivery of the programs offered through Around the Rainbow, such as workshops, counselling and “tool kits”, FSO has identified a gap in services, information and understanding for gender independent children and their families.

Gender independent children are individuals aged 1-12 whose gender identity and/or gender expression does not conform to traditional expectations of what it means to be a boy or a girl (such children may also be labeled as gender non-conforming or gender variant)¹. The identification of gaps in service and care for these children is not a trend specific to the Ottawa region or to FSO (Mallon and DeCrescenzo, 2006); rather, it is becoming a growing area of concern for program providers and as such is an important area of study. The World Professional Organization for Transgender Health (WPATH) has recently updated their standards of care for professionals working with this population and have moved forward to

¹ We have adapted this definition from the World Professional Association of Transgender Health's (2011) definition for *gender nonconforming*. The term *gender independent* was selected by FSO for this project.

include within their literature that participating in “reparative therapy” is no longer considered a “best practice”. Although this is a step forward, it leaves these questions: what are the best practices when working with this population, who are providing services to this population, and finally, which practitioners are employing the use of best practices?

Key Terms

Terms that are important in this study include:

- *Gender identity* (GI), which refers to a "person's intrinsic sense of being male, female, or an alternative gender." (WPATH, 2011, p. 96);
- *Gender expression* (GE), which refers to "characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine" (WPATH, 2011, p. 96);
- *Transsexual*, which generally refers to an individual who has changed their sex form Male to Female (MtF), or vice versa (FtM);
- *Transgender*, an “adjective to describe a diverse group of individuals who cross or transcend culturally-defined categories of gender” (WPATH, 2011, p. 97);
- *Gender queer*, an identity in which the individual may or may not conform to normative gender expectations while having a critical understanding of gender norms;
- *Gender Identity Disorder* (GID), which is discussed further in our literature review.

It is important to remember that attempting to define these terms is inherently problematic as these definitions may not apply to all people who identify as such and the definitions individuals ascribe to their own identity must be valued over any other.

Theoretical Framework

Our approach in understanding the complexity of services and needs for gender independent children is framed through a combination of feminist and queer theory orientations. The connection between queer theory and feminist principles is outlined in Marinucci's *Feminism is Queer: The Intimate Connection Between Queer and Feminist Theory*. Marinucci (2010) explains that feminist studies introduce and problematize normative notions of gender identity while queer studies introduce and problematize normative understandings of sexual identity (p. xii). Combining the two theoretical frameworks allows for an understanding of how gender identity and sexual identity intersect. Further, Marinucci (2010) explains and problematizes our understanding and need to define membership in given categories through ascribing definitions to individual identity, however they argue that this must be done through "contextualized explanations in the form of commentary and discussion" (xii) to ensure that we do not misrepresent fluid identities. Using these theoretical frameworks is important when an understanding of the fluidity of gender and sexual identity is important, while also engaging in work that demands definitions.

Literature Review

It has been recognized for some time that gender independent children may encounter social stigma and experience distress (e.g. Lev, 2004; Di Ceglie, Freedman, McPherson and Richardson, 2002; Riley, Sitharthan, Clemson and Diamond, 2011b). Given these findings, many researchers and service providers have offered their opinions on how to best support gender independent children and their families. This literature review will highlight current understandings of gender development, the common issues affecting gender independent

children and their families, debates regarding Gender Identity Disorder and the various approaches to work with this population.

Gender Development

Gender development is typically described as a standard process, and different factors throughout this process can have an impact on the GE and/or GI of gender independent children. By the age of two, many children begin identifying themselves as boys or girls, and by three, regularly label the gender of other children and adults (Menvielle, Tuerk and Perrin, 2005). Even at this early age, children may declare to their parents that they feel that there is a difference between their GI and the gender that others label them with (Brill and Pepper, 2008).

After they acquire awareness of these labels, between the ages of four and six many children develop beliefs about what GEs are specifically appropriate for boys and girls, with “fixed ideas about what each sex should do, wear and feel.” (Menvielle et al., 2005, p. 38) However, at this age many children may engage in GE that are perceived as nonconforming, and some may express “consistent and persistent” cross-gender identification (Brill and Pepper, 2008, p. 63). Additionally, as Iervolino et al. (2005) state:

Although large differences in gender role behavior are observed between the sexes, there are substantial individual differences within the sexes in the extent to which boys and girls adopt masculine-typical and feminine-typical behaviors.” (p. 626)

During middle childhood, cognitive developments, including “improved social comparison skills, the ability to infer stable, abstracted attributes in the self, and the ability to imagine what the collective other is thinking”, (Yunger, Carver and Perry, 2004, p. 572) have distinct impacts on GE. Recognizing that someone’s gender doesn’t necessarily change if they

engage in nonconforming GE can lead some children to embrace more fluid self-expression, but greater self-awareness of the “collective other” can counteract this by making children self-conscious. Further self-consciousness may be brought on by the hormonal and physical changes of puberty, which can begin before the age of 12 for many children. Puberty is a significant transitional time, as changes in a child’s primary and secondary sexual characteristics can impact on how both they and others perceive them as gendered beings. Although puberty can be a difficult time for most children, the changes in one’s body that happen during this time can be particularly anxiety provoking for children who experience gender dysphoria (Brill and Pepper, 2008).

Even though there is significant consensus on the various age-based milestones involved in gender development, there is no agreed upon understanding of why and how this development takes place. In lieu of a singular definition of this process, many researchers believe that a combination of sociocultural, psychological and biological factors play a role (Adelson, S. L., 2011; Iervolino, Hines, Golombok, Rust and Plomin, 2005). While gender development may be influenced by a variety of factors, Slearansky-Poe and Maria Garcia (2009) point out how, beginning in the earliest stages of childhood, “children are gender socialized by messages that are relentlessly and seamlessly woven into social processes, interactions, and institutions.” (p. 204) Bussey and Bandura (1999) similarly argue that the “stereotypic attributes and roles linked to gender” (p. 676) are cultural constructions. Despite these arguments, a binary model for understanding gender still plays a significant role in contemporary North American society.

Common Issues

When service providers are asked to work with gender independent children and their families, it is often because of varied concerns on the part of that child’s parents/guardians or

other adult authority figures that result from the child expressing a GI or engaging in GE that is perceived as atypical (e.g. a girl regularly pretends to be a boy in make-believe play, or vice versa.) These concerns may take on greater urgency if parents/guardians believe that their child's GI and/or GE are durable and not simply a "phase", and/or when other family and community members begin to notice and comment negatively on the situation (Hill, Menvielle, Tuerk and Perrin, 2005). This may prompt some parents/guardians to reach out to service providers, while it may lead others to feel such intense embarrassment and shame that they fail to take such steps (Menvielle and Tuerk, 2002). Lev (2004) describes parents/guardians who do reach out to service providers as "well-meaning and frightened" and "experiencing fear, worry, anger, confusion and concern about their child's gender identity and sexual orientation." (p. 329) These feelings may be premised on the very realistic possibility that their child will face harassment, abuse and violence in school and other settings (Riley et al., 2011b). However, it is also important to acknowledge that, even when parents/guardians are "well meaning", heterosexism, homophobia and transphobia may impact on their attitudes towards their children (Ehrensaft, 2011a). Such attitudes could be evidenced in more subtle ways, with some parents simply taking longer than others to accept their child for who they are (Hill and Menvielle, 2009). However, in other cases these attitudes can lead to more problematic outcomes. A study by Grossman, D'Augelli, Howell and Hubbard (2006) exploring the experiences of transgender youth correlated the level of the participant's reported levels of childhood gender nonconformity with the degree of verbal and physical abuse directed toward them during childhood by their parents. As Ehrensaft (2011a) notes, due to discriminatory attitudes, gender independent children cannot necessarily "count on the love and support of their own families in their minority identities." (p. 529)

While there is significant evidence that schools, other social institutions and communities at large can be unaccepting and potentially unsafe places for individuals whose GI or GE do not conform to normative expectations, when parents/guardians concerns are premised on expectations that their child will follow a specific developmental path, the evidence is much murkier. In fact, there is no guarantee as to how a gender independent child's GI, GE or sexual orientation might develop. As Hill, Menvielle, Sica and Johnson (2010) state:

Some children experience massive distress associated with living in their assigned gender, and their commitment to their declared gender increases with the approach of puberty. For other children, childhood gender variance fades by puberty or earlier, and development proceeds towards a "homosexual path"...lastly, some children...end up heterosexual and may or may not be unconventionally gendered. (p. 7)

While a child labeled as gender independent is not guaranteed to follow any specific developmental path, Langer and Martin (2004) cite a variety of studies which show that a higher percentage of queer adults than heterosexual adults report childhood histories of gender non-conformity.² Even though sexual identity and gender identity are separate components of self-identity, for many queer individuals, "play at the margins of gender" (Ehrensaft, 2011a, p. 531) during childhood can be part of one's identity development. However, Brill and Pepper (2008) caution that "plenty of gender-variant children do not grow up to be gay, and plenty of children who are not gender-variant become gay." (p. 33)

² Most of this research specifically focuses on whether children later identify as gay, lesbian or heterosexual. There is limited research focusing on bisexuality or other variations on sexual identity.

Similar cautionary phrasing should be applied when discussing the relationship of gender independence to transgender identity. A significant amount of research exploring the relationship between non-conforming GE and/or GI childhood and later transgender identification has focused on children who are diagnosed with Gender Identity Disorder (GID) (this diagnosis will be further discussed in the next section of this report). In a review of six North American follow-up studies of boys with GID, Zucker and Bradley (1995) indicate that 6% later identified as transgender. In Zucker and Bradley's (1995) own follow-up study of 45 boys and girls diagnosed with GID in childhood, 14% had a later wish for sexual reassignment surgery. Reviewing these findings and other studies, Cohen-Kettenis and Pfäfflin (2003) state that childhood GID is more strongly related to later identification as lesbian or gay than identification as transgender. Nevertheless, in retrospective reports, many transgender youth and adults identify as having had a non-conforming GI and/or GE during their childhood (Grossman, et al., 2006; Grossman, D'Augelli and Salter, 2006). When, how and *if* transgender identified children express these characteristics, and whether the reactions of their family and community promote or inhibit further self-expression, will undoubtedly vary from child to child.

Since this report is investigating issues relating to working with children under the age of twelve, it is important to acknowledge that self-identification can sometimes be a tricky process for young people. Although some children may have a strong, fixed sense of their GI and/or sexual identity at a young stage, others may first identify as queer as a precursor to later transgender identification, or vice versa. Thus, it is important for practitioners to both be aware of the potential that a gender independent child will later identify as queer or transgender, while also supporting children in defining their identities for themselves.

Gender Identity Disorder

One challenge with discussing the common issues and experiences of gender independent children and their families is that a significant amount of research in this area has focused on a small subset of this population; that is, children who are diagnosed with GID. GID in children was introduced as a mental disorder in the *Diagnostic and Statistics Manual (DSM)* in 1980. Children may be diagnosed with GID if they exhibit both strong and persistent cross-gender identification and discomfort with their assigned sex/gender role, along with “clinically significant” distress or impairment. Estimates have pegged the number of children age 12 and under who could be diagnosed with GID as ranging from .003 to 3 percent of boys, and .001 to 1.5 percent of girls (Lev, 2004). In their discussion of why so many more boys than girls are likely to receive this diagnosis, Lev (2004) argues that it is:

clearly related to the more rigid societal gender expectations for males than females, as well as the greater psychosocial stressors placed on boys who deviate from proper gender behavior. (p. 319)

Many researchers have criticized the inclusion of GID as a mental disorder in the *DSM*. In one such critique, Bartlett, Vasey and Bukowski (2000) make a very persuasive case that GID does not match the *DSM* definition of a mental disorder. Citing a range of studies that suggest that children diagnosed with GID have normal functioning both in childhood and adulthood, the authors suggest that the distress associated with GID is less about a dysfunction in the child, and is more the product of a conflict between the child’s behavior and the society in which they live. Responding to similar criticisms, Kenneth Zucker, a prominent authority in the understanding and treatment of GID in children and adolescents, (and a Chair of the Sexual and Gender Identity diagnostic working group for *DSM-5*) argues that GID is a valid diagnosis, “unless one wants to

argue that the desire to change sex is simply a “variation” of normal gender development.”

(Zucker, 2006, p. 544) Nevertheless, as the WPATH (2011) Standards of Care state:

the expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally-diverse human phenomenon that should not be judged as inherently pathological or negative. (p. 4)

Regardless of this debate, as of the time of writing it appears likely that this diagnosis will remain in *DSM-5*, albeit retitled Gender Dysphoria in Children, and with slightly different diagnostic criteria. (American Psychiatric Association, 2012) What impact these changes will have on children and how this influences future debate on the diagnosis remains to be seen.

Overview of Different Practices

Despite the criticisms of the GID diagnosis, it has been listed as a disorder in the *DSM* since 1980, and thus many services for gender independent children have been developed under the assumption that they are disordered. Therefore, a number of service providers endorse therapeutic approaches that aim to change a gender independent child’s GI and GEs to ones that are viewed as more “normal.” Such therapies are typically offered for children diagnosed with GID and may be termed as “corrective”, “normalizing” or “reparative”.³ Reparative-style therapies are premised on cognitive-behavior therapy techniques, with the aim of reinforcing desired behaviors/cognitions and extinguishing those behaviors/cognitions that are deemed inappropriate (Zucker and Bradley, 1995). These therapies were developed (and are often still endorsed) by very influential figures in the mental health field. In a review by Lev (2004),

³ A mental health service provider would be unlikely to label the services they offer as reparative, as such treatment was prohibited by the American Psychological Association (Hill et al., 2010). However, the term “reparative-style” is often used to describe some contemporary, cognitive-behavior style approaches.

among the common justifications for the use of reparative-style therapy cited by its proponents were that it helps: a) reduce peer ostracism by teaching the child to have GI or GE that are deemed more “appropriate”; b) treat underlying psychopathology in the family; and c) prevent both homosexuality and the continuation of GID into adolescence and adulthood. Based on these problematic justifications and the lack of a solid evidence base that reparative-style therapies are successful in creating positive long-term outcomes for gender independent children and families, WPATH (2011) stated in their recent standards of care for health professionals that these therapies are “no longer considered ethical.” (p. 16)

Although reparative-style therapies continue to play a role in the treatment of children with GID, in the past decade there has been a growing consensus among academics and service providers that the distress experienced by gender independent children and their families is generated by societal discomfort regarding these children’s behavior, rather than underlying psychopathology in the child. As a result, in recent years a number of recommendations and guidelines regarding work with this population have been generated that stress the importance of providing children and families with interpersonal and emotional support while also emphasizing education and advocacy to reduce the stigma surrounding gender independence (Lev, 2004).

Is it possible to judge whether these new practices are better equipped than reparative-style therapies to support the needs of gender independent children and their families? A useful starting point would be to further explore what children and their families actually identify as their needs. A recently published study by Riley et al. (2011b) presents the results of an online survey of 31 parents of gender variant children in the United States that aimed to capture the experiences and needs of both parents and children. In their analysis, the author’s identified a wide variety of common needs. For parents, among the 23 identified needs were a desire for

more information on gender variance, stories about other families in similar situations, strategies for parenting, knowledgeable counsellors to support them, their child and their family, access to support groups with other parents (either in person or online), strategies for dealing with negative reactions to their child and having specific guidelines and policies for schools. In addition, parents also expressed medical-specific needs, including access puberty-suspension blockers for their child when indicated. The author's describe parents as typically starting out with of a focus on requiring information, and later progressing toward a need for more formal professional and peer supports for them and their children.

For children, among the 26 needs identified by Riley et al. (2011b) were having permission to discuss their feelings, acknowledgement and validation that being gender variant is okay, to be loved and respected, to be able to make choices in their personal expression, to have access to support groups (either in person and online) and gender-variant friend, to be safe from harassment, abuse and violence and to have the “potential for a fulfilled and successful life.” (p. 186) Based on these results, Riley et al. (2011b) advocate for the development “of affirmative approaches in supporting gender-variant children and their parents.” (p. 194) With the findings from a recent survey of the needs of parents, grandparents, primary caregivers and guardians of gender independent children in Ontario by the 519 Church Street Community Centre in Toronto expected to be released this year, there will be further evidence to help us get a sense of whether a similar demand for “affirmative” approaches is felt by families in this province.

In explaining why they offer such “affirmative” services for this population, Hill et al. (2010) state, “acceptance and unconditional love are central to a healthy gender-variant child and adolescent.” (p. 9) Rosenberg (2002) describes that early on in both individual and group treatment he informs the children that “I have known many children with similar issues and that

it is possible for them find happiness” (p. 620), which helps reduce any anxiety and shame that the child is experiencing. A similar emphasis on acceptance clearly informs the WPATH (2011) standards of care, in which the key principles include: exhibiting respect for individuals with nonconforming gender identities, matching the treatment approach to the needs of the individual, becoming knowledgeable about the specific health needs of gender independent individuals and advocating for individuals within their families and communities.

While the WPATH (2011) standards of care provide a good sense of the current thinking of providers in the field of transgender health, a recent survey by Riley, Sitharthan, Clemson and Diamond (2011a) provides additional evidence on the beliefs of service providers regarding the needs of gender independent children and families. Based on an online survey involving 29 professionals from various fields across North America, Europe and Australia, the author’s identify 192 different needs, which they break down into themes based on their relevance to either children or parents. In regard to children, service providers identified needs that were grouped into 9 categories. These were the need: to be accepted and supported; to be heard, respected and loved; to have professional support; to be allowed to express their gender; to feel safe and protected; to be treated and live normally; to have peer contact; to have school support; and to have access to puberty delaying hormones. In regard to parents, service providers identified needs that were similarly grouped into 9 main themes. These needs were: emotional support; education and correct information; support from society, local community, friends and family; general support; competent, knowledgeable professionals; diagnosis, treatment and beneficial outcomes for their children; peer support; support, understanding and acceptance from schools; and additional research on treatment approaches. These findings indicate that for many

practitioners, the starting point for meeting the needs of gender independent children and their families would be providing them with various forms of “affirmative” support.

In regard to supportive counselling services, Lev (2004) states that a focus should be placed on: providing the child and their family with information and education, making referrals and recommending resources that reduce isolation, assisting the parents/guardians with any challenges in advocating within their communities, and working to build collaborative dialogue between the child and their parents around setting appropriate boundaries that respect the child’s GI and GE while ensuring safety for the child and family (e.g. the child can be encouraged to only cross-dress at home if the community they live in is particularly hostile, etc.) Ehrensaft (2011b) offers similar examples of tasks that “gender-creative” therapists can help parents with. These include helping parents work through their positive and negative emotions, facilitating a “mourning process” that will allow the parents to move from a place of disappointment with their child to hope and caring, ensuring that parents remain “mindful” of the experiences of any other children they may have and connecting parents with medical professionals when relevant. Ehrensaft (2011b) frames the work that she does as mostly “behind-the-scenes” as she primarily focuses on working with parents/guardians, and may only meet with children for a few sessions or not at all. She offers specific criteria for judging if it is relevant to meet with children at all, and further factors that would lead her to recommending that a child receive ongoing therapy. Although Ehrensaft (2011b) does recommend working directly with children if, for example, it appears that their parents/guardians are either struggling with acceptance or developing a clear understanding of their child’s identity, or if the child is experiencing bullying or themselves expresses an interest in having someone to talk to, she argues it is important to recognize that a gender independent child should not require therapy simply on the basis of their GI and/or GE.

When assisting parents/guardians, it is important to remember that cultural factors can inform the ways in which family members understand gender. While written specifically for the assessment and treatment of GID, an article on cross-cultural clinical practice by Newman (2002) raises some important considerations that could be applied more generally to work with gender independent children and their families. Among these considerations, the author includes thinking about how the family understands the differences between male and female, what the attitudes are towards homosexuality and gender independence and whether there is an assigned place in the family's culture for gender independent individuals. While not suggested by Newman (2002), since many discussions of cross-cultural practice emphasize the importance of engaging in self-reflection on one's own values and beliefs, it would be potentially relevant for service providers to ask and answer these questions themselves. In fact, Pleak (1999) identifies an open discussion of one's biases with parents as a key guideline for evaluating and treating children with gender dysphoria.

One issue raised in numerous publications is the importance of peer support groups for gender independent children and their families (Hill, Menvielle, Sica and Johnson, 2010; Menvielle and Tuerk, 2002; Riley et al., 2011a; Rosenberg, 2002; Tuerk, 2011; WPATH, 2011). In describing the benefit of peer groups for children, Rosenberg (2002) describes how "knowing that others like themselves exist is self-esteem enhancing, probably by breaking through isolation." (p. 620) Similar benefits could clearly be applicable to parents, who may experience significant degrees of isolation.

While many of the above-described "affirmative" recommendations can be applied to professional practice in a range of fields, other publications have focused on more specific realms of practice. In schools, recommendations for creating "gender-expansive environments"

include using teaching tools that show role models engaging in diverse activities and career paths, avoiding gendered language such as “boys and girls” when addressing the classroom or dividing children into groups, encouraging children to find activities that they enjoy inside and outside the classroom and intervening when children “police” each-other on gender (Welcoming Schools Guide, 2010).

Recommendations regarding practices have also been made within the context of child welfare work. Assisting parents/guardians in this context can be especially important, as “virtually no social supports are in any of our child welfare institutions for children or youth who are gender variant.” (Mallon and DeCrescenzo, 2006, p. 217) In their recommendations for supporting children and families in child welfare work, Mallon and DeCrescenzo (2006) list a list 15 guidelines for service providers, which includes similar recommendations to those already discussed, along with helping parent/guardians to understand that their child’s GI or GE is natural to them and helping children develop strategies for dealing with stigma and discrimination. Additionally, the authors recommend that where supportive resources are not available, practitioners should “take the risks necessary to create them.” (Mallon and DeCrescenzo, 2006, p. 234) In line with this recommendation, a useful first step in order to create better services for gender independent children and families in Ottawa would simply be developing a clearer understanding of what resources are actually out there.

A last component of professional practice that warrants further discussion, even though it would only apply to a small proportion of gender independent children, are medical interventions. In a recently published study, Speck et al. (2012) discuss the specific rationale behind providing children under the ages of 12 who were diagnosed with GID with pubertal suppression treatment. The author’s describe the importance of such intervention medical

intervention for children with gender dysphoria before they begin the later Tanner stages of physical development.⁴ These physical changes are not only difficult to reverse, but can also lead to increased levels of anxiety, depression and suicidal ideation for young people with intense levels of gender dysphoria (Speck et al., 2012). Despite their endorsement of pubertal suppression treatment in children during early puberty (provided that those children undergo an extensive evaluation process, fully detailed in the article), Speck et al. (2012) also acknowledge that many individuals do not present for medical treatment in childhood. While stating that further research is needed to better understand the motivations that some children and their parents/guardians have for waiting, the author's do point out that a lack of centres that are willing to provide such treatment is clearly a factor impacting on people's awareness of and ability to access medical services.

Given the wide variety of approaches to work with gender independent children and their families, this literature review provides only a brief overview of both the nature of these approaches and the debates regarding their appropriateness. It is important to recognize that despite the increasing emphasis in the literature of "affirmative" services, there is no research comparing "affirmative" and reparative-style practices, nor any longitudinal studies looking at the specific long-term impacts of "affirmative" practices. Zucker (2007) argues that the lack of such research makes impossible to conclude if "affirmative" approaches "will result in both short-term and long-term outcomes any different from the more traditional approaches" (p. 694). Nevertheless, the aforementioned statements by WPATH decrying reparative-style practices as "unethical" means that any comparative studies are unlikely to happen. Given the arguments of WPATH and the increasing predominance of publications by service providers and researchers

⁴ The Tanner Scale includes 5 stages of physical development for one's external primary and secondary sexual characteristics.

who endorse “affirmative” practices, it seems that with or without any longitudinal studies, a dramatic shift is taking place in how the needs of gender independent children in their families are understood and supported by service providers.

Methodology

Sampling Procedures

Purposive and snowball sampling were utilized to recruit 7 participants through referrals from experts in the field and FSO. We employed purposive sampling to “get all possible cases that fit particular criteria,” while snowball sampling was used to “get all possible cases using referrals from those cases and so forth.” (Neuman, 2006, p. 220) All of the participants that we selected met the following criteria: practitioners in the social service field from any discipline that have worked with gender independent children (0-12) and/ or their parents. Due to time constraints, we were not able to exhaust the snowball method by reaching a closed network—a traditional practice in snowball sampling where researchers continually collect referrals until there are none remaining (Neuman, 2006).

During the course of recruitment we experienced difficulty in finding a large enough sample in the Ottawa area to achieve theoretical saturation. This led us to recruit 3 out of the 7 participants from Toronto. Our rationale behind this decision was that Toronto offers well-established services (discussed in our ‘Findings’ section) for gender independent children and their families that could help to inform practices at FSO and other Ottawa-based agencies. In addition, one of our participants supported this decision by stating:

Well I think some of the stuff that they’re doing in Toronto would be useful, and I would like to see that coming from the school board...because what they are doing at the Toronto District School board...I think that’s like a model, can we do that here?

The demographic backgrounds collected from participants include education, employment and years of experience. In terms of education, 5 out of the 7 participants had their MSW and one of the 5 is currently doing their PHD part-time. The other 2 participants had a bachelor of political science and a bachelor of psychology, respectively. With regard to employment the majority of participants worked in community based organizations (4 out of the 7), while 3 worked in mainstream agencies (e.g. schools, family-service organizations, etc.). The years of experience varied from about 3 to over 16 in the social services field (including community development/education and direct counseling).

Data Collection Method

We conducted 7 semi-structured qualitative interviews, 6 in person and one over the phone, that each lasted approximately 60 to 90 minutes. The majority of the interviews (5 out of 7) involved two researchers, one as the interviewer and one as the note-taker, along with one participant. The two remaining interviews consisted of only one researcher that took on both note-taking and interviewing responsibilities. In all cases at least one research member other than the interviewer actively listened to each audio-recording in order to enhance the trustworthiness of our study. In this context trustworthiness refers to our ability as researchers to capture every detail, comment and piece of information that each participant shared (van de Sande and Schwartz, 2011).

Each semi-structured interview involved using the same set of interview-guided categories with respective questions (see Appendix A) that were asked in varying order based on the flow of the interview (van de Sande and Schwartz, 2011). The eight interview-guided categories were the following: background info (education, employment and years of experience), characteristics of professional practice, perspectives on gender, perspectives on

gender independent children and their families, working with this population, available services, wrapping up and additional info. These guided categories allowed us the space to address related themes depending on what each participant brought forward. At the same time, having guided categories provided us with enough structure to compare the types of practices used by participants when working with gender independent children and their families (van de Sande and Schwartz, 2011).

The rationale behind why we chose to use qualitative interviews was to broaden the knowledge base available in the social service field of what practice approaches were being used when working with gender independent children and their families. Ultimately, we used qualitative interviews as a ‘bottom-up approach’ to explore and discover the gaps in services and to improve the social conditions for this population.

Method of Analysis

The method of analysis that we used to find meaning in the data collected through the audio-recorded, qualitative interviews was thematic analysis. Thematic analysis “is a method for identifying, analyzing and reporting patterns (themes) within data” (Braun and Clarke, 2006, p. 79). We chose to follow Braun and Clarke’s (2006) six phase process of thematic analysis. Phase one (familiarizing ourselves with the data) began with actively listening to the audio-recorded interviews, and brainstorming any initial interpretations. In this process we did our best to listen to the recordings as much as possible in order to ensure that our notes reflect the authenticity of the information shared in the interview (Braun and Clarke, 2006). Due to time constraints, we did not engage in full transcription of the data. Instead, at least one researcher thoroughly listened to each recording but only transcribed important details and meaningful quotes. In Phase two (generating initial codes), we organized our transcribed data into

meaningful groups or codes. The coding was partially theory-driven, as we were matching the data to the guided categories and questions that were used in our semi-structured interviews. However, data-driven coding was also used to respect the unexpected themes or important information that arose outside of the interview guided categories and questions (Braun and Clarke, 2006).

In phase three (searching for themes) we analyzed the codes identified above and found similarities amongst them, which formulated 2 broader patterns of meaning: Connection and Culture of Unlearning. The former had three emerging sub-themes (community building, education and formal supports) while the latter had two (Norms/ Prejudice and Language). In phase four (reviewing themes) the themes established in the previous phase were critically analyzed and a new sub-theme evolved for each of the overarching themes: Barriers (Connection) and Social Justice (Culture of Unlearning). In phase five (defining and naming themes) we further analyzed and reflected on the data to better develop our understanding and definition of the themes. Finally, in phase six (producing the report) we ensured that the data we have selected for this report best highlighted the themes we have identified and was relevant to the research question and literature on gender independent children and their families (Braun and Clarke, 2006).

Analysis

Theme One: Culture of Unlearning

Participants spoke to some important issues for gender independent children and their families when attempting to access services. The difficulty in providing and maintaining affirmative spaces is exacerbated by constrictive norms which are difficult to address in broader social structures such as social service agencies, schools, communities and in media. A “culture

of unlearning” is necessary to address these broad and overarching problems for families and the services they seek. Three subthemes were identified as contributing factors within this theme:

Norms/prejudices, Language and social justice.

Norms/prejudice

Participants outlined the ways in which gender norms are harmful for gender independent children and their families. Some participants pointed out the myriad of ways in which children receive messages about gender norms and the importance of recognizing the ubiquitous nature of these messages. One participant noted:

Kids observe everything. Their interpretations are a bit wonky because they need to develop critical skills, but kids watch. They watch tv shows. They watch stuff online.

Everything is gendered. And they figure out what’s their relationship to it. And what do I have to do to be okay, and what if I didn’t like to do that? And kids with different amounts of strength and courage will blaze through life, and others will be left behind.

It is clear that these messages are given to children from a very young age and that they are enforced through different channels, in the media, in the home and at school. What is important to address however, is the often negative and damaging impact these norms can have on gender independent children. A participant spoke to the realities of these gender norms saying:

So then when you start looking at how this can directly effect a child, there are kids who are getting a lot of pressure to conform and start to hate themselves so their self-esteem falls, they may become suicidal, they may self-harm, they may withdraw and so they lose connection from family and connections from peers and become very isolated and we all know that can lead to decisions that can have more negative outcomes on them when they

become older. I think the impact on these kids can be very serious and those risks are really high.

Participants also spoke to a need to untangle gender expression and sexuality. Although there can be a correlation between gender expression and sexuality they are not the same and it is important to understand the differences. Gender independent children are often mislabeled and their identity is assumed to be homosexual when, as many of our participants indicated, there are a myriad of identities that a gender independent child could grow into later in life if given the time, space and support to explore their own sexuality. One participant notes:

I try to explain to people that a child that is crossing gender lines, specifically I am thinking of a child who has not reached puberty yet; We don't know what that means for their identity later. We don't know if crossing gender lines is an expression of sexual orientation, maybe the child will grow up and be gay or lesbian or bisexual, or we don't know whether the child will grow up to be transgender or transsexual or somewhere on the gender queer spectrum.

When working with gender independent children and their families one important way to ensure that their experiences are being affirmed is to recognize that expertise is held within the family and individual. Several participants spoke to the importance of individuals as experts when engaging in work with gender independent children and their families because their understanding of their identity, community and needs is greater than that of anyone else. Further, the unique needs of every individual and family may differ from experiences working with others. One participant articulated this point saying:

Families are their own experts, and families define themselves. So, from that perspective, how do we meet people where they're at is very important.

Language

Language was identified as a restrictive way in which harmful gender norms are perpetuated and enforced. Language for gender independent children was criticized for being limiting and often highlighting deficits. To highlight this important issue one participant states:

Language questions are always important and we often forget that. Just simply what do you want me to call you? Do you want me to say he, she. Do you want me to use your male name right now or your female name? What are you looking for? Those are definitely important questions that really ease awkwardness sometimes

Beyond the confining aspects of semantics language is ingrained in gendered ways that are often harmful for gender independent children. For instance the language used to define gender independent children can often raise important issues:

I don't really like the term gender non-conforming, because it is pretty DSM, I sort find gender non-conforming implies you sort of should be conforming to either male or female, and that if you don't it is a little troublesome. I am comfortable with the term gender independent and I use it interchangeably with gender creative, to me both of those mean whether the child may identify to the ability that they can, based on their age and understanding, with the gender they weren't born as or they might not feel they fit into either of our nicely boxed up dichotomized genders, either male or female. They might not feel like either what so ever, and they are creative in how they are responding to our attempts to categorize them.

Although gender independent is a new term it is one that, for some of our participants, is able to capture some of the complexities around language and gender expression. Some of these complexities are outlined as:

Factors that lead to social vulnerability often are a lack of language to describe what's going on and the root causes of oppression, somebody else is making decisions for and about you, and that, you're socially isolated or one is socially isolated. And then to address that, to help develop language and knowledge and words to describe what is going on and to name it for what it is, so that it can, action can be taken accordingly, wise action and powerful action.

Further, another participant comments:

It's never about giving kids, gender independent kids, a label of trans or gender identity struggles, umm, I just wanted ... if the kids are not hurting themselves or not hurting others, let's get out of the way, let's leave the kids alone, particularly the younger kids

While the need for appropriate language for gender independent children and their families is clear, avoiding labels while affirming individual identity can be difficult. One participant offered the following exercise as a way of addressing the difficult mine field that is language:

Another professional practice that we explore here around gender is experimenting with using 'they' as a singular pronoun. And when you don't know, use that. And also, to create a climate where we acknowledge that gender is very, we're very acculturated with it and we'll make mistakes. Cause often, something in us, will, in the way we scan a situation, often project a pronoun, and to apologize for it, and to have, have a culture of unlearning that as lifelong. But to understand and listen to the stories of how hurtful it can be, unintentionally, to make those mistakes.

Social Justice

One of the most resounding messages that came out of our interviews was the need for practitioners to engage in social justice work around Gender Independent children and their families. Many participants indicated the need for professional competencies around the topic of gender independent children while others addressed social justice more directly, for instance:

Our organization remains rather vocal when it comes to social justice pieces, but a lot of organizations are afraid of losing funding, losing support, being seen as radical ... that's unfortunate, because I mean it's the work of these organizations to sort of pave the way to social justice work.

Many participants framed social justice work as a responsibility for practitioners in the field indicating that harmful social norms need to be addressed by everyone in order to effect change. Practitioners are in a critical position to challenge norms, at a variety of different levels to change the material conditions their clients face. For instance one interviewee stated:

I think it is our responsibility to be challenging these things more broadly or else we are perpetuating negative experiences. Gender norms are limiting and restrictive.

However, this discussion raises some important questions around the role of practitioners in doing social justice work and their ability to engage in these topics critically:

As communities of individuals and or social services professionals, where do we have those spaces to ask ourselves these questions, to look at how gender and patriarchal notions and restrictive notions around gender and sex come into our work, but are really embedded in us, and how have we been treated? How do we really look at our own lives? Because often we don't know how to act until a certain kind of prejudice has been part of our story, and what role we've been playing in it.

Social justice can take many forms from individual reflection to policy and advocacy work. Our participants spoke to many ways in which social justice for gender independent children can be a part of their professional practice. One such participant spoke to the Canadian Charter of Rights and Freedoms as an example:

For me, from my perspective, I hold myself accountable to the ideals of the Canadian Charter of Rights and Freedoms, our provincial code of conduct, and our municipal code of conduct, as well as the practice of our institution, which is here to celebrate and help to empower people who have many different expressions of gender

Another participant spoke to advocating for Gender Independent children at an agency level:

How do we make sure we're thinking about how to reimagine the world in a reaffirming way? And then how does that guide our vision, how do we write that down, and put that into our vision and mission statements? And how do we make those vision and mission statements public? So that when people come into the space they can read it, or we can talk about it and can refer to it both proactively and reactively.

While others worked to address these issues on a personal level:

I think that if a practitioner does not examine their own beliefs and feelings they have around what is gender, then there are going to be underlying biases that they have that will influence the work they do.

As our analysis demonstrates a key piece in supporting the needs of gender independent children and their families is to recognize and challenge gender norms through our work, language and professional practice.

Theme 2: Connection

In line with the importance of holding affirming values and attitudes, participants discussed the need for connecting gender independent children, their parents, service providers and the wider community with affirming services and initiatives. 4 different subthemes were identified within the theme of Connection: Community Building, Education, Formal Supports and Barriers.

Community Building

Many participants advocated for connecting gender independent children with other gender independent children, and parents with other parents. Whether meeting in person or online, bringing individuals with similar experiences together and building community was identified as having several positive impacts, including reducing the isolation experienced by many children and parents. Speaking about the experiences of children, one participant stated:

I think they need community. I just think it is really important that kids get to meet other kids like themselves and kids get to meet older role models that cross a range of gender identity spectrums, so that they can see possible ways of being in the world.

Another participant highlighted the isolation that can be experienced by parents:

Parents need to feel that they're not alone, there's nothing they did or didn't do [to influence] who their child is or their child will be.

Beyond reducing isolation and shame for both children and parents, participants pointed out benefits of community building that differed between parents and children. Connecting parents with each other was framed as a terrific way to help them increase their own knowledge, by learning what kinds of challenges other parents have faced in

supporting and advocating for their children and what strategies they have used in response. As one participant points out, there are many questions on parent's minds that other parents, as "experts", are well positioned to answer:

People are looking for 'where do we find books?', 'where do we find wisdom?', 'where do we find each other?' and 'who are our allies out there? Who will help us diminish the harm our children may face, let alone help prevent it, and create bubbles and islands of affirmation?

Bringing gender independent children together was discussed as an effective way to create spaces for them to safely explore their GI and GE and mitigate the bullying and harassment that they frequently face:

I think a specific strength is that we are able to physically provide a safe space for them to grow. If I was doing individual counseling, you know I could provide a safe space within this office but at the end of the hour you are going back into the world.

While creating a space for gender independent children to meet and have fun with their peers was highlighted as particularly beneficial, one participant also spoke of the need to ensure that safe spaces are available when children leave such groups:

These programs are often the only space these people have to be open and be safe, and that is great, but often what ends up happening is that it creates a lot of emotion around, okay, now I have to go back to the real world where I face all of these things, and that all comes spilling out and sort of containing that and helping the person struggle through it, that can be hard and challenging.

Beyond the need to help build community for children and parents, participants also spoke of the need to create professional communities, in order to facilitate dialogue and progressive change. As one participant stated:

I wholeheartedly encourage people to take matters into their own hands! Seek different supports and build a broad network of community.

Education

Many participants identified the need for education among service providers, parents and children as a way to challenge gender norms and promote inclusive environments. In addition, most participants felt it was their social and ethical responsibility to engage in this work. As one participant noted:

I totally think it is [our] role and ethical practice to do that work. We need to expand our knowledge base but also question ourselves and experiences and what has brought us to the way of seeing the world. If I had not done this work I would not be able to work with our community and not use [gender] pronouns properly, I would be disrespectful and have a negative impact on them. I would also impact our therapeutic relationship.

Participants expressed open-dialogue or discussion to be one of the most effective ways to educate professionals and families, while also promoting acceptance of gender independent children. In the school context, one participant commented on how open dialogue can be used to challenge existing gender structures and promote new understandings:

So what we're trying to do is we're trying to lay the groundwork to have people even have those dialogues and I guess what that means is a sort of shift in

culture. So, you know, classes being segregated by gender, groups being segregated by gender, teams, but also like a shift in culture and curriculum too.

Another participant commented how we need to develop new theories and models of practice to effectively facilitate an open discussion:

I think with gender variant children, we're saying WHOA, we want to kick things wide open, and I actually think we need new theory and new ways of talking about it to the people and the systems who work with younger children and their parents and guardians, and that's what I think the bigger challenge will be, because some of those people aren't even necessarily open to gay, lesbian, bisexual identities as a parent.

In terms of educating children about the fluidity in gender identity and gender expression there is a difference of opinion among participants on how to approach the topic. One participant emphasized the importance of presenting information to children on these issues even if they lack a full understanding:

You reach kids differently some kids are really responsive and will really get involved and will always be shaped, and other kids may not hear what you're saying and be as receptive. But I think the information at least impacts the kids and get them thinking

Another participant takes a different approach in addressing gender fluidity with children:

I don't often talk about [gender] fluidity with younger kids. They're not there...they're not ready to get that. But I think it's important to talk about that they kind of grow into their own sense of self.

Some participants discussed the challenges service providers face in promoting an open dialogue and an inclusive space because of the lack of knowledge, skills and resources available.

One participant shared potential challenges encountered in schools:

Creating safer spaces in school there are a lot of barriers even if you have supportive teachers and administration, they may not have the resources or training to know how to do it. Services like Around the Rainbow are great they can go into the school and give workshops and training for teachers and staff and do other parent training that is really important or else you are going to get the poor teacher, the one that really wants to help but does not know how to help or how to start planning and, I don't have this, I need back up. I think having those resources are really important.

Furthermore, a participant noted that the lack of training provided to practitioners surrounding issues affecting gender independent children and their families may be a result of federal legislation that fails to protect gender identity:

Human rights legislation and gender identity is not covered. Sexual orientation is covered but if we don't have gender identity at that top level what is going to be the fall down effect for the call for service and improvement? I think in terms of post-secondary education for professionals, having more exposure and class presence for working with LGBT populations and children would help to counter this fall down effect.

Formal Supports

Although education was emphasized as extremely important for creating safety and acceptance for gender independent children, participants also spoke of the potential

need to connect children with more formal supports. Some participants made note of specific agencies in Toronto and Ottawa that they see as playing a positive role in either directly working with this population, or promoting initiatives that seek to decrease stigma directed toward gender independent children. Among the examples of Toronto-based agencies were the 519 Community Centre, the Griffin Centre, the Hincks Dellcrest and the Sherbourne Health Centre. Among the examples of Ottawa-based agencies were Around the Rainbow, Jer's Vision, Pink Triangle Services and Rainbow Youth. However, several participants also spoke about general service gaps in Ottawa as a major concern. For example, one said:

Services tend to be for older youth and teenagers, but not for children and families.

Specific emphasis was placed on the importance of mental health and medical supports, provided that they are affirming. In one participant's words:

Having formal support people like counselors and health care providers who are knowledgeable about these things, who don't frame it as gender non-conforming and a problem - not framing it as a disorder is really important.

When speaking to the need for formal supports, some participants focused specifically on the experiences of children with gender dysphoria. For one participant, experiences working with youth have informed their perspective on the importance of connecting children under 12 with formal supports:

I've seen the damage of the kids who are coming to me older where it's been years, and they're living with such a high degree of dysphoria in their bodies, so what I've seen is the damage of those we didn't work with earlier.

While only discussed by a small number of participants, the topic of medical interventions for children with gender dysphoric was raised. One participant framed this as an important issue that warrants further discussion in Ottawa:

I think the medical support is the single biggest gap for a couple of reasons.

There are not many doctors that are very well informed. Hormone treatment therapy is incredible simple from what I understand. Prescribing E [estrogen] or T [testosterone] is majorly life changing for kids or maybe just puberty blockers are huge.

Barriers

While participants highlighted many exciting possibilities for creating connections to help better meet the needs of gender independent children and their families, they were also frank in speaking to different barriers that make this a challenge. One such barrier was the receptivity of other service providers and community members to the messages and values that participants stressed as being key to promoting positive change:

I think some communities are more receptive to different... dialogues than others. And as a result I think it's really important to be, or to recognize that yes, certain communities are more receptive to other dialogues, and a result I think you have to sort of be sensitive, and sensitive means maybe a community's not ready to talk about X Y Z, but if you build the capacity within the community maybe within a year you can do that.

In addition, where participants may have felt well positioned to do direct work themselves, they perceived certain structural barriers as preventing them from promoting systemic change:

Weakness wise there are very few of us and there are many students, so we are taking case loads of two thousand that some of us are responsible for indirectly, which can make it challenging to do any organizing or awareness building. We do more individual work, which I don't find very helpful if we are talking about making your schools more inclusive. So I would say that is our weakness, we really struggle to do any global work because we are focused on getting pulled in different directions and crisis work, which is more individual stuff.

Through our analysis, while there are clearly certain barriers that impact on the ability of service providers to promote greater connection for gender independent children and families, there is also serious motivation to implement services and initiatives that help support the needs of this population. While the types of connection that participants emphasized were often in line with their own field of practice (e.g., educators speaking toward the need for more education, etc.), the underlying values within these different recommendations – acceptance, safety, dialogue and affirmation - were consistent from participant to participant.

Limitations

The following is a discussion of identified limitations in this study that are important to be acknowledged when evaluating the information and findings that were brought forward in this report. To begin with, there is a limitation in regards to the literature review because affirmative services are pinpointed as a best practice in working with gender independent children and their families even though, there are no longitudinal studies or evidence-based research supporting

this claim. At the same time, there is question whether there needs to be research in this area considering how WPATH, along with the majority of literature produced in the past decade, has shifted from supporting traditional approaches (including reparative-style therapy mentioned above) to practices of affirmation and acceptance when working with this population. In addition, beyond the literature review there has been a general bias among the research team towards affirmative practice that has impacted all stages of the research process including how we have interpreted and presented our findings in this report. Similarly, this identified bias may have deterred practitioners that use traditional approaches from partaking in our study because of the concerns of how their viewpoints would be expressed in the final report. This introduces the next limitation involving recruitment challenges.

In terms of recruitment there is recognition that because the majority of our participants have a social work background, are well versed on the topic and offer affirmative services, our findings only reflect the practices of a small sub-group of service providers. Therefore, our findings cannot be generalized to other practitioners from different disciplines, that use less affirmative approaches and that may have limited knowledge about how to work with gender independent children and their families. It is important to note the minimal amount of service providers in Ottawa that cater specifically to the needs of this population and the ones that do are not well advertised, which is a contributing factor to our narrow sample of participants. With that in mind, there were efforts to include practitioners from diverse backgrounds especially medical professionals from CHEO to provide information on medical supports available in Ottawa (e.g. hormone blockers). Unfortunately, due to the time constraints of this study imposed by our master's program we were not able to secure interviews with medical professionals. Similarly, these time constraints impacted our ability to continue recruiting until we reached a closed

network (defined above in methodology section). As a result our initial recruitment goal of 10-12 participants was not reached.

A final limitation is in what this study set out to do, that is to provide an evaluation of what services are available in Ottawa for independent children and their families from the perspective of service providers. The study does not go beyond this point in regards to providing recommendations at the individual, community and policy level of how to address the barriers this population encounters when accessing services. Furthermore, another limitation in what the study sets out to do is that it fails to consult gender independent children and their families in determining the best practices in how to serve this population. This limitation is largely attributed to time constraints, as well as, the ethical concerns of Carleton University's ethics committee to approve any research study interviewing persons under the age of 16. On a positive note, there was a recent survey carried out by The 519 in Toronto to learn directly from gender independent children and their families what services should be offered to best meet their needs. The results of this survey are scheduled to be released by The 519 in the summer of 2012.

Conclusions and Implications

We feel that this study offers some significant implications in regard to steps that agencies and service providers can take in order to support the needs of gender independent children and their families in Ottawa. Of course, such a discussion should be centered on whether or not there is a need for such services, and one important conclusion from this study is that there is indeed room for growth in Ottawa in this regard. Moreover, our analysis indicates that there are two important themes – Culture of Unlearning and Connection – that should be considered when thinking about what kinds of services to put in place.

In this study, participants spoke to the need to unlearn norms/forms of prejudice and linguistic practices that negatively impact on gender independent children and families, and to take social justice informed steps ranging from individual reflection to policy work in order to further this unlearning. Given that our Literature Review highlights the importance of challenging negative values and attitudes and embracing more affirming standards, it appears clear that any efforts by Ottawa-based agencies and service providers to better support the needs of gender independent children and their families should begin from a place of unlearning.

Beyond the need to challenge values and discourses, participants also spoke to the need to connect different groups (gender independent children, parents, service providers and the wider community) with specific services. Those forms of connection that were highlighted by participants included community building, education and formal supports. Although participants also spoke to barriers that can impact on the implementation of these services, they spoke clearly to the need for such services. There was no one type of service that dominated during data collection and analysis; rather, it appears clear that all of these different types of services may be equally required. While there are potential weaknesses to these services in isolation (for example, even where gender independent children are connected with similar peers in order to create safe spaces for expression, they may find themselves in other spaces that are not as affirming), a combined approach that seeks to implement different programming and initiatives can help to address any such limitations. The forms of connection that were highlighted by participants are supported by our Literature Review, which highlighted the growing consensus placed on offering affirmative services across different social institutions.

Given the identified need for more services in Ottawa that are grounded in promoting unlearning and connection, the question remains: what is an appropriate response by agencies

and service providers in Ottawa? As discussed in our limitations, this study is by no means a how-to guide. Rather, having identified the potential need for more services, there are many issues for agencies and service providers in Ottawa to explore before taking any next steps. For those who are interested in making changes, what is the specific capacity of their respective agency to offer more specialized services for gender independent children and their families? Should agencies and service providers focus their efforts on one specific aspect of connection (i.e. offering workshops for service providers), or look to play a role across all areas? Can any such efforts be undertaken in isolation, or is it best to partner with other organizations? If partnerships and broad based reform are required, how will this be implemented and who will spearhead it? Given the important role that all forms of connection can play for gender independent children and their families, what steps are required to get social institutions which may be resistant to change on board?

Although our study does not offer any definitive answers to these questions, there are some issues raised in our research that we feel should be taken into consideration. While our decision to interview service providers in both Ottawa and Toronto was significantly motivated by pragmatic issues relating to recruitment, it has also highlighted that there are agencies in other cities that have been attempting to support gender independent children and their families, and that there are lessons to be learned from engaging in dialogue with these individuals. Perhaps the steps that different agencies and service providers may consider taking as a result of this study have in fact been taken by other organizations, which could present a potential learning opportunity. Additionally, since our Analysis and Literature Review both highlight the importance of framing gender independent children and families as “experts”, the best possible learning opportunity for what steps to take could come from a discussion with children and

families about what their own needs are. Even with a single step such as community building, determining whether individuals are looking for a group that is more oriented toward creating opportunities for dialogue vs. creating opportunities for active engagement in social change efforts is extremely important to ensure that such initiatives actually meets the needs of the people they are designed for.

Lastly, we wanted to acknowledge that this study has been a terrific learning opportunity. Although each of us approached the study from our own unique perspectives, we feel that through our engagement in this process we have come to have overlapping perspectives on the importance of this issue. We thank Megan Green from FSO and Karen Schwartz from Carleton University for their support along the way.

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Appendix A

Interview Schedule

Consent: Review and sign

Background Info: Age, education, employment

Characteristics of Professional Practice:

- Can you tell me about the agency that you work for?
- What specific services do you provide for your clients and/or the community?
- What theories inform your approach to professional practice?

Perspectives on Gender:

- How do you define gender?
- Do you think there is a difference between gender and sex?
 - If so, what is that difference?
 - If not, how are they similar?
- What do you think about gender norms?
 - Do you think it is the role of practitioners in the social service field to challenge these in their practice? If yes or no, ask why.
- Do you think that the way that practitioners in the social service sector understand gender has an impact on their work? If yes or no, ask why.

Perspectives on Gender Independent Children and/or their Family Members

- Is there a term that you prefer to use for children whose gender identity or gender expression differs from expectations based on their assigned sex (i.e., gender independent, gender non-conforming, gender variant, etc.)?
 - How would you personally define this term?
 - How would you identify a child who this term could be applied to?

- What do you feel are the unique needs and common issues experienced by [use the term selected by the participant] children and/or their family members?

Work with Gender Independent Children and/or their Family Members

- Have you ever worked with a [use the term selected by the participant] child or that child's family members or have you ever participated in the delivery or development of any community initiatives relevant to this population?
 - Can you describe a specific instance in which you engaged in this work?
 - What services/programming did you offer?
 - Was there a positive outcome?
 - Are there circumstances where you have offered different services/programming, or experienced different outcomes?
- What are the strengths of the services that you are able to offer in work with this population?
- What are the weaknesses of the services that you are able to offer in work with this population?

Perspectives on Available Services for Gender Independent Children and/or their Family Members

- Are there obstacles that you think may impact on the lives of [use the term selected by the participant] children and their families when accessing social institutions in Ottawa/Toronto (for example, schools, health care, social services agencies, etc.)?
- What services do you think would be most useful in supporting the needs of [use the term selected by the participant] children and their families in Ottawa/Toronto?
 - Do you think these services are currently available in Ottawa/Toronto?
 - If yes, which agencies provide these services?
 - If no, why do you think these services are not available? Are there barriers preventing individuals from accessing these services?
 - Can you name any examples of agencies providing these services in other cities that you would like to see available in Ottawa/Toronto?
- What improvements do you think could happen at your agency/other agencies/other social institutions/the policy level to better meet the needs of this population?

- Do you feel there are useful supports for practitioners in the social service field in Ottawa/Toronto who work with [use the term selected by the participant] children and their families (for example, training, networking groups, etc.)?
 - Are there additional supports you would like to see?

Wrapping Up:

- Do you have any other thoughts you would like to share about work with gender independent children and their families?

Additional Info:

- Is there a particular pseudonym you would like us to use in our final report?
- Would you like us to provide you with a copy of the transcript of this interview so that you can check it for accuracy before we begin our data analysis? If yes, email:
- Would you like to receive a summary of our findings? If yes, email:

Debriefing: Verbal and Written